Care and Control: An Ethical Analysis of Parenting Support within a UK Prison Mother and Baby Unit

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Dedication

This thesis is dedicated to my mother, Alison Mortimer, and my nana, Alma Batty. They are undoubtedly two of the best mothers and role models anyone could ask for.

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Publications arising from this thesis

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Abstract

This research is an empirical ethics study of parenting support delivered within a UK prison mother and baby unit (MBU).

In recent years, the idea of state provided 'parenting support' has gained prominence within the early intervention (EI) policy agenda. A central claim of EI policy is that poor parenting during the early years of life can lead to a range of bad outcomes for children, such as ill health, academic failure, poverty, and crime. These outcomes create substantial costs for both individuals and society. Therefore, EI often involves identifying babies and children who are at risk of being 'poorly parented,' and intervening upon these parents in order to help them provide better care to their children.

In the context of EI, parenting support gives rise to a number of complex ethical questions, both in policy and in practice. These concern what it means to be a good mother, the nature of a good childhood, the rights and responsibilities of parents, and the appropriate role of the state to intervene in family life. Prison MBUs provide an informative and challenging case study through which to consider how these ethical questions arise in practice for those involved in the delivery and receipt of parenting support.

In the UK, female prisoners who are pregnant or who have a small child are able to apply to serve their sentence within a prison MBU. The baby can remain within the unit up until the age of 18 months, and whilst the mother serves her sentence she is provided with various kinds of parenting support. Some of these forms of parenting support look very similar to that which is provided to women enrolled in EI programs in the community. However, prison policy is unclear as to the goals of parenting support in this environment and it is possible to anticipate a number of ethical challenges that may

arise in practice: how can prison provide a good start in life for children? What is the relationship – if any – between crime and being a good mother? To what extent can and should women exercise parental autonomy in a prison environment?

Over a period of 7 months I conducted interviews, focus groups, and participant observation within the MBU of a women's prison in the North of England. In this thesis I provide a rich ethical analysis of the practice of parenting support as it take place within the 'moral world' of the MBU. I elucidate the relevant ethical questions arising in this context, map out the values and normative commitments in play, identify where lack of clarity impedes the pursuit of goals, and analyse these concerns within a framework informed by relevant ethical theories. I situate these findings in the context of the EI policy literature in order to consider what this case study reveals about the ethical dimensions of parenting support both in prison and in EI policy more broadly. With this in mind, I offer some recommendations that may shape the provision of parenting support both inside and outside of prison.

Overview

Chapter 1 reviews the relevant literature across a number of disciplines, including the early intervention (EI) policy literature, the social science 'critique' of EI policy, and philosophical and bioethical accounts of good parenting and the relationship between parents, children and the state. In doing so, I show that EI gives rise to a number of complex ethical questions that require further exploration through empirical research. Hence, I make the case for an empirical study of parenting support to address a gap in the literature.

Chapter 2 introduces prison MBUs. I explain the rationale for choosing this as an appropriate context in which to undertake empirical research so as to examine the ethical dimensions of parenting support.

Chapter 3 provides a detailed account of the study methodology. I introduce and explain my choice of the specific research site: the MBU within a women's prison in the North of England. I justify the use of qualitative research methods, and situate this work within the context of the empirical ethics literature. The specific research methods are then described and justified.

In chapters 4, 5 and 6, I present my analysis of the data collected. In this analysis three key themes emerged as important for understanding the moral world of the MBU and the ethical dimensions of parenting support. These were: understanding participant accounts of the goal and purpose of the MBU (ch.4); staff views about the justification for various kinds of 'parenting support' (ch.5); and, mums' experiences of being or feeling supported (ch.6).

Chapter 4 explores how participants understand the goal and purpose of the unit. Many MBU staff members described the importance of parenting support as a method of helping the prisoners to either 'become better mums' or 'be the best parents they can be.' In order to explore this further, the chapter examines how different participants understand what it means to be a good mother, what the parenting needs of the women are, and how support is meant to instigate change.

Chapter 5 focuses more closely on the concept of parenting support, through a discussion of the ways in which staff members justify the need for various forms of compulsory support, including rules that make certain parenting practices either compulsory or prohibited. I found that some forms of support take on a dual function: that of both 'care' and 'control.'

Chapter 6 continues to explore the topic of parenting support, focusing on the perspectives of mums. The chapter examines the role of supportive relationships, and considers barriers that can preclude the creation of caring relationships between staff and mums. Given this, the role of supportive peer relationships between mums is considered.

Chapter 7 draws together the key findings of this research and poses three questions: (why) do women in prison need parenting support? Can effective parenting support be delivered in a prison MBU? Should parenting support be delivered in a prison MBU? In responding to these questions I consider the extent to which the meaning and practice of parenting support in this prison MBU aligns with parenting support as it is understood within EI policy. I also examine the ethical challenges that arise in a prison context and explore some of the ways in which these could be responded to by those with responsibility for prison MBUs.

Chapter 8 considers the limitations of this research, and offers some tentative recommendations for policy and practice.

Chapter 1 – Literature Review

Introduction

This thesis begins not with a specific question to answer, but with a topic of ethical interest: the meaning of good parenting, the nature of a good childhood, the rights and responsibilities of parents, and the role (if any) of state intervention in family life. First and foremost, these issues are considered within the context of early intervention (EI) policy, since the centrality of these ethical issues to UK government policy was the catalyst for embarking upon this research. However, the goal of this literature review is to move beyond the policy literature and consider this topic through multiple different lenses, providing an overview of some of the ways in which a range of stakeholders – academics, policy makers, and others – have considered what it means to be a good parent and the relationship between children, parents and the state. In this way, I seek to better understand my research topic and to situate it within the broader academic and policy context. By doing so, I identify a gap in what is already known and thus inform the empirical work undertaken for this project.

In choosing what to include within this review, papers were selected for two main reasons. First, I sought to include those papers that most closely engaged with the ethical issues within EI policy, to ensure that the review remained tightly focused and relevant. In doing this, I use the existing literature to shed light upon the full extent of the ethical questions, concerns and considerations that arise in the context of EI policy, and show how these same concerns have been discussed in other practical and theoretical contexts. For example, where EI policy considers the role of character in good parenting – focusing particularly upon the value of aspirational parenting – I consider papers within the bioethics literature that reflect on the question of what it means to have a good character as a parent. This broadens the debate around the idea of

good parental character and highlights where further research could critique or expand the account given within EI policy.

Second, I sought to identify debates, authors or papers across a range of literatures and academic disciplines, in order to approach this issue from a number of angles and gain a broad range of perspectives. I include theoretical philosophical argument and thought-experiment alongside research that is more closely rooted in the real world, such as the work of economists, social scientists and neuroscientists. Whilst this strategy means that no single literature is explored exhaustively, this is a necessary limitation when seeking to construct a review that spans many disciplines. Taken together the review provides an informative overview of the relevant landscape.

In what follows, I begin by focusing on the EI policy literature. Next, I move on to provide an overview of the key critiques of EI policy, exploring the work of neuroscientists and psychologists alongside social scientists. Finally, I turn to the philosophy and bioethics literature to consider how the topic of good parenting has been addressed. Taking all of this into account, I then state the gap within the literature and make the case for this research project.

Good Parenting: Politics and Policy

Early intervention in UK government policy

The question of what it means to be a good parent, and related concerns about the appropriate role of the state to intervene in family life, have become increasingly important in UK Government EI policy over the last decade (Bate 2017; Richter and Anderson 2012). This section discusses EI within UK Government policy to explore some of the ways in which the question of 'good parenting' has been taken up by politicians and put into practice within various policy initiatives. In this context, policy makers must grapple with complex ethical questions – questions about the nature of

good parenting, and the role of the state to intervene in family life in order to safeguard the wellbeing of future generations and to promote justice across society.

What is early intervention?

The idea of early intervention (EI) has received growing policy attention across a number of government departments in the UK as well as in the work of various think tanks, policy institutes, and third sector organizations. The UK Early Intervention Foundation defines EI in the following way:

> *Early intervention means identifying and providing effective early support to children and young people who are at risk of poor outcomes. Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do, before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life.*
>
> (EIF 2016)

In a commons briefing paper 'Early Intervention', Alex Bate offers this definition:

> [EI is a] *public policy approach which encourages preventative intervention in the lives of children or their parents, to prevent problems developing later in life. Interventions can either be targeted at children deemed to be at higher risk of disadvantage, or can be universal in scope.*
>
> (Bate 2017, 3)

The kinds of 'problems' that concern proponents of EI include a diverse range of outcomes such as poor physical and mental health, ill-preparedness for school and work, poverty, unemployment, and crime. In practice, EI means identifying children who are deemed at risk of such poor outcomes; the claim within much of EI policy is that the quality of the child's parenting is the most significant risk factor. For those children identified as at risk of being "poorly parented" (Loughton 2015, 3) their families are then provided with support through a range of services such as antenatal care during

pregnancy, parenting classes for new mums and dads, and early identification of cognitive and behavioural challenges in children. Through such programmes, EI seeks to enhance the "life chances" of babies in order that they grow up to fulfil their potential, breaking intergenerational cycles of poor outcomes and raising the next generation of flourishing responsible parents (e.g. Allen and Duncan Smith 2008; Molloy 2018).

Whilst EI broadly conceived encompasses a range of methods and practices, throughout this thesis I focus on *parenting interventions* – or 'parenting support' – as a key component of EI, one which gives rise to a particular set of interesting ethical questions. It is important to keep in mind that 'parenting support' and 'EI' are not synonymous, and not all forms of state-provided parenting support will share the same goals, values and justifications as parenting support in the context of EI.

Throughout this section I examine how the specific goals and values underpinning parenting support in the context of EI give rise to a range of ethical questions and concerns.

A brief history of early intervention in the UK

Although EI is often presented as relatively recent, the broad policy goal of improving the lives of disadvantaged children through parent support has a long history in the UK (Mortimer, McKeown, and Singh 2018). Training of specialist health visitors for young children began in the 19th Century, and maternity benefit was introduced in 1911; these services fell under the Ministry of Health in the 1920s, before being subsumed within the National Health Service (NHS) after its creation in 1948 (Billingham, Morrell and Billingham 1996). Dramatic social and cultural developments in the 1960s and 1970s created new challenges for those seeking to improve child welfare; changes such as the emergence of non-traditional family forms, increasing numbers of women going to

work, and negative effects of aspects of the built environment in inner cities over the post-war era (Bate 2017).

The term 'early intervention' was probably first used explicitly in the early years of the last Labour government. Sure Start Centres were introduced in 1998, and in 1999 the UK government announced its target to eliminate child poverty by 2020 (Anning and Hall 2008; Bate and Foster 2017). The publication supporting this declaration, 'Opportunity for all: Tackling poverty and social exclusion' defined poverty not solely in financial terms, advancing a broader definition encompassing wellbeing and flourishing in the way that is now characteristic of EI policy guidance (Mortimer, McKeown, and Singh 2018).

The ensuing years of the Labour and subsequent coalition governments saw a steady proliferation of EI policy studies and guidance (see for example: Loughton 2015; Marmot 2010; Allen 2008; Davies 2012; Lexmond and Reeves 2009). The call for EI was intensified after the riots in England in 2011, and the Troubled Families Programme was launched in 2012; this program sought to 'turn around' the lives of 120,000 families facing multiple problems and forms of disadvantage. Although the programme did not specifically target families with very young children, as is more often the case in EI, the need to improve parenting remained a central purpose. Indeed, David Cameron's speeches in the wake of the riots place responsibility – and blame – firmly with parents rather than the state:

> *The question people asked over and over again last week was "where are the parents? Why aren't they keeping the rioting kids indoors?" [...] Well, join the dots and you have a clear idea about why some of these people were behaving so terribly. Either there was no one at home, they didn't much care, or they'd lost control. Families matter. I don't doubt that many of the rioters out last week have no father at home. Perhaps they come from one of the neighbourhoods where it's standard for children to have a mum and not a dad... where it's normal for young men to grow up without a role*

model, looking to the street for their father figures, filled with rage and anger. So if we want to have any hope of mending our broken society, family and parenting is where we've got to start."

(David Cameron, cited in Bristow 2013, §3.3)

Whilst the term 'parents' is used here, it does not refer to all parents; rather, in the context of the riots parent-blame focused primarily upon working class, ethnic minority, disadvantaged mothers (Allen and Taylor 2012; De Benedictis 2012). However, whilst clearly targeting the most 'troubled' families in society, the government also sought to emphasise the fact that *all* parents could benefit from support and advice. Indeed, an ideal of much EI policy is that even 'good' parents should seek out parenting support, since a 'good' parent demonstrates motivation and aspiration to improve one's parenting skills in order to give one's child the best possible care. In an attempt to de-stigmatise parenting classes, Sarah Teather, then Children's Minister, announced that the government would trial the provision of free parenting classes to 50,000 parents across the UK. She said:

I want to get rid of the stigma attached to asking for help. Parenting classes aren't just for struggling families with complex problems. All parents should know it's ok to ask for extra support and guidance when they need it - just as most do when they attend antenatal classes before their child is born.

(Teather 2011)

However, the extent to which this message has taken hold is questionable, since a scheme entitling 50,000 parents to £100 worth of free parenting classes was not popular, and only 2% of eligible parents took up the offer (Boffey 2013).

In response to the growing visibility and significance of EI policy research and practice, and the increased focus on parenting within government policy, the Early Intervention Foundation (EIF) was established in 2013. The EIF is an independent charity but with close links to government, and it is a member of the government's 'What Works

Network'. Currently, EIF receives around three-quarters of its funding via a cross-government grant from a consortium of government agencies, made up of the Department for Education, Department for Work and Pensions, Ministry of Housing, Communities and Local Government, and Public Health England, an agency of the Department of Health and Social Care.

The EIF states its vision: "for every baby, child and young person to realise their potential and have a strong bedrock on which to build happy and successful lives" (EIF 2019b). Today, a core task of the Early Intervention Foundation is to evaluate various EI programs in terms of their effectiveness and the rigor of their evidence and methods, and to make recommendations about 'what works' to various commissioners, practitioners, policy makers and the general public. The vast majority of these programs involve work with parents, often mothers or pregnant women, with the aim to improve child outcomes through improving the quality of parenting that the child receives. Many of these intervention programs take place in the family home, though others are held in children's centres, outpatient clinics, or schools.[1]

The political case for early intervention: science, economics, and social justice

Science

A strong focus on scientific evidence is characteristic of contemporary EI policy and discourse. Increasingly, EI research draws on findings in neurodevelopmental science that demonstrate the impact of a range of social stressors, such as neglect and abuse, on the developing infant brain (Shonkoff and Levit 2010). Policy makers often use the findings from such studies as validation for the particular view of good parenting that

[1] To see the complete list of early intervention programs that have been assessed by the Early Intervention Foundation, see the EIF Guidebook, available online: <http://guidebook.eif.org.uk/> accessed March 2018.

they advance, and as justification for government intervention where parenting 'fails' or is likely to fail. For example, in 'Good Parents, Great Kids, Better Citizens' Allen and Duncan Smith cite "compelling evidence that if a child is born into a home where they are nurtured, where conversation takes place, where someone reads to them (even at an age where they cannot understand) then, quite simply, their brain develops properly" (2008, 12). Similarly, Allen's 2011 report 'Early Intervention: The Next Steps' features the image of two brains on the front page, each of a three year old child, one 'normal' and one the victim of "extreme neglect". Allen uses these images, taken from Perry (2002), to "illustrate the negative impact of neglect on the developing brain." He explains that:

> *Babies are born with 25 per cent of their brains developed, and there is then a rapid period of development so that by the age of 3 their brains are 80 per cent developed. In that period, neglect, the wrong type of parenting and other adverse experiences can have a profound effect on how children are emotionally 'wired'. This will deeply influence their future responses to events and their ability to empathise with other people*.
>
> (Allen 2011b, xiii)

The report goes on to further explicate what is meant by the "wrong type of parenting", including unresponsive or cold parent-child interactions, potentially caused by mental illnesses such as postnatal depression, and often leading to insecure attachment. Given the apparent importance of parenting for early brain development, the UK Chief Medical Officer, Dame Sally Davies states, "as the knowledge base grows, it will be increasingly difficult to defend the absence of an explicit 'brain protection' strategy" (Davies 2012, quoting Shonkoff 2012, 17304). EI provides an overarching framework for such a strategy.

These examples, though brief, illustrate how policy has employed neuroscience research to make the case for EI with children and families, and to advance an ideal of parents as

both architects and protectors of the malleable infant brain. It is argued that good parenting involves care of the brain, and bad parenting is evidenced by images of brain scans. The use of neuroscience in this way can be compelling, but it is not without criticism, as will be explored below.

Economics

In addition to this scientific evidence, economic arguments are also brought into play to support calls for EI, as evidence for the claim that EI is a "smart investment" (Allen 2011a) that will save money for the taxpayer in the long term. Such research, often conducted by economists, envisions children as "human capital" (Kent 1988), considering the future earning potential of economically productive citizens as compared to the cost of supporting those who will grow up experiencing ill health, unemployment, or crime (see for example: Chowdry and Oppenheim 2015; Heckman 2006, 2007; Stevens 2011). In his report, Allen states that EI will create "massive savings in public expenditure for the smallest of investments in better outcomes, and by avoiding expensive provision when things go wrong." He goes on to claim that EI will address "the deadweight on the economy of carrying – across the generations – underachievement, low skills and poor educational attainment" (Allen 2011a, vii).

Similarly, Davies makes this economic argument from the perspective of public health, suggesting that a healthy workforce is an economically sustainable one:

> *We need to ensure we have a healthy population, able to ensure our continued economic viability [...] Such strong evidence should never be ignored: rarely in health are there such opportunities to improve lives as well as show economic benefit*"
>
> (Davies 2012, 10)

According to this account, good parents are those who take financial responsibility for themselves and for their families, and, as far as possible, raise healthy children who will

grow up to be equally responsible and self-sufficient. This, it is argued, will create an intergenerational cycle of strong families who flourish without relying on the welfare state, for the most part taking responsibility for their own health.

The idea of the economically self-sufficient, empowered and responsible family was central to David Cameron's account of the 'Big Society', first introduced during a speech in Liverpool in 2010. Within the Big Society "parents are envisaged to replace state support and build localities with an entrepreneurial spirit, boost the economy through labouring and caring for future generations: simultaneously ensuring that their children do this also without financially 'burdening' the state" (De Benedictis 2012, 6). EI is one facet of the Big Society, advancing a particular view of the good and responsible parent during times of austerity. In this way parenting support is a strategy for breaking intergenerational cycles of poverty and reliance upon the welfare state; good parents invest their time and energy in their communities and families, raising the next generation of responsible and economically productive citizens.

Social Justice

The economic logic of EI is often presented as irrefutable, not least because the argument for cost-effectiveness is underlined by a compelling moral argument:

> *Traditionally, equity and efficiency are viewed as competing goals. One can be fair in devising a policy, but it often happens that what is fair is not economically efficient. Conversely, what is efficient may not be fair. What is remarkable is that there are some policies that both are fair - i.e. promote equity - and promote economic efficiency. Investing in the early years of disadvantaged children's lives is one such policy.*
>
> (Heckman 2011, 31)

Heckmann's statement shows that in addition to scientific and economic arguments for EI, policy is also underwritten by an emotive moral argument. The claim is that EI is

essential to addressing issues of injustice in health, and ensuring that all children have an equal chance to succeed in life.

Whilst policy documents look to justice as the basis of a moral argument for EI, there is considerable confusion about exactly what justice would mean in this context, and about how resources should be prioritised to bring about a fair outcome. Such confusion mirrors considerable debate within the philosophical literature concerning the meaning of justice and fair opportunity in family life, health, education and society more broadly (Rawls 1999; Schouten 2012).

Most UK policy documents adopt a broadly prioritarian account of justice in the context of EI, whereby resources are targeted towards 'at risk' populations, to narrow the gap in future life chances between the most and least well off in society. Indeed, the need to target disadvantaged populations is central to many flagship government EI initiatives, including Sure Start Centres and the Nurse Family Partnership (see respectively: Bate and Foster 2017; FNP National Unit 2011).

However, there is some disagreement within the policy literature about the role of parents in perpetuating or addressing inequality. Whilst Marmot (2010) makes clear that inequality of life chances primarily stems from avoidable inequalities in society, many EI policy documents emphasize the power of parents to determine their children's future outcomes *regardless* of external societal factors. This effectively transfers power from society directly to parents, bypassing the need for social action and suggesting that it is parents alone who "are the principle architects of a fairer society" (Lexmond and Reeves 2009).

> *Parents on a low income, but who are confident and able, are as effective at generating character capabilities in their children as parents on a high income. […] Stephen Scott, professor of child health and behaviour at King's College London and head of research for the National Academy of Parenting Practitioners, concludes:*

> *"Poverty is a factor, but not a central one… I am fond of saying poverty of what? And actually it seems to be poverty of the parent-child experience… that leads to poor child outcomes rather than poverty of a material kind."*
>
> (Lexmond and Reeves 2009, 36)

Unlike "poverty of a material kind", parental confidence, ability, and relationship with the child are at least theoretically within an individual's control. The implication is that parents alone should take responsibility for generating good child outcomes, and are blameworthy if they fail to do so. Thus, a clear image of the good parent emerges, one who is aspirational, motivated, and able to lift their family out of poverty through selfless dedication to raising one's child. In this way, the idea of what it means to be a good parent is taken up by advocates of EI and put to work within the policy arena. Scientific evidence is used to advance a normative argument that good parenting is the key to addressing social justice in society and to saving the economy.

Summary

As the above discussion has shown, EI research and policy implicitly and explicitly engage with a number of important ethical questions, many of which have been discussed in other contexts by bioethicists and philosophers, as will be explored later in this literature review. Of central concern to policy makers is the balance of responsibilities between the state and society in addressing children's health outcomes, and the extent to which state intervention into family life is justified in view of competing ethical principles, such as parental autonomy and privacy. EI policy adopts a particular account of the good parent: one who is hardworking, aspirational, responsible, and self-reliant. Whilst this account of 'good parenting' is presented as objective within EI policy, it is necessarily informed by the particular goals and values of EI, and as such is open to challenge by those who advocate different ideas of what it means to be a good parent.

Despite its emergence in – and contribution to – such a rich, complex and highly contested ethical landscape, EI has surprisingly received little bioethics scrutiny to date; whilst the general ethical issues of justice and parenting have certainly been discussed by bioethicists, very few have turned their attention to how these issues are negotiated within EI policy and practice. Interestingly, however, these concerns have been taken up by those in both the social sciences and the 'hard' sciences, who apply a critical lens to the project of EI; they question the quality of the evidence guiding EI policy, challenge the implicit and explicit values and assumptions that underlie government accounts of good parenting, and explore the possible impact of parenting programs on families and children in society. The next section of the review focuses on the neuroscience literature, before turning to the social science critique of EI policy.

Neuroscience and the Myth of the First Three Years

Some of those who challenge EI policy do so on the grounds that it is founded on false or misguided claims about neuroscience. The seminal work in this literature is 'The Myth of the First Three Years', a book published by John Bruer in 1999.

Bruer defines the 'myth' as follows:

> *The age from birth to three is the period of peak synaptic density (i.e. peak number of synapses per volume of brain tissue) in the human brain, during which more synapses form than are eliminated. Synaptic densities peak during early childhood at levels exceeding adult densities. By puberty synapse elimination reduces these densities to adult levels. The myth uses these neuroscientific findings to claim that the period of high synaptic density is the critical or sensitive period for brain development, during which children learn most easily and efficiently and during which experience results in largely irreversible, neural changes. These irreversible changes determine life-long behavior. During this period, enriched environments cause more synapses to be formed and thus more synapses to be retained after synaptic pruning occurs at puberty. Conversely, deprivation, neglect, or abuse during*

> *this period results in fewer synapses being formed and thus fewer being retained into adulthood.'*
>
> (Bruer 2011, 4)

Bruer argues that the above is a 'myth' for a number of reasons.

First, he critiques the notion of 'critical windows' of development that 'slam shut' after the relevant time period has passed, meaning that the opportunity for intervention has been missed. Bruer explains that the period from birth to three is not the only sensitive period of this kind – there are multiple critical periods of development throughout life when intervention could be successful. Thus, the 'now-or-never' rhetoric of EI is, Bruer argues, misguided and misleading.

Further, he claims, the myth confuses or completely overlooks an important distinction between experience-dependent and experience-expectant brain plasticity (Rutter 2002). Bruer explains that experience-expectant plasticity and critical periods apply only to very specific species-typical traits – like vision or language – and a normal human environment during the relevant period is more than good enough to ensure that the child develops in a healthy way. For example, as long as a child hears language during the critical period, it does not matter exactly what language she hears or how many different words she is exposed to each day – the child will almost certainly develop speech and language in the normal, healthy way. You would have to seriously neglect a baby, depriving her of almost all opportunities to hear language, in order to 'miss' this 'opportunity' to 'intervene' in language development.

In contrast, most types of development are experience-dependent, which means that the appropriate skills can be acquired at almost any point during life. "Traits and behaviors unique to individuals, social groups and cultures are acquired through the mechanism of experience-dependent brain plasticity. This type of plasticity accounts for most of our

learning – what we learn in school and daily life – and this is retained throughout our lifetimes" (Bruer 2011, 6).

Furthermore, Bruer notes that much of the research that has been undertaken on 'enriched' environments and their role in development during critical periods has been conducted on rodents, or small animals like kittens. The extent to which we can extrapolate from this to children is limited. Indeed, the enriched environment for rats usually consists of a cage with other rats and obstacles, rather than a small shoebox-sized enclosure without company or stimulation. In this sense, the supposedly 'enriched' argument is not dissimilar to the 'normal' or 'natural' environment that most rats would experience, were they to live outside rather than in a laboratory. Therefore, such experiments perhaps show the benefit of a normal rather than enhanced environment, though the extent to which we can extrapolate from rats to human children is still unclear.

Relatedly, some have argued that the few pieces of research that have been done on humans rather than rodents draw from children who were the victims of extreme abuse and neglect within Romanian state orphanages in the period preceding the fall of the Ceausescu regime in 1989. These children were malnourished and many had physical disabilities, having been tied to their cots for months with very little human interaction (see Nelson 2007; Zeanah et al. 2003). However, beyond these details, we do not know much about the exact experiences of these children, and it is unlikely that they are comparable to the experiences of children living in families within the UK where parenting is considered substandard. Most of the children who might be deemed at risk of poor parenting in the UK do not suffer neglect of such an extreme nature (Hartas 2014, 96).

Finally, there is some published evidence that appears to show that resilience is often greater than EI policy would suggest. Michael Rutter (1998) followed up children from

Romanian orphanages that were adopted into the UK, and found that many of them were able to make substantial improvements despite early deprivation, particularly when they were adopted before six months of age. These findings are "consistent with the evidence that neural plasticity continues into adolescence and adult life, and is not restricted to the infancy period" (Beckett et al. 2006, 708). Masten concludes that resilience is "ordinary magic" arising from:

> *The normative functions of human adaptational systems […] The conclusion that resilience is made of ordinary rather than extraordinary processes offers a more positive outlook on human development and adaptation, as well as direction for*
>
> *policy and practice aimed at enhancing the development of children at risk for problems and psychopathology.*
>
> (Masten 2001, 227)

To summarise the above, the evidence appears to suggest:

1. Critical periods of development don't only occur in the early years; many types of learning and development are not confined to specific time periods at all.

2. Small children do not require 'enriched' environments in order to develop skills such as speech and language; a large variety of possible home environments and parenting styles are all 'good enough' to ensure healthy development.

3. Although extreme neglect and abuse in the early years can cause harm, most children are resilient, and early deficits can be reduced when neglect and harm cease (especially before 6 months of age).

This evidence looks like it may undermine some of the claims made by advocates of EI who justify their argument through reference to neuroscience research. If the scientific

findings upon which those who advocate for EI base their claims are contested or even in some cases rejected, this clearly has implications for arguments for EI.

However, criticism of EI policy is not limited to the use and abuse of neuroscience; a growing body of sociological critique has also arisen in response to state organized parenting interventions. Much of this focuses on the implications of what Meloni (2014) has called the "social turn in biology", whereby scientific research is used to make the claim that epigenetic or neural changes occurring in the first years of life not only determine outcomes for *individuals*, but seemingly underlie *societal* problems such as crime, ill health and poverty. This move from individual to societal outcomes is used to justify state intervention into the lives of families, in ways that can limit the liberty of parents. In this way, critics of EI policy argue, descriptive science is put to normative ends, providing a seemingly 'objective' account of good and bad parenting rooted in biological discourses, and placing potentially onerous responsibility on parents to provide exactly the right kind of care for the next generation (Pickersgill 2014). In the following section I review some of the main critiques that have been raised in this area, predominantly from social scientists responding to the accounts of 'good parenting' that have been put to work in UK government policy.

Social Science and the Problem with Parenting Policy

Parental determinism

EI policy makes the claim that because parents' actions in the early years can 'determine' life outcomes for children, intervention is both urgent and justified. Critics call this "parental determinism" (Furedi 2002); the idea that parents are simultaneously god-like in their power over children's lives, yet do not have sufficient knowledge or skill to exercise this power safely. Expert intervention is needed to manage the risk that

'poor parenting' (however well-intentioned) poses to vulnerable children in the early years.

The "tyranny of parental determinism" (Lee 2011) creates an intensive parenting culture, whereby "the methods of appropriate child rearing are construed as child-centred, expert-guided, emotionally absorbing, labour intensive and financially expensive" (Hays 1996, 8). This is intensified through reference to critical periods of vulnerability, during which infants or even foetuses are presented as particularly sensitive to environmental influences. According to the logic of parental determinism, this means that parents are expected to be selfless and committed to their children in every possible respect, as part of a 'now or never' mentality whereby the perceived 'needs' of children always outweigh the 'wants' of parents. Parents must carefully manage all risks that threaten their child's wellbeing, especially in the early years.

Risk

Parental determinism brings with it an increasing focus on risk. The idea that children are especially vulnerable to environmental influences during the first two or three years of life leads to a focus on protection and prevention. In cases when parents themselves pose a risk or cannot manage external risks, protection must be provided by the state. In this way risk arguably comes to replace need as the guiding principle for social policy formation and welfare delivery (Kemshall 2002).

Scientific knowledge is used to identify risks that threaten the child, and the reference to biology or neuroscience casts such risks as objective and potentially applicable to all sections of society – no one is immune from the vulnerabilities of neuroplasticity during the first few years of life. However, in practice, it is often individuals of low socioeconomic status or with fewer material resources who are identified by the state as both 'risky' and unable to adequately manage risk. For example, Lowe and colleagues

found that although stress in pregnancy is identified as a risk that can affect all pregnancies, policy focus is on 'disadvantaged' women; hence, the authors claim, this selective concern with specific groups of people undermines 'objective' biological accounts of risk (Lowe, Lee and Macvarish 2015).

Within the literature, those writing about the increasing focus on risk in parenting culture often draw from the work of Ulrich Beck (1992). Beck claims that in post-industrial modern society, the ability to manage and avoid risk is highly dependent on knowledge – with this comes the need for all individuals to exercise agency, responsibility and choice in seeking out information and managing risk. Hence, although risks are often collectively produced or borne out of structural aspects of the social environment, they are increasingly privatised, and the responsibility for managing risk is placed firmly with individuals (Wilson 2002). In the context of parenting, those who fail to adequately manage risk are not necessarily labelled as 'bad' within government EI policy and rhetoric, but are rather thought of – perhaps patronizingly – as "unaware" or "out of touch" (Lee, Macvarish and Bristow 2010, 295). This lack of knowledge is itself presented as a risk, justifying the need for parenting experts to intervene and educate the parent.

Policing pregnancy

The focus upon risk is particularly heightened in discussions of pregnancy and the behaviours or choices of pregnant women. The perceived conflict between mother's wants and foetus/baby's needs is never more pronounced than during this time. The foetus is often positioned as at risk from the pregnant woman whose diet, weight, physical activity, mental health, drug use and social relationships all potentially threaten the wellbeing of the unborn child (Lowe et al. 2015; Lee 2014).

The case of drinking alcohol during pregnancy has attracted particular attention in recent years, not only amongst academics but also in the popular press (Bristow 2017; Kirby 2017). Official advice provided by the Chief Medical Officer states that women who are pregnant or planning to become pregnant should abstain from alcohol consumption entirely (NHS 2017). This guidance is described as 'evidence based', yet research does not show that low-level drinking is harmful; rather, there is a lack of evidence to prove that it is safe. Hence, "uncertainty in the field of scientific evidence [is] interpreted in this instance not as a reason to eschew abstinence advocacy, but apparently as a reason to support it" (Lowe and Lee 2010, 302). This indicates a reorientation of health policy in relation to understandings of risk, whereby uncertainty is equated with danger. As part of this extremely cautious approach to managing risk, the autonomy and desires of the mother are always trumped by the need to protect the child. Thus, women who do drink in pregnancy, even small amounts, are often deemed irresponsible, or labelled as selfish. This concern with health behaviours in pregnancy, and particularly with alcohol consumption, is certainly reflected in EI policy (e.g. Loughton 2015, 9).

Over the past half century, the development and refinement of screening technologies has made it possible to represent the foetus as distinct from the woman, and thus to consider its needs as potentially in conflict with those of its mother. Screening technologies create images that

> *portray the foetus as floating in its own space, with no visual indicator of the existence of the maternal body in which it is living. These visualising technologies, therefore, have contributed to an ontological separation of the foetal body and its needs from that of the woman who is gestating the foetus.*
>
> (Lupton 2012, 334-5).

Furthermore, the ability to see and understand the foetus at the molecular or genetic level brings with it new ways of understanding risk, and consequently new ways of being or not being 'responsible'. Pregnant women are placed in a position where they may need to make decisions based on the knowledge available to them, which can include choices about genetic screening or the use of genetic technologies (Arribas-Ayllon, Sarangi and Clarke 2011). Indeed, advances in the field of epigenetics arguably extend maternal responsibility further backwards in time, since research findings suggest that a woman's environment even before conception may create epigenetic changes that are potentially heritable to her future offspring (Hedlund 2012); these concerns with epigenetics have made their way into EI policy (Pickersgill 2014; Garner 2013). Given this, it is not hard to see that parental obligations may begin *before* the birth of the baby, and sometimes even before conception, as women are increasingly encouraged to engage in a "bewildering array" of risk-aversive behaviours to ensure the health and optimal development of their foetuses (Lupton 2012, 330).

This increasing focus on risk and responsibility may have troubling consequences. The emphasis on responsibility during pregnancy means that pregnancy has become "remoralised" as "an ethical practice" (Weir 1996, 373). Whilst pregnant women often internalize and accept the duty to be well, pregnancy outcomes are never totally within their control (Ruhl 1999). This is not least because social, economic and political structures determine or constrain the choices that women are able to make about their own health and lifestyle, and therefore it is arguably unfair to hold individual women responsible for the ways in which their experiences before or during pregnancy may impact the health of future offspring (Hedlund 2012). In this way, the rhetoric of 'responsibilisation' in pregnancy can produce false notions of power and control, and this may lead to unreasonably high standards of 'good' behaviour and risk management to which pregnant women must ascribe. Those who do not behave in the 'correct' way may face blame and censure from society.

Neoliberalism and the self-governing citizen

The above has shown that a key contention of this social science literature is that women are increasingly encouraged to self-govern their behaviour during pregnancy. Some have argued that this move towards self-governance is a consequence of the rise of neoliberalism, a term often used pejoratively to refer to the growth of global capitalism and weakening of the welfare state, alongside the purported increased freedoms of individuals in political society (Thorsen 2010). In discussing neoliberalism, scholars draw from the work of Michel Foucault and – more recently – Nikolas Rose to suggest that modern society has found new ways of controlling its citizens; self-governance (aided by institutions of the state such as the education system and the healthcare system) has replaced traditional methods of discipline and punishment. Such self-governance has inescapably *moral* implications; Rose (2000) uses the term "ethicopolitics" to describe the obligation for ethical formation and self-management of individuals in order to secure wider goals of economic prosperity and social stability. The failure to self-govern thus constitutes shameful and blameworthy behaviour.

The apparatuses of expert knowledge and practice used to guide the self-disciplining of citizens, particularly in relation to their own health, are sometimes referred to as "biopolitics."

> *All citizens in modern neoliberal societies are made aware of their responsibilities to conform to expert advice concerning the monitoring, regulation and disciplining of their bodies. Health promotion, medical testing regimes and public health activities are all agents of the government of citizens' health. The management of the health of one's body has become a feature of good citizenship, a dimension of the 'care of the self'.*
>
> (Lupton 2012, 335)

The health and wellbeing of children is a central focus of biopolitics under neoliberalism, since children represent the future prosperity of society. Biopolitics is concerned with fostering children's future capacities, and thus pregnant women and parents have become a prime target for neoliberal governmental strategies (Lupton 2012). Hence, Hartas argues that EI and parenting support could be viewed as a key part of the contemporary neoliberal biopolitics agenda (Hartas 2014, 90-112).

During pregnancy the demand for self-governance is complicated by the simultaneous existence of the mother and 'future person' in the same body. This means that when the mother does not self-govern in the ways required of her, taking the appropriately cautious approach to risk, the state sometimes intervenes with the more traditional methods of discipline and punishment. For example, in America women have been imprisoned for drug use during pregnancy, under charges of murder, manslaughter, neglect, child abuse, or even "delivery of drugs to a minor" through the umbilical cord (Nolan 1990; Mariner, Glantz and Annas 1990; Flavin and Paltrow 2010). In this way, women who do not self-discipline in line with expert knowledge may be forced to submit their bodies to control by the state, for the sake of the foetus, and through it, the wellbeing of future society.

Good parenting and the Big Society

In accordance with neoliberal ideology, ex-prime minister, David Cameron, clearly positioned parents as fundamental building blocks in the creation of the 'Big Society'. Cameron's vision was of the decentralization of government, transferring control and responsibility to local governments working alongside parents, voluntary groups and other individuals. In this ideal of the Big Society, the cultural and economic value of parenting is continually foregrounded. Good parents are those who do not leave the wellbeing of their children to various agents of the state, but rather, take an active role in the provision of a child's education, whether that be through providing homework

support, involvement in school governance, or even setting up a Free School in the local area. Such opportunities for parental involvement are presented as a way for those parents who *really care* about their children's wellbeing to gain more agency and therefore to become better citizens as well as better parents (Allen and Taylor 2012).

In this way, the concept of empowerment is critical to The Big Society and to governance in neoliberal societies more generally, as well as being a key stated goal of parenting support in the context of EI, as stated clearly by the Early Intervention Foundation: "early intervention and prevention is about empowering parents, not state interference in family life" (Axford et al. 2015, 8). Nikolas Rose (2000) argues that the rhetoric of empowerment often constitutes a method of "governing from a distance", since it ideally ensures that citizens develop a capacity for self-governance and therefore do not become dependent upon the welfare state.

> *The beauty of empowerment is that it appears to reject the logics of patronizing dependency that infused earlier welfare modes of expertise. Subjects are to do the work on themselves, not in the name of conformity, but to make them free. The binary of dependency and control becomes a powerful formula for judging the conduct of others, and for judging oneself. Autonomy is now represented in terms of personal power and the capacity to accept responsibility – not to blame others but to recognise your own collusion in that which prevents you from being yourself, and in doing so, overcome it and achieve responsibility, autonomy and personal power.*
>
> (Rose 2000, 335)

In this way, empowerment emerges as a "quasi-moral principle" leading to the rise of "empowerment as a professional practice" (Baistow 1994, 34-5). If the individual can become 'empowered', then she will be able to take control of her life and achieve her goals.

However, whilst advocates of parenting programs insist that parenting professionals empower clients by providing knowledge and advice, critics caution that their actions may achieve the opposite. Some parenting programs may undermine parent's confidence in their own ability, rendering them unable to make intuitive decisions but rather leaving them to constantly seek answers and guidance (Furedi, quoted in Guldberg 2001).

Furthermore, others argue that true empowerment of parents would involve the provision of financial and material resources to families, and that mere 'confidence building', however well-intentioned, will do little to truly empower individuals (Gillies 2005). Indeed, it is a frequent criticism of EI policy that "the relationship between money and the ability to perform idealized parenting practices is rarely mentioned [...] meaning that poverty can be left off the positive parenting agenda" (Dermott and Yamashita 2014, 129). In her discussion of UK social exclusion policy, Annelise Dodds argues that the focus on enhancing the agency and resilience of those deemed 'socially excluded' implies that these individuals are suffering from learned helplessness, and in this sense are 'excluded' from the middle class values of aspiration and self-reliance; values at the heart of neoliberal society. As a result, they may also become excluded from the knowledge and skills need to parent effectively (Gillies 2005). Dodds claims that in this way, social exclusion policy "may underplay the extent to which those at risk are already aware of routes out of poverty, but unable to follow these routes for a variety of structural reasons" (2009, 508).

Thus, whilst many parenting interventions are universal in scope, they often target those deemed socially excluded. In seeking to promote inclusion, issues of poverty and inequality are "translated into support for ethical self-governance with the aim of encouraging conformity" (Gillies 2005, 71), promoting a neoliberal agenda of empowerment and self-reliance. With this autonomy and freedom comes potentially

burdensome personal responsibility for the disadvantage one faces, and parents are blamed if they fail to liberate their families from poverty.

Good parenting: one size fits all?

Conformity is potentially problematic in a multicultural global society. Critics have raised concerns that the parenting advice given within government-run parenting support programs such as the Nurse Family Partnership may advance white, middle-class and western parenting ideals in ways that undermine or obscure the culturally received parenting practices of some ethnic minority or religious groups (Edwards, Gilles and Horsley, 2014). Within EI policy, an account of 'good parenting' is presented as objective and 'scientific' fact, and it is therefore offered as universally appropriate and applicable to all members of society. However, this account of good parenting advanced by the UK government is value-laden and consequently may not be appropriate for mothers who are from different cultures.

Furthermore, EI policy assumes the goals of parenthood, in that it relies upon a culturally-specific account of 'good outcomes' for children, whereby children are 'school-ready' and then 'work-ready', enacting a particular vision of good citizenship. In this way, the goods of childhood are viewed as extrinsic, and the child is valued almost entirely in terms of his or her future contribution to society. Hence, 'normal' parental activities become tools for optimizing child development towards a specific goal; cuddling, eye contact, touch, and feeding are all given extrinsic rather than intrinsic value, transformed from an emotive and loving care practice into a scientifically validated skill (Furedi 2002).

This approach arguably provides a rather shallow and limited account of the value of parent-child relationships, children's needs, and the goods of childhood:

> *In order to prevent risk and subsequent adverse outcomes we look to ensuring the needs of the child are met: but exactly what are these needs? The sociology of childhood challenges us to rethink our understanding of children's needs. While some needs are universal, for example food and shelter, others may not be. Children's needs, rather than being constructed as universal and monolithic, could be understood as diverse, as well as culturally and contextually dependent. Childhood experiences characterised as essential in one cultural context may be discouraged in another. […] Rogers (2004) argued that children's needs are conceptualised as those required to develop an autonomous, independent individual. She asks: 'But what if a different sort of adulthood is aspired to – one that values connectedness, mutuality, and interdependence?'*
>
> (Lawless, Coveney, and MacDougall 2014, 132, references removed)

This perhaps opens up the space for a richer debate about the needs of children – a conversation that is notably absent from the more rigid focus on the obligations of parents in EI policy.

Science and morality

This review began with a discussion of the ways in which neuroscience is used to make the case for EI; Bruer's account of the 'myth of the first three years' was examined to show how neuroscience claims are at times misleading or inaccurate. However, the idea of "brain based parenting" (Lowe, Lee and Macvarish 2015) has also drawn criticism from scholars within the social science community (e.g. Nadesan 2002; Wall 2010). Macvarish and colleagues (2014) note that reference to the brain confers authority and legitimacy to claims about the nature of good parenting, discouraging a more critical approach and potentially obscuring contested and controversial ideas under the disguise of objective neuroscientific fact. Indeed, reference to the brain makes policy claims appealing to politicians precisely because they seem to disguise the moralizing of parental behaviour under a guise of scientific objectivity, and therefore divert attention away from the fact that there is in reality an absence of consensus about the ideal

parenting style and about the legitimate role of the state to intervene in family life (Kagan 1998).

Indeed, under the assumption that science contains no emotional content, a wealth of agencies with an interest in parenting – from policy makers and 'experts' to groups of parents themselves – now have a language by which to make what might better be termed *moral* judgments about appropriate childcare practices. As Furedi notes, the "slippage between scientific fact and moral exhortation" is a pervasive, worrying trend.

> *Science can provide facts about the way the world works, but it cannot say very much about what it all means and what we should do about it. Yes, the search for truth requires scientific experimentation and the discovery of new facts; but it also demands answers about the meaning of those facts, and those answers can only be clarified through moral, philosophical investigation and debate*.
>
> (Furedi 2008)

The use of 'science' within policy requires rigorous sociological questioning in order to avoid conflation of the 'ought' and the 'is', and in doing so, it is important to challenge this growing 'secular morality' of science as arbiter of Truth (Faircloth 2010).

Stigma and sexism

Finally, some have raised concerns that the intense focus on babies' brains can lead to the "biologisation of poverty" whereby the claim within EI policy is essentially that "poor people are poor because their brains have been damaged in childhood by inept parenting" (Edwards, Gillies and Horsley 2014). Whilst this claim may sound extreme, some policy documents do present the early years as a short period of opportunity in which to intervene on the plastic infant brain; after the age of two or three, it is suggested that early environmental insults become hardwired into the biology of the child, and that they therefore become increasingly difficult to reverse, resulting in "a 'bio-underclass' destined to reproduce poverty and crime" (Edwards, Gillies and Horsley

2014, §2). Thus, EI rhetoric may deepen already existent social class divisions and serve to stigmatize particular socioeconomic groups.

It is not only socioeconomically disadvantaged groups that are disproportionately vulnerable to stigma and blame; women are also unfairly stigmatized. Singh notes that when children exhibit poor health or behaviour, the category 'parents' often serves as a euphemistic cover for accusations against mothers (Singh 2002; 2004). Similarly, Zivovic notes that debates around childhood obesity which frame 'overfeeding' as a form of parental neglect, focus implicitly on the role of mothers (Zivkovic et al. 2010); as Daniel and Taylor argue: "neglect is an indication of lack of nurturing; nurturing is carried out by mothers; therefore, when nurturing is absent the problem must be a problem of mothering" (2006, 427). In this way, government parenting interventions may unfairly target women, and consequently place arduous responsibilities upon their shoulders, making them responsible not only for their own health but for the health of their children, and through them, the wellbeing and prosperity of future society. In this way, EI parenting policy and parenting support programmes may contribute to sexism and gender-inequality within society.

Summary

The preceding section examined the growing literature that has emerged in response to an increasing focus on parenting within UK government policy. Critics raise significant concerns with respect to EI. Not only do they question the validity of scientific claims that justify EI policy, but further, they problematize the conflation of scientific and moral claims, exploring the implicit and explicit values that guide EI policy and highlighting the potentially damaging unintended consequences of parenting support. Through an intense focus upon risk, EI policy perhaps overlooks what Robert Castel (1991) has labelled the "iatrogenic aspects of prevention" whereby the potential harms caused by state-sanctioned parenting support interventions may be substantially greater than the

harms caused by the risk behaviour in the first place. As this review makes clear, such harms may be both subtler and more far-reaching than the removal of a vulnerable child from his or her home. Thus, whilst the goals of protecting children and building a strong society are rhetorically persuasive, it is important to critically examine such policy goals in more detail and to explore both their theoretical underpinnings and practical implications.

EI policy must address complex ethical questions about the meaning of good parenting, the nature of a good childhood, the rights and responsibilities of parents, and the role of the state to intervene in family life. Whilst there has been little explicit bioethics scrutiny of EI policy and practice, bioethicists and philosophers have certainly addressed such questions in other contexts. Therefore, the next part of this review turns to bioethics and philosophy in order to examine these central ethical questions through a different lens, by exploring the relevant literatures.

Good Parenting: Bioethical and Philosophical Accounts

Parenting at the start of life

Within the bioethics literature, discussion of good parenting often centres on questions surrounding reproductive decision-making. In this way, much – though by no means all – of the bioethical literature considers good parenting at the very start of life, including before conception. In doing so, it parallels EI policy, which uses scientific evidence to make the claim that care of the child begins in the womb and that this very early care can be critical in determining the child's life chances. Thus, from the perspective of EI advocates, as well as in the accounts of many bioethicists, it seems that a complete discussion of good parenting is not limited to the care of an existing child but should also involve an exploration of the choices and actions of prospective parents or pregnant women.

However, the bioethics literature engages with science in a different way to EI policy. Whilst policy advocates use science as 'evidence' for an 'objective' account of good parenting, bioethicists draw upon science to pose thought experiments that challenge our intuitions and test the boundaries of thinking about what it means to be a good parent. In what follows, then, it is important to keep in mind that many of the 'parental choices' discussed are hypothetical and do not take into account the actual practicalities of what can or can't be achieved through Prenatal Genetic Testing (PGD), In Vitro Fertilisation (IVF), or other reproductive technologies. EI policy certainly does not recommend that parents use PGD or IVF to shape the life chances of their future children. Rather, in what follows I use the bioethics literature to throw light on the question of what it means to be a good parent, what parents owe their children, and what a good life for a child entails. These ethical questions are at the heart of EI policy and parenting support.

The principle of procreative beneficence

One very influential argument within the bioethical literature is Julian Savulescu's Principle of Procreative Beneficence (PPB). Savulescu (2001) argues that a good parent will use all the tools and technology at her disposal to maximize the expected wellbeing of her future child. In the context of reproductive decision-making, this means that a prospective parent should use technologies such as in vitro fertilization (IVF) and pre-implantation genetic diagnosis (PGD) to choose the embryo of all the available embryos that can be expected to have the best life – that is, the life with the highest expected amount of wellbeing. Savulescu takes a relatively liberal approach to the obligations incurred by prospective parents, in that he does not advocate *enforcing* the PPB. Rather, he maintains that parents should ultimately be free to make whatever reproductive decisions they wish to make. In this sense, the PPB is not a rule, but rather a "significant moral reason" for action (Savulescu 2009).

Savulescu's argument has intuitive appeal – most people believe that a good parent is one who wants the best for their future child. However, his claims are not without criticism. For example, Parker (2007) argues that the kind of information available to prospective parents at the point of PGD is insufficient for making judgments about that child's likely life chances; he claims that the truly flourishing life is likely to have a mix of good and ill, life's challenges making life's successes all the sweeter, and the difficult moments providing opportunity for reflection and growth. Hence, there are few if any cases where it will be clear which embryo to pick, Parker argues, since the good life is by its very nature not something which can be predicted in advance. This argument provides a more nuanced account of the good life than that which is found within EI policy; if one agrees with Parker, then it appears that the moral choice PGD provides parents is essentially meaningless. Indeed, the existence of this choice arguably creates substantial burdens for parents (Glover 2006) with very little benefit. From these considerations one might conclude that it is better to avoid PGD or other reproductive technologies unless there is knowledge of a particularly bad genetic condition in the family, and wait until the baby is born before making choices about how to raise one's child in ways that align with one's vision of the good life.

The child's right to an open future

Another argument that has proved influential in this literature is Feinberg's (1980) account of the child's "right to an open future." Like Savulescu's PPB, the right to an open future is relevant to decision making in the context of reproductive technologies, but its importance extends after the birth of the child as well. In this way we move from discussions of good parenting in the context of reproductive choices to good parenting in the context of practical care of the growing child.

Feinberg suggests that children have certain 'rights-in-trust' in anticipation of the rights that they will have as adults. It is the duty of adults, predominantly parents, to protect

these rights-in-trust, so that the child will be able to exercise her full set of liberty and autonomy rights upon reaching adulthood. Put differently, parents must protect a child from having certain opportunities and choices foreclosed before she has a chance to make those choices for herself. Feinberg believes that the full spectrum of rights-in-trust can be categorized as the child's right to an open future. This idea is comparable to the EI advocate's focus on life chances; both concepts – "open future" and "life chances" – focus on the need to equip young children with the skills and traits necessary to pursue future opportunities and be able to lead a good life.

Not everyone agrees that parents have a duty to protect the child's right to an open future, or even that such a right exists at all. One criticism is that the right to an open future can be interpreted in a strong, moderate or weak way, and these have very different implications for accounts of what a good parent should do. Archard summarizes a number of problems with the strong, or maximizing, view:

> *It may not be possible to quantify in a determinate fashion the number of options open to a future adult. Furthermore some fulfilling life choices are only available at the expense of denying the child a number of otherwise possible choices. […] Requiring that a child be brought up to be able eventually to choose between as many options as possible may impose unreasonable burdens on parents. It also seems implausible to think that a child suffers if she is denied one or even several possible insignificant further options beyond some threshold number of choices.*
>
> (Archard 2018, §6)

As Archard's summary makes clear, the open future argument has implications not just for reproductive decision-making but also in parenting decisions throughout childhood and adolescence. A parent who wished to maximize their child's number of possible futures would need to not only choose the 'best' embryo, but to invest a huge amount of time and money in order to provide the child with language classes, musical tuition, sports practice, art lessons, and so on, so that the child was capable of pursuing the

largest number of hobbies and careers as she got older. It seems clear that only parents with a certain level of economic resources and social capital would be capable of enacting this extremely demanding account of good parenting.

Furthermore, a maximally open future requires that parents do not significantly influence the child's values, ideas, and preferences, so that the child is able to enter adulthood free from prior assumptions in order to freely choose between or develop her own account of the good life. However, Prusak (2008) asks whether it is really possible for children to grow up totally free in this sense, and concludes that it probably is not, since parents inevitably influence the goals and values that their children have. Further – and perhaps more importantly – Prusak argues, with Sandel (1984), that it would not be *good* for children to be radically autonomous, since they would be "wholly without character, without moral depth, all too free from the claims of conscience" (2008, 279). These are both empirical and conceptual questions; Prusak considers both what is possible in theory and possible in practice in order to interrogate the account of justice that guides the 'liberal argument' for a child's right to an open future.

The above discussion suggests that another way of looking at Feinberg's right to an open future is to see it principally as an argument about autonomy – what is important is that the child enters adulthood *free to choose* between different options and opportunities. From Prusak's account one could conclude that the most important thing is not that the parent ensures the broadest range of opportunities is open to the child, but rather that she equips the child with the capacity to autonomously and critically assess the options that are available. In this way, the child can develop her own ideas about the meaning of a good life (though these options and ideas cannot and should not be totally separated from the social context in which the child she raised.) A similar claim is made by Horstkötter (2017), who argues that a good parent fosters the child's autonomy, so that

she grows up able to set her own goals in line with a stable and authentic sense of identity.

It is worth noting that the discussion thus far has focused predominantly on protecting the rights-in-trust that a child has, because these will be valuable upon reaching adulthood. This reflects the view that childhood is a "predicament" to be overcome as soon as possible, so that valuable and autonomous adult life can begin (Lomasky 1987). Arguably, this is a rather shallow or at least incomplete view of the good of childhood. Others claim that childhood has intrinsic value regardless of the extent to which it prepares children for adult life, and in this sense a good childhood is a fundamental part of a good life overall (Gheaus 2015; Brennan 2014).

Care ethics

When considering accounts of what it means to be a good parent or of what parents owe their children, it is important to consider the question of care. Care ethicists contend that all humans are situated within interdependent networks of care, hence, they question the total separation of childhood and adulthood that is essential to accounts such as Feinberg's. Care ethicists argue that it makes no sense to think of childhood and adulthood as two states differentiated in terms of whether the individual has or has not yet achieved the capacity for autonomy. Rather, care ethicists emphasise the vulnerability and interdependence of humans at all times in their lives, as well as questioning the view of adults as wholly rational and autonomous beings. In this sense, rather than seeing childhood as a period of vulnerability before capacity for autonomy is achieved, care ethicists challenge the ontological presupposition that the more separate the self is from others, the more fully-developed that self is (Tong and Williams 2018). For care ethicists, all humans exist in interdependent networks of care and continue to rely on one another in various ways throughout life (Tronto 1993; Ruddick 1989;

Noddings 2002). They advocate an account of relational autonomy whereby the more connected the self is to others, the better the self is (Mackenzie and Stoljar 2000).

Noddings (2002) argues that the relational self is formed through 'encounters', particularly the early encounters between a baby and its caregivers. She claims that the self is neither totally free to construct itself, nor is it shaped entirely by its environment. This is because agents can reflect on their encounters and through this critical engagement mediate the ways in which the self is shaped by experiences. Thus, Noddings suggests that the goal of parents is not to make children autonomous, because the term autonomy has very little meaning in the relational view. Rather, parents and carers must supervise a child's encounters and help them to reflect on their experiences (2002, 116). Noddings emphasises that this capacity for reflection is far more important and useful than concepts such as autonomy or the true self, since it is through reflection that authenticity and – to some extent – freedom, can be achieved. This account is consistent with the arguments proposed by Prusak and Horstkötter, above.

For Noddings one does not follow rules in order to care appropriately, but rather one learns these skills in childhood so that they become intuitive in later life. In cases where the desire to care does not arise spontaneously, Noddings suggests that one looks not to rules but to the vision of the kind of caring person one wishes to be in order to guide one's action. This may suggest an affiliation between care ethics and virtue ethics, and indeed, it is possible to think of 'caringness' as a moral virtue. However, Noddings emphasises that Care Ethics remains distinct. For the virtue ethicist, character is of fundamental importance, whereas the care ethicist turns to an ideal of character only when her natural inclination to care fails. Similarly, Blum (2009) – whose work was a forerunner to Care Ethics – has argued that rules such as 'protect one's children from harm' are not sufficient to ensure genuine good care, since only those who are genuinely caring will know how to meet the demands of this 'rule'. Blum believes that people must

also be infused with the appropriate emotions, sentiments, and feelings to perform an entirely morally worthy and truly caring action.

To summarise the Care Ethicist's account of good parenting: ultimately, parents and carers must do their best to raise children who grow up capable of sustaining good caring relations with others. They do this by providing good care, by role-modelling quality caring relationships, by providing a safe and stimulating home environment, and by helping their children develop a capacity for critical reflection. Whilst parents and carers play an important role in the development of the relational self, they cannot govern all encounters, nor can they guarantee that they themselves will have sufficient resources and skills to provide the best care. Thus, the state and society necessarily also play a role – and arguably, bear some responsibility for – the way in which children grow up, develop selves, and pursue the good life.

The virtuous parent

Whilst Savulescu, Feinberg and others have focused on what good parents should *do* with regards to their children, Care Ethics shifts the conversation to include a discussion of the kind of motivations and character that the caring person should have, moving the argument away from a focus on the child to a focus on the parent-child relationship. From this it appears that Care Ethics shares some similarities with Virtue Ethics; virtue ethics accounts of good parenting are the focus of this section.

A key strength of a Virtue Ethics account of the good parent is that it neatly side steps the non-identity problem (Parfit 1987), which otherwise poses a challenge to accounts such as Savulescu's. The non-identity problem arises in such cases in the following way: if a prospective parent is faced with the prospect of choosing between embryos, all of which would have a life worth living, then it can be difficult to explain the wrong done by choosing an embryo which will, for example, be less likely than the others to enjoy a

good quality of life, since that child would not exist were the parent not to have chosen it, and so no person is harmed by the choice. Virtue ethicists can claim that the wrong is not in the harm done to the child, but in the un-virtuous attitude of the *parent*; this conclusion seemingly fits with intuitive ideas about the good parent as someone who always seeks to prioritise the best interests of the child. However, such accounts of totally selfless, even self-sacrificial, parenthood can go too far, resulting in an 'ideal' parenting style that is emotionally absorbing, labour-intensive, and financially expensive, ultimately harming women (Hays 1996).

In her account of the good parent, McDougall (2007) focuses on three central parental virtues, which she calls: acceptingness, commitment, and future-agent-focus. She argues that a child's characteristics are inherently unpredictable, and as such, parents must cultivate an attitude of acceptingness so that they will reliably continue to love and care for their child whatever characteristics or conditions that child has, either at birth or developed later in life.[2] McDougall warns that "unless the parents act acceptingly toward the child's characteristics, the child's contentment and self-esteem, and the parents' ability to enjoy that child, are all in jeopardy" (2005, 603). However, exactly what 'acceptingness' requires of a parent is open to debate. Malet (2011) suggests that a good parent can be accepting of their child without accepting all of his or her characteristics. Hence, Malet argues, using PGD to select for certain character traits is consistent with a general attitude of acceptingness (though of course, it is not currently possible to use PGD in this way). However, it would be unfair to McDougall to suggest that her account requires total acceptance of every aspect of the child's character and behaviour – a parent who passively accepted violent aggression from their child would surely not be behaving virtuously. Rather, McDougall – following Hursthouse (1999) – claims that

[2] Here and throughout this section I use 'characteristics' to denote personality traits, skills, or aspects of physical appearance, whereas I used 'conditions' to denote illness or disability.

acceptingness, like all virtues, is always a matter of degree. Too much or too little acceptance ceases to be virtuous. The question remains whether using PGD to select for certain character traits would always be an example of insufficient acceptance on the part of the parent, and therefore there need not be in principle a tension between Savulescu's account and those of virtue ethicists such as McDougal.

Also focusing on the inherent uncertainty of procreation, Sandel (2007) argues that the appropriate parental attitude is one of "openness to the unbidden" and humility. He claims that prospective parents should "rein in the impulse to control", instead appreciating every child as a gift. Similarly, Davis (2009) argues that parents who use genetic reproductive technologies to engage in "directed procreation" and influence their child's characteristics adopt an attitude of entitlement, rather than the more virtuous attitude of hope. Davis worries that parents who invest large amounts of time and money in creating a child with specific character traits will then be disappointed if the child does not exhibit the characteristics that the parents expected.

Generally, the discussion thus far can be summarized in terms of a central ethical conflict: does the good parent unconditionally accept and love the child however she has, or does the good parent aspire to improve or enhance the child (pre or post-natally) in order to ensure a better outcome for that child (in terms of greater wellbeing or more opportunities)? As we have seen, the idea of the aspirational parent is one that is central to EI policy, whereby good parents are those who invest considerable time and energy in seeking to maximize their child's life chances. Indeed, the idea of the unconditionally accepting parent is seemingly entirely absent from EI policy. This is perhaps because EI focuses not on the intrinsic value of the individual parent-child relationship, but on the extrinsic good in terms of what this means for wider notions of societal flourishing. In other words, EI is arguably interested in the micro-level interactions between parents and children only in so far as they fit within a bigger picture of societal prosperity. For

EI advocates, good parenting is inextricably linked to good citizenship, and the skills and goals the child develops are valued because of what they say about how the child will contribute to society as an adult. Hence, the EI account of good parenting is consequentialist in nature, shaped by outcomes rather than by rights, intrinsic goods or virtues.

A common criticism of virtue ethics is the vagueness of what it means to be virtuous (Svensson and Johansson 2018, 502). MacDougall lists the virtues needed to be a good parent, but of course it is possible to question whether these are indeed the most important virtues, or how one can reliably enact and identify them in practice. Virtue ethicists provide a number of responses to such criticisms, which may or may not convince the sceptic who claims that virtue ethics fails to be action guiding in any practical sense. By adopting a predominantly consequentialist approach, EI policy avoids such thorny ethical debate, defining the good parent in terms of the outcomes of their parenting, measured through assessing the wellbeing of the child using various scientific and economic tools. However, as we saw in the preceding section of the literature review, even this consequentialist account is not so simple as it may appear. Whilst it is fairly easy to objectively measure a child's wellbeing in terms of physical and mental health, other outcomes identified by EI advocates are very much part of a subjective and value-laden account of the good life for a child in today's society, and science often obscures normative claims within EI policy (Furedi 2008). Therefore, whether one defines a good parent in terms of virtues, care, rights, or consequences, there is always space for disagreement about this most fundamental of ethical questions, and arguably much of the philosophical and policy literature seeks to create theory that aligns with our everyday intuitions about what it means to be a good mother or have a good childhood.

Who should parent? Parental rights and responsibilities

The rights of parents

The preceding sections have shown that generally, we think that parents have certain obligations to care for their children, and that we judge how good a parent is at least in part as a result of how well they fulfil these obligations (however we define good care, including the appropriate motivational aspects of care).

In practice, parental care involves making decisions on behalf of the child, decisions that the parent usually deems to be in the child's best interests. It is a key premise of EI policy that such parental choices can have a hugely significant impact for the child, both during childhood and later in life, in terms of the kinds of futures that will be open to the child, and his or her likely future wellbeing. What justifies the parent's right to make such decisions and choices about the child's life? Within the philosophical literature this question has been addressed in a number of ways, often invoking the language of parental rights and responsibilities; this will be the focus of the next section.

Generally, children cannot make all decisions for themselves. Some theorists explain this by claiming that children have welfare rights, but few autonomy rights, because they do not yet have sufficient moral knowledge, emotional maturity and rational capacity to make judgments about what they value and what is good for them (Archard 2018) (though as we have seen, care ethicists question the extent to which capacity for rationality or autonomy should be seen as the markers of moral maturity). As such, parents or carers typically make these choices on children's behalf, and have considerable power to coerce or – within reason – force children to engage in behaviours that the child might otherwise refuse. This is what enables parents to force their children to eat healthily, apologise to a wronged sibling, or do homework, though it would usually be wrong if they attempted to force other adults to do these things.

One account of the parent's right to make decisions on behalf of the child is part of the "priority thesis" (Blustein 1982, 104–114). This is the view that parents' obligations or duties are prior to and dependent upon their rights, or put differently, parents have rights precisely because they need these rights in order to fulfil their duties to care for the child. As Archard writes:

> *A parent can choose for his child, and exclude others from the making of these choices, only in the service of and thus constrained by a duty to care for the child. It is in the first instance because a dependent child must have decisions made for it that a designated parent is entitled to make those decisions.*
>
> (Archard 2010, 108)

According to the priority account of parental rights, parents will cease to have any rights when they do not use these rights exclusively to serve the interests of the child. This view has been criticized for giving insufficient consideration to parents' own interests, including their interest precisely in parenting and in the goods that can be achieved through the meaningful project of raising a child. Brighouse and Swift (2006, 2014) offer one such account, arguing that there are goods of intimacy that can only be realised in the context of the unique parent-child relationship. Because of the child's vulnerability and reliance on the parent, this relationship creates significant moral burdens on the parent; parents acquire responsibilities in ensuring the child's current and future wellbeing. This serves the interests of the child, but the point here is that it also serves the interests of the parent. Parents have an interest in being in a relationship of this sort because the parent derives satisfactions that would be impossible in any other context. In other words, there is a non-fiduciary interest in playing a fiduciary role (Brighouse and Swift 2006, 95). This account is persuasive because of the more equal role that it gives to the interests of both parents and children. However, the rights of parents – though 'fundamental' – are not absolute. Though parents need not always prioritise the child's interests over their own, they are still required to meet a certain standard of

'good enough' parenting and fulfil the needs of children or they may lose the right to parent.

Perhaps a weakness of Brighouse and Swift's account is that although it seemingly advocates a mutually beneficial good-enough account of parenting, the standard for good enough parenting is not clear. To what extent can parents reasonably prioritise their own interests when making decisions on behalf of the child, and when does this cross over into inadequate parenting? It is likely that the line falls somewhere between "perfectionist paternalism" and "protectionist paternalism" (Bigelow et al. 1988, 185). The former requires that parents always seek to do what is *best* for their children in every context, whereas the latter simply requires that parents ensure their children do not come to harm. This has implications for our beliefs about when the state has a right to intervene in the parenting choices of its citizens – a key question inherent within EI policy and within child protection law. It seems both ethically and practically unreasonable that the state could take action whenever parents make a choice that does not prioritise the best interests of the child; this surely shows insufficient respect for parental autonomy. In practice, the state tends to adopt a protectionist approach, allowing parents to continue making choices for their child so long as the child is not harmed in the process. Whilst this might be an appropriate line for state legal intervention, it seems inadequate for a moral account of good parenting. The good parent is not simply one who does not harm the child – indeed, as Savulescu's principle of procreative beneficence showed, intuitively we are more likely to think that parents should seek to *maximise* the wellbeing and welfare of the child (Savulescu 2001).

The right to parent

Thus far we have discussed the rights of parents, but this should be distinguished from the right *to parent*. Article 16 of The Universal Declaration of Human Rights states that all citizens have a right "to marry and found a family", but the exact meaning of this right

is unclear – it could be understood as a positive or a negative right. As a positive right, it would entail that the state provide assistance to couples or single reproducers who wish to have a baby. This assistance might take the form of free fertility treatment, provision of adoption services, or even financial assistance to help a couple manage the cost of a baby. As a negative right, it simply means that the state should not intervene to prevent those who wish to marry or form a family. Though the positive right to parent is controversial, a negative right is generally accepted.

Some philosophers have sought to assess whether parents have the right to parent *a baby,* or whether they have the right to parent *their own* biological baby. For example, Gheaus (2011b) considers the possible benefits of a hypothetical baby redistribution programme, whereby the state respected parents' general right to parent, but reallocated babies at birth to maximize societal fairness and the wellbeing of children. This is an interesting thought experiment given EI policy's concern with social justice and the role of parenting in establishing a more equal society. Ultimately, however, Gheaus concludes that state intervention via a baby redistribution programme would be wrong, because the way in which children enter the world – through pregnancy and birth – is sufficient to establish a parental right to parent one's own biological child. She notes the substantial emotional and physical investment that a woman makes during pregnancy, during which time she begins to develop a relationship with the child. However, the right is not absolute; as has already been discussed, if a parent fails to protect the child from harm or inflicts harm on the child through act or omission, it is likely that the state's child protection agencies will intervene and remove the child.

Such state intervention, when it happens, is often too late. The actions of bad parents can deeply harm a child even if that child is swiftly moved to an adoptive family or into the care system. Indeed this is a key premise of EI policy, justifying the sense of urgency motivating the call for intervention as early as possible. LaFollette (1980) has argued

that the state should not wait for evidence of poor parenting, but instead should require that all individuals wishing to parent apply for a license, and that licenses are denied to any prospective parents who are likely to harm or neglect the child. LaFollette's argument, though controversial, is in some respects convincing. He rightly claims that this kind of screening and licensing of parents is already in place in the context of adoption, and indeed also in the case of reproduction through in vitro fertilization (Jackson 2002), and so the lack of licensing in other forms of parenting seems inconsistent. He also points out that many other activities in life require licenses if there is a risk that failure to perform the task well will result in significant harm to someone else, citing driving a car and practicing medicine as examples. However, Frisch (1982) notes that whilst licenses for driving cars or practicing medicine test the current ability of the applicant, parental licenses would be different in that they seek to assess someone's prospective parenting ability – they are *predictive* measures. This poses a number of problems to LaFollette's licensing proposal. In practice, would it be possible to develop risk evaluation tools that were accurate enough to predict parental abilities prior to the creation of a baby? Further, would it be ethical to implement such a scheme?

Pap Mangel (1988) argues that it is indeed possible to create accurate screening tools that can predict which parents are likely to abuse or neglect their children. She references the Child Abuse Potential Inventory and the Family Stress Checklist, suggesting that in the case of the latter test, 80% of parents identified as abusive or neglectful after birth had scored highly on the screening checklist. However, Pušić (2016) uses these statistics alongside evidence about the current prevalence of child abuse to claim that even if screening tests were 100% accurate, the parental licensing program would create costs that outweigh the benefits. Specifically, the state would have to screen a huge number of prospective parents to identify the very small minority who will neglect or abuse their future children. He calculates that "only in 0.16% of the screened families some form of child abuse is committed", which means that "99.84% of

potential parents […] would be screened for some forms of child abuse while they are at no risk of committing it" (Pušić 2016, 11).

Whilst this screening programme is likely to be highly expensive and time consuming, one could feasibly dispute Pušić's claim that the costs outweigh the benefits, given the catastrophic and long-term impact of child abuse on an individual's life. However, Pušić goes on to argue that in the real world, the risk measure would not be 100% accurate, and as such, it is likely to result in an unacceptably large number of false positives. He calculates that if the test were 80 or even 90% accurate, "in the population of 103,000 families, it would unjustly exclude a bit more than 20,000 families from parenting" and concludes that this number is unacceptably high. The benefit in terms of reduced child abuse comes at a huge cost to parents unjustly denied a license.

LaFollette's licensing scheme seeks to identify and exclude from parenting those who would abuse or neglect any children they were allowed to care for; though theoretically appealing, it meets substantial challenges in practice. In contrast, Cassidy (2006) proposes a much more controversial account whereby only the *best* prospective parents should care for children, whilst those who would make average or poor parents should abstain from reproducing. Cassidy's claim is that parenting is such an important task that adequate parenting is, paradoxically, not good enough. She argues that "if, upon engaging in moral reflection, one foresees parenting in a merely average way, the right ethical decision will be to refrain from parenting […] Parenting should be for extraordinary people for whom parenting is a true vocation" (2006, 49). Importantly, Cassidy does not suggest that the state enforce such a parenting assessment scheme, but rather looks to prospective parents to engage in moral reflection and police their own behaviour accordingly.

At first glance the lack of state intervention seems appealing. After all, if it is difficult for the state to identify in advance parents who would abuse or neglect their children, it

would surely be even more difficult if not impossible to identify adequate parents and accurately distinguish them from excellent parents, assuming that a definition of the latter could be agreed upon. Cassidy suggests that excellent parents are those that "nurture, and include their children in extraordinary ways. They are patient, giving, accessible, calm, fun, compassionate, strong, and otherwise have many, many other qualities that we all wish we had" (2006, 49). Though this is a compelling description, one that echoes some of the virtue ethics accounts described above, it seems that accurately identifying such parenting in advance of procreation would surely be incredibly difficult. However, whilst Cassidy does not call for the state to implement a screening program, her proposed self-screening is, if less draconian, no more difficult to practice. It is surely impossible for even the most self-reflective person to predict accurately whether they will be sufficiently calm, fun, compassionate or strong. This is not least because one is necessarily ignorant of future life events that may make it more difficult to parent excellently. For example, a happily married woman who anticipates being an excellent mother may not be able to predict how she will struggle when her partner leaves her shortly after the birth of their child, or if her financial circumstances change, or if the baby she anticipated parenting has unexpected disabilities. For these reasons, one might conclude that Cassidy's claim that "many of us should not parent" is unconvincing.

The above discussion has implications for EI policy. If it were ethically and practically possible to screen prospective parents in advance, and to deny 'bad' parents the opportunity to reproduce, there would be no need for parenting support interventions, since all parents could be relied upon to parent well and to provide their child with a good start in life. However, it is because such licensing or screening programmes cannot be implemented in a liberal society that EI is required, intervening during pregnancy or after the child is born, rather than before conception. Interestingly, the philosophical accounts detailed above do not consider the role of economic, social and political factors

in constraining or shaping an individual's ability to parent well. As in EI policy, the focus is on the individual skills and traits of parents, rather than on their environment. Given this, the philosophical accounts are vulnerable to the same criticism of EI policy that was described above: that unfair responsibility is placed on parents without considering the role of structural factors that limit individuals' agency and ability to be good parents (Dermott and Yamashita 2014; Dodds 2009).

Children, families, and justice

As Cassidy's argument shows, not all children are raised by excellent parents; many are not. This is a problem not only in terms of the impact on child wellbeing, but also because of the implications it has for social justice, equality and children's 'life chances.' This is a central concern of EI policy; as discussed above, EI advocates often make the claim that parenting support is required in order to achieve social justice and create a more equal society. There is a substantial philosophical literature that addresses this same concern.

Rawls notes that because children are brought up predominantly in families, and because adequate parents are generally given substantial freedom to make choices about the ways in which they raise their children, this means that there will be inequality in the upbringing of different children, contravening the principle of Fair Equality of Opportunity. Rawls states that:

> *Assuming there is a distribution of natural assets, those who are at the same level of talent and ability, and have the same willingness to use them, should have the same prospects of success regardless of their initial place in the social system.*
>
> (Rawls 1999, 63)

The existence of family, and of parental partiality, prevents fair equality of opportunity for a number of reasons. First, some parents are more able to provide their children

with various kinds of material, economic or social capital than others, giving these children an opportunity to develop various talents and skills. This inequality can take many forms: wealthy parents can pay for sports lessons, well-educated parents can provide help with homework, well-connected parents can provide their child with valuable social networks, bilingual parents can teach their child a second language, and so on. Furthermore, the kind of upbringing a parent provides will not only impact the child's talents but also their "willingness to use them", because some parents will instil ambition and motivation in their children, whereas others will not. Thus, even a child who is born with certain talents as a result of the 'natural lottery' may be disinclined to use these talents because of the kind of upbringing he received. All this goes to show that the existence of the family contravenes the principle of Fair Equality of Opportunity, by providing some children with an undeserved – or at least, unearned – advantage over their peers. Although the existence of families may benefit those with good parents, their existence clearly does not work to the advantage of the least well off in society.

Fishkin (1983) suggests that the liberal is thus stuck in a 'trilemma' whereby if he wishes to uphold equality of opportunity, he must sacrifice one of two other central liberal ideals: achievement based on merit, or autonomy of the family.

> *The autonomy of the family protects parental efforts to influence the development of their children. Given background conditions of inequality, children from the higher strata will have been systematically subjected to differential developmental opportunities that can be reliably expected to advantage them in the process of meritocratic competition. Under these conditions, the principle of merit – applied to talents as they have been developed under such unequal conditions – becomes a mechanism for generating unequal life chances.*
>
> (Fishkin 1983, 51)

Various philosophers have tacked this problem. Munoz-Darde (1999) considers whether the family should be "abolished", sacrificing parental autonomy in order to

provide all children with a standardized fair upbringing in a "well-run orphanage." However, she concludes that the family (with the substantial array of parental rights that it involves) is necessary for maintaining a background of diversity against which people can make a wide range of choices about how to live. A system of standardised childcare in well-run orphanages would deny the possibility of individual moral development, with the consequence that children could not develop their moral powers even to the minimum degree necessary for them to make full use of their equal liberties and talents. According to this argument, parental freedom is essential so as to ensure the moral development of children, and to secure the public good of diversity across generations. This benefits the whole of society in important ways. Thus, Munoz-Darde concludes that the abolition of inequality through replacing the family with a well-run orphanage would come at an unacceptably high cost to children's and society's flourishing.

Lindemann (2014) explores some of the other ways in which the existence of the family delivers important benefits to children. She notes that in addition to providing moral guidance and education, the family is the place in which the child forms his or her narrative identity, in relation to various siblings, parents and the story of her family life. This sense of a unique self, intimately connected to others with whom she shares a story, arguably could not be provided to the same degree within a well-run orphanage, where childcare is standardised and impartial. Furthermore, Lindemann suggests that most families are places of love, and this, she argues, gives them inherent value. Lindemann's claims perhaps rely on a somewhat idealised rather than accurate account of 'most' families. However, unconditional parental love is certainly a very valuable good realised within at least *some* families, and comparable loving relationships are unlikely to flourish even within the best 'well-run orphanage'. This fact is implicitly acknowledged by Munoz-Darde (1999) when she suggests that within such an orphanage it is likely that children would be treated not as ends in themselves but as a

means to the good of society as a whole. Arguably children need an intimate and loving relationship with individual care-givers. Indeed, this is a central premise of attachment theory and is emphasised within EI policy. As such the abolition of the family would only marginally improve the experience of the least well off – those children who would otherwise be abused by their parents – whilst depriving *all* children of the love that is essential to healthy moral and psychological development.

It is both a strength and a weakness of parental love, that is that it is not impartial. This partiality is what makes it special, but it also has the effect of perpetuating inequality. In response to this concern, Swift (2004) advances a theory of "legitimate parental partiality" whereby parents may engage in some activities that benefit their children, like reading bedtime stories, but not others, like buying them access to a better education through enrolment at an elite private school. The distinction between what is and is not permissible stems from Swift's account of the goal and purpose of the family. He argues that certain vital relational goods are realised through close, loving familial connections, and it is acceptable for parents to pursue these goods even though less fortunate children will not have access to them. However, the purpose of the family is not to function as a social network designed to grant competitive advantage to its members, Swift argues, and as such parents sometimes have a responsibility to abstain from pursuing advantages for their children when doing so is not essential to familial intimacy, yet perpetuates inequality.

Swift's discussion of private schooling suggests that state provision of education can be an important way of addressing injustice. Indeed, EI policy often references the role of teachers and educators in addition to the (generally more important) role of parents. Given that in most countries, children must legally attend school for a certain number of years, this means that state provided education has the potential to reach the vast majority of children in a society regardless of their family background. Consequently,

education is perhaps the most important way in which a state can address equality of life chances, aside from abolition of the family. However, there is deep disagreement about exactly what equality looks like in the context of education (Jencks 1988). For example, one may have to consider the appropriate goals of education and ask which of these it is important that children have equal opportunity to achieve: success in the labour market, capacity for citizenship, capacity for moral development, or capacity for flourishing (Shields, Newman, and Satz 2017). Another central concern is whether education should seek to address class-based inequalities caused by the social lottery, or whether it should also take on the more difficult task of addressing inequality of innate skills and talents caused by the natural lottery. To address both kinds of disadvantage, a meritocratic system of education might have to be replaced by a prioritarian account that draws from Rawl's difference principle.[3]

Gheaus (2011a) suggests another way in which school education and other forms of non-parental care – such as babysitters, sports coaches, grandparents, Scout leaders, and so on – can lessen the injustice caused by family, and in doing so benefit the least advantaged. She claims that non-parental care mitigates the effects, and spreads the risk of, bad care, as well as addressing children's structural vulnerability to their caregivers. It seems that a policy of universal compulsory non-parental care is most to the advantage of children who would otherwise be raised by incompetent or abusive parents. But non-parental care has other advantages too: it teaches children how to enter caring relationships with initial strangers, helps children and parents contain the ambivalent feelings of the child-parent relationship, and redistributes the responsibility

[3] A prioritarian account of justice requires that we focus on improving the situation of society's weakest and poorest members, even if they can be less helped than others in the process. Rawls' difference principle claims that any inequalities in society are just only if they grant the greatest possible advantage to the least advantaged members of society. For example, the difference principle only allows the talented to earn more to the extent this raises the lowest incomes. See: Gosepath 2011; Arenson 1999; Schouten 2012.

for care and the ensuing blame for bad care more widely. Thus, Gheaus concludes that all children over the age of one should be enrolled in some kind of state provided non-parental care, as a matter of justice.

Summary

This section of the literature review has considered a range of bioethical and philosophical texts that address the kinds of ethical questions that underlie government EI policy and the contemporary parenting agenda. Various accounts of good parenting have been considered, some of which focus on the outcome of parenting, and others of which focus on the ideal parent's good moral character. These may create obligations for parents in the context of pregnancy and the use of reproductive technologies, but also have implications for the kind of practical and emotional care parents provide for their growing child. Philosophical accounts of parental rights and responsibilities were also reviewed; I have explored theories of why parents are considered to have rights over their children, and whether or under what circumstances these rights can be overridden by the state in order to protect the welfare of the child or to address societal injustice. It was shown that predicting someone's parenting ability in advance or enforcing a specific high standard of parental care is likely to be impossible in practice, and ethically problematic. As such, it can be argued that the state must permit 'less than perfect' parents to raise children, and accept that variation in family styles and parenting abilities will in some respects contribute to inequality, as some children will be lucky enough to receive a better upbringing than others. It is a claim implicit within EI policy that state provided parenting support seeks to reduce the extent of this inequality, and in doing so limits the harm caused to the most vulnerable and disadvantaged children in society.

Conclusion: The Rationale for this Research

This review began with a number of related ethical issues or questions: the meaning of good parenting, the nature of a good childhood, the rights and responsibilities of parents, and the role of the state to intervene in parenting and family life. These ethical ideas are central to EI policy, and those seeking to advocate state-issued parenting support programmes must navigate a complex moral landscape.

Whilst scientists, psychologists, economists, philosophers and bioethicists have tackled some of these ethical questions, there are no clear or unambiguous answers. Therefore, it seems that the inarguable and unquestionable 'good' of EI is not in fact as inarguable and unquestionable as advocates and policy makers may suggest. The range of literatures reviewed here together show how EI raises ethical concerns that are important both in theory and in practice – how the state responds to these questions says much about our fundamental values as a society, as well as having important implications for some of the most vulnerable families and children.

As the above review has made clear, these ethical questions are not new, though they have gained interest and urgency in recent years in the context of the EI agenda and the increased politicisation of parenting in government policy. EI is clearly a complex social phenomenon, and as such, it is important to consider how these ethical concerns play out in practice, exploring how those who both deliver and receive parenting support understand the ethical values at stake. As it stands, very little is known about how these ethical concerns are negotiated and enacted in the translation of policy to practice. This is a critical gap within the existing literature. In order to explore these ethical concerns more fully, it is necessary to move beyond policy and academic literatures and into the 'real world', combining empirical work with normative analysis. Such work may help to advance the debate, providing empirical evidence that gives voice to key stakeholders

involved in the delivery and receipt of parenting support. It is this task that I undertake in my thesis.

Chapter 2 – Methodology: Prison MBUs as a Case Study

Introduction

Having concluded that work of this kind requires an empirical component, it is important to spend time choosing an appropriate case study or research site: one that is best situated to provide answers to the questions posed. I decided that Mother and Baby Units (MBUs) in UK women's prisons would provide an interesting and challenging context in which to examine how the ethical issues, concepts and questions identified within the literature review play out in practice. In order to explain the rationale for this choice, it is important to provide further background information about the history of prison MBUs in the UK, and to briefly summarise what is already known about the nature and outcomes of parenting support in this environment. This will further help to make the case for prison MBUs as an appropriate context for examining the ethical questions that are central to this research.

The History of Prison Mother and Baby Units in the UK

Allowing women to care for babies in prison has been practised in England and Wales for well over a century (Aynsley-Green 2008). Although there is limited information available about the history of MBUs in this country, records show that women were permitted to keep their babies with them in closed prisons from the early 1800s (Craig 2009). Elizabeth Fry began her work campaigning for prison reform in Newgate Gaol in 1813; she writes of the "nearly three hundred women, with their numerous children" imprisoned in appalling conditions, and she sought to provide these families with education and clothing (Ryder 1884, 122).

MBUs were formally established by Her Majesty's Prison and Probation Service (HMPPS) in England and Wales in the 1960s, and the first designated accommodation

block was opened in 1971 (HM Prison Service, 1999). The current Prison Service Instruction (PSI) defines an MBU as "a designated living accommodation within a women's prison, which enables mothers, where appropriate, to have their children with them" (HM Prison Service 2014, §3.1, 13). In this way, it is possible for female prisoners who give birth prior to or during their custodial sentence to be placed within a prison MBU, where the mother and child can live together within the prison itself. Prison MBUs enable imprisoned women to create and maintain a bond with their babies whilst they serve their sentence, preventing a potentially traumatic separation, and facilitating a healthy attachment relationship. In the UK, there is no comparable service for fathers.

When the first UK MBUs were established, they were often difficult and dangerous places for children. There was no professional childcare provision, and little by way of age-appropriate toys or educational activities (Dillner 1992). The conditions within MBUs have improved greatly over recent years, to such an extent that the charity Babies in Prison – first established in 1992 in order to improve the conditions for women and babies living in prison – recently announced its closure, claiming that it had served its purpose. Inspections of prison MBUs by the educational body Ofsted have been very favourable, and the MBU within HMP/YOI Styal was rated 'Outstanding' in 2016. However, despite a much more child-focused approach in contemporary MBU practice and policy, the existence of MBUs will always involve a compromise. A careful balance must be found between promoting the best interests of children, whilst also serving the purposes of the prison estate in terms of justice and security.

There are currently twelve women's prisons in England and Wales, of which six have an MBU attached: HMP Bronzefield, HMP New Hall, HMP Eastwood Park, HMP

Peterborough, HMP / YOI Styal, and HMP / YOI Askham Grange.[4] All are women's prisons, of varying security categories; Askham Grange is an open prison, whereas the other prisons are all closed, meaning that the MBU is positioned within the prison walls.[5] Most have space for between 10-13 mother and baby dyads at any one time, though exact numbers vary.

Each of the MBUs is run slightly differently. Styal, New Hall and Askham Grange are contracted out to children's charities which are responsible for running the crèche and other aspects of the daily routine. In contrast, a private sector company – Sodexo Justice Services – runs the MBUs at Peterborough and Bronzefield. Eastwood Park is run by HMPPS with no external provider. These different models as well as the specific culture of each prison may create substantial variation in the day-to-day practice of the MBUs.

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[4] A note on acronyms: HMP stands for Her Majesty's Prison. YOI stands for Young Offender Institute.

[5] The PSI entitled 'Categorisation And Re-categorisation Of Women Prisoners' (2011) states that the purpose of categorisation is to assess the risks posed by a prisoner in terms of: likelihood of escape or abscond; the risk of harm to the public in the event of an escape or abscond; any control issues that impact on the security and good order of the prison and the safety of those within it.

Women prisoners may be held in one of four security categories:

- Category A: Prisoners whose escape would be highly dangerous to the public or the police or the security of the state and for whom the aim must be to make escape impossible.
- Restricted Status: Any female, young person or young adult prisoner convicted or on remand whose escape would present a serious risk to the public and who are required to be held in designated secure accommodation
- Closed Conditions: Prisoners for whom the very highest conditions of security are not necessary but who present too high a risk for open conditions or for whom open conditions are not appropriate.
- Open conditions: Prisoners who present a low risk; can reasonably be trusted in open conditions and for whom open conditions are appropriate.

Application to a Prison MBU

If a pregnant woman or mother of a young child receives a custodial sentence, she can apply to serve her sentence within a prison MBU. She must fill in an application form, and collect together relevant evidence that can be presented to the MBU admission board.

When assessing the application, the admissions board will consider a number of factors to determine whether the mother is suitable for placement within the MBU, such as the nature of the crime, the length of the sentence, the availability of alternative carers in the community, the woman's previous history of parenting and the likelihood that she will continue to parent her child upon release. Taking all of this into account, ultimately the admission board must decide whether an MBU place would be in the child's best interests. The Children Act 1989 states that in any decision with respect to the upbringing of a child, it is to be assumed that parental involvement in the life of the child will improve the child's welfare, unless there is evidence to the contrary (HM Government 2019b, chpt.41 §2A). Thus, the board should carefully examine all of the relevant evidence, whilst starting from the assumption that contact with the mother will be best for the child unless there is evidence to the contrary.

It is estimated that of the 100-150 women who give birth whilst in prison each year, around half will gain a place within an MBU (Abbott 2014). The most recent statistics published by HMPPS date from 2015, and show that in that year there were 173 applications to an MBU; of those applications that resulted in an admission board, 65% were approved and 35% were refused. This means that a total of 69 women were received onto an MBU during 2015 (Ministry of Justice 2016). More recent statistics are not available. Notably, there appears to be very little research to date exploring the way admissions criteria are applied (although see Dolan et al. 2019) or how women prisoners experience the decision-making processes (Sikand 2015).

Whilst the woman makes her application to a specific unit, she could be given a place at any of the six MBUs in England. The final decision of the board is binding to all of the MBUs, though the woman is still able to appeal the decision. Importantly, no woman or baby has a 'right' to a place within a prison MBU:

> *To date, the European court of human rights has held that the separation of imprisoned mother and baby does not violate Article* 8 [right to respect for private and family life] *in that the national authorities do not have to take any special measures to secure the mother with the child in prison, and consequently neither the child nor the mother has an automatic right to stay together.*
>
> (Philbrick, Ayre, and Lynn 2014, 113)

Therefore, although it is deemed generally important and beneficial to house the mother and baby together where possible, the best interests of the child must be weighed against other important considerations, including the prevention of crime, prison security, maintenance of a calm and orderly environment within the MBU community, and protection of the rights of others. This is an ethically complex process.

18-Month Age Limit

In the UK, a baby can stay within the MBU up until the age of 18 months, or slightly longer, if deemed necessary and appropriate by the Governor and if approval has been granted from HMPPS Women's Team. For example, if a woman's sentence extends just one or two months beyond the 18 month limit, an extension might be granted, so that there is no separation and mum and baby can both leave the unit together.

The 18-month limit reflects a delicate balance between fostering attachment between mother and child, whilst ensuring that the infant is raised in an environment with sufficient stimulation necessary for healthy development and preparation for life in the community. Given these difficulties, the 18-month age limit was set to reflect scientific

research concerning attachment and child development. Within the MBU PSI, the following explanation is provided:

> *Findings suggest that during the first 18 months of life the pressure of maturation tended to protect babies from low stimulation environments and development progressed normally. However, from the age of 18 months babies may be more sensitive to the stimulation of the environment they reside in. Relationships are key features of the environment and process of attachment, the quality and sensitivity of the mother / child interaction at 6-15 weeks correlates directly with the "attachment relationship" at 18 months.*
>
> (HM Prison Service 2014, §1.5, 3)

The PSI cites two papers as evidence for the claims made here: Jiménez and Palacios (2003), and Lewis (et al. 1984). The former is a study of child development in "Spanish penitentiary units", and the latter discusses the possibility of predicting psychopathology in six year olds from early social relations and attachment. The general claim seems to be that before 18 months of age, babies are able to develop normally, despite living in a "low stimulation" prison environment; this is particularly the case if the child enjoys a good attachment relationship with his or her mother during this time. Notably, this claim is not entirely consistent with the message of early intervention (EI) policy, which typically advocates a maximally child-friendly and stimulating home environment from birth, or even from conception.

It is important to ask whether the prison MBU does indeed constitute a low stimulation environment. There is significant variation across the six MBUs in England (Galloway, Haynes, and Cuthbert 2014) meaning that different prisons are likely to create better or worse conditions for babies. Additionally, the extent to which children regularly leave the unit to be cared for by other family members will vary given individual circumstances. Nursery staff in all UK MBUs endeavour to take children outside of the unit on a fairly regular basis for trips into the local community, and this is likely to be

beneficial; indeed, the PSI states that "in recognition of the restrictions of living on a unit, the Governor/Director must seek ways to provide the babies with a range of different experiences. These should include contact with other family members and the outside world" (HM Prison Service 2014, §5.3). However, additional weekend trips home to stay with family members are not possible for all babies living within MBUs, since sometimes appropriate carers are not available, or cannot travel to the prison. As a result, it is likely that some children will spend much more time inside the prison than others, and this will impact the extent to which they can be described as experiencing a low stimulation environment.

Such considerations within MBU policy and practice demonstrate a shared concern with EI policy: the need to ensure that children receive a good start in life, with adequate opportunities for healthy development and physical and mental wellbeing. Clearly, challenges arise within a prison environment, where restrictions of security and safety may at times make it more difficult to provide optimum childcare, and compromise is seemingly unavoidable.

Parental Responsibility and Parenting Support

EI policy is centrally concerned with questions of parental responsibility and parenting support; these are also reflected in prison MBU policy and practice.

Within the MBU, women have parental responsibility at all times "to that extent that it is possible given [their] imprisonment" (HM Prison Service 2014) though no further information is given to explain what this means in practice. However, alongside this statement on parental responsibility, the PSI also makes clear that 'parenting support' is a key part of life in a prison MBU. Within the PSI, there is very little guidance in terms of what types of parenting support should be provided to women. Section 5.3 states: "Mothers must have opportunities to develop parenting skills. They must engage with

education or parenting classes that are included as part of their sentence plan." This phrasing is vague and ambiguous: there is no explanation of the conditions under which parenting classes would be included in a woman's sentence plan or what the goals of parenting support might be.

The Impact of MBUs on Child Health and Parenting Skills

Very little research has sought to measure the impact on babies of living within a prison MBU; this lack of data signifies a case of "institutional invisibility" (Pössö, Enroos, and Vierula 2010) since little is known about the short and long term outcomes for babies raised within prison nurseries whether in the UK or internationally (Blanchard et al. 2018). Indeed, research is much more likely to focus on the impact of maternal imprisonment for children living in the community, and a UK government Joint Committee on Human Rights is currently undertaking an inquiry into exactly this topic (Joint Committee on Human Rights 2019). Elsewhere research has focused on the outcome of prison MBUs in terms of the mother's recidivism rather than on the wellbeing of the child (Carlson 1998).

Studies that do consider child outcomes tend to be small in scope and results are mixed. Some have found that babies who spend the first years of their lives in prison develop 'normally', in line with the rest of the population, even when the quality of the prison environment is relatively poor (Jiménez and Palacios 2003; Catan 1998). Researchers have even found that babies raised in prison sometimes develop a greater degree of resilience than prisoners' babies raised in the community, possibly because of the more secure attachment relationship formed as a result of remaining with their incarcerated mothers (Goshin, Byrne, and Blanchard-Lewis 2014). It seems that generally, infant attachment is more likely to be secure for mothers who spent a year or more residing in the prison nursery, compared to those released after a shorter period of time (Byrne, Goshin, and Joestle 2010). However, other studies have found the opposite: that children

residing with their mother in prison do not form a secure attachment relationship, partly as a consequence of being cared for by a number of people and rarely spending time alone with the mother (Eloff and Moen 2003).

One explanation for these mixed results could be the great variation between MBUs across different prisons. Internationally, different countries impose different maximum age limits beyond which children cannot remain in prison, and the extent to which babies are provided with toys or taken outside of the prison also varies, as does the amount and nature of parenting support provided to mothers (Alejos 2005; Philbrick, Ayre, and Lynn 2014). For example, in a study of Pretoria Female Prison in South Africa, conducted by Eloff and Moen (2003), children were regularly locked inside cells with their mothers and had almost no experience of the external world, meaning that they failed to recognise everyday items; this is very different from the conditions of MBUs in the UK, where children are provided with toys and regularly taken outside into the community. This high level of variation nationally and internationally means that it is difficult to draw general conclusions about childcare and child outcomes within MBUs, and further independent research is required.

A few studies have specifically examined the impact of parenting support programs in UK prisons; these interventions typically measure perceived improvement in parenting ability rather than child outcomes, although of course the ultimate aim is to impact child wellbeing indirectly via parenting. Most of the existing research involves parenting programs delivered to parents in the general prison population rather than those actively caring for their children within prison MBUs (e.g. Raikes 2009; Brookes and Coster 2014). However, there are a small number of studies measuring the outcome of parenting programs that have been delivered specifically within UK prison MBUs.

Baradon and colleagues (2008) conducted a pilot study, measuring the effectiveness of the New Beginnings attachment-based intervention program within two MBUs in

England. Pre and post intervention interviews were conducted, in addition to videotaped observations of mother and baby interaction. The authors suggest that many women in prison are at high risk of developing disorganised attachment with their child, in part due to the prevalence of previous trauma and mental health problems within the female prison population (Borelli et al. 2010). Overall, Baradon and colleagues found that after the course, most mothers were able to reflect more freely on how their emotions and behaviours might affect their infants, and were able to more accurately attribute their own and their infant's behaviour to internal mental states.

Sleed and colleagues (2013) conducted a further study of the New Beginnings intervention; this time the research took the form of a randomised control trial and involved all seven MBUs across England and Wales.[6] The study included 88 mothers and babies participating in the New Beginnings program and 75 dyads residing in prisons where the intervention did not take place. The authors found that mothers in the control group deteriorated in their level of reflective functioning and behavioural interaction with their babies over time, whereas the mothers in the intervention group did not. They concluded that an attachment-based intervention may mitigate some of the risks to the quality of the parent–infant relationship for these dyads. This suggests that prison MBUs can have a negative impact on some aspects of parent-child relationships and interaction, but that parenting support interventions can mitigate this impact.

Overall it seems there is potential for parenting support programs to benefit mums and babies in a prison setting, though further research is required to create interventions best suited to the needs of this population and the unique conditions of specific prison environments, and to ensure that such interventions are ethically sound. Given the

[6] There are now only six MBUs across England and Wales, after the closure of the unit at HMP Holloway in 2013. The prison itself was subsequently closed in 2015.

literature as it stands, it is not possible to draw general conclusions about the impact of prison on babies' health and wellbeing, or to make generalised claims about the parenting ability of women in prison MBUs.

Prison MBUs and EI Policy

In 2016, the then prime minister David Cameron gave a speech in which he suggested that residing within a prison MBU damages the "life chances" of babies and contributes to an intergenerational cycle of crime (Her Majesty's Government 2016). However, despite such strong claims from leading politicians, babies living within prison MBUs are seldom mentioned within UK EI policy. This is surprising, given that prison MBUs seem to be an ideal site for EI, and these women and babies appear to be exactly the target group most likely to benefit from parenting support. Women in prison typically come from some of the most disadvantaged sections of society (Prison Reform Trust 2013), and many have themselves been recipients of poor parenting, have been taken into care, and may experience insecure attachment (Blades et al. 2011; Borelli et al. 2010; Katz 1998). Therefore, one could assume that they require parenting support in order to become 'responsible mothers' and raise the next generation of good citizens. Additionally, the prison environment appears to be the ideal setting for such interventions to take place; the women are unable to leave and can be watched at all times, meaning that parenting interventions can in theory be delivered at a level of intensity and consistency not possible in the community.

However, it is not clear whether MBUs themselves constitute a form of EI, or indeed what their goals are as regards to parenting support. Thus, whilst the idea of babies within prisons is certainly emotive, it is difficult to make claims about the 'life chances' of these children, and there has been little by way of policy action in recent years. This paucity of research is concerning; if the early years are as formative and critical as EI policy suggests, then much more needs to be done to ensure that children living within

prison MBUs are given a good start in life. Examining the role of parenting support provided to mums in prison MBUs will be a critical part of such work.

Conclusion: The Rationale for this Case Study

Prison MBUs provide an informative and challenging case study through which to consider the ethical questions posed at the outset of this thesis: questions about the meaning of good parenting, the nature of a good childhood, the rights and responsibilities of parents, and the legitimate role of the state to intervene in family life. It is clear from the preceding discussion that these issues are pertinent in a prison context; the MBU PSI makes reference to parental responsibility, there is clear concern with the need to ensure prison is compatible with a good start in life for children, and parenting support is provided to mothers in order to help them develop parenting skills. There is also some evidence to suggest that women in prison may be the kinds of vulnerable and disadvantaged parents that EI parenting support seeks to target.

Further, it seems that the ethical questions discussed throughout the literature review will be particularly complex in a prison environment, and it is possible to anticipate a number of challenges that may arise when parenting support is put into practice in an MBU. Much of what happens within this space will depend on what different people think it means to be a good mother, yet the literature review has shown that there are many divergent views on this issue across academic research, government policy, and everyday discourse. EI policy suggests that good parenting is key part of good citizenship, and the vision of a good parent within EI policy – one who is responsible, aspirational, hard working, and self-reliant – is at odds with the lay person's view of a typical 'criminal'. As such it is important to explore the relationship between crime and good parenting, and to seek to understand the goals of parenting support in a prison environment.

Further, critics of EI emphasize the need to respect the autonomy of mothers and not to force theories of 'good' parenting upon them. Women in prison are potentially vulnerable to having their autonomy overlooked, since they are incarcerated and may have limited capacity to reject any parenting intervention provided to them. Relatedly, ethical challenges are likely to arise regarding how responsibility for the wellbeing of these babies is shared between parents and the state, and to what extent the women's dual status as prisoners and mothers prevents them from accessing the full range of parental rights they would have within the community.

Finally, it is important to remember that prisons as institutions have their own goals and values aside from childcare – goals such as maintaining security, facilitating punishment and achieving justice. These goals may not align with the aims of the EI agenda. As such parenting support may have different aims, justifications and forms in a prison environment as compared to parenting support delivered to women in the community. In other words: whilst 'parenting support' is mentioned within prison MBU policy, it is not clear that the meaning of parenting support in this context aligns with that of parenting support in EI policy.

Given this, prison MBUs provide a challenging and fitting context in which to examine the ethical issues that arise in the context of state-provided parenting support and the EI agenda. Prison MBUs have the potential to throw new light on the ethical questions identified in the literature review, by testing the assumptions and goals of EI parenting policy within a prison environment. This context may test our thinking about what it means to be a good mother, the nature of a good start in life, the parenting needs of 'vulnerable' or 'disadvantaged' women, and the balance of rights and responsibilities between the state and parents. These findings may have implications both for the provision of parenting support in prison and for the role of parenting support within EI policy.

To address these issues, it is necessary to undertake empirical research that engages with the views of key stakeholders involved in the practice of 'parenting support' within a prison MBU: mothers, MBU staff, healthcare staff, and prison staff. The project seeks to create a rich and nuanced account of the practice of parenting support in prisons, elucidating the relevant ethical questions arising in this context, mapping out the values and commitments that govern this environment, and analysing these within a framework informed by relevant ethical theories. In the next chapter, I discuss my chosen methods for undertaking this empirical research.

Chapter 3 – Methodology: Strategy and Tools

Introduction

In this chapter I will describe the methods used for the collection and analysis of data in this research. The chapter begins by justifying the choice of the specific research site, and explaining why this is an appropriate location for the project. I provide a description of this prison Mother and Baby Unit (MBU), and summarise the process of gaining ethical approval and access to the prison. However, due to reasons of confidentiality I cannot name the specific prison; I refer to the establishment as 'Prison A' throughout this thesis. I am also unable to name the third sector provider that holds the contract for running the MBU; I refer to the provider as 'CharityB.'[7] It is also important to note that I use 'MBU staff' and 'CharityB staff' interchangeably, since CharityB staff members are those that work on the MBU.

After introducing the research site, I explore the reasons for selecting methods that combine empirical research with theoretical ethical analysis. In discussing this, I draw upon literature in the field of 'empirical bioethics' to consider some of the challenges of this kind of work. I outline the research strategy and justify the use of the specific methods: semi-structured interviews, participant observation, and focus groups.

The following section explores the method of recruiting participants, including ethical considerations such as obtaining informed consent. I consider the process of building trust and rapport with research participants, and the challenges of doing this in a prison environment. I outline how I ensured that the data was stored in line with the requirements of the Data Protection Act. Finally, the process of data analysis is described, including the analysis of both participant data and field notes.

[7] This was decided after discussion with relevant contacts at the prison.

It should be noted that whilst this chapter does not include a specific section dedicated to 'reflexivity', reflections on my role as a researcher within this environment are integrated throughout, particularly within the section concerning rapport building. Reflexivity is undoubtedly a critical aspect of empirical qualitative research; being reflexive "demands a critical interrogation of the relationship between the researcher and the whole she is studying, and her experience and awareness of that world" (Ives and Dunn 2010, 261). In other words, reflexivity involves turning the lens upon oneself as researcher (Damsa and Ugelvik 2017). Therefore, in describing the research methods and nature of rapport building, I reflect on the co-construction of knowledge, considering the ways in which my own identity, experiences, background, biases, assumptions and values impact both the data that is gathered and the way that it is analysed and presented.

Choice of Research Site

The MBU within Prison A was chosen for a number of reasons. These reasons relate both to the suitability of the site in order to answer the research questions posed within the project, and also to practical issues concerning access to the prison and geographical location.

The MBU within Prison A has been recognized as particularly successful, with a strong focus on providing high quality care during a child's early years (report citation omitted to protect confidentiality). At the time of conducting this research, this MBU was managed by CharityB, a charity which works to support children and families both in the community and in prison. This offered an important opportunity to observe the 'care' ethos of a children's charity operating within a prison environment. In a 2010 report, Ofsted notes that "rather than perceiving the mothers on the MBU as "failed" the [CharityB] team both recognize and importantly act from the premise of shared partnership where the mother is understood as equal rather than deficit." Conducting

research at Prison A therefore offered an important opportunity to witness this 'partnership' in practice, and to explore how CharityB works with women in a way that recognises their dual status as both mothers and prisoners.

CharityB also emphasises the importance of EI on its blog and website, and within research publications. In 2009 the charity published a report that draws heavily on the EI literature in order to make the case for investment in early years children's services (report citation omitted to protect confidentiality). As discussed in chapter 2, babies living in prisons are often overlooked by the EI policy literature, and so conducting my research at Prison A offered the opportunity to explore whether and how CharityB brings an 'EI agenda' into the prison environment.

Prison A was also chosen for reasons of convenience. It can be difficult to gain access to a prison without prior contacts; prisons often receive multiple applications to conduct research, and inevitably must reject many of these. As such, it is important to develop relationships with staff within the prison, because the support of relevant contacts can be referenced within a research application and can make it much more likely that the application will be accepted. In this case, contacts within the prison were forged with the support of Dr B, an academic and the prison programmes lead for a university in the North of England. Dr B has 20 years of experience working within prisons and has had accountability at the most senior levels. As a result, she was able to facilitate initial introductions and a visit to the prison, including an opportunity to speak with the MBU manager. Dr B's pre-existing contacts at Prison A thus influenced the choice of research site. This will be discussed in further detail in the subsection entitled 'Gaining Access', below.

Description of the Research Site

Prison A

The description provided here is intentionally limited, in order to obscure the identity of the establishment.

Prison A is a closed Women's Prison in England. The establishment opened as a women's prison in the early 1960s; from 1983 Young Offenders were admitted, and from 1999 un-sentenced women were also held. When fully operational, Prison A holds up to 486 female prisoners.

The prison is a working prison, meaning that almost all tasks that are appropriate for prisoners are assigned to prisoners; this includes cleaning, gardening, work in the kitchens and café, and some administrative work. Where appropriate, women undertake educational programmes, often working towards a qualification. Women are paid a small amount of money for their work, which they may use to purchase phone credit or items such as confectionary, clothing or make-up. In the past, women could also purchase cigarettes, but Prison A became 'smoke-free' in September 2017, meaning that purchasing or smoking cigarettes is no longer permitted anywhere inside the prison.

The mother and baby unit: history

It is not clear exactly when babies first came to live in Prison A. Before 2006, the prison MBU consisted of two houses, one for babies aged 0-9 months and the other for children aged 10-18 months, accommodating approximately 22 infants in total. For a period these houses were managed only by prison officers who had undergone no specialist childcare training. As a result, the officers were not allowed to touch or hold the children. However, a regular crèche was then introduced, run by the local Primary Care

Trust. Crèche staff were present on the unit during nursery hours, after which time the unit was again staffed by prison officers.

During this time, CharityB was already working within the prison, providing a mediation service between prisoners and family members. The arrival of a new progressive Governor in 2006 meant that discussions began with CharityB about ways to develop and improve the MBU.

CharityB was formally given the contract for running the MBU in 2006. At this time, the unit was temporarily shut down to allow for a period of reorganisation. After reopening, the unit manager began to work towards a position whereby there would be no prison officers regularly present on the unit; it was her belief that an environment free from prison officers would feel more child-friendly, and this structure remains in place today. The regular crèche was registered with Ofsted later in 2006. The nursery offers crèche sessions each weekday from 8am until 12noon for fifty weeks of the year, excluding bank holidays. The nursery complies with the Early Years Foundation Stage framework and received an assessment of 'outstanding' in an official report in 2016.

The unit today: physical layout

The MBU is located in a stand-alone building or 'house' within the prison walls. In order to enter the unit, one must pass through a large wooden gate, which is normally locked to ensure that other prisoners cannot enter onto the MBU grounds without permission.

Around the side of the unit is a small glass walled building where the pushchairs are stored. In front of the unit is a portacabin, which serves as a meeting room for staff; it is in here that admission boards are held. There is a small area of grass at the front of the house, and a little garden at the back. The garden is furnished with a number of toys and games, including a sand pit, a small slide, tricycles, and a bench swing.

On the ground floor of the unit there are six rooms: the nursery, the living room, two staff offices, the kitchen (where mums cook their meals) and a toilet. Generally the unit is bright and colourful; children's artwork is displayed on walls, alongside photos of the babies and educational posters providing advice about topics such as smoking during pregnancy.

On the first floor, the 9 small bedrooms each lead off from the main corridor. Most mums decorate their bedrooms to make it feel homely and personal, in contrast to the more austere prison cells on the prison wing. Each room has a narrow single bed and a cot; one room contains two cots, accommodating twins. Some of the rooms have an en-suite shower, but none has its own toilet. For this, the mums must share the communal bathroom. There is also a communal laundry room.

The unit today: routine and rules

At full capacity the unit houses 9 mothers or pregnant women and up to 10 babies at any one time. Each mum is assigned a key worker; this person is a member of CharityB staff and will arrange semi-regular meetings, to check in and address any issues arising. Key workers will also work with staff from the prison's Offender Management Unit (OMU) to ensure that the women are able to attend all of the activities or classes listed on their individual Sentence Plan, and to arrange things like Release on Temporary License (ROTL). Most members of CharityB staff take on key-worker responsibilities, in addition to their specific role within the unit. There is a unit manager and a nursery manager; the first takes responsibility for the overall running of the unit, and the second for the childcare responsibilities of the nursery. Most other members of staff assume the title of 'family support worker', denoting their responsibility for working with both the baby and the mother, as well as occasionally corresponding with family on the outside. The Pregnant Woman Liaison Officer is responsible for contacting and working with

pregnant women elsewhere in the prison, arranging for their admission board and supporting the woman in the process of applying to the unit.

The unit operates in accordance with the same routine each week. Every morning Monday-Thursday, the women attend half a day of work or education within the prison, whilst the babies are cared for in crèche; the exception to this rule is mums who have given birth within the last six weeks, or pregnant women who are due to give birth imminently. Whenever possible, staff use this time to take babies out into the community, organising regular visits to the local park, to the library, or to a nearby coffee shop.

After mums return from work, they prepare lunch for themselves and the babies. The prison canteen provides basic food for the mums to use and cook with – this includes fruits and vegetables, milk, rice, bread and other similar produce. Those mums who have a child who is weaned can supplement this food with groceries from Baby Shop; each week they write a list of food items they would like to purchase, and MBU staff order these online from a supermarket. The food is then delivered to the prison. Mums pay for this food from their child benefit, or from any other money they have saved through work within the prison or from bank accounts held outside. Mums are allowed to eat the food purchased through Baby Shop so long as it is first and foremost intended for the child, and they can also buy chocolates, sweets and other items from the prison's virtual shop, called 'Canteen'.

After lunch, mums care for their babies. On some days, there are regular activities planned. These include Church, where the mums visit the prison chaplain for tea and conversation as a group. On other days, someone from the a community children's centre visits the prison and organises Messy Play in the nursery. From time to time, the prison dentist visits on an afternoon, to provide advice about children's oral hygiene. The health visitor visits once a week, during which time she checks the health of each

baby, organising weight checks and vaccinations where appropriate. A prenatal class for pregnant women also takes place in the portacabin once a week, run by a visiting NHS midwife.

On Friday mornings, instead of crèche, the mums go to the prison gym. Here, a gym instructor organises a yoga class appropriate for women who are pregnant or who have recently given birth.

On a weekday evening, dinner takes place at around 5pm, after which time mums complete the evening chores that are assigned to them; there is a rota, including tasks such as sweeping the kitchen and tidying the nursery. After chores, mums normally go upstairs to bathe the children and put them to bed. Mums are not meant to leave a baby sleeping upstairs unsupervised, so usually most of the women remain upstairs after the children are asleep. However, if they ask another mum to watch the baby, they are permitted to return downstairs, perhaps to prepare some food for the next day or to watch television.

On weekends, there are no organised activities and no crèche. Mums must still get up promptly, since chores must be completed by 10am. Those children who have handout care will usually be collected by outside family members on a Friday afternoon, and returned on a Monday morning. Mums often describe feeling somewhat bored at weekends if their children are not present; they may go to the gym, watch television, or spend time cooking meals in preparation for the week ahead.

Access and Ethical Approvals

Once Prison A was identified as an appropriate site for this research, the next step was to gain access to the prison and to apply for ethical approval. This is a complex process; Waldram (2009) notes that when conducting ethnographic or observational research within a prison, gaining access is often more challenging than engaging with the

research participants themselves. Literal and metaphorical gatekeepers must be carefully negotiated, both in the process of gaining ethical approval, and each time one wishes to pass through the prison gate. This can be disheartening for academic researchers, who "worry less about challenging the terms of the discourse that frames and supports prisons and more about getting inside and around penal facilities to carry out intensive, close-up observation of the myriad relations they contain and support" (Wacquant 2002, 386-7).

In the case of this work, initial contact with the prison was made by Dr B, a researcher at a university in the north of England. Without this support, it is unlikely that I would have been able to gain access to the prison to undertake this research. Dr B arranged for me to accompany her on a visit to the prison. In advance, I wrote to the manager of the MBU, and asked if she would be able to meet with me during my visit; she replied to say that she would be away from the prison on that day, but suggested that I meet with the MBU Nursery Manager instead.

The first visit to Prison A took place in September 2016. During this visit, Dr B introduced me to a member of the Community Engagement team, who gave me a tour of the prison. I then visited the MBU, and was able to spend time discussing my research with the Nursery Manager, who appeared enthusiastic about the project.

Upon returning from the prison visit, I wrote to the MBU Manager and asked if she would be willing to provide written permission for me to conduct this piece of research within the MBU. The MBU Manager agreed, and provided me with a letter of support. She also sent me a number of CharityB policy documents concerning their role within the prison, which I was able to read to gain an initial idea of the kind of work and practice undertaken on the unit.

I also wrote to the Governing Governor of Prison A, in order to seek her approval for my research. I provided her with a brief summary of the research, and explained that I had gained support from the MBU manager. I did not immediately receive a reply to my email, but after sending emails a few more times, and with support from Dr B, the Governor replied, giving 'in principle approval' to my research, pending permissions from the National Offender Management Service (NOMS) Research Ethics Committee.[8]

During this time, I worked towards completing my NOMS application. This was submitted in June 2016. Approval without any amendments was granted in December 2016, NRC Reference Number: 2016-397.

Upon receiving NOMS approval, I then applied through Oxford University 'Central University Research Ethics Committee' (CUREC), within the Social Sciences and Humanities Division. I applied using the 'CUREC 2' application form, which is the process for research concerning complex ethical issues. I received approval from CUREC in February 2017: Reference Number R49622/RE001. The two ethics committee approval letters, and the letters of support from the MBU Manager and the Governing Governor, are included in the Appendix.

The next stage involved contact with the prison to inform them that the relevant approvals had been secured and to arrange next steps. I was required to visit the prison and fill in various forms as part of the Disclosure and Barring Service, to ensure that I did not have any previous convictions that would prevent me from undertaking this research. On a separate occasion, I also attended the compulsory two-hour Key and Security Training course. The MBU manager submitted an application to the Security Department to request that I be allocated a set of keys, which would facilitate my

[8] This is now called Her Majesty's Prison and Probation Service National Research Committee (HMPPS NRC)

movement around the prison and reduce impact on MBU staff members who would otherwise have to accompany me to and from the gate each time I visited. This application was approved and I was allocated a set of keys.

I also completed an application to bring a 'prohibited item' into the prison – the encrypted digital audio recorder that I intended to use for recording interviews. The approval process took slightly longer, meaning that I wasn't able to bring the audio recorder into Prison A for the first few visits, but I was ultimately granted permission.

In February 2017 I arranged my first research visit to the prison, during which time I collected my keys and met with the MBU mums and staff, in order to introduce them to the study. This marked the beginning of the fieldwork phase.

Empirical Ethics

In undertaking research of this kind, it is critical that appropriate research methods are selected or developed, since the methods used will determine what data is collected, and whether this data will be suitable for providing answers to the research questions posed. Before describing the specific methods of data collection, it is important to situate this kind of work within the field of empirical bioethics, in order to justify the decision to combine empirical research with ethical analysis.

For the purposes of this study, I decided that empirical work was required. The reasons for this have already been discussed; it was important to move beyond policy documents and academic literature in order to explore how the various ethical issues play out in practice, and how they are experienced from the perspective of key stakeholders within a prison MBU. The literature review showed that whilst social scientists have considered the ethical issues inherent within EI, this topic has yet to be approached from a bioethics perspective, and almost no previous work has explored the ethical landscape by engaging directly with the views of both those who provide and

those who receive parenting support. Chapter 2 showed that MBUs provide a fitting and interesting case study for this work.

Empirical work is critical for developing a thick description of the research environment and mapping out the ethical landscape; such a description cannot not be gained solely through reading prison policy documents or academic literature. Similarly, before it is possible to explore ethical issues that arise in this context, it is necessary to first go into the environment itself and identify the ethical issues and questions that *really do* arise, and to understand them in context. Merely imagining these ethical problems from the philosopher's armchair is insufficient, not least because one's imagination may be far removed from reality.

Further, this research is concerned with the 'moral experiences' (Hunt and Carnevale 2011) of key stakeholders involved in the delivery and receipt of parenting support in this environment. Empirical work is critical for enabling me to spend time within the research environment: speaking with the people who regularly live and work there in order to understand their experiences and explore what matters to them.

However, because the focus of this research was not only on describing but also on *analysing* ethical issues, empirical social scientific work alone would not be sufficient. This project ultimately has an ethical lens; my research questions concern the values, commitments, norms, ideals, judgments and arguments that operate in this setting, and in order to critically interrogate these I must call upon normative theories and philosophical tools. As such, this research goes beyond simply describing a moral world or individual moral experience. Description is undoubtedly part of this work, not least because it is important for setting the scene and providing a rich picture of the context in which the project takes place. However, this description is not neutral; the empirical work undertaken here does not take the accounts of participants at face value, but rather seeks to critically explore the expressed and implicit values, experiences and

opinions of key stakeholders. In doing so, I question the ethical arguments made by participants in light of both empirical data and ethical theory, identifying key ethical concepts and re-evaluating them in light of real world experience.

Given the above, it is now clear that this project is situated in the complex space between empirical data and normative theory; a contested area or field often called 'empirical (bio)ethics.' There is no consensus about exactly what kinds of research constitute empirical bioethics, or which methods are most appropriate for this kind of research (Dunn et al. 2012; Ives, Dunn, and Cribb 2017). It is an interdisciplinary space, comprised of moral philosophers, social scientists, medical professionals, lawyers, and others. Those working in empirical ethics must grapple with difficult questions concerning how best to integrate the empirical and the normative, negotiating the 'fact/value' distinction and the 'is/ought' problem in order to tell a coherent story about how empirical data can be woven into ethical analysis in such a way that does justice to both theory and practice.

There are many different ways of 'doing' empirical ethics, and empirical ethics projects can have a variety of aims. Jonathan Ives and colleagues (2017) suggest that empirical bioethics must seek to meet one or more of the following three conditions: The Veridical Condition, The Realist Condition, and The Pragmatic Condition. These are defined as follows:

1. The veridical condition ensures that the ethical issue under consideration is genuine and is framed in such a way as it is understood by the real-world actors, rather than arising simply out of moral theory.

2. The realist condition ensures that the analysis is grounded in the real-world experiences of actors and as such pays due consideration to the factors that might otherwise constrain or limit their choices and actions.

3. The pragmatic condition states that the research undertaken seeks to generate conclusions or solutions to normative problems, engaging with the issues and concerns of stakeholders in such a way that the outcome of the research is implementable, and the real world actors will accept the findings and want to create change.

This piece of research fulfils the first two of Ives' criteria for empirical bioethics, and engages with the third. The ways in which it does so help to explain why empirical work was deemed necessary for this project.

By seeking to 'get close' to moral experience, this work ensures that the ethical issues are framed in terms that are understood by and poignant to key stakeholders, rather than focussing on the ethical issues that feel most pertinent to an 'outsider' bioethicist. Detailed sociological scholarship has already mapped out a number of ethical issues that arise in the context of EI, yet only a small proportion of this engages with 'real world' actors, and – as far as I can ascertain – none considers ethical issues arising in the context of parenting support delivered in a prison MBU environment. Therefore, we do not know whether the ethical concepts discussed elsewhere in the literature are indeed those that matter to real-world actors in this context. For example, whilst some of the social science work points to concerns around 'stigma', 'care' or 'agency' in the context of parenting support, it is important to consider whether and in what ways these ethical concepts are pertinent to mums and staff within this prison MBU. The empirical ethicist can explore how stakeholders understand and enact these key ethical concepts, whilst always considering empirical findings alongside theory as developed in the bioethics literature. In this way, the empirical ethicist eventually comes to an understanding of the ethical concepts that is nuanced, true to the experiences of participants, yet still ethically justified and philosophically critical (see Leget, Borry, and De Vries 2009, on 'dignity'). Therefore, in order to think carefully about ethical issues arising in the context

of prison MBUs; it is crucial that empirical work is conducted to map out the ethical landscape as it appears to those who live within it, as well as to me as the researcher. This fulfils the 'veridical condition'.

Research within the prison MBU also provides me with a better understanding of the constraints of prison life, and the ways in which the actions and values of participants are shaped by their context. This is important for all kinds of empirical research, but particularly for that which takes place within a prison environment, where security restrictions, physical space, institutional rules and procedures, financial limitations, and conflicting professional priorities all place constraints on what can be done by both mums and staff. Hence, by speaking to participants about these restrictions and by experiencing them in context, this empirical research fulfils the 'realist condition' of empirical bioethics.

This research does not completely fulfil the 'pragmatic condition', as described by Ives and colleagues. Some empirical bioethicists maintain that research of this kind should always draw prescriptive normative conclusions: conclusions that are both convincing (philosophically justified) and which actually convince (are pertinent to key stakeholders and practically implementable in the context) (Dunn et al. 2012). However, whilst practical or applied ethics is typically concerned with analysing and resolving moral dilemmas, this dominant focus may at times also allow less room for considering the dimensions of how individuals and communities understand and experience the moral in their everyday lives. Arguably "the scope of bioethics and the ambit of bioethics scholarship encompasses more than processes of evaluating options and enacting choices in response to one's understanding of a contentious or vexing situation" (Hunt and Carnevale 2011, 658). As has already been discussed, empirical bioethics may sometimes *identify* rather than solve problems, particularly where research seeks to explore new ground or uncover previously neglected 'moral worlds'.

In the context of this research, empirical bioethics offers a way of getting close to 'moral experience' within the prison MBU community; this can be defined as encompassing "a person's sense that values that he or she deems important are being realised or thwarted in everyday life. This includes a person's interpretations of a lived encounter, or a set of lived encounters, that fall on spectrums of right-wrong, good-bad or just-unjust" (Hunt and Carnevale 2011, 658). Therefore, moral experience denotes that which is most at stake for actors in a local social world; it is about exploring what matters, and how values are enacted in day-to-day living (Kleinman 1998). Crucially, the moral experience of individuals cannot be understood without considering the social context within which those individuals are situated. In order to get close to moral experience, it is important to spend time talking with and forming relationships with participants, observing them as they engage in their day-to-day life. Empirical work grounds the findings and analysis firmly in the real world in such a way that makes for a richer, better informed, and more 'tractable' piece of ethics research.

By mapping the moral terrain I seek to create a rich and nuanced account of the 'good' of prison MBUs and the role of parenting support within this moral world. I will elucidate the relevant ethical questions arising in this context, map out the values and normative commitments in play, identify where lack of clarity impedes the pursuit of goals, and analyse these concerns within a framework informed by relevant ethical theories. These findings lay the groundwork for future research and highlight ethical issues that must be taken into account by those with decision-making power over prison MBUs – Prison Governors, MBU Managers, and policy makers. Hence, in chapters 7 and 8 of this thesis I identify the key ethical questions that have arisen from researching this moral world, offer some possible suggestions as to how they might be responded to, and provide recommendations for prison policy and EI policy. In doing so, I engage with Ives' Pragmatic Condition. However, establishing strong 'ought' statements is not the most important aim of this work.

Research Strategy: Summary

Having identified a suitable site for this research and decided upon an empirical ethics approach, it is important to next explain the specific methods of data collection that were identified as most suitable given the goals and nature of this project. This qualitative research utilised a mixed-methods approach, combining semi-structured interviews, focus groups and active participant observation, alongside ethical analysis, in order to engage with the views and experiences of participants and to experience, to some extent, the moral world in which they lived. In this section I provide an overview of the research strategy and process before moving on to consider each of the methods in more detail.

Research took place over a seven-month period, between April and October 2017. During this time, I visited Prison A for an average of 2.5 days per week.

The first few weeks of research were spent rapport building. The rapport-building period was critical, since it enabled me to become known to participants, facilitating trust and providing a better understanding of the MBU environment and routine. During this period I sought to participate in all aspects of day-to-day life within the MBU; helping crèche staff take children out into the community during morning nursery sessions, eating lunch with the mums, helping out with tasks such as cleaning the kitchen or tidying the nursery, attending afternoon activities within the prison. During this period, the interview topic guide was modified and refined to ensure that it was appropriate.

After a couple of weeks of rapport building and observation, interviewing commenced. I began by approaching a mum who would be leaving the unit within a few days, since this was the last opportunity to speak with her. Once this interview was completed, I then approached individual participants – both staff and mums – when I felt I had

established a rapport with them. In this way, interviews were built up slowly and in parallel with continued active participant observation. There was then a two-week break, in August 2017, during which I took time away from the prison to develop plans for the focus groups. Upon returning to the unit, two focus groups were conducted with members of staff, as part of a 'member check' method. The fieldwork phase was then complete, and data analysis began.

Participant Observation

Participant observation is an appropriate and useful research method for studying institutions and groups of people, since it offers insight into daily routines, physical environment, and institutional culture. By observing participants within context, the researcher can gain a more in-depth understanding of how organisation and prioritisation occur within an institution, how decisions are made, and how individuals relate to each other (Kawulich 2005; Crewe 2009). Observing how participants navigate physical space can shed light on the ways in which participants can be differentiated into groups – for example, in the MBU a sign stuck over the small window on the staff office door prevents mums from looking into the room, thus creating a physical barrier and clearly dividing those inside the office from those outside of it. The way the mums respond to this door, and the ways in which they seek to form their own 'staff free' spaces, provides rich data for the researcher observing interactions within the MBU environment.

When researching concepts such as care and motherhood, participant observation offers the opportunity to collect crucial data that would not be available through interviews alone. Importantly, care is not only or even primarily something spoken about, but something shown through actions and body language, sometimes in very subtle ways. Interviews allow participants to share their conscious values and beliefs about parenting and care, and participant observation enables the researcher to see these

values and beliefs in action. It is a widely known limitation of interview research that participants often 'incorrectly' report their own behaviour, whether consciously or unconsciously (Donaldson and Grant-Vallone 2002). This is not to say that observation is a way of confirming the 'truth' of participant accounts during interview, but rather that it provides another lens upon experience (Mulhall 2003). Thus, combining participant observation with semi-structured interviews and focus groups facilitates a richer and more informative set of data than if just one of these methods is used alone.

Finally, participant observation is also an effective way of helping the researcher to become known to the research participants. As a result of conducting observation, I became a recognised person within the community, someone who most mums and staff came to trust. As a result of this closer relationship with participants and better knowledge of the prison environment, participant observation also helps the researcher to build rapport with participants (Duncombe and Jessop 2002), and to refine interview questions so that they feel relevant and easily comprehendible to participants. As a consequence, participants may be more willing to talk openly during the interviews.

Active Observation as an 'Ethnographic Method'

In the context of this study, participant observation was immersive and 'active'. Spradley (1980) distinguishes between non-participation, moderate participation, active participation and complete participation. He suggests that 'active' participant observation occurs when "the fieldworker actively seeks to do and experience what the observed people are doing, perhaps seeking to learn a skill associated with that group in order to seek greater understanding (first hand)" (1980, 61). At the beginning of the fieldwork period, I was not sure what level of access I would be granted, and consequently how active the participant observation would be. As time went on, it became clear that I would have a considerable degree of access to day-to-day life on the MBU, and this increased as time went on and relationships were established. As a result,

the observation was "active" in the sense used by Spradley: I joined in with yoga classes, helped with chores, sung songs at the prison church, pushed the pram during crèche outings, and generally tried to be as integrated into the world of the MBU as possible.

This kind of active and embedded observation is often associated with ethnographic fieldwork, and indeed, Spradley's handbook entitled *Participant Observation* (1980) can be read as an introduction to ethnographic research. However, in this case I believe that the research undertaken does not constitute an ethnography. Importantly, I am not trained as an ethnographer and nor did I set out to undertake an ethnography. Indeed, research of this duration would arguably always be insufficient to constitute ethnography, since overall I only spent 2 or 3 days each week in the prison, over a 7-month period. Whilst the term 'rapid ethnography' has been developed in recent years, critics claim that this form of research contradicts the key principle of ethnography, that the researcher must become immersed in a community over a long period of time – often years – in order to understand the context and collect rich data (Vindrola-Padros and Vindrola-Padros 2018). Therefore, I believe the term 'participant observation' more accurately defines the kind of work undertaken here.

Furthermore, even though I became very immersed within the MBU community, my status as a key holder always created distance between the mothers and me. Earle (2014) notes that accepting keys is often a pragmatic step for prison researchers; keys can facilitate active observation in that they allow the researcher unrestricted access to almost all areas of the prison. However, possessing keys also inevitably forecloses access to certain aspects of prison life, especially those aspects relating to the 'prisoner's condition of un-freedom'. For example, Stevens refers to her work in therapeutic community prisons as "semi-ethnographic in recognition that it is impossible for any 'free-world' researcher to become completely immersed in, or truly experience the realities of, the prison" (2012, 530). Indeed, it was never my aim to experience the

realities of prison in the way sought by Ethnographers, but rather, the goal of participant observation was to get to know members of this community and to witness the playing out of values and moral worlds in context. Thus, whilst one might refer to active participant observation as an 'ethnographic' method, its use as a research tool need not necessitate Ethnography.

Before continuing to describe the other research methods, it is important to note the long history of ethnographic and observational research within prisons and similar institutions, usually conducted within the social sciences (Jacobs 1974). The most important of these is arguably that of Erving Goffman, who published 'Asylums: Studies on the Social Condition of Mental Patients and Other Inmates' in 1961, after having spent a year as a participant observer in a secure psychiatric hospital in Washington DC, where patients resided involuntarily. Whilst Goffman's work was conducted in a secure psychiatric unit rather than a prison, it was through this research that he developed the concept of the Total Institution, a term encompassing a number of closed institutions such as prisons, boarding schools and military barracks. There is not space here to unpack this concept in detail, except to explain that a Total Institution is, in Goffman's words, "a place of residence and work where a large number of like-situated individuals cut off from the wider society for an appreciable period of time together lead an enclosed formally administered round of life" (1961, 11). The idea of the Total Institution has proven to be highly influential and has shaped much social science research within prisons ever since, and it is important to keep this concept in mind when conducting participant observation within a prison. Other important work in the history of prison ethnography includes Gresham Sykes' 'Society of Captives' (1958), John Irwin's 'The Felon' (1970), and James Jacobs' 'Stateville' (1977), though Wacquant (2002) argues that practical challenges of access mean that such in-depth studies of prison life have become far less frequent in the age of mass incarceration.

Field Notes

Field notes are an important element of ethnographic research; writing up one's observations, thoughts and feelings about time spent in the field is an central way of collecting additional data that will supplement interview transcripts, as well as providing an opportunity for critical reflection and exploring one's own assumptions as a researcher (Maharaj 2016; Fook and Gardner 2007).

During fieldwork, I made notes in a small notebook. Given that most of my observation was active and engaged, there often wasn't time to make notes whilst participating in the day to day routine of the prison, and to stop and write would have seemed conspicuous and may have disrupted the natural flow of events. Given this, from time to time I would excuse myself from activities and go to the staff office to quickly make a few notes that could be expanded upon later.

At the end of each day of fieldwork, I would write up the day's field notes in full on my computer as soon as I reached home. These notes were often extensive, recalling the events of the day, details from conversations that I had observed or participated in, alongside reflections on my own feelings and thoughts. Writing field notes soon after observation is important for ensuring that recollections are as accurate as possible. I wrote in an unstructured way, and did little to edit these notes, so that they most accurately represented my thoughts and feelings at the time of writing. Please see the Appendix for a sample, redacted excerpt of field notes.

Semi-Structured Interviews

Interviews are an appropriate method for collecting qualitative research data. One-to-one interviews allow participants to discuss their experiences, thoughts, and beliefs in a confidential setting, thus leading to more open and genuine responses than might be possible within an informal group discussion or a focus group. Further, interviews allow

the researcher to pose specific and direct questions to participants in a way that might feel uncomfortable or inappropriate during general fieldwork and observation, and in this way it is possible to explore key topics in more detail and in a more focussed way (Leavy 2014, 277-299).

Interviews for this study lasted between 45 minutes and 2 hours in duration. Interviews with mums generally took place in the nursery, dining room, or garden; I normally sought to find a space that was otherwise unoccupied and quiet. It was not possible to conduct interviews with mums in a totally private space such as a bedroom, since I was told during security training that this would not be appropriate for reasons of safety. The mums were generally happy to be interviewed in communal spaces, and I assured them that we could pause the interview and move to a new location if anyone else were to enter the space whilst the interview was taking place.

Most of the mums were interviewed individually, except for in the case of Paola and Yasmin, who were interviewed together (Interview 20); this was because the women preferred to talk together, and it was also more convenient given various practical restrictions at the time. Mary (Interview 3) and Georgie (interview 8) were interviewed individually, but also took part in a spontaneous group interview towards the end of the study, which I recorded and transcribed (Interview 21).

Interviews with CharityB staff took place in an office within the MBU or in the portacabin just outside. Interviews with other prison staff members also took place in the portacabin or in the participant's own office elsewhere within the prison.

Each interview loosely followed a set of questions detailed in the interview topic guide. Two topic guides were developed, one for mums and one for staff. These are included in the Appendix.

The topic guide for mums was divided into six sections, entitled:

1. Experience of pregnancy
2. Aim and Purpose of the Unit
3. Life on the MBU
4. (Good) Motherhood
5. Early intervention / parenting support
6. Hope for the future

The topic guide for MBU and prison staff was divided into five sections, entitled:

1. Aim and Purpose of the MBU
2. Staff Role
3. Ethical challenges
4. (Good) Motherhood
5. Early intervention / parenting support

The interview topic guide provides a clear set of questions and topics; by using the same structure of questions for each participant within the two participant groups it is possible to create comparable qualitative data. However, the inclusion of open ended questions and the semi-structured approach allows the interviewer to stray from the specific questions on the guide, using follow-up questions to pursue new ways of seeing and understanding. As a consequence, this degree of flexibility can result in a better understanding of the participant's perspective and of the overall research topic.

During the process of data collection, the interview topic guide was modified slightly to incorporate new findings and emerging areas of interest. For example, in later iterations of the mum's topic guide, the section entitled 'aim and purpose of the MBU' was removed, and this specific question subsumed within the section 'Life on the MBU'. This is because in practice, CharityB staff members engaged with this question more than mums, and therefore discussions with CharityB staff were longer and more detailed with respect to this topic. Mums were often very unclear about the aim and purpose of the unit, and gave relatively short answers, often explaining that they had not really given this question much thought before.

Similarly, as interviews with CharityB staff progressed it became clear that a key issue on the unit concerned the unclear distinction between parenting advice and parenting rules. Therefore, later versions of the topic guide included a specific question about this, usually asked within the section 'early intervention / parenting support', unless it spontaneously emerged earlier in the interview. Interviews with specific members of staff, such as those with healthcare or management responsibilities, were tailored to the individual in question, though still roughly followed the general 'staff' topic guide.

All interviews were recorded using a Philips Pocket Memo Digital Encrypted Audio Recorder. I manually transcribed all interviews, usually within a few days of the interview having taken place.

Focus Groups

Once all CharityB staff members had taken part in an interview, I arranged two staff focus groups. The purpose of these focus groups was to conduct a 'member checking' exercise. Member checking is a method of enhancing the reliability of findings in qualitative research (Carlson 2010; Thomas 2017). The researcher typically presents

some of his or her interpretation of the data to the participants who provided that data, and the participants are able to confirm, deny or interrogate the interpretation.

Before these focus groups commenced, I spent two weeks away from the prison, taking time to go through my findings and conduct some preliminary analysis. I found that there was substantial disagreement and ambivalence both within and across staff interviews, particularly concerning the goal and purpose of the MBU and the reasons for provision of parenting support. This felt important; given that CharityB staff are all employed by the same charity to do the same or similar roles within the prison, the lack of agreement and coherence concerning the meaning of their work struck me as ethically significant. Consequently, I felt it would be helpful to present staff with some anonymised statements relating broadly to the goal and purpose of the MBU, and to ask them to discuss these statements together in a focus group. This would provide staff members with a range of different opinions, encouraging them to challenge one another and clarify their positions. I hoped this would stimulate a fruitful debate that would help me to become clearer about the reasons and values motivating staff member's opinions on this topic. Further, it would be interesting to see whether a consensus would be reached within focus groups, or whether individual differences of opinion would persist.

Another reason for conducting such focus groups was motivated by the iterative process of the research. As research progressed, the interview topic guides were modified to reflect new findings, meaning that some participants who were interviewed at the beginning of the fieldwork phase were not posed questions that later emerged as important. Consequently, including all staff members in the focus groups provided me with an chance to ensure that all staff members had had an opportunity to engage with the most important ideas in the research, including those ideas that emerged later in the fieldwork process.

When conducting these focus groups, it would not have been appropriate to provide participants with transcriptions of interviews; given that the staff members know each other well, providing full transcripts or substantial quotations could lead to the identification of the participant in question. As a result, only very short, one sentence quotes were used as prompts for conversation, most of which were not verbatim. In total, 15 statements were included, though in practice we often only discussed about half of these, focussing on those that the participants wished to talk about and which felt most significant to them. The full set of quotes/prompts is included in the Appendix.

In total, two focus groups were convened, and took place in the portacabin during staff lunch breaks. Which participants took part in which focus group was determined by a convenience sample; the focus groups included those members of staff who were on shift on the relevant day. There were four CharityB staff members in each focus group, and both groups lasted around an hour.

It was decided that it would not be appropriate to convene a similar focus group for the mums. Towards the end of the fieldwork phase, the dynamic of the community of mums had changed quite substantially. A number of mums had recently left the unit, and so there were only five mums currently living within the MBU, three of whom had been there for over a year, and two of whom had only been there for a couple of months. At that time there had been some tensions and disagreements between the mums who had been living on the unit for a longer time and the mums who were 'new'. Additionally, I felt that I did not know the new mums quite so well. As a result, I did not feel confident convening a focus group involving all five participants, and I was worried that to instigate potentially controversial discussions could heighten tensions between the participants, or alternatively, that the mums would be unwilling to talk openly given that they did not necessarily trust one another fully. Consequently, I decided that it was best to only convene focus groups with staff members at that time. However, in the final

few weeks of research I spent quite a bit of time informally chatting with the mums about the research and some of my early findings and ideas, thus providing an opportunity for informal 'member checking' with the mums.

Recruitment of Participants

All women living within the MBU at the time of data collection were eligible to take part in this research, including pregnant women. All staff members, including CharityB staff, healthcare staff and other prison staff, who have regular contact with the MBU were also eligible to participate. Each group of participants was recruited through a slightly different route, described below.

The pseudonym, interview number and 'role' of each of the participants are detailed in the Appendix.

Mums

Before research commenced, a general information session was organized. During this meeting, all of the mums gathered in the nursery and I spent time explaining the study and what participation would involve. Mums were offered an opportunity to ask questions, after which time consent forms and participant information sheets were passed around. All mums who felt ready were invited to sign the consent form. It was explained that I would be present on the unit over the next few weeks, during which time anyone would be welcome to approach me and to discuss the study further. During this session, most mums signed the consent form, though a couple signed at a later date.

When new mums joined the MBU after the fieldwork had begun, they were usually first informed about the on-going research by other mums or by staff members. However, I ensured that I sat down with each new mum at the first appropriate opportunity, to introduce myself and explain about the study. In the case of new mums, I was careful to

wait a few weeks before inviting them to participate in an interview, in order to ensure enough time passed for us to develop a trusting relationship and for the mum to settle into the unit with her baby. I will return to the topic of trust below.

CharityB staff

CharityB staff did not attend the original information session. However, a couple of weeks after fieldwork commenced, I was able to attend a staff handover meeting and to formally introduce myself and my research study, although I had informally met and spent time with most of the staff members before this point. During the staff meeting, participant information sheets were provided to all members of staff, but consent forms were not provided at this time. Rather, each member of staff signed a consent form at the time of interview.

Other prison staff and healthcare staff

As I became more familiar with the MBU environment and staff members, I was able to ask staff whether they would like to recommend anyone else within the prison who would be a good source of information and likely to participate in an interview. MBU staff suggested some names, and the MBU Nursery Manager sent emails to these people, providing initial information about the study and suggesting that the potential participant contact me directly if they would like to find out more information about the study. Three participants were recruited in this way (interviews 11, 18, and 19).

Relevant healthcare staff members were approached directly by me, since they were often present on the MBU and I was able to get to know them informally during fieldwork. These healthcare staff are not employed directly by the prison, but are commissioned by the NHS through a provider called Spectrum. Once trusting relationships with healthcare staff had developed, I felt comfortable inviting them to take part in an interview. Again, each participant was provided with a participant

information sheet in advance, and then asked to sign a consent form at the time of interview.

Participant Demographics

I did not collect demographic data from participants, and nor did I collect information about the crimes for which women had been sentenced. Formally collecting and reporting such data might have compromised the anonymity of participants, and requiring women to provide this information could have made them feel uncomfortable or suspicious. However, I was able to gain an understanding of participant demographics during fieldwork; I provide an overview here such that the findings reported in subsequent chapters can be placed in context.

The mums ranged in age from mid-twenties to early forties. The group was predominantly Caucasian British, but also included women from Pakistan, Nigeria, South America, and women from the Traveller community. One woman was a practicing Muslim. In the course of the research all women disclosed their crime to me, whether spontaneously during interviews or in the course of informal conversation. The types of crimes were wide-ranging, including dishonesty offences (shop-lifting, fraud), violent crimes such as assault against a partner, illegal drug use or selling drugs, sex offences, and human trafficking offences.

All of the CharityB staff members were Caucasian British, except one staff member who is mixed-race British. All are women aged between late twenties and mid-fifties. All have children, except one, who was pregnant whilst I was undertaking fieldwork. CharityB staff members have varied professional backgrounds, including: manager of a crèche, retail, social work, prison officer, and banking.

Prisoners and Babies: A Vulnerable Population

Prisoners may be vulnerable or 'at risk' from research of this kind. First, prisoners are more likely than members of the general population to have a mental illness (Enggist et al. 2014). As a result, some prisoners may be more vulnerable to feelings of distress or anxiety during research interviews. Some elements of the interview questions could be upsetting – for example, questions about motherhood may trigger participants to remember aspects of their own childhood that might have been distressing or difficult. Research has found that many prisoners living within MBUs are themselves insecurely attached (Sleed, Baradon, and Fonagy 2013), and so interviews may prompt them to reflect on negative aspects of their own relationship histories. Feelings of guilt or shame could be induced when prisoners reflect on their self-perception of their own mothering behaviour or abilities.

In order to mitigate this ethical risk, I took great care when conducting interviews; at the beginning of the interview, I explained that participants have a right to ask to end the interview at any time, without incurring any negative consequences. Further, participants were told that they are free to choose not to answer a question without needing to provide any explanation. I was constantly attentive to the emotions and body language of interviewees, and was careful not to pursue a line of questions if the participant became distressed or uncomfortable. Often interviews were conducted with a baby in the room, which also provided a useful distraction, and if the interview became too intense either participant or researcher could talk to or play with the baby and therefore instigate a short break from questions.

However, talking about difficult experiences is not always 'bad' or risky; indeed, some researchers have found that prisoners enjoy talking about themselves and their experiences in an interview study, even when the subject matter itself is distressing or difficult (Rivlin et al. 2012). Indeed, some of the mums had experienced great challenges

in their lives, and although talking about these could give rise to difficult emotions, they clearly valued the opportunity to be heard. Indeed, given some of the experiences they had endured, it might seem patronising or paternalistic to 'protect' women from difficult emotions when they have often demonstrated impressive resilience when coping with serious challenges in the past. This points to the importance of developing a nuanced account of individual vulnerability that doesn't view prisoners as a homogeneous group, but rather respects their individual experiences and ideally finds way to manage vulnerabilities whilst recognising resilience (Rogers, Mackenzie, and Dodds 2012).

Babies are a vulnerable group by nature of their age and total dependency on those around them. The babies within the MBU are primarily the responsibility of their mothers, however, it is important to be aware of safeguarding issues when observing various people interact with the babies. During fieldwork I adhered to Oxford University's Safeguarding Code of Practice for working with 'at risk' adults and children. At no point during the research did I feel concerned about the welfare of a child and consequently I did not raise any safeguarding concerns.

Consent Process: Ethical Concerns in Recruiting for this Study

In order for this study to be ethical, it is imperative that all participants were able to give informed, valid consent. Valid and informed consent can be gained within a prison population; in their research, Moser and colleagues found that

> *A very high percentage of particularly vulnerable prisoners demonstrated adequate capacity to consent to research. […] The reasons prisoners gave for participating in our research indicated that the prison setting may have influenced their decision to participate, but that they were not actually coerced into doing so.*
>
> (Moser et al. 2004, 6)

Thus, with due care and consideration, valid consent was gained from this population of imprisoned mothers. This said, the issue of consent raises a few specific ethical concerns in the context of a prison population, and due care should be taken to mitigate risk of harm.

First, prisoners are a captured population (Waldram 1988) and therefore may feel pressured or coerced into participating in the study, given that many aspects of the prison routine are compulsory. Prisoners, by definition, have limited freedoms, and so it was important to emphasise that in the context of this research they were totally free to participate or not, in accordance with their own desires. When discussing the research with mums, I emphasised that a decision to participate would have no effect on their treatment or care within the prison system. This was explained in the introductory meeting and again before each interview commenced.

Second, prisoners may have difficulty understanding some aspects of the study, due to high levels of illiteracy amongst a typical prison population (Creese 2015). In advance of this research, an oral consent process was planned, so that this process could be used in the case of any participant who preferred it, or who experienced difficulty comprehending the written participant information sheet. In practice, the oral consent process was used with two prisoner participants.

Third, prison life may be boring and repetitive, and hence the mums' decision to participate in research could be impacted by a desire for distraction or new activities. However, this does not mean that prisoners are unable to give consent to research, and in fact, the desire to alleviate boredom is a legitimate reason to consider participating in research, so long as the participant is able to weigh this against any other risks and benefits of participation. No incentives were offered to participants for taking part in the research, in order to further mitigate any threat to valid consent.

Trust and Rapport Building: Strategies and Challenges

In order to become an active participant in the MBU community, it was important to build trust and rapport with the mums and staff. Establishing trusting relationships with prisoners can be challenging; prison is an environment characterised by power imbalances, fear, suspicion, and surveillance, and as such many prisoners may initially feel unwilling to trust a researcher. Furthermore, prisoners are more likely than the general population to have experienced trauma, violence or abuse, and this can also create barriers to trust (DeHart 2008, 1370). Waldram (2009) notes that researchers must prove that they are 'outsiders' rather than someone directly connected with the criminal justice system; part of this involves reassurance to prisoners that everything they say is confidential and will not be passed on to the prison authorities. However, in seeking to be an 'outsider' to the prison regime, it is important not 'side' with the prisoner rather than the prison (or indeed, vice versa), but rather, to listen with empathy and openness to all participants (Liebling 2001; Patenaude 2004). Whilst gift giving and financial remuneration are generally prohibited in the context of research with prisoners, Patenaude notes that the very act of listening and a break from the boredom of the normal prison routine can be considered a form of 'gift' for prisoners, and this can help to build trust (Patenaude 2004, 76S)

In this section I consider some of the ways in which I approached the task of building trust and rapport, and the challenges that I encountered.

Helping with daily life on the unit

Throughout my time conducting fieldwork at Prison A, I sought opportunities to be practically helpful within the MBU community. This was an important way of giving back to participants, showing my gratitude for their involvement in the research as well as a way of demonstrating care and interest in their daily lives. When spending time

with mums, I sought to be of use mainly through offering to watch the babies whilst mums undertook chores, or occasionally through helping with small tasks like folding laundry, chopping vegetables, or tidying the nursery. These acts of practical help were important for establishing trust since they lessened the power imbalance between the mums and me by showing that I was willing to engage in the same daily tasks as they were. Furthermore, by offering to help care for the babies I showed that I was attentive to the safety and wellbeing of the children, an attitude that was shared by all mums and staff on the unit. This also enabled me to start informal conversations with the mums about the various personalities of the children and their development; the mums generally felt comfortable discussing childcare and therefore this was a good icebreaker topic for developing rapport and trust in the early stages of research.

I also sought to be practically helpful for MBU staff. In the mornings, CharityB staff often take the babies out into the community as part of the crèche session. This is generally considered very important for the baby's development, and both mums and staff are enthusiastic about the children leaving the prison as often as possible. However, limitations on staff numbers sometimes mean that such trips are not possible, since rules concerning staff to child ratios must be followed, and sometimes more staff are required in order to physically be able to push the required number of buggies. Therefore, on occasion, my presence during crèche sessions meant that it was possible to take the children out into the community, when otherwise there would be insufficient staff available for the trip to take place. This felt like an important opportunity for me to 'give back' to the MBU community, and volunteer my time and energy as part of a contribution to the central goal of promoting the best interests of the children. The staff seemed to appreciate my help, and such trips provided an important opportunity to chat informally with staff without any threat of being overheard by other staff or by prisoners. We often took the children to a local café, and on occasion staff members might offer to buy me a drink or a piece of cake. Again, this felt like a symbolic example

of being accepted into the community, not simply observing but fully participating and becoming integrated within the daily routine.

A woman but not a mother

In qualitative research, the personal characteristics of the researcher will impact the data collected, and as such reflexivity is required to keep in mind the ways in which data is co-produced (Haynes 2012). With this in mind, the fact that I am female was an important element of this research. The MBU is an almost exclusively female environment; whilst many male prison officers work within the rest of the prison, all of the CharityB staff members are female, and the healthcare staff who regularly visit the unit are all women too. Apart from male babies and the occasional prison officer visiting, no men are present on the unit. If I were a man, my gender would have disrupted the unique female-ness of the environment, and it would probably have been much harder to blend in with both the mums and the staff. It is possible that the mums would have been less willing to trust me with care of the babies if I were a man, or that they would have been less comfortable openly engaging in activities such as breastfeeding. Similarly, since all of the CharityB staff are women, the presence of a man in their office might have changed the atmosphere and the kinds of conversations regularly entered into. Most of the staff members are friends with one another, and during lunch breaks or between tasks they often chat about their romantic relationships, their children, and sometimes quite intimate aspects of their personal lives. I was able to listen to and engage in such conversations quite naturally, in a way that I believe would have been more difficult for a man.

The fact that I am female but not a mother also impacted the relationships that I established on the unit and the way in which I was able to build rapport with participants. All of the staff members had children, except for one, who was pregnant at the time of the research. As a result, I was the only 'non-mother' and this became a

significant part of my identity within the community. Staff members often jokingly commented that my time on the MBU was 'practice' or 'training' for when I would become a mother myself. This was an important way of building friendly and trusting relationships with staff; I positioned myself as eager to help, yet also willing to learn.

My lack of first hand knowledge of motherhood was a useful tool for building rapport, because it enabled me to place myself in a position of lower authority as compared to both mums and staff. I was anxious to ensure that staff did not feel I was there to assess their work in any way, and so my relative naivety concerning childcare was a useful method of making them feel at ease. I was aware of the associations attached to the University of Oxford and therefore emphasising what I didn't know was an important method of building rapport and dissolving hierarchies.

Similarly, my lack of experience of mothering was an important method for establishing relationships with the mums, because again I was able to emphasise my lack of knowledge and to ask questions. Making inquiries about child care proved to be a good icebreaker, especially in my first few weeks on the unit. I would ask mums what they were feeding the child, for example, and by showing interest and willingness to learn the mums would often open up to me. On a number of occasions mums asked me if I planned to have children one day, and I said that I did; again, this established a sense of sameness between us, whilst also maintaining the mum's superior knowledge and authority above my own.

In her research with imprisoned women, Hart (2014) notes how being visibly pregnant whilst conducting interviews served as an icebreaker in a similar way, since the women she spoke with were often able to offer her advice about pregnancy, thus disrupting the otherwise substantial power imbalance between researcher and participant. Hart notes:

> *My pregnancy allowed discussions to open up on a shared experience and gave the women a feeling of self-worth; they felt they had something to contribute not only to the interview situation but to me as a woman. They had greater knowledge and experience than me on the topics of motherhood, pregnancy and birth which gave them an element of authority and some degree of control and ownership in the interview setting*
>
> (Hart 2014, 113)

Therefore, in a similar way to Hart, my inexperience of mothering meant that the women could demonstrate their knowledge, and in doing so, gain a sense of authority that made more equal relationships possible.

Sharing meals

Meal times are an important part of community life; sharing food is a valuable way of bringing people together, expressing identity and showing hospitality or care (Vanderslice 2017). Researchers conducting participant observation in the field often seek to share meals with participants as a way of encountering and learning about other societies, since 'eating with strangers can help to establish relations of trust, an absolute necessity in the early stages of participant observation research' (Shields-Argelès 2016).

Within the MBU, the mums normally all eat together, and often share food. Indeed, one of the mums was considered a particularly good cook, and often made large pots of food that she shared with both the other mums and their children. CharityB staff eat separately, often purchasing food from the canteen and eating in the portacabin or the staff office.

Whilst conducting fieldwork, I always ate lunch with the mums rather than with the staff. This was a conscious decision; I usually spent the morning crèche session socialising with staff members whilst the mums were at work, and so I felt it was important to eat lunch with the mums as a way of demonstrating my distance from the

staff. After I had spent a month or so on the unit and had begun to establish relationships with the mums, they began to offer to share their food with me. If one of the mums had cooked a large amount of food for everyone, she would always offer me a portion, and on occasion I would accept. I did not always share in their food, partly because I felt that the women had limited access to ingredients in prison and therefore they should not have to accommodate me within their supplies. However, I felt that the sharing of meals was an important gesture signifying that I was welcome within the community, and therefore it was important to take part in this process of commensality.

Although I did not often share meals with the staff, I was invited to their Christmas lunch. At this point my research fieldwork had ended, but staff said that I should still come to the lunch as a final farewell. This provided an opportunity to eat and relax with staff in an informal environment, and again made me feel as though I had become – at least in part – an accepted member of the community.

Data Protection and Anonymisation

Data protection

All personal data collected in the course of this study was handled in accordance with the Data Protection Act 1998. Participants were informed that they had the right to withdraw from the data collection at any point up until the end of the data collection period, October 2017.

All data will be stored digitally for five years and will be kept on password-encrypted Oxford University drives. After this time has elapsed, digital data will be deleted from electronic files. Any paper copies of field notes will be shredded and disposed of in a confidential waste bin.

In addition to storage on university drives, anonymised interview transcripts are saved in encrypted word document files and stored on a password protected laptop – storing data in multiple locations is essential to protect against loss of data.

Anonymity and confidentiality

In all written work resulting from this study, including this thesis, participants will be assigned a pseudonym, and any potentially identifying details will be removed or altered in order to ensure anonymity. Other names – such as names of babies, partners or family members – have also been replaced with pseudonyms.

In the small and close-knit community on the MBU, prisoners will talk amongst themselves about the research, discussing whether they or others have chosen to participate. Such discussions are unavoidable and ethically unproblematic so long as participants have voluntarily chosen to share this information. As researcher, I did not disclose information about who had or had not participated in an interview.

During my fieldwork I never asked women any questions relating to their offence or sentence, but individuals often disclosed this information spontaneously during interviews or when chatting informally. Such information was always treated as confidential and not included in any written work resulting from this research, because it could potentially reveal the identity of the participant.

Before interviews commenced, participants were told that if they chose to disclose any information that could compromise security regulations, this information will be passed on to a member of staff and therefore cannot be kept confidential. No such information was disclosed.

Data Analysis

Interview transcripts were analysed through the use of NVivo software, using a pragmatic, iterative approach that draws to some extent upon Grounded Theory (Strauss and Corbin 1994). Analysis began with the data, and through an inductive process involving continual comparison and revision, key concepts and ideas were developed.

First, each interview transcript was read through twice, and a half-page summary of the key ideas and topics was written up. Once this had been completed for each interview, a large 'mind map' of all the main ideas and topics was drawn. This provided a sense of the whole data set before detailed coding and analysis began, enabling me to keep in mind the topics that had arisen across the whole set of interviews when approaching the data within NVivo.

Coding is the process of:

> *Condensing extensive data sets into smaller analysable units through the creation of categories and concepts derived from the data. Coding makes links between different parts of the data that are regarded as having common properties. Coding facilitates the organization, retrieval, and interpretation of data and leads to conclusions on the basis of that interpretation.*
>
> (Lockyer 2011, 138)

Through coding one creates a conceptual scheme that helps to organise and make sense of the data, ultimately leading to the development of findings or conclusions.

In the coding phase, interviews were coded one at a time, initially creating a very large number of codes. As the coding structure emerged, previous interviews were revisited in light of findings and re-coded, as part of an iterative process of moving back-and-forth between transcripts (Berkowitz 1997). Once all interviews had been carefully coded in

this way, the coding structure was assessed and reformulated in order to provide the most coherent and clear structure possible. Some codes were collapsed within others, or moved under different Themes. As this process continued, I gradually moved from mostly descriptive to mostly conceptual codes.

I decided that the central theme of parenting support could be most helpfully understood by separating out the data relating to the mums, and the data relating to the staff. In the first round of coding, I focused more on parenting support in terms of the question 'what is the goal and purpose of the unit?' However, most of the data that was coded under this theme originated in interviews with staff, and I was concerned that mums didn't seem to have much to say about parenting support. However, upon separating out the data and re-coding the interviews with mums, it became clear that mums didn't talk about the 'goal' or outcome of support, but rather, they discussed what it meant to *feel* supported. As a result of this, chapters 4 and 5 of this thesis focus on parenting support predominantly in terms of staff accounts, and chapter 6 focuses on mums' descriptions of receiving support and feeling supported in the context of relationships.

It can be difficult to establish the reliability of coding in qualitative data analysis, particularly when the majority of the coding is conducted by a single researcher who needs to be knowledgeable enough about the subject matter in question to identify subtle meanings in the text (Campbell et al. 2013, 297). In this case, it was not feasible to seek inter-coder reliability, since I was not able to enlist the help of other researchers with sufficient knowledge of this topic and with enough free time to engage in careful coding. However, in order to mitigate the risk of bias associated with single-coder analysis, I met with my supervisors to discuss most of the interview transcripts and to talk through each stage of the process of developing a coding structure. On two occasions, I arranged a discussion group with colleagues at the Ethox Centre, a

multidisciplinary bioethics research centre at the University of Oxford. On these occasions, those attending the discussion were given anonymised copies of two transcripts in advance, and invited to read them and identify key themes and ideas. These were then discussed together. Both of these discussion groups were helpful in further refining the data analysis and reducing the risk of single-coder bias.

In the process of data analysis, field notes were not coded in the same intensive way as the analysis of interview transcripts was. However, field notes were regularly consulted and reflected upon throughout the analysis stage of the research, and this often proved helpful in reminding me of small details that I had forgotten. Field notes can be used to support the statements of participants in interview transcripts, to challenge these, or to add context to them. In this way, field notes were used to refine and assist in the process of data analysis. Furthermore, field notes were important for ensuring that the data presented here is not taken out of context or distorted; throughout the writing process I reflected on the field notes and asked myself whether the way I had organised and presented the data was a true reflection of life within the MBU. Field notes helped me to identify the key themes of this research by highlighting which issues or ideas that arose within interviews also arose in the context of everyday life, whether in informal conversations, or through actions and body language. In this way, the process of moving between interview transcripts and field notes was important for identifying the most meaningful themes within my data. Please see the Appendix for a sample of field notes.

The themes identified in the coding structure provide the organising concepts around which the data is presented in the next three chapters of this thesis. The three key overarching themes are:

1. The goal and purpose of the unit as regards good childhoods and good mothers

2. Staff accounts of parenting support: its form, purpose, and justification, and their role in providing it

3. Mums' accounts of parenting support, what it means to *feel* supported, and their relationships with those who provide support

The final coding structure is detailed in the Appendix.

The data could have been presented in multiple ways, and in choosing to focus on these themes I sought to identify the organising concepts that would best make sense of the data, whilst also seeking to focus upon themes that are of relevance to the broader topic of EI policy and related ethical issues. It was also important to keep in mind the issues that participants identified as most important, and to ensure that these issues played a central role in the analysis.

The goal and purpose of the unit was identified as an important topic, and was discussed predominantly by staff members when talking about their role, what they were trying to achieve through the provision of parenting support, and how they justified the need for and value of this work. However, it quickly became clear that no consistent account emerged, and there was considerable disagreement and variation both within and between staff interviews. Such disagreement seemed ethically important, since exploring the differences between accounts was a helpful way of thinking about key ethical concepts such as the meaning of good parenting and the ways staff understood their role in relation to the parenting skills of the women. Importantly, if this MBU is to be understood in the broader context of EI policy, the goals of the unit – particularly as regards parenting support – must be positioned alongside the goals of the EI agenda in order to critically engage with the similarities and differences between participant accounts and the arguments found within policy. As such, a chapter was dedicated to exploring the goal and purpose of the unit.

In order to explore the ethical issues associated with the delivery of parenting support in this environment, the next two chapters consider support first from the perspective of staff, and then from the perspective of mums. The issue of compulsory support was identified as important during data analysis, and this enabled me to consider the limits of parental responsibility in prison, the rights of the state to intervene in aspects of parenting, and to examine key ethical concepts such as autonomy and justice. These were ethical concepts that emerged as important from the literature review, and so I focussed upon them within chapter 5 in order to understand the values underlying parenting support. Analysing mums' accounts of parenting support revealed a central concern with 'supportive relationships' and 'peer support', and so these themes take a central role in the analysis of data presented in chapter 6.

Taken together, these three chapters seek to present the data in a meaningful and coherent way, in order to address the ethical questions posed at the outset of this research, to explore the moral dimensions of parenting support, and to most accurately represent the views of participants.

Conclusion

This chapter has provided a detailed description of the case study setting, and the process of gaining access and ethical approval. I have explained and justified the need for an approach combining qualitative research with normative analysis, and situated this within the field of empirical ethics. Having done so, I provided an explanation of the specific methods used, considered some of their limitations and described how these were managed. Finally, I explored the process of data analysis and introduced the key themes that arose from this process; these organising concepts run through the next three chapters of this thesis, in which the data is presented and discussed.

Chapter 4 – The Goal of the Unit: Good Mums and Good Childhoods

Introduction

This chapter explores how various participants – mums, CharityB staff, prison staff, and healthcare staff – understand the goal and purpose of the Mother and Baby Unit (MBU), and the various values and beliefs that underpin their views.

It was apparent from the outset that MBUs are embedded within complex multi-layered environments: at the core is the crèche, situated within the MBU, situated within a women's prison, situated within the UK prison estate, situated within wider society. It is to be expected that within such manifold environments, ethical commitments will compete and sometimes contradict each other. Indeed, the aims of prison itself are contested and complex, and there is no agreement as regards what justice really means in this context, or as to how prison should best 'punish' and 'rehabilitate' offenders. Added to this are the specific goals of the MBU itself, which place the wellbeing of the child at the heart of decision-making whilst inevitably functioning within and being constrained by the broader framework of the prison and the criminal justice system. Finally, societal views about 'good motherhood' and 'good childhood' – themselves informed by various cultural values, political agendas and scientific research – will also shape how the MBU functions and the role of parenting support within this moral world. All of which is to say that 'the good' of prison MBUs is likely to be complex, multifaceted, contested, and shaped both by various stakeholders and the environment itself.

Since a number of different stakeholders live and work within the MBU – prisoners, CharityB staff, healthcare providers, and others – it is likely that they will have different

perspectives on the goal of the unit and of their role in achieving that aim. Indeed, this was a key finding from data collection, and it became clear that examining the MBU through the lens of different perceptions of and expectations about its goal and purpose was a key way of understanding its moral dimensions, particularly concerning the provision of parenting support. Hence, it is important to explore these different conceptions of the goal and values underlying it, as a way of understanding the data and informing an account of the various ethical tensions and issues that arise. This chapter seeks to tease out the complexities within participant accounts of the goal and purpose of the MBU, to explore why these contradictions and ambivalences exist, to understand what is driving them, and to demonstrate how they play out in the day-to-day life of the MBU.

What is the Goal and Purpose of the MBU?

In interviews, participants were explicitly asked to describe the 'goal and purpose of the unit':

> *Keeping the parent with the baby for the first two years is like the maximum, it's where all the development starts, it's the most vital important part to be with your mum […] So I think the main aim to this* [the MBU] *is to keep them* [mum and baby] *together for as long as they can, but also to equip them to be better parents when they go out, I think that's the two main things that they do.*
>
> (Interview 9: Alison, CharityB)

> *The goal and the purpose I suppose is to keep that bond between mother and baby, because a lot of them, on release they're going to have their baby in their care, so it keeps that bond going, and it gives the women in here, because some of them need that support, the chance to bring up that child in that early period with support.*
>
> (Interview 11: Dan, Prison Staff)

> *The main point is to be with your child while you're in prison […] And I think for mums that maybe are inexperienced or find parenting hard or haven't parented before, they have got the support of staff here, that's not my situation, but yeah, I think the main thing is to keep mum and baby together.*
>
> (Interview 3: Mary, Mum)

From answers such as these it seems that there are two central goals of the unit:

1) To provide the child with a good start in life by facilitating/maintaining attachment between mum and baby, and preventing their separation.
2) To provide parenting support in order to help these women become better parents or be the best parents they can be.

These two goals can be thought of in terms of 'good childhoods' and 'good mothers'. The unit seeks to create or facilitate good childhoods for babies, both through allowing the child to remain with its mother and facilitating strong attachment, but also through providing support that will make the mother 'better' in some way, or at least make it easier for her to parent well. However, what it means to be a good mother or to have a good childhood are complex questions, as is the question of how 'support' is meant to facilitate these goals. These concepts require further exploration and unpacking in order to more fully understand the purpose of the MBU and the ethical dimensions of parenting support.

Mums or Babies: Who Is the Target of the Intervention?

One way of thinking about the two goals of the unit is to ask 'who is the target of the intervention?', conceiving of the MBU as an 'intervention' in the sense that, without it, a custodial sentence would lead to the separation of mother and child. It could seem that the first goal is 'child-focused' and the second 'mother-focused', since the first seeks to give the child something that is essential for its healthy development, and the second

seeks to impart skills and knowledge to the mother, both empowering and supporting her. However, during interviews staff members and mums are all clear that the primary target of the MBU is the *babies* rather than the mothers.

> *I think* [the unit is] *for babies, yeah. I think you've got to see it like, the mums are only here because of the children, not for them. I think it's an absolute massive privilege to be on here and I think sometimes they see it as they've got a place for them, but it's actually the baby we're doing it for, for the children.* […] *the parents are being punished, but the children shouldn't be punished, its not their fault, and they wouldn't be on here if it weren't for the children.*
>
> (Interview 9: Alison, CharityB)

Those who suggested that the MBU serves the interests of both mother *and* child always emphasized the wellbeing of the child as paramount, and all benefits to the mother were merely a consequence of interventions designed primarily to help the child.

> *I: I'm wondering whether you think the unit is mainly about focusing on the mums, or on the babies?*
>
> *S: Both, I'd say both, because if you don't work with mum to help her recognize where she went wrong then she's going to end up in the same place which doesn't help the baby. So it has to be for both. So while baby is in here we offer the nursery which is outstanding, and we give the provisions which will help baby develop and the experiences in the community and supporting mum and making mum recognize how important it is to do the things that we do with baby. Because a lot of them, a lot of them have admitted that they wouldn't do those things, they wouldn't go to Rhyme Time sessions and they wouldn't do Messy Play. So the one* [mum] *that's just left said she'd never have dreamed of doing that but now she would because she realises how important that is.*
>
> (Interview 4: Sam, CharityB)

It is clear from the above that good mums are considered essential to good childhoods, and as such the purpose of creating good mums is so that they can play their part in good childhoods. Hence, although Sam says that the unit focuses on both mother and

child, her explanation reveals that any benefits experienced by the mother are ultimately designed to impact the child. The mother learns "where she went wrong" – presumably by committing a crime and being given a prison sentence – and in doing so is less likely to repeat the same mistakes. Here, reoffending is seen as bad because of the way in which it impacts the child, and so helping the mother understand her previous mistakes and preventing her from future crime is seen as a form of 'parenting support'.

Equally, Sam's account provides some other examples of what "supporting mum" might mean – it includes guidance with day-to-day practical elements of childcare, such as "making mum recognize how important it is" to do things like Messy Play and Rhyme Time, which are provided by CharityB because of the ways in which they promote the child's healthy development. Therefore, at least in this context, parenting support is ultimately a method for improving the wellbeing of the child, and any benefits to the mother are indirect or, to some extent, unintended. The various forms that parenting support can take will be discussed in more detail later within this thesis; the point here is to show that parenting support seeks to support the child *through* supporting the mother.

As is clear from the above quotes, the mother-child dyad is granted a place in the MBU if it is thought to be in the *best interests of the child*. This is explicitly written into the MBU Prison Service Instruction (PSI), which reads "the best interests and safety of children on the unit are a primary consideration in all matters" (HM Prison Service 2014, 4 §1.9).

As regards admission to the MBU, the PSI also states that the best interests of the child are considered alongside the prison's goal of "good order and discipline" – any benefit to the mother herself is not mentioned, except in terms of the general wellbeing of the MBU community:

The decision to admit a mother and her child takes into account:

a) Whether it is in the best interests of the child
b) The necessity to maintain good order and discipline within the MBU
c) The health and safety of other babies and mothers within the unit

(HM Prison Service 2014, 3-4, §1.7)

However, despite the phrasing of the PSI and the accounts of participants, most women are also likely to benefit from being on the unit. This is not only because they are able to remain with their child and have access to a various forms of parenting support, but also because the environment is generally more positive, comfortable and safe than elsewhere within the prison. The women have more freedom to cook for themselves and are able to benefit from the food they purchase through Baby Shop. As the above quote from Alison demonstrates, these additional benefits experienced by mums are considered a "privilege" that is in some sense undeserved, since the mums are in prison to be "punished." This idea of 'undeserved privilege' was raised in a number of interviews with staff members:

I look at those victims, what that person has done to those individuals, more than one, and how would they feel, knowing that the person who has done this to them is – I'm not going to say living the life of Riley or living in luxury because it's not, but it's a nice unit with so much support, and again, there is no criticism of the support because that has to be there for the child, because that child has done nothing wrong.

(Interview 19: Tom, Prison Staff)

The more I think about it, in my opinion, mother and baby units are for babies, not for mums. Because I think, when you are sent to prison, there's no level of prisoner. You are a prisoner the same as that one, that one, and that one. Doesn't matter what your crime is, you are in prison and you have to follow the rules of the prison, follow the regime, because you're in prison. So the mother and baby unit isn't about the best needs of this mum, it's definitely about the babies.

(Interview 7: Rebecca, CharityB)

The fact that the MBU is a more comfortable or pleasant environment than elsewhere in the prison was seen by some members of staff as necessary yet unjust, since the mums have not done anything to 'earn' this place, it is simply a consequence of them having a small child or being pregnant at the time of going into custody. Rebecca says that all prisoners should be considered the same; none is more deserving of privilege than another. Therefore, any privilege afforded the women on the MBU does not stem from their position as particularly good or deserving, but rather because it is necessary to promote the best interests of the child. Similarly, Tom suggests that the victims of crime might be angry to think of the 'perpetrator' being given a place on the MBU since it is less of a punishment than being elsewhere in the prison, and hence in some sense 'justice' is not being served. However, despite this Tom is clear that the support provided is necessary to either directly or indirectly ensure the child's wellbeing, and this overrides the requirement of justice that all women in prison be treated equally.

Notably, two kinds of justice are being discussed here: the requirement that all women in prison are treated the same (justice as fairness) and the requirement that a woman in prison is sufficiently punished for her crime (justice as retribution). The importance of justice to the moral world of the MBU will be discussed in more detail in chapter 7, but it is important to note here how conflicts arise concerning what is owed to different stakeholders, be they prisoners, prisoners' children, or victims of crime, and as such the goal of the unit is not clear cut. Whilst participants recognize the best interests of the child as sufficiently important as to sometimes override other ethical requirements, this moral position does not always sit comfortably with all members of staff. Participants were clear that the best interests of the child are paramount, but in practice the interests of the child are closely wrapped up with those of his mother, and therefore it is unsurprising that mums also benefit from being placed within the MBU rather than elsewhere within the prison. Thus, we see how the 'ethical logic' of the MBU requires that the best interests of the child are somewhat artificially separately from the

interests of the mother, since it seems only fair to benefit mothers if this is a necessary and unavoidable consequence of caring for the child.

The Admission Process: Deciding Who Gets a Place

It is clear from the above discussion that a central goal of the MBU is to support women in such a way that they are able to either become better mothers or to "be the best mums they can be", since this is necessary in order to promote the best interests of the child. However the responses of staff members revealed profound ambivalence as to whether the role of such support is simply to keep good mums and their babies together, providing the space and resources necessary for good parenting, or whether the unit should be seeking to improve the parenting skills of women. One critical consideration in answering this question is whether the mums on the unit are *already* good enough, or whether they *need* or *ought* to improve, and if so, why. In order to understand this it is necessary to think about the assessment being made at the MBU admission board, and how decisions are made concerning who is an appropriate candidate for a place within the MBU.

> *Sometimes the reasons that social services agree* [to support the woman's application for a place on the MBU] *is because we offer those parenting programs, so it might be that part of their, kind of like, a condition of getting a place on here is because they know they're going to get this support. Or sometimes if they have, obviously not been a 'bad' mum, but if they've had children removed in the past, this sometimes is seen as like – right, we can get feedback on how their parenting is, we can provide them with parenting courses. So, it's kind of like, you might have been seen to be that 'bad mum' in the past and not been allowed to keep your children, but we're now giving you a chance, and like this is a real way of keeping an eye on what you're doing.*
>
> (Interview 14: Livy, CharityB)

> *There's support on hand and we will, we will do an assessment, but I don't think it is an early intervention at all. They* [the mums] *have to evidence that they can parent their child if they are to get a place, and then it's an added bonus that they get the support. But they don't get a place pending the improvements made by the support. They have to meet the benchmark of being able to parent adequately to get on. You can't say, "well you're not good enough now, but because we're supporting you, you'll be good enough". They have to be able to do it when they get on.*
>
> (Interview 19: Pam, Prison Staff)

Here, we see two very different accounts of the role of support within the MBU. On the first, support is intensive and designed to improve the woman's parenting ability so that social services will allow her to continue to care for the child once she leaves prison; support transforms inadequate mums into good enough mums. However, on the second account, support simply means providing women with a space within the prison where they can continue to care for their child whilst in custody. Such support does not make a difference to the woman's ability to parent; rather, it is about providing good enough mums with the opportunity and resources (toys, baby food, crèche etc.) to care for their children in a prison environment.

In order to understand these two different accounts of parenting support, it is first important to consider various different definitions of the good or 'good enough' mother operating within the MBU. By doing this, it will be possible to consider the role of parenting support in relation to good mothers, and to think about how different types of parenting support will be appropriate given different conceptions of what it means to be good or good enough. As was demonstrated in the literature review, there is substantial disagreement within both the philosophical literature and EI policy about exactly what it means to be a good or good enough mother, yet such definitions are critical if parenting support is to be justified and appropriate, and its effectiveness measurable, within a prison MBU.

The Good Enough Mother

The idea of the 'good enough' mother was often discussed in the context of comparing mums in prison to mums in the community and holding them to the same standards of parenting.

> *If social services were going to support mum if she was in the community and she'd have baby, there's no reason why she can't have baby in here, because if she's going to be reunited after the sentence there's no reason to separate now.*
>
> (Interview 4: Sam, CharityB)

> *When they attend that board, yeah, as far as I'm aware, women will be offered a place if they would otherwise have their baby in the community, yeah, and it shouldn't be any different. Its not about being a good mum, if they could have their baby in the community they should have their baby on the unit, otherwise that would be discrimination.*
>
> (Interview 13: Jo, Healthcare Staff)

One definition of 'good enough' parenting advocated by a number of participants was simply that parenting is 'good enough' if the woman in question would be allowed to care for her child in the community according to the judgment of social services. As Jo's statement reveals, this wasn't necessarily thought of by all as a definition of good enough parenting, but simply as a question of fairness, ensuring that the parenting ability of women in prison is judged by the same standards as women in the community.

One of the reasons that this was considered important was due to the fact that 24-hour staff support is not available on the unit, since there are no staff members at all present on the MBU overnight. During admission board discussions this was emphasised as important, since if a mum is considered incapable of safely caring for her child without support then staff sometimes felt it would be irresponsible to offer her a place, given the fact that she will be unsupervised during the night.

Whether or not the mums are considered good enough upon admission has significant implications not only for the purpose of parenting support, but the form and intensity of support deemed appropriate. This is particularly the case with regards to compulsory interventions designed to improve the way in which women parent. A small number of staff members felt that if most women in the community are not subject to compulsory parenting interventions then it follows that women in the MBU should not be, either:

> *Just because these women are on a mother and baby unit in a prison doesn't mean that they need any more parenting interventions than anybody else in the community [...] So it's a very - it's difficult, you can't make that assumption and we shouldn't be making that assumption.*
>
> (Interview 14: Elizabeth, Prison Staff)

In this sense, some participants emphasised the importance of enabling the women to parent in accordance with their own values, goals and cultural practices, rather than using compulsory 'support' as a tool for transforming women into a particular ideal of good motherhood.

> *I wouldn't say we* [CharityB staff] *help everybody with their parenting, I wouldn't say everybody that comes in here is a bad parent. [...] That's not our job, you know to make them be a good parent, it's just to support them with what they're doing currently and enable them to be the parent that they want to be.*
>
> (Focus Group 2: Livy, CharityB)

However, despite the expressed views of some staff members, compulsory parenting interventions are a large part of life on the MBU. This will be discussed in more detail in the next chapter. For now, the important point is that some staff members believed that the admission process 'screens out' any applicant who is not a good enough mother, meaning that all women who do gain a place are already good enough, in the sense that they would be allowed to parent without intervention in the community. Given this, some staff members felt that the same standards should apply within the MBU;

parenting support should seek to enable the mums to parent in line with their own values and goals, rather than moulding them into a different or 'better' way of parenting.

The Good Mother

In contrast to the above account, some participants felt that the mums are not yet good enough upon admission, and therefore should be helped to improve. In order to understand these claims, it is important to explore staff accounts of the relationship between parenting, moral character, and crime.

A good mother does not commit crime

In the eyes of some MBU staff members, criminal behaviour was often – though not always – indicative of bad parenting. They argued that by committing a crime, the mother had failed to prioritise her child, for example, through risking their separation if the mother was given a prison sentence. In this sense, the 'choice' to commit crime was positioned as selfish or irresponsible, and staff claimed that mums needed 'support' to recognise this and change, so that they could be good parents in the future.

> *Criminal activity, ways of making money and things like that, you should always think in your head 'how's this going to affect my children?' That's what I do on a daily basis, how's this going to affect my children? And obviously some of them have not thought of that, because some of them are in these prisons and they've got seven kids all took off them, and you think, how were you thinking in your head? You've obviously not been thinking of the children. You were just thinking about yourself really*.
>
> (Interview 9: Alison, CharityB)

> *I just don't see if you're putting your child completely first as a parent, how you've done the crimes. Because most of the crimes that they've done in here, they were by choice, it's not like they've got in a fight one night, they've hit somebody, and then*

the worst thing's happened. And even then, you've hit that person! But all of the crimes that they're in for they have kind of gone out of their way to choose to do it, and hoped that they wouldn't get caught, but they did, and I just think, if you are putting your children first all the time you wouldn't think like that, so you do need some guidance obviously somewhere along the line.

(Interview 17: Tara, CharityB)

If the baby's been in the community and they've committed the crime and you kind of think 'you've chosen to do that over your child' kind of thing. So I think sometimes if you think of it like that, it is a bit… because you could probably say that about all of them on here, that you knew you had that baby or you knew that you were pregnant and you've gone and committed a crime and put looking after your baby at risk, you know?

(Interview 4: Sam, CharityB)

Importantly, on this account the mother's deficit is not a lack of *knowledge*, as would be the case if she were to unknowingly risk her child's health through weaning too early, for example. Rather, her failure is positioned as one of moral character – prioritising her own needs above those of her child. Sam and Tara both make it clear that this should be seen as a *choice*, since the mother has "gone out of [her] way to choose [crime]."

The question then arises as to exactly how parenting support is going to be able to help these 'selfish' women make more child-focused choices in the future. Again, a variety of different accounts of this process arose. Some staff members suggested that identifying women who showed 'capacity to change' was important, since only those women who really recognized their past mistakes and wanted to be different would be sufficiently receptive to support.

You can offer all the courses in the world but unless they don't want to be that person and unless they want to turn away from crime, it's only them that can make that decision.

(Focus Group 2: Sam, CharityB)

Capacity to change was discussed during the three admission boards that I attended. In these discussions, a number of staff members felt that the 'badness' of a woman's previous mistake or crime is less important than whether or not the woman is willing to accept her mistakes and recognise why they were wrong. In this sense, mothers who had demonstrated recognition of the impact of their crime upon their children were more likely to be accepted onto the unit. In one case that I attended, a pregnant woman recovering from drug addiction described how she had voluntarily given up custody of her older children because she recognised that she was not capable of caring for them. This woman was granted a place on the MBU in part because this previous decision was understood to evidence her capacity to make child-focussed and responsible choices and her resolve to do so in the future.

> *L: I think it's not just dependent on the crime either, it's also: can they recognise what they've done, can they see? With some really bad crimes they might be really sorry for what they've done. So it's not just about 'how bad is the crime?' but there's certain people who they are on here for human trafficking and they don't think they've done anything wrong and they're saying they're innocent and blah blah blah. And there are other people who might be really remorseful.*
>
> *I: So remorse is relevant to deservingness of a place?*
>
> *L: Yeah and I think from sitting in boards, the board that we had last week, with that mum you can see that she's being very honest and the people sat on her board could see that she says what she did was wrong, and that means she's more likely to get a place, it's not just about being deserving it also stands them in good stead for actually getting a place.*
>
> (Interview 14: Livy, CharityB)

Staff members sometimes expressed the view that it is difficult or even impossible to change a woman's character or motivate her to want to turn away from crime. Therefore, identifying those women who already want to change was seen as an important way of making sure the 'right' women would be admitted; those who would

genuinely be able to make the best use of the service and change their lives, benefitting themselves, wider society, and most importantly, their child.

Other staff members felt that the experience of knowing that one had come close to being separated from one's baby would itself be enough to motivate the women to move away from crime. Therefore, they need not necessarily recognise that their past choices were 'bad', so long as they feared separation from the child enough to refrain from crime in the future.

> *I think what they're* [the mums] *benefitting from us in terms of parenting skills and making them realize how important their babies are to them, like this is what you're going to miss out on if you reoffend. Because a lot of them are, if they came back they wouldn't have the opportunity to come back on here* [the MBU] *because their babies would be too old, so it is kind of, this is what you will miss out on if you do come back, this has got to be a life changer for you.*
>
> (Interview 4: Sam, CharityB)

In this way, spending time with the child was seen by some participants as an opportunity to 're-prioritise' the mother and make her realize how terrible it would be to experience separation from the child; this would be enough to prevent her from reoffending in the future. Similarly, staff also talked about the MBU as an environment with fewer distractions than are present in the community, and as such, they felt it provided the women with a 'breathing space' away from other people or concerns, where they could focus entirely on the child and in doing so, come to appreciate how important that bond was to them.

In this sense, enjoying time with the child and wanting to bond with one's baby were seen as indicative of 'good motherhood'. In the view of participants, a good mother would not want to risk being separated from her baby, because good mothers want nothing more than to be with their child. Indeed, this view was not unique to staff

members, some of the mums expressed a similar account; their perspectives on this topic are discussed in chapter 6.

Choice and addiction

The above discussion assumes that crime is always a choice. However, in a few interviews staff provided more complex accounts of choice, beginning to explore some of the ways in which choice may be constrained or influenced by one's environment or experiences, and therefore complicating the relationship between crime and selfishness.

> *C: Suppose, say for instance you lose you job and you've got to feed your child, the only option is to go shoplifting to feed your child, which can also leave you in jail.*
>
> *J: So what do you do? Do you feed your child and risk it? And that's a different kind of risk because that's a risk that you need to take for the survival of your child, but you're still making… it's a hard one that because you're still making a decision to feed you child but its not a good decision to commit the crime because you know the consequences. And we've had women on here for shoplifting haven't we? One who shoplifted nappies that she couldn't afford to pay for.*
>
> (Focus Group 1: Julia and Carol, CharityB)

For staff members, a good choice is one that prioritises the needs of the child above the needs of the mother. When making a good choice, mothers are expected to consider all the possible consequences of the decision in order to be sure that the outcome will indeed be best for the child both in the longer and shorter term. However, in cases like the one proposed by Carol, there is no good choice, since both options – stealing in order to feed the child, or not stealing and letting the child go hungry – risk the wellbeing of the baby. This opens up the possibility that in some cases, circumstances may mean that a woman is forced to commit a crime, and that in doing so she is making a choice that appears necessary in order to care for her child. Participants felt that in cases such as these, crime is not necessarily selfish or indicative of bad character.

When considering the extent to which crime has implications for parenting ability, staff also discussed the relationship between choice and addiction.

> *I: Do you think the women's crimes have any impact on their ability to be a good mum?*
>
> *D: Oh, now that's a tough question* [sigh]. *In my experience, largely no, but the ones who are involved in drugs, yes, because it impairs their ability to make the right choices, generally. The ones who are involved in fraud and stuff like that, not necessarily, I wouldn't notice any difference I don't think. But say the ones who are detoxing or on drugs in the community with a kid, then it makes a big difference because they make stupid decisions at the end of the day, that put that child at risk. So for instance, there's a woman at the minute who is in for dangerous driving. She was under the influence of three illegal substances and had her two toddlers in the back seat. Ordinarily she ain't going to do that.*
>
> (Interview 11: Dan, Prison Staff)
>
> *Lots of people can parent, but if any of those good parents were on heroin, they wouldn't be good parents, they wouldn't be able to continue to be good parents.*
>
> (Interview 19: Pam, Prison Staff)

In the minds of participants, addiction was closely connected with complex questions about choice and agency. In the simplest sense, a mother who is under the influence of an illegal substance may find that she is no longer able to make responsible decisions, since her decision-making is impaired. She cannot be blamed for the way that she acts when using the drug, since such behaviour is both outside of her control and is not representative of her authentic character. Pam is clear that a good parent acting under the influence of a substance like heroin will not be able to continue to act as a good parent. The substance effectively hijacks one's authentic self.

> *It depends what the crime is though, doesn't it? If your crime is to do with an addiction, you could be the best mum in the world, that isn't going to stop your body*

from wanting – say if you're addicted to alcohol or drugs – your body from wanting that substance.

(Focus Group 2: Sam, CharityB)

It's an addiction, so it takes over and then it's still your decision, but then its not. Once you're getting into that addiction then it's not a decision once you're that far gone, is it? The decision has actually been taken away from you. Ok maybe it was a decision in the first place to start it, but then after that you're in that addiction aren't you?

(Focus Group 1: Helen, CharityB)

In these accounts, participants focus on the impact of addiction on a woman's decision making; the mums are presented as incapable of resisting the desire for substances that they are addicted to – Sam goes so far as to propose a mind-body dualism whereby the body 'wants' the substance even if the true self does not. These accounts contrast starkly with those in above section, concerning crime in the absence of addiction. Before, we saw how participants described crime as selfish and as a conscious choice, and in doing so they positioned crime as indicative of bad character on the part of the mother. Here – perhaps surprisingly – addiction is *not* viewed as a choice or as indicative of moral failing (see Pickard 2017).

Look at [two mums], *both in for the same crime, addicted to* [substance], *and they're literally just like you and me, there's nothing wrong with their parenting whatsoever. But unless they get help for their actual addiction, which is nothing that we can do, then they might come back in.*

(Focus Group 2: Livy, CharityB)

Importantly, supporting women with these addictions was seen by all members of CharityB staff as beyond the scope of the parenting support provided on the MBU. The implication is that whilst mums can become motivated to change as a result of wanting to remain with their child, or because they understand the impact of crime upon their

child, these factors will have no power to help a mum who is experiencing addiction. Even a 'good mother' is powerless over addiction, and specialist support is required if she is to overcome this.

> *With the mums with gambling,* [mum] *said to me "just go home and watch telly and see how many offers there are for gambling deals", and there's offers all the time, like you pay £10 and you get £50's worth of whatever, and she did that and it just crept up on her and before she knew it she was like pinching to survive.*
>
> (Focus Group 2: Sam, CharityB)

Sometimes social environment and circumstances can make addictive substances or behaviours appear a lucrative option, and in these cases participants felt that it would be very easy for an individual to fall into addiction. Interestingly, failure to anticipate the possibility of becoming addicted was not viewed as indicative of moral failing, whereas in the context of other crimes, participants felt that a mum's failure to predict the outcome of crime (i.e. imprisonment) and the impact of this on her child *was* a culpable moral failing stemming from character weakness such as selfishness.

It is possible that these different views are influenced by the relationships that staff had with specific women who were living within the MBU whilst I was undertaking this fieldwork. Three mums were convicted of a drug or addiction-related offence, and all three were well liked by everyone in the MBU community. Further, most staff members felt that these women were good mothers, in the sense that they were experienced, competent and attentive carers of their children. Consequently, it is quite likely that when thinking about the topic of addiction and crime, the staff members had these mums in mind and this may have contributed to such a compassionate account of addiction and its implications for culpable choice and parenting capacity. Since the staff members have seen how these women display good parenting when on the unit, it is possible that they assume that the bad parental decisions made in the past must be

entirely the result of the addiction. If these women were viewed as less competent mothers or as generally less likeable characters, it is possible that staff would have understood addiction as more closely connected to personality and not so completely separate from the 'authentic self'. If this interpretation is correct, it powerfully demonstrates how the judgment of staff members is shaped by their relationships with the women on the unit. Although staff members may make judgments in the abstract that certain kinds of crime are incompatible with 'good parenting', these judgments are challenged by their relationships with women and their day-to-day observations of their parenting. Therefore, when considering the moral 'target' of the intervention, it matters whether one views the target from a distance – in the abstract or through the lens of policy – or up close, in the context of relationships. It is much more difficult to make moral judgements about a woman's crime and character when one has come to know her and to like her.

Summarizing the above discussion of crime and child-focused choices, it is clear that many members of staff felt that the 'decision' to commit a crime is indicative of poor parenting because it stems from a selfish attitude whereby the mum does not consider the potential impact of crime upon her child. Therefore, parenting support means teaching the women to prioritise their children at all times and to make better choices; such support targets the moral character of the mother, rather than teaching her practical skills. Whilst this was a common view, not all staff members agreed; some offered more nuanced accounts of the ways in which a woman's social or economic situation may have led her to be in a position where crime seems the only option, and in these cases it is not necessarily selfish. Drugs and addictions were discussed as an exceptional case when a woman's failure to make child-focused choices is not necessarily within her control. In such cases, CharityB staff felt unable to provide effective support, since the mum's struggle with addiction was usually seen to be beyond their expertise.

A good mother knows how to care for her child

Other members of CharityB staff were less concerned about the impact of crime on a woman's parenting. When discussing good parenting, they emphasized knowledge and expertise rather than selflessness and responsibility. According to these accounts, parenting support has a much more distinct role from the general rehabilitative work of the prison in reducing reoffending, since the focus is not on the relationship between crime and parenting but on day-to-day parenting skills.

> *I: What kind of areas do the women sometimes need support with?*
>
> *J: We deliver the Triple P program, which is behavioural. We do the cooking classes so we can kind of guide them nutritionally. We do weaning talks, we have people who come in and do weaning talks so that they know how to safely wean their baby and the reasons for that. We have breastfeeding support, obviously, to encourage the mums to breastfeed and just explain why [...] We are starting a new program in August, it's called the HENRY program, it's Health, Education, Nutrition and something else, so it's about healthy eating and keeping your children healthy*
>
> (Interview 6: Julia, CharityB)

> *Yeah some of them [the mums] are really experienced but times change so if there is a gap in ages between your first and second child it can be really, like with the weaning that's completely different so they do need support. Or it's just kind of giving them that bit more of confidence, like 'I'm here if you need it'. Or just a different way of viewing things if they don't understand 'why do you do that?' you give them the knowledge so they will go to Messy Play because they know what baby's getting out of it*.
>
> (Interview 4: Sam, CharityB)

Here we see that the role of CharityB staff is to impart knowledge to the mums so that they are aware of the most up-to-date advice and guidance with regard to childcare. Julia lists a wide range of courses and programmes that are available within the unit.

Sam suggests that since parenting guidance develops over time, even experienced mums may need 'support' to become aware of the current guidelines.

> *My mum helped me before* [with previous child] *and I have a lot of knowledge about looking after a baby. I used to look things up on the Internet if I had any questions about his development or what he should be doing at what stage and how I can help him to gain those skills. And I had apps on my phone too that were really helpful. But now that I'm in here it's really hard to get information.*
>
> (Interview 2: Katie, Mum)

Katie explains that it is difficult to enact good parenting in prison because she has limited access to information about pregnancy and childcare. Many staff members argued that *all* mums need access to information, and in this sense the women within the MBU are no different to those in the community. However, since the normal sources of knowledge and information aren't available in prison, 'parenting support' means finding ways to ensure that mums have access to alternative sources of information, whether this be from books, in the form of parenting courses, or through the advice of MBU staff or healthcare professionals.

Different Mums Need Different Support

The above has shown how 'parenting support' takes a number of forms in the MBU, and these are seen to respond to different ways in which the women may need help in order to be 'good' or 'good enough' parents in prison. In the eyes of staff members, mums may be perceived to lack knowledge of childcare methods, they may fail to make 'responsible' or 'child-focused' choices, they may be subsumed by addictions, they may fail to appreciate and understand their past mistakes.

This analysis demonstrates a range of views from participants: some staff felt that some women were 'bad mothers' upon admission, and needed intensive parenting support to improve, whether this is through addressing gaps in their knowledge or changing their

'attitude' so that they become more child-focussed and less likely to commit crime. However, a number of staff members thought that at least some of the mums were already good enough upon admission, and in this case, support was about providing these mums with the space, facilities and informational resources necessary to allow them to parent in accordance with their own values and beliefs. As such, there is not one account of the role of support, but rather different women may be supported in different ways.

> *Everybody needs some support, but it's at a different level. So maybe some of them need very little support, but you know, they'll get as much support or as little support as they need. But I think it's really important that we have that universal service that is offered to all, so that parents can have what they need, the level of support and care that they need.*
>
> (Interview 13: Jo, Healthcare Staff)

Jo makes reference to the 'universal service'; she presumably means that the MBU is a service that provides the same package of support to all mums, but individuals can take what they need from what is on offer.

However, in practice it can be very difficult for staff to provide support that is tailored to the needs of individuals. In the following quote, Livy describes how it is often necessary to ensure that all mums engage in the same program of support:

> *When we have a parenting course on it isn't like 'who needs it?' - everyone goes to everything. And I suppose it's like, if the best parent went on a parenting course you're going to pick something up aren't you? So because when we do it with our mums, we would do the parenting course just for them, we wouldn't have other women from the prison in it, so we would kind of need all of them to attend because it's like inclusive and keeping them all doing the same thing. So part of you thinks some of them need it more than others, but that's kind of again personal opinion so let's just do it all together. So at the moment they're doing this HENRY course which is the healthy eating, and some of them you would say definitely need it more than*

> *others, but equally you're going to pick something up, I've sat in on talks and you find yourself picking up bits and bobs, I just think they will all learn something from attending the course.*
>
> (Interview 15: Livy, CharityB)

Many – though not all – staff members were comfortable with the idea that parenting interventions or educational classes within the MBU should be *compulsory*. Though they were in agreement that different mums have different parenting abilities and levels of knowledge, it was felt that attendance at parenting classes would not harm the mums, and it is likely that everyone will learn something that might benefit their child and improve their parenting.

Fairness, inclusion and community are all important values within the MBU, and here Livy explores how they fit within an ethic of compulsory parenting support. She explains that all mums must be treated the same, and it is "not fair" if some are required to attend a specific course whilst others are not. This relies on a relatively simple definition of fairness based not on giving people what they deserve or need but giving all the same. It is important to interrogate the importance of fairness here. Earlier, we saw how fairness meant judging women's parenting capacities according to the same standards that apply in the community. Here, it means something different – treating all women in the MBU the same. If parenting interventions were thought of as arduous or unpleasant, designed in some sense to punish, then it would perhaps make sense to insist that fairness is achieved by ensuring that all attend - no one should be allowed to have an easier ride than others. But if these interventions are thought of as a privilege or an opportunity, it seems less important that all mums are required to take the opportunity, so long as the opportunity is at least available to all. I will return to this point in chapter 7.

Many Ways to Be a Good Mother

Whilst some staff members were confident in their ability to make judgements about women's parenting ability and consequent needs, others felt that this was more difficult, and were uncomfortable with the idea that making such judgments was part of their role.

> *R: All mums have strengths and weaknesses wherever you are in the world, whatever your background is, whatever your education is. It's a unique thing in life.*
>
> *L: And when we talk about strengths and weaknesses, what I might think is my strength someone else might think is my weakness. Everybody has their own opinion on what it means to be a good parent.*
>
> *S: It's the baby as well. I wasn't the same parent to my second as I was to my first. He was harder and I just felt like I wasn't coping. It depends on that at times.*
>
> (Focus Group 2: Rebecca, Livy and Sam, CharityB)
>
> *So sometimes it's just helping mums, its about helping them to identify what being a good parent might be for the child they've got with them, for the children they've got with them.*
>
> (Interview 16: Bryony, CharityB)

Some staff members suggested that good parenting looks different for different mums and therefore it can be difficult to make judgments about who needs what kind of support. This might depend on a number of factors, including the temperament of the child, and the personal values and character of the mum. According to this argument, parenting support isn't about bringing all women up to the same level or providing guidance so that all women eventually adhere to the same standard of good parenting. Rather, it is respecting individual differences both in terms of support required and in terms of ultimate outcome.

I suppose for us to kind of sit here and say 'we'll teach you to be the best parent', it's kind of borderline, that, it's a bit smug isn't it, to say that we can do that? I think we're just here to help. We had one young girl on here with her first time baby and she'd just come to the office all the time and say 'baby's doing this, what do I do?' and it was just to like reassure her, we'd say 'you're her mum' and she'd say 'well I was going to do this' and we'd say 'well that's fine, do it, try it', yeah, nobody, there's not a book, well there's quite a lot of books! But there is not one manual of how to look after a child.

(Interview 14: Livy, CharityB)

Whilst most participants agreed that all mums have weaknesses, identifying these is perhaps more difficult and inevitably subjective. There may be some cases of very poor parenting when almost everyone is in agreement that a particular style or behaviour is harming the child and therefore should be addressed, but in many cases a woman's childcare strategies or attitude will be difficult to assess, and what seems to be important is what works best for that mother and that child. Importantly, if a mother would be allowed to care for her child in the community, then it follows that her parenting is at least 'good enough' according to the judgment of social services. By deferring to social services on this decision, staff members can themselves avoid having to pass judgment on women's parenting ability, accepting differences and choices that fall within the broad spectrum of 'good enough.'

Supportive yet Non-Judgmental?

Many staff members spoke of the importance of being 'non-judgmental'. However, whilst this sometimes meant not judging women's parenting ability, it more often referred to the importance of not judging women for the crimes that they had committed.

I'm still not there to judge. […] The first thing is that people do judge, don't they? People become 'holier than thou.' My attitude is, you know what, we've all made

mistakes in our lives and I'm not saying we've all done something and managed to get away with it, but life isn't perfect is it?

(Interview 12: Helen, CharityB)

Yes, it is a jail but I don't think about that much because I've become accustomed to the surroundings and now I just see them as mums. And I also think that if you keep that prisoner thing in your head, that's when you're going to start judging people, but I'm not here to judge anyone and if I was then I shouldn't be here. So yeah I see them as mums now.

(Interview 17: Tara, CharityB)

Staff generally saw being 'judgmental' as wrong because it implied that the staff member was drawing a distinction between herself and the prisoner and making potentially uninformed or un-empathetic judgments about that woman's life and experiences. Helen is clear that "we've all made mistakes" in life, and as such, judgment of the women's crimes reveals a hypocrisy or naivety whereby staff wrongly believe themselves to be morally superior to the women.

I think we're all human and we all make mistakes, and there's always a context around those mistakes, I think we do make mistakes but that doesn't mean that we don't love our children […] I used to be ribbed by lots of prison people as being very naïve when I first went in there, because I was always like 'no, this person is a mother, I'm seeing her not as an offender', but very quickly I had to wise up to the fact that, yes, that's correct, but you need to keep in mind that if you're to help these women, if you're to support these women and use this time, you need to reflect on their lives, their behaviour, and how that impacts their children.

(Interview 16: Aisling, CharityB)

However, we see that in practice it is almost impossible for staff members to remain non-judgmental at all times. The necessity of judgment stems in part from the nature of the job that CharityB staff undertake within the MBU, and also from the dual identities of the women as mothers and prisoners. Staff often insisted that they viewed the

women only as mothers, but – as Aisling's statement makes clear – this attitude limits the kinds of parenting support that can be provided, since it does not allow for conversations about a woman's crime, how it might have impacted her children, and how she might avoid crime in the future. Throughout discussions with members of staff, it was clear that the meaning of good parenting spans both moral character and practical skills, so that assessing just one of these two factors was not sufficient to get a full picture of the woman's parenting capacity. Hence, whilst staff are clear that it often feels 'judgmental' and wrong to view the women 'as prisoners', many explained that this is necessary if staff are to make a fully informed assessment of the woman's parenting capacity and to devise a strategy for helping her. Therefore, the challenge staff members faced was to try to view the woman both as mother and as prisoner, carefully considering her crime alongside her day-to-day parenting practices, and thinking about the best strategies to support her, all whilst guarding against the possibility of becoming overly critical, un-empathetic, or judging the women according to different standards than those applied to women in the community.

Conclusion

My analysis of the data presented in this chapter suggests that participants understand the goal and purpose of the MBU in various ways. Part of this analysis has involved an exploration of how different staff members see their role in providing parenting support as part of the process of meeting the 'needs' of mums and achieving various goals and goods. This exploration of the accounts of participants has illustrated the high degree of ambivalence and complexity surrounding the goal of the MBU, and begins to consider the various competing values that drive decisions and relationships within this community.

The chapter began by identifying two central goals of the MBU:

1. To provide the child with a good start in life by facilitating/maintaining attachment between mum and baby, and preventing their separation.
2. To provide parenting support in order to help these women become better mums or be the best mums they can be,

Both goals ultimately seek to promote the best interests of the baby as the target of the intervention, though inevitably it is very difficult to separate out the interests of the mother and child, since the good of one is so closely intertwined with the good of the other. Generally, staff felt that enabling good (enough) mums to care for their children is in the best interests of those children, and so support should be provided to the mums in order to facilitate this.

However, there was deep ambivalence concerning the exact role of 'parenting support' and the parenting needs of mums. Staff members provided divergent accounts of the admissions process for mums applying to the unit; whilst some members of staff felt that the unit would only admit women who were already 'good enough' parents, others felt that the role of the admissions board is to identify women who may not yet be good enough parents but who have the capacity to change, and then to help them improve their parenting ability.

This prompted a discussion of what it means to be a good or good enough mother. There are a number of overlapping and competing narratives emerging from the data; these various accounts shape how staff members understand their role and what it means to meet the needs of the mums.

One basic definition of a 'good mother' was simply that a mother who would not be separated from her child whilst in the community should not be separated from her child in prison. However, during interviews participants provided a more complex account of good parenting. Two central aspects of good motherhood were identified:

moral character, and knowledge/skills. Towards the end of the chapter, it became apparent these accounts of good motherhood do not in fact go uncontested; they were often problematised by my interviewees. A number of staff members questioned the possibility of making informed judgments about women's parenting ability, suggesting that there may in fact be many different ways to be a good parent.

Given these complexities, it is certainly not clear that all mums on the unit require all kinds of support. At least, whilst some may need help in terms of understanding the nature of their crime and developing strategies to prevent reoffending, many will already have sufficient knowledge and skills to provide at least 'good enough' childcare, in the practical day-to-day sense of feeding, bathing, and playing with their children. Given that most women accepted onto the unit would be allowed to remain with their children in the community, it could be argued that these women should only be subject to the same level of parenting intervention as women in the community – particularly if such interventions are compulsory. As such, it is possible to call into question the legitimacy of compulsory parenting courses within the unit.

The next section of this thesis explores the accounts of participants in relation to this issue, through examining the distinction between parenting rules and parenting advice. My aim is to explore participants' accounts of why some forms of parenting support are compulsory within an MBU environment, and to interrogate the values and assumptions underlying these claims. This is part of the overall task of understanding the moral world of this MBU and situating it within the context of EI, in order to explore the ethical dimensions of state-provided parenting support.

Chapter 5 – Compulsory 'Support': Care or Control?

Introduction

In the previous chapter, I analysed participant accounts of the two main goals of the MBU: ensuring that the child is able to form a good attachment with the mother, and providing parenting support in order to help these mums become better parents or be the best parents they can be. The second goal was explored in more detail in order to interrogate various definitions of a good mother emerging from the interviews, and to understand how staff members felt that 'support' can achieve the aims of the unit.

Through analysing the data, I found that according to one definition of 'good enough' parenting, most of the women within the MBU are considered adequate mothers upon admission, since they would have been allowed to remain with their child without intervention in the community. This meaning of 'good enough' parenting was attractive to participants since it seemed to provide a relatively objective and fair standard by which to judge the mums, relying mostly upon the decision of social services at the point of admission.

However, so long as social services believe a woman's parenting to be adequate, any attempt to further improve her parenting ability means requiring women in prison to enact a higher standard of childcare than is required to keep one's child in the community. Further, it raises the challenge of making judgments about what counts as good and bad parenting and justifying the right of staff members to enforce their own ideas about what it means to be a good mum. From analysing the data, I found that these ethical issues are of concern to staff members, who worry about their authority to pass judgment upon the women in their care, whilst also recognising that such judgment is in some ways an inevitable requirement of their role. Given this, they implicitly call into question the legitimacy of any attempt to change a woman's

parenting style according to various accounts of 'good mothering'. This appears to be a key ethical dimension of the MBU as a moral world, and one that parallels some of the concerns that arose within the literature review about the moral dimensions of parenting support in the context of EI; thus it merits further exploration.

In order to explore this issue, I examine the distinction between optional and compulsory forms of parenting support within the MBU through participant accounts of parenting advice and parenting rules. In particular, I seek to understand the justifications staff members propose for various forms of compulsory or banned parenting practices, and to analyse the values underlying these arguments. In this way, the chapter interrogates the boundaries of parental rights in prison, and explores how staff members view their own responsibility both to mothers and to children. Throughout the discussion in this chapter, the focus is informed by an analysis of the accounts of MBU and prison staff. In chapter 6, I turn to the accounts of the mums in order to explore their perspectives on parenting support, thus creating a fuller picture of this key aspect of the moral world of the MBU.

Just Advice, Unless it's a Child Protection Issue

Some CharityB staff members were clear that in almost all cases, parenting advice is 'only advice', and hence cannot be enforced. The exception to this is if a woman's parenting behaviour gives rise to a child protection issue or safeguarding concern, since at that point staff are be required by law to intervene in order to protect the child from harm. In this way, the distinction between optional advice and compulsory standards of 'good enough' parenting is parallel to that imposed upon mothers in the community, whereby social services respect parental autonomy until such a point that the parent's choices present a serious threat to the child's wellbeing such that they constitute abuse or neglect.

J: If [a mum rejected advice that she had been given] *we would record it and then it would be brought up at the review board and the woman would be asked, 'is there a reason why you think that this is better than that, or is it cultural?' We'd try to get to the bottom of it.*

H: Who would have the final say on that?

J: The mum. Until it became a safeguarding issue, the mum.

H: So if the mum turns round and says 'I am going to give baby juice and continue to put honey on the dummy', is that the end of the meeting?

J: [quietly] *yeah, yeah. We have given her the information to say 'ok the honey on the dummy, there's what will happen to your child's teeth. So if your child was going into an interview as an adult with teeth like that, what do you think the employer would prefer?' And we've had the dental lady over and we've had the Wrigley's Smile woman in, didn't we? That was a while ago now, but we do things with puppets and make it fun and that. But we can only give them the consequences of doing these things; they have to make the decision. Unless it becomes a safeguarding issue, then we would have to do a CP1 form, if the child was being say continually hurt, like I say, three lacerations on the arm and then the next week there's three new lacerations on the arm, that's clearly a safeguarding issue.*

H: So there are things that are clearly a safeguarding issue. But the thing of choosing to do honey on a dummy or juice, that's only advice?

J: Yeah, only advice

H: [breathes in loudly] *wow.*

J: It's up to the mum to make the decision

(Focus Group 1: Julia and Helen, CharityB)

According to UK law, a particular incident gives rise to a safeguarding concern if a child is thought to be at risk of, or currently subject to, abuse or neglect (HM Government 2019a). If this is the case, staff members explained that they have a legal duty to respond, referring the case to local children's services for further assessment. Given

this, a number of staff members explained that mums would be allowed to engage in almost any parenting practice unless it constituted abuse or neglect, since abuse and neglect are also, obviously, illegal in the community. In this way, mums in the MBU are subject to the same limitations and restrictions as women in the community. For women in the MBU, failure to comply with such rules would ultimately result in removal of the child, just as women in the community who abuse or neglect their children would also ultimately be separated from the child.

Generally, staff members recognised that parenting choices may threaten the wellbeing and safety of children in many different ways, and most agreed that smaller threats or risks should be tolerated. However, as is clear from the above excerpt from the focus group, not all staff members were happy accepting instances of what they perceived to be less-than-good parenting. Helen is clearly uncomfortable with the fact that she cannot intervene to prevent mums from putting honey on a child's dummy, since she worries that this is harmful for the baby. However, Julia – a more senior member of staff – is clear that since it does not constitute a safeguarding concern, staff cannot force the mums to parent differently.

> *R: One of the mums has needed lots of support with discipline, whereas the other mums haven't necessarily needed that, but her boy has been quite difficult and her approach has been, not, I'm not going to say it's not the right approach. It's right for her. To her, the way she's doing it, it's right to her. And as a mum she has the right to choose how she disciplines her child. But in this situation when she's got professionals around her who can show her a different way, it's right for us to do that.*
>
> *I: Ok but imagine, for example, if you had a mum like her who needed some support with discipline, and you showed her a better way, what if she then goes away and says 'I've thought about that but I'm going to still do it my way'. Then what?*

R: I think personally she's entitled to that opinion. If her children are safe, if we can prove that the children are safe, well, happy, what right do we have to say to her 'you can't do it that way'?

(Interview 7: Rebecca, CharityB)

Even when a particular parenting practice was not so serious as to constitute a safeguarding concern, all staff members felt that they should at least *advise* mums about alternative ways of parenting, since this knowledge may empower the woman to care for her child in a different way and thus find a strategy that is better for the baby and – presumably – also easier for the mother herself. However, staff members differ as to the methods they will use in order to persuade a mother to change her parenting practices. It is apparent from the focus group discussion above that some staff members will go to considerable lengths to provide information that may make the mother change her mind. In this sense, advice is clearly intended to persuade the mother to alter her parenting appropriately; this raises the question of whether advice is 'advice in name only', or whether the women do have a genuine choice and freedom to reject the advice given. However, Rebecca envisages a much milder account of parenting advice whereby the mother's opinion is respected and staff members do not continually attempt to persuade her to change her mind.

Although staff spoke of 'safeguarding' as the clear boundary between rules and advice, in practice it seems this wasn't always as straightforward. Analysis of staff interviews reveals a lack of consistency and agreement about the boundary between advice and rules. As is clear from the focus group discussion, Helen wasn't aware that the juice or honey guidance was 'just advice', and therefore may have been seeking to enforce this as a rule in her prior interactions with mums. Elsewhere in interviews, staff members described banning certain parenting behaviours, though it is clear from the accounts provided that these behaviours do not constitute a safeguarding concern.

Some of the things one of the mums does is like a cultural thing, like she puts like biscuits in their bottles, and we're like 'what are you doing? Are you actually joking?' Whereas to her that's probably what her grandma did to her. And when she first came, her baby slept on his front, and that's how he always just slept, but obviously the guidelines and advice here is like no, babies should sleep on their back. So we would go into her room every day and sort of say 'he's sleeping on his front, you need to get him on his back.' And some of it is like their choice, like with medication, like Calpol and stuff, sometimes you think 'oh gosh they're giving that baby a lot', but it's their choice so you just have to log it, say that you've given advice, and then it's just down to them. And with the weaning, we won't let them order food before a certain age whereas in the community they probably would have done that at 3 months or whatever.

(Interview 14: Livy, CharityB)

It seems that parenting practices within the MBU lie on a scale from genuine free choice through various kinds of more-or-less coercive advice to banned behaviour that would result in separation from one's child. Whilst Livy described the "guidelines and advice" around children's sleeping positions, it is clear that this is enforced as though it is a compulsory rule. Comparing the accounts of different participants, it becomes apparent that the lines separating permitted and prohibited parenting practices are blurred and changeable; although 'safeguarding' appears to provide a clear and objective distinction between rules and advice, the reality is much more complex.

They're adults, these women are adults, and we can only give them information. […] It would be better for the child if we could tell… but we don't have parental responsibility. That would be nice, we could police every woman in here, but we can't.

(Focus Group 1: Julia, CharityB)

This blurring of boundaries between advice and rules may be due to the challenge staff experience in seeking to promote the best possible care for children, whilst also respecting the mother's parental responsibility; Julia implies that she would like to force

mothers to behave in certain ways to benefit their children, but recognizes that she cannot do so because staff do not have "parental responsibility".

The Prison Service Instruction (PSI) states that "the mother retains parental responsibility for the child whilst the child is in the MBU, to the extent that it is possible given her imprisonment" and defines parental responsibility as "all rights, duties, powers, responsibilities and authority which by law the parent of a child has in relation to a child" (HM Government 2014, 2). Respecting the 'authority' of parents with respect to childcare is challenging within a context in which these parents are also prisoners, and as prisoners have very little authority and power at all. The remainder of this chapter will seek to understand the values and commitments underpinning the expressed attitudes of staff with regard to parenting advice and parenting rules. In doing so, the chapter interrogates the boundaries of parental rights and responsibilities in prison and explores how staff members view their own responsibility both to mothers and to children.

Justification for Parenting Rules: Views of Participants

One key finding that emerges from the analysis of this data is the existence of different competing narratives about the role and function of rules within the MBU, and the reasons that such rules are practically and ethically justified. This points to an important aspect of the moral world of the MBU, since exploring these narratives contributes to an understanding of the implicit values and commitments underlying how staff interact with mums and try to control their behaviour in various ways. In this section I set out these six key narratives or 'justifications', and explore ways in which they interact and compete, drawing from the previous discussions of the goal and purpose of the MBU and the role of staff in achieving these aims.

Rules are part of what it means to be punished

Some participants argued that parenting rules are justified because in prison one is not allowed to do all of the things that one would like to do; this, they claimed, is part of the prisoner's condition as someone being punished through the deprivation of her liberty.

> *I'm quite respectful of the fact that people are in prison, and in prison there are rules. If I were in prison I would expect there to be rules and I would expect not to be able to do the things that I perhaps wanted to do. […] So we would say that to the women, 'there are things that you may want to do that you might have done with your other children, that you have chosen to do in the past, but you may not be allowed to do that, and that is because you are in prison, and there are rules.'*

(Interview 19: Pam, Prison Staff)

Here, the suggestion is that parenting behaviours are just the same as any other kind of behaviour or freedom; the mums don't have a special right to make free choices about parenting, but rather, their choices about parenting are limited just in the same way as their free choices about, for example, clothing and leisure activities are.

> *I: Some people might say that because these women are in prison, they have to accept certain limitations on what they can do as a parent. Would you agree?*
>
> *T: Yeah, course, definitely. For example, feeding processed food all the time or having your baby in bed with you all the time, you're not at home, and you know, I as a mum would have hated someone telling me what to do all the time. As a mum I am a very independent mum, I don't need lots of interference from aunties or grandparents, I need to do what I was doing and when I did make a mistake I owned it and did things differently. So I understand it must be a pain somebody telling you what to do, but you are in jail and there's rules, simple as that, and you have to follow them or else don't have your baby in here with you. Why should you be any different to another prisoner who has tonnes of rules in the main jail?*

(Interview 20: Tara, CharityB)

Although many participants viewed rules as part of a woman's punishment to some degree, it is clear that the rules are not *solely* designed to punish, since they do not limit women's freedom in random ways, but rather specifically seek to limit mums' ability to practice 'bad' or 'less-than-perfect' parenting. In this way, rules reduce the risk that the child will come to harm whilst constraining the extent to which the mother can exercise parental autonomy and responsibility. Hence, it seems that rules have a dual function – both as punishment for mums and as care for the babies.

Rules ensure the best possible childcare

Some staff members argued that rules are necessary and legitimate because they ensure that children receive the best possible care; according to this account, rules exist so that each baby experienced the full extent of the benefits and opportunities available during his time in the MBU, and therefore is given the best possible start in life, given the circumstances.

Messy Play is an activity whereby infants are encouraged to play in large trays full of 'messy' foods or other products. Within the MBU, Messy Play typically happens once a week and is organized by a local children's centre. Mums are told that Messy Play is very important for the children's healthy development, since it encourages them to gain confidence and explore different textures, and to develop important cognitive skills. In the following quote, a member of CharityB staff explains why Messy Play is compulsory:

> [In reference to a mum not wanting her baby to participate in Messy Play] *the reason 'I just don't want to do it, it's not something I would do' is not a good enough reason. Because baby's missing out, you know, someone from the children's centre has come to do Messy Play. You've not had to travel to the centre, she's come to you, and yeah, you have to do it. If it benefits the babies they have to do it.*
>
> (Interview 4: Sam, CharityB)

In the above quote, Sam seems to imply that a mum who refuses to attend Messy Play is being selfish because she is denying her child an opportunity to participate in an activity that would benefit his development. Many staff members expressed the view that a good mother is one who selflessly places the child's interests above her own, and always acts in such a way as to promote the wellbeing of the child; indeed, this idea often underpinned the claim that crime is indicative of poor parenting because it is 'selfish'. Since staff members are convinced that Messy Play is good for babies, they believe that mothers should not have the choice to 'opt out' since in doing so the interests of the mother are placed above the interests of the child. This is reflected in the example Sam gives of a mother saying "I just don't want to do it." Taken at face value, such a statement emphasises the wants of the mother over the interests of the child and therefore staff see it as their job to intervene in order to ensure the best interests of the child are met.

Furthermore, it is perhaps implied that the mums should be grateful for the fact that someone from the children's centre has made the effort to come to the prison and provide this service, particularly since this makes attendance very convenient for the mums. Unlike mums in the community, mums in the MBU do not have to travel to the children's centre (though of course, this is because they are incarcerated, and therefore it is unlikely that the mums will appreciate this 'convenience' as something to be grateful for.) Again, the idea is that all good mums want the best for their children, and so should be grateful to anyone who seeks to provide a service that will benefit the child.

Importantly, Messy Play is an activity that typically white, Western, middle class mothers would choose to attend. By making Messy Play compulsory, CharityB - perhaps unintentionally - promotes a particular account of good parenting that is culturally specific. Importantly, Sam states that "it's not the kind of thing I would do" is not a good

enough reason to justify a mum's choice not to participate in Messy Play. However, this statement could reflect important aspects of a mum's identity, and forcing her to participate in Messy Play may make her feel uncomfortable in significant ways. For example, Gonzalez-Mena (1992, 3) notes that some parents value cleanliness and smart clothing for their children because, for these parents, making an effort to look clean exemplifies the importance of 'decency' and the need to avoid accusations of neglect. Such parents understandably may not want to participate in Messy Play. Furthermore, for parents with limited financial resources, Messy Play seems unappealing, since it involves wasting food, potentially ruining clothes, and creates work for the mother in cleaning up afterwards and washing the child.

Indeed, cultural values and socioeconomic considerations similarly play a part in shaping parents' attitudes to a number of childcare practices that are controlled on the unit, like child sleep routines (Oskar and O'Connor 2005) and discipline strategies, including the use of smacking (Lansford et al. 2005). During interviews staff members did speak of the need to respect mums' cultural values, but there is still a clear consensus that if a particular form of childcare is proven to be beneficial, cultural reasons are usually insufficient to justify a mum's decision to do things differently; implicit within this view is that other cultures are 'wrong' in some objective sense. Hence, from the above analysis, it seems that if a woman feels that a particular parenting practice like Messy Play does not sit comfortably with her identity, she may be labelled by MBU staff as selfish and ungrateful, or made to feel that she is ignorant or a bad parent.

Mums have agreed to follow the rules

For some of my participants, the narrative around rules was informed primarily by an idea that following such rules was part of the contract agreed to by mothers as a condition of gaining access to the MBU – the contract was referred to as 'the compact'.

> [The mums] *have to do the sessions, when you come on you sign a compact which says you have to join in everything we put on for you, any parenting programs you have to join in.*
>
> (Interview 4: Sam, CharityB)

> *I think some of them* [the mums] *really need it* [parenting courses], *and there's others you can see are desperate to say 'I already know all this', but obviously they can't, they have to just go with it don't they? They've been interviewed and said that they'll do whatever needs to be done on the house, go to all of these courses, or whatever, but you can see that they probably don't need it so much.*
>
> (Interview 20: Tara, CharityB)

Staff members felt that enforcing the rules is justified because the mums agreed to abide by them upon admission to the unit. The implication is that mums have 'freely' agreed to have their liberty restricted, and therefore it is right that they are bound by the rules and are unable to complain or object.

However, the fact that the women agreed to these rules does not show that they endorse the rules or believe that they are reasonable, rather, it simply shows that on balance, the option of remaining with one's child whilst restricted by parenting rules outweighs the alternative – prison *without* one's baby. Yet since the reward of consenting is so high, it may be the case that no rule or compulsory parenting course could be bad enough to persuade the mums that refusing to sign and being separated from their child is the preferable option. In other words, the fact that the mums have consented to the rules doesn't show that the very existence of such rules is necessary or that the rules themselves are reasonable.

The prison environment restricts the range of possible parenting choices

Some staff members adopted a more pragmatic account of parenting rules, claiming that the physical and procedural limitations of the prison environment necessarily restrict

the full range of parenting options that women might otherwise be able to choose from in the community. This response was often evoked when considering the case of co-sleeping, which was a particularly contentious issue whilst I was undertaking this fieldwork.

> *S: We've had a baby, haven't we, crack their head open because baby fell out of bed, so it is purely for safety because that baby is at risk in that bed. The beds aren't even a single bed, it is smaller than a single bed, you can only just get an adult in there let alone putting a baby in, and the floor is hard, it's just too dangerous.*
>
> *L: But we did have a mum – not that one with the baby that hurt himself but another mum – and in the end they bought like a side cot thing.*
>
> *S: In another case we ended up chopping the legs off the bed. And how old was he? 9 months. So worst case if he fell out he's literally this far away from the floor. So we had to get around, because the governor wasn't supporting separating was she?*
>
> *L: No she wasn't. But I think it's one of those things that although co-sleeping is allowed on the outside this is a prison and this is different […] You just think, it is impossible because of the floor, because of being in a prison it's one of those things where you can't liken it to the outside.*
>
> *A: This isn't outside, this is prison, and I think sometimes that line gets a bit shaded and misty, because at the end of the day, some decisions have to be taken away for health and safety reasons.*
>
> (Focus Group 2: Sam, Livy, and Alison, CharityB)

> *That separation* [of mum and baby] *with co-sleeping - I said 'no we don't do that', and they* [CharityB] *said 'we've got a hard floor if they fall out', 'well go and get a bed with a side to it, go get a cot that attaches to the bed, get a bigger bed.' Whatever we have to do, those are practical things that we have to overcome, but those are good examples where we end up being preachy and we don't make sensible decisions.*
>
> (Interview 15: Elizabeth, Prison Staff)

Co-sleeping means falling asleep with or next to your child at any time, whether this occurs in a bed or in other places, such as on a sofa. Co-sleeping is not allowed on the MBU, although it is permitted in the community. However, both in prison and in the community, health visitors and other medical professionals generally discourage co-sleeping. The National Institute for Health and Care Excellence (NICE 2015) states that there is an association between co-sleeping and Sudden Infant Death Syndrome. Co-sleeping is associated with additional risks, such as harm to the baby if the infant were to fall out of the bed, or suffocation if the parent were to roll on top of the child (The Lullaby Trust 2015). However, in the community mums can still choose to reject this advice; social services would not remove a child from a parent on the basis of co-sleeping alone.

There are ways in which co-sleeping can be made safer – for example, by sleeping in a large double bed or choosing a bed that isn't far from the ground or where the floor is covered in soft carpet. Importantly, however, these modifications are mostly impossible in prison; the beds in the MBU are small and narrow and the floors are hard. For this reason, a number of MBU staff members argue that whilst women in the community have the freedom to choose to co-sleep, co-sleeping is not allowed in prison because the environment is such that it cannot be safe.

This case raises the ethical question of to what extent the prison has an obligation to alter the physical environment in order to facilitate a woman's parenting choices. In interviews with CharityB and prison staff, a number of different opinions are expressed. Some participants believe that rules and restricted freedoms are a necessary part of women's punishment in prison, and therefore, if a woman insists on co-sleeping even when the environment of the prison makes it unsafe, then ultimately her baby should be removed. Others believe that the prison should do whatever is possible to enable women to safely engage in parenting practices that are important to them; this is the

view expressed by Elizabeth in the quotation above. CharityB staff also refer to the ways in which staff members' decisions or choices may be constrained by more senior members of prison staff, such as the Governor.

In the quotations above, there is a sense that most staff are unwilling to separate a mother and child as a result of co-sleeping, since this will be distressing for both parties and the disruption in care could be harmful to the child. Indeed, the harm to the child caused by separation may well be greater than the harm of co-sleeping. Further, if separation from one's child is the consequence of breaking rules around co-sleeping this may appear like a punishment for the mum rather than a necessary step to protect the child, and as a punishment it is arguably disproportionate. Given this, there is no perfect solution, and in practice MBU staff try as best they can to alter the prison environment in order to make it possible for mums to safely co-sleep, whilst recognising that this is an ethically contentious issue.

Rules reduce the complications of trying to manage individual needs

A few members of staff argued that parenting rules are justified because they create conformity and consistency across the MBU, ensuring all mums are subject to the exact same limitations and restrictions regardless of their individual parenting strengths and weaknesses.

> [working with women individually] *isn't always realistic, because I think once you start 'well you have this, and you do that', it just gets too complicated and 'you're doing that and I want to do that' - there's got to be rules on a house like this, there's just got to be. But yeah I think it's not as kind of flexible and not as kind of realistic to some of the families that we work with [...] so it's kind of like we're not working <u>with</u> them sometimes, we're kind of saying 'it's this way or no way' kind of thing. But I do understand why it has to be like that.*
>
> (Interview 14: Livy, CharityB)

Participants who endorsed this argument saw it as a way of achieving 'fairness' within the MBU. They argued that if members of staff were to work with the mums individually to devise a plan for enhancing specific parenting skills, this would mean that some mums would be subject to stricter parenting guidelines or more interventions than others; this could cause difficulties within the MBU community since mums might accuse staff of unfairness or favouritism. Further, if mums see that others are following a seemingly more lenient parenting program, they may be tempted to dissent from their own. Therefore, by enforcing one set of rules across the whole MBU community, with no space for negotiation or compromise, mums cannot accuse staff of 'unfairness' on the basis of being treated differently from one another. That these guidelines take the form of rules rather than advice is a practical necessity, as it is the only way to ensure that all conform. Therefore, rather than working with each individual in a spirit of negotiation and collaboration, rules ensure that all mums meet the required parenting standard. Since rules cannot be imposed upon 'good enough' mums in the community, compromise and working *with* women is a necessary part of most EI programmes outside of prison, since this is the only way to ensure adherence to the parenting support program devised. However, in prison it is possible to enforce rules, adopting what Livy calls a "my way or the highway" approach, and therefore compromise is not required in order to secure adherence.

> *Everything should be based on the needs of the individual yeah, like within health visiting it's a generic service but it's also based on, the service you provide is also an individual service. I think that's what they try to provide on the unit, everyone is an individual and I see everybody on a one-to-one, not as a group, so erm I think the unit is, it's the same, they have one-to-one key workers, they're all different, we have to accept that everybody is different, they're not robots.*
>
> (Interview 12: Jo, Healthcare Staff)

Interestingly, elsewhere in the interviews and in day-to-day conversation, staff members often talk about the importance of responding to individual needs and enabling mums to parent in line with their own personal values and goals; this is very much the sentiment expressed in the above quotation from Jo. Working with the mums rather than enforcing top-down rules is seen as essential if parenting support is to be genuinely empowering and achieve long term good outcomes. However, it seems that in practice this is very hard to achieve, which is why staff often fall back on universal rules as a way of managing variable parenting abilities and parenting beliefs.

From my analysis of interviews with staff, it becomes clear that part of why collaboration and negotiation are difficult within the MBU stems from the nature of the institution and environment. Prison is a place in which clear staff-prisoner boundaries are maintained and rules are generally non-negotiable. As has already been discussed, prisoners are required to obey rules as part of their punishment, and rules are strictly enforced so as to maintain order and discipline within the establishment; the existence of these rules is part of the prison routine and the general on-going condition of punishment. Therefore, to encourage compromise and negotiation with regard to parenting rules could be seen to undermine the ethos of the establishment and threaten the authority of staff. Furthermore, the existence of 'rules' rather than advice ensures that staff are speaking with one voice and providing a consistent message to all of the mums, rather than advising women based on their own subjective values and experience. This consistency is again necessary to maintain the authority of staff and to ensure they are not played-off against one another by women seeking to find loopholes in the system. These considerations suggest that although 'fairness' may be one consideration when enforcing universal rules across the MBU, there are perhaps other goals and values at play: maintaining staff-prisoner boundaries, promoting order and discipline, ensuring that staff are all 'on message', and establishing authority.

Notably, the definition of fairness used by Livy is perhaps somewhat limited, requiring that all are treated the same, rather than that all have their needs met. Indeed, if one conceives of parenting rules and interventions as a form of support rather than punishment, then one could question the necessity of their compulsoriness. Perhaps part of being a 'good enough' mother is being trusted to seek out the support that one feels one needs, and as such, fairness requires that the same parenting support options are *available* to all mums within the MBU, but not that all mums take part in exactly the same combination of support programmes. Therefore, an appeal only to 'fairness' does not fully explain why rules are in place or why all mums are required to adhere to the same parenting practices. If all mums had equivalent access to optional support programmes, there would be no claims of unfairness when different mums utilise parenting support in different ways.

Despite limited parenting freedoms, the mums are still undeservedly privileged

One common perception amongst my interviewees was that despite limited parenting freedoms, the mums on the MBU are still undeservedly privileged. Staff members who held this view claimed that the MBU mums are lucky in a number of respects; sometimes the mums are positioned as lucky in comparison to other women in the main prison, and at other times they are seen as lucky in comparison to the average mum in the community. Most of all, however, women were seen as lucky because they are able to be with their babies whilst in prison. Consequently mums who do complain about restrictions and rules are sometimes accused of valuing these freedoms more than the opportunity to be with their child. This attitude is expressed in the following two excerpts: the first from a CharityB staff focus group, the second from an interview with a member of CharityB staff.

> *S: Yeah I do think that they get a lot of support which I wish I had when I was pregnant at 19.*

L: Yeah imagine if every week you had someone come to your house to do Messy Play! And every week you could go to the library that's two seconds down the road, and they did a special session for you and three other babies!

A: And there's a gym that's free, you don't have to pay for it. So there are lots of things, aren't there? Like the dental nurse came in and had a chat, no parent gets that, no parent gets that chat. To have the health visitor every week, nobody gets that. A doctor's appointment in less than 3 weeks, nobody gets that.

(Focus Group 2: Sam, Livy and Alison, CharityB)

They are in a very privileged position with the advice that they've got under one roof. There's a part of me that thinks that's actually a little tad unfair for the mums who are out there in the real world and struggling and they don't have that. You know, they do have at least one member of staff and lots more all the time, seven days a week, it's a very privileged position to be in if you're on your own and it's your first child. Whereas that's not what you get on the outside.

(Interview 12: Helen, CharityB)

In these two excerpts, the staff members reflect on some of the benefits of being on the unit, in comparison to parenting in the community. In the focus group exchange, participants emphasise their view that parenting in the MBU is convenient and cheap, because services are closer, more frequent, and cost less than they would in the community. In the second quote, Helen focuses on the advice and emotional support that she feels mums easily have access to within the MBU. She compares this to the experience of mums "on the outside" and claims that whilst new mums in the community may suffer from loneliness and feel they don't have people around them to offer advice, the women on the MBU have staff support almost "all the time."

In the following quote, the participant – Livy – goes further, suggesting that mums who question or complain about rules are showing insufficient appreciation of the ultimate privilege, namely, the opportunity to be with their baby whilst in prison.

Sometimes I do really feel for them, because it is like you're watched in every single thing that you do and that must be a hard way to live, but then I suppose if you have to do that to keep your baby then you would choose that every single day of the week. So sometimes they're like 'we can't eat upstairs'. If I get told that I can live with my baby while I'm in prison and I've committed a crime, I'd eat off the flipping floor to be with my baby, and all you're moaning about is eating upstairs? Sometimes you just think 'are you actually for real? You are so privileged to be on here. And like the things that you get and the way that we treat you and your children, you should be so happy to be on here, I just wouldn't moan about anything.' I'd probably moan about the people I lived with but I don't think I'd moan about any rules or anything like that. I'd just get on with what I was told to do. Which you can see in some of the mums, some of them just want to do everything right, they just do whatever they're told to do because they do feel happy that they're on here.

(Interview 14: Livy, CharityB)

In this exchange, Livy begins by expressing empathy for the women, appreciating that their condition of imprisonment and constant surveillance must be "a hard way to live". However, she immediately goes on to say that even though prison life is difficult, the women should not complain, because they are privileged to be with their child in prison. She uses the example of women "moaning" about not being allowed to eat upstairs and claims that the women are not sufficiently appreciative of the privilege that they have – if they were, she says they would be willing to "eat off the floor" and "just get on with what [they are] told to do." She suggests that by displaying obedience and by appearing happy, the women would sufficiently demonstrate appreciation of their privilege.

Livy's account reflects an idea central to the ideology of 'intensive' (Hays 1996) or 'total' motherhood (Wolf 2007, 615), that being with one's child is the ultimate privilege, such that "mothers are thought to be necessary and sufficient for the happiness of their young children, and young children are thought to be necessary and sufficient for the happiness of their mothers" (Mullin 2005, 121). Hence, the idea that any mother who cannot see and appreciate this is failing in her ability to totally subsume her own

happiness in the happiness of her child, such that expressing dissatisfaction with life on the unit is indicative of being a bad mother.

In this quote from Livy and in discussions with other CharityB staff, there is a strong sense that privilege is undeserved, but that the women receive it because it is necessary to ensure that their children are given a good start in life; this was discussed in the previous chapter, when considering the 'target' of the intervention. Therefore, the women are considered especially lucky because they are benefitting from services and care that would not be available to them in prison if they didn't have a baby with them, or which they would not have such easy access to if parenting in the community. The staff members claim that the mums inevitably and unfairly benefit from a system designed to promote their children's best interests, and this is used to justify the existence of parenting rules. It is argued that the mums don't have a 'right' to complain about any restrictions of their parenting freedoms that are part of being on the unit, since they are already privileged beyond what they deserve as prisoners.

Care or Control?

This chapter has analysed participant accounts of parenting advice and parenting rules in order to examine the distinction between optional and compulsory forms of parenting support within the MBU. In this way, the chapter interrogates the boundaries of parental rights and freedoms in prison, and explores how staff members view their role in supporting mums and babies through a mixture of care and control. From participant interviews, six main 'accounts' of parenting rules have been identified. In summary, these are:

1. In prison there are rules, and these rules are designed to restrict mums' freedom as part of their punishment.

2. The rules exist so that each baby gains the most out of its time spent within the MBU and receives the best possible start in life, given the circumstances.
3. The mums agreed to the rules of the unit when they signed the 'compact' and accepted the offer of a place. Therefore, they must obey the rules.
4. The prison environment restricts the range of parenting options that are available – therefore, imprisoned mums cannot have the freedom to choose between a full range of parenting options.
5. Rules ensure everyone is subject to the same limitations and restrictions, and reduce complications of trying to manage individual needs; this is 'fair.'
6. Serving one's sentence within the MBU is a privilege, therefore, rules are justified because even with limited parenting freedoms, the women are still very lucky and should be grateful.

I have explored each of these accounts in detail. Importantly, it seems that rules – and hence parenting support – serve a dual function, both that of justice and that of care.

Accounts 1) 4) 5) and 6) suggest that rules are designed to punish women in at least some respects. Account 1) does so most explicitly, suggesting that rules are part of what it means to be punished within prison through the restriction of one's liberty. Similarly, 4) suggests that parenting freedoms are just like any other freedoms in prison, and therefore the prison has no obligation to alter the environment or routine in order to facilitate women's parenting choices. According to these lines of argument, and stated bluntly, prison entails not being able to do what you want, and rules are in place to curtail women's freedom to do what they want.

Account 6) seems to suggest that the punishing or controlling nature of rules is balanced against other benefits within the MBU; it is implied that such counterbalancing is at least acceptable, and perhaps is even required, to ensure that the women do not

receive too much 'undeserved' privilege. Parenting rules play a part in the delicate balancing of punishment and privilege required by certain accounts of justice.

Finally, account 5) is primarily concerned with 'fairness', claiming that all women should be subject to exactly the same parenting restrictions, to ensure that no woman is more restricted by the rules than another. However, this account clearly positions rules and compulsory parenting classes as something that the mums would resent or dislike, which situates them within the punishment apparatus of the prison, rather than as a form of 'care' or support. Notably, this position is somewhat inconsistent with the accounts of staff elsewhere, when they describe parenting support as a privilege, and suggest that they would have wanted such support to be available to them when they were new mothers. Importantly, the problem of unfairness only occurs if one assumes that the mums would not want to be subject to parenting programmes, because this explains why it is necessary to ensure that no mother experiences less intervention than others. This suggests that in at least some ways, the appeal to the importance of 'fairness' obscures other goals or values, such as the need to enforce punishment, and to maintain order, discipline and conformity within the establishment.

Account 2) is the only one that positions parenting rules primarily as a form of care. The claim here is that rules or compulsory parenting interventions ensure the babies receive the best possible start in life during their time living within prison, and so mums' liberty is restricted in order to ensure that they cannot make 'bad' choices that mean the child misses out on opportunities that might benefit him. The care is clearly targeted at the baby rather than the mother, and the primary aim is care rather than punishment or discipline.

Account 3) doesn't fit neatly within either 'care' or 'punishment', since it doesn't so much provide a justification for the existence of rules, but rather explains why the mums should follow them, given that they have signed a compact agreeing to do so.

Giving the mums a choice whether or not to sign the compact is seen as a way of respecting their autonomy and agency. In practice, however, this may be rather tokenistic, given that very few women would be likely to refuse to sign, given the consequences of doing so.

The accounts of participants discussed throughout this chapter raise important questions about the meaning of justice, punishment, autonomy and care in a prison environment, and the proper balance of these competing ethical values. Exploring how these issues are negotiated and enacted in the context of relationships between staff and mums is an important aspect of understanding the moral world of the MBU and the ethical dimensions of parenting support. Whether or not one finds the six accounts convincing will depend in part upon one's view of the goal and purpose of prison more generally, given the correct balance of retribution and rehabilitation, and one's view of prisoners as more or less deserving of punishment and care. These ethical concerns will be discussed further in chapter 7.

Finally, it should be noted that this chapter has only discussed compulsory forms of parenting support, focusing predominantly on parenting rules. Participants gave examples such as: rules about co-sleeping; rules that prohibit babies from sleeping on their front; rules that require attendance at group sessions like Messy Play; rules around provision of 'healthy' food to children, including rules prohibiting jars of baby food; and rules requiring attendance at compulsory talks from the dentist or other visiting healthcare professionals. However, these are not the only forms of parenting support provided on the unit. As has been shown, in some instances advice is genuinely 'just advice', and support can take many forms such as crèche provision or emotional support and encouragement. It is quite likely that these other forms of support may sit more comfortably within an ethos of care, and will not serve the dual role of punishment or control. However, the focus here has been upon parenting rules as a way

of exploring the more challenging cases of 'support', and seeking to understand the ways in which staff justify compulsory support, given their ambivalence about women's parenting ability and any 'need' to improve. Given the preceding discussion, this chapter has shown that at least some forms of parenting support serve a dual function of both justice and care, some of the time.

Conclusion

In this chapter I have explored the justification for and practice of compulsory parenting support within the MBU through an analysis of the ways in which staff understand parenting support in terms of rules and advice. I have shown that a number of different and competing narratives exist, and that in proposing and defending these accounts, staff engage with implicit and explicit ethical questions about privilege, desert, freedom, autonomy, care and justice. Understanding the interplay of these competing narratives and values is critical to creating a rich and detailed account of the MBU as a moral world and understanding how it is situated within the broader social and political context of ways in which the state seeks to shape and control the parenting practices of its citizens.

I began the chapter by analysing staff accounts of parenting advice and its limits; it was found that advice is often seen as a method of empowering women to make informed choices about parenting. However, in practice advice is often 'in name only', since some CharityB staff described going to great lengths to convince the mothers that a particular decision is 'best'.

The uses made by staff of the concept of safeguarding were also investigated. Some participants claimed that parenting rules are only justified in order to prevent behaviour that would constitute a safeguarding concern. However, in practice this boundary is not so clear-cut, since interviews with staff revealed a number of rules that exist to prevent behaviour that would not be considered a safeguarding concern. In this

sense, the rules may have other goals or justifications. The existence of such rules requires further ethical scrutiny.

Through exploring the justifications staff give for the existence of parenting rules, and for compulsory or prohibited parenting practices, my analysis has revealed a dual purpose to parenting support: care and control. In at least some instances, staff saw the existence of rules as partly motivated by the need to punish mums, control their behaviour, enforce order and discipline, or mitigate otherwise undeserved privilege. However, in other instances staff claimed that rules are justified because they ensure good care of babies, and prevent mums from making 'bad' choices that could prevent the child from receiving the best possible start in life.

In my next chapter, the final of the three data chapters, I turn to the mums' narratives of their experience of parenting support within the MBU. This will provide a more complete account of the role and nature of parenting support and its ethical dimensions, juxtaposing the views of those who formally 'provide' or 'enforce' support and those who receive it.

Chapter 6 – *Feeling* Supported: Rules or Relationships?

Introduction

In this chapter, I explore the mums' experiences of parenting support within the MBU. The previous chapter found that in the eyes of staff members, some forms of compulsory parenting support serve a dual role – that of care and control – and these roles interact in a number of different ways. In this chapter, I analyse the mums' accounts and seek to understand what 'support' means to them, exploring whether and in what context they feel either cared for or punished through the provision of support. Part of this will involve an exploration of whether the mums feel they are 'good mothers' or need to improve their parenting, in order to examine how they see their own support needs. Relatedly, I explore how women view their dual roles as mothers and prisoners, and what it means to 'become better' in relation to these two identities.

Parenting Rules Undermine Parental Responsibility

Many of the mums believed that the existence of rules was indicative of the fact that staff did not trust them to parent well if free to make their own choices. Similarly, they saw compulsory parenting classes as designed to address gaps in their knowledge or to alter their parenting in some way. This view aligns with the second of the staff accounts of parenting support identified in the previous chapter – the idea that compulsory support is justified because it ensures that mums provide their child with the best possible care. Most of the mums resented this view, however, expressing confidence in their ability to parent well and questioning the necessity of rules enforcing or prohibiting certain kinds of parenting.

> *You can't always do what you want, you have to do what's in the guidelines, whereas at home you'd decide for yourself. So I wanted to wean baby after 5 months but I*

was told I had to wait 6 months. But I'm her mum and I know she was hungry, she needed real food, but we had to wait because the guidelines say 6 months.

(Interview 1: Mehret, Mum)

So it's not really advice is it? It's what they feel is right for my child, but that's not necessarily the case. They're all individuals [the babies], *you know, as an experienced mum sometimes you do feel a bit patronised and restricted on here, from what we would like to do with our children. And I don't think that's fair, just because we are prisoners*.

(Interview 3: Mary, Mum)

Just because I'm in prison I still know what my child needs. You know, maternal instinct is very strong, you know, even when something has gone wrong with the baby, you - the mother - feel it before anybody, that something is not right. So if you go and say 'my baby needs Calpol' and then you're told 'no you can't', well Calpol is used for all sorts of things, for severe colic, for teething, if it's pain, temperature, anything. But if you can't have it when you need it then what is the point?

(Interview 20: Yasmin, Mum)

The MBU Prison Service Instruction (PSI) states that women have parental responsibility at all times "to that extent that it is possible given [their] imprisonment" (HM Government 2014, 2), and CharityB staff are generally clear that the mums are ultimately responsible for the wellbeing of the child. In practice, however, rules do dictate women's choices and in this sense they may undermine parental authority, limiting the rights that are normally assumed to accompany parental responsibility. In the above extracts, the mums express confidence in their ability to make good choices and provide good care for their children, but find that they do not have the freedom to make such choices. The mums emphasise that they would be able to make such choices for themselves if they were in the community, and therefore feel it is unfair that the same choices are denied them in prison. They are insistent that their authority as mothers should not be eclipsed by their identity as prisoners, and refer to the

importance of "maternal instinct" or the unique knowledge that a mother has of her child's individual needs.

In many instances, mums trusted their own judgment, experience and instinct above the advice of staff, and sometimes felt that the rules prevented them from providing the best care for their children. In the following quote, Georgie explains that staff members strongly advise her to give her child water rather than juice, but she chooses not to act on this advice because she is confident in her ability to make the right choice for her daughter.

> *If it was my first child I would listen to it more, but because I've done it all before and because I've experienced it and my other two children have got perfectly good teeth and they've never had decay, do you know what I mean? If it was my first child yeah I'd probably listen more and take on advice more, but because I've been there done that bought the t-shirt, that's why I've got my own opinion and I'm going to stick to juice because she's not really that keen on water.*

(Interview 21: Georgie, Mum)

Since this is 'advice', Georgie feels able to stand by her "own opinion" in a way that is not possible in the case of explicit parenting rules, and she is confident that she is making the right choice for her child.

> *I would take on any advice that I've been given and I would weigh that up objectively and think, is that going to benefit my baby or not? Because if they want to give me advice that's fine, and if I felt that was the right thing then I would take that advice on, but sometimes you have to question, are they giving me right advice all the time? Is it just their opinion on something? You know, and you might need to look at what other people would say, and a lot of these things you get are only guidelines.*

(Interview 21: Mary, Mum)

Mary describes the need to critically assess the advice that she is given, weighing it against other sources of information and experience in order to make an informed decision.

It is important to note that mums are not asserting their right to make 'bad' or 'selfish' choices, but rather they state that in most cases each mum will be best placed to know what choice is best for her own child, and she should be trusted to make that choice. Whilst the previous chapter showed how staff members sometimes think of rules and advice as a way of preventing mums from making selfish or irresponsible choices, mums are clear that they refuse rules not because they want to make choices for themselves but because they feel that the rules aren't actually enforcing parenting that is best for the child. In this way, the mums do not disagree with the need to make child-focused choices, but they question staff members' knowledge of which choices are the most child-focused.

It is clear that mums do not trust the parenting advice of staff in all cases, potentially undermining staff members' authority as a credible source of information. This further highlights the blurry and multi-faceted relationship between staff and mums; whilst staff members hold a large amount of power within the prison environment, their authority is questioned – at least privately – by some of the mums in the context of parenting guidance and advice.

Parenting Rules Feel Punitive

Whilst mums felt that rules are normally designed to ensure good childcare, this 'care function' was undermined by the inconsistency with which staff enforced such rules, and by the blurring of the boundary between rules and advice.

> *Like the time we do Baby Shop and* [member of staff] *says 'you're not allowed to do that', but why you not let me buy this? My baby has more than one year, why you not*

allow me to buy? Or you buy this, she cross it off but don't give the reason she cross. She want to cross and 'oh no you're not going to have this' but she doesn't explain. It has too many sugar? It has too many salt? So we have the book for the baby for feeding for the month, 6 to 9, 9 to 12, and in the book it's telling you are allowed to cook for your baby, why are you telling me no? That book is not right? So something's wrong, or you are wrong, or the book is wrong. You see, she doesn't tell you this stuff. She tells 'no' easily like that.

(Interview 10: Nicole, Mum)

Here Nicole describes the confusion caused by inconsistent rules regarding foods purchased through Baby Shop. The rule states that only 'healthy' food can be chosen, but different staff members have different views as to what food is considered sufficiently healthy as to be permissible. Nicole describes her frustration when staff members do not explain the reasoning for allowing or prohibiting certain food choices. This is important, because if the rules are designed to teach or encourage 'good' parenting, then it is vital that staff actually explain why the rules are in place and advise mums as to why certain food choices are considered inappropriate, otherwise mums will not be able to continue to feed their children with healthy food after they leave prison as they will not have learnt how to do so. When such explanations are not forthcoming, mums experience frustration and feel that staff are unfairly or unnecessarily restricting their choices. Nicole says that the staff members "say no too easily"; this suggests that in this case Nicole experiences the rule as punitive, designed to punish rather than to educate or care.

In other cases, the difficulty is not in interpreting the rule, but rather knowing whether something is a rule at all, or simply a piece of optional advice.

You know how it's supposed to be advice that you don't give your child juice, but then if you get caught with juice in your bottle it's like 'you must not have that!' Whereas like, we've been told it's my choice, do you know what I mean?

(Interview 21: Georgie, Mum)

Again, Georgie is frustrated because sometimes she is allowed to give her child juice to drink, and at other times she is told that she must not do so. In this way, the authority of the rule is undermined, because if some staff members do not insist on enforcing the rule then its necessity in terms of ensuring good childcare is called into question. Therefore, if part of the purpose of the rules is to send an authoritative message about the good and bad of certain parenting practices, then the changeable rules and lack of clarity undermines this aim. The fact that rules are sometimes perceived as arbitrary by mums suggests that they may indeed have a punitive function.

Mums Are Afraid to Assert their Parental Authority

Despite expressing confidence in their parenting abilities, mums fear that failure to comply could result in the loss of their place on the unit and separation from the child. Almost all of the mums described this as an unbearable outcome. Therefore, they often feel unable to question, criticize or disobey any of the MBU rules or advice, for fear of where this might lead. The dread of separation from one's child is a constant background worry that permeates women's experiences on the MBU, and mums state that this fear is enforced by occasional explicit threats by members of staff.

I'm very worried for him [baby] *choking […] So when he's sleeping at night and he starts throwing up in the cot, sometimes I get scared and I put him on my bed. I made a bed on the floor and I slept on the floor the day before yesterday, and she* [staff member] *caught me in the morning, sleeping on the floor with him. So she says to me 'do you know that another mum was removed from the unit for not following the safe sleep rules?' The second time she tells me the same thing.*

(Interview 20: Yasmin, Mum)

M: They do try and put the fear of God into you that something will happen if you don't adhere to what they want you to, and I don't think that's the way that they should be practising, I think it's quite a cruel thing to do to people.
I: So it's a threat of consequences, if you don't follow the rules?

M: Yep, yeah

I: And what kind of consequences might that be?

G: Losing your baby!

M: At the end of the day, that's the kind of thing that comes up at review board, and at review board that's the kind of decision that can be made, and you and baby could be separated. You feel that you have this constant thing on your shoulders. It's not a very nice feeling, you can't ever really relax in here, and that's not natural for you and it's certainly not natural for your baby, to have a mum that feels constantly on – what's the word I'm looking for? – insecure and judged.

(Interview 21: Mary and Georgie, Mums)

In both of these accounts, mums describe an oppressive feeling of anxiety. Yasmin worries about her son choking in his sleep but is also concerned if she co-sleeps she will lose her place on the unit. Mary describes feeling constant worry and implies that this stress will impact upon her baby, since it is not "natural" – presumably, not 'healthy' – to live in fear of that separation. Mary believes that staff deliberately "try to put the fear of God in you" as a way of forcing compliance. This is clearly in direct opposition to the stated goal of at least some members of CharityB staff, that is, empowering women to make informed parenting choices based on their own values and what makes them happy, enabling them to be 'the kind of parent they want to be' (chapter 4).

Again, the issue of removing the child from the unit raises questions about the distinction between care and punishment in the context of parenting support. On the one hand, one might assume that threats of removing the child are motivated by 'care', and any decision to remove the child reflects staff members' responsibility to keep that

child safe. Therefore, staff inform mums that separation is a consequence of providing inadequate care. However, one could equally argue that the threat of removing the child forces compliance and discipline, since mums live in constant fear of breaking the rules, and therefore the 'threat' of separation serves a punitive rather than a caring function.

Crucially, having one's child removed could result from breaching parenting rules or prison rules. For example, if a mother was found to be using drugs within the prison, she would be forced to leave the unit, since she would not be meeting the standards of 'good order and discipline' required of women within the MBU. As discussed in chapter 4, security restrictions are less stringent on the unit as a result of the need to create a child-friendly environment, but if mums are found to take advantage of this relative freedom, they will be moved from the unit and their child cared for in the community. In this sense, losing one's child could be described as a punishment for bad custodial behaviour, or at least, it is a direct consequence of such bad behaviour. However, a child would also be removed from a mother if her parenting raised a safeguarding concern or was thought to be inadequate in some way. In this way, the boundary between parenting and prison rules is blurred, as is the boundary between rules and advice. Consequently, mums feel unsure of themselves and are unwilling to assert their parental authority because the risk of dissent is too high. The threat of losing one's baby again straddles the boundary between care and control.

Insufficient Advice for Struggling Mums?

Perhaps a surprising finding from interviews with mums is that many felt there was actually insufficient parenting support provided. However, it is important to note that mums did not see rules or compulsory interventions as a form of support; they did not want more rules or parenting classes. Rather, when describing insufficient support they generally referred to a lack of practical help, emotional care, or parenting advice tailored to individual mums' needs. In this context, mums often state that there is not

enough actual engagement from staff – they felt that as long as the mums are following the rules, staff can be quite distant and reluctant to intervene when a mum is struggling. In other words, beyond enforcing rules, staff members were perceived as detached and unwilling to form caring relationships with mums or to genuinely want to help.

> *I don't think we get much parenting support from staff at all. Did you meet Mia last week? So she's quite young and it was her first baby and she really just didn't know how to look after him. She'd leave him for ages outside the kitchen while she'd just stand around warming the bottle, and at 6 months he should be eating real food, but she kept on just giving him the bottle. And she didn't do much to stimulate him, you know, with games or helping his development or anything like that. And sometimes she's in the kitchen and her baby is just screaming and screaming, so staff will come out of the office and say 'Mia, he's crying' and she'd say 'yeah I know I'm just preparing his bottle' and then the staff would just go back into the office and they didn't really do anything to help. They gave her a DVD about weaning for her to watch in her room but it was all broken so it kept skipping bits. I tried to help her but she didn't really listen to me, she just wanted to get out of here.*
>
> (Interview 2: Katie, Mum)

> *I think staff need to be more aware what's happening with the babies […] The mum is coming and going to have a place, ok, I know you do it like for the first time they come the staff have to see them do a bath, a bottle, but that is it, they don't do anything more. Why you don't see to cook, after one or two weeks, what's the routine, to feed your baby? To see the routine to take care about your baby, to change your baby, why you don't do that? We have a lot of staff here, but staff don't* <u>see</u>*.*
>
> (Interview 10: Nicole, Mum)

Mums explain that most of the time they are not averse to well-meaning, respectful and non-patronising advice, and in some cases would actually like to be provided with more information. In particular, they worried that first-time or young mums may require more intensive guidance and supervision from staff, but in their experience this had not been provided.

So, whilst most mums resent having rules enforced in what felt like an arbitrary or punitive way, they welcomed staff intervention in the case of mums who are genuinely struggling. Interestingly, whilst mums were able to give examples of others who were struggling and could benefit from more active advice and observation, none of them felt that *they* needed this kind of intensive support or observation themselves. Mostly, they saw themselves as competent, and so whilst they might sometimes appreciate additional advice or guidance themselves, their main concern was for the 'inexperienced' mums and their babies who – in their view – could not manage without guidance. Importantly, they were not concerned about the moral character of these inexperienced mums, but about their perceived lack of knowledge and skill. As such, they did not argue that struggling mums should be forced to parent differently through the imposition of rules, but rather felt that these mums would certainly want to parent better if they were shown how.

Emotional and Practical Support

'Parenting support' can mean many things within the MBU. Consequently, a number of mums felt that they were promised support but found that what they expected is different from the reality. Specifically, they felt there was a lack of practical and emotional support from staff.

> *When I came on here I was told 'you will have all the support you need, you will have people to talk to, don't be scared or feel isolated, we are here to help you.' But there is no help in this place, simple, no help. […] I'm told there is help and support for me here, but if that's the situation, why are the staff not taking over, watching my baby whilst I come down and do what I have to do?*
>
> (Interview 20: Yasmin, Mum)

> *I definitely expected that there would be more support, I expected an induction or something where they explain the rules and then maybe someone would check in with me after a week or so and ask how I'm doing, how I'm feeling. But I haven't had*

any of that […] Luckily I've not needed loads of help because I'm mentally pretty strong, but no one checks on you, you could just go up to your room and no one would know how you were feeling or whether you had mental health problems or anything like that.

(Interview 2: Katie, Mum)

As has been discussed, support often takes the form of rules and compulsory interventions, which many of the women resent or experience as punitive. However, mums often claimed that there was a lack of practical and emotional support on the unit, and as a result they felt let down or misled. They wanted staff to offer to watch the babies, to help with cooking, or to provide emotional support during times of sadness or distress. Mums experienced this lack of support as uncaring or as a lack of empathy from staff members.

However, this wasn't always the case. A couple of mums did mention specific members of staff whose practical and emotional care was really appreciated:

[about a member of staff] *She's helped me with everything, I want to ask to help, I come straight to her, talk to her, ask for opinion from her, 'what I need to do with child-minder?' she ring and explain everything, and she go look for the answer and help. I don't have anything bad to tell about that, for it has been brilliant.*

(Interview 10: Nicole, Mum)

Y: Sometimes it's nice to just have someone to sit with you and say 'hi, how are you?' to talk about your stresses.

P: My key worker, she is like that, she comes and she chats to me. Like last night she came into my room and she just sat on my bed and was chatting to me for like an hour.

Y: Yes, that relationship with someone is of paramount importance, and this is what made me think social workers are no good, because I said 'you only come to my place to extract information, you never created a bond.' Because for me to be able to

speak up or to confide in them about things, you need to build that relationship with me. […] She is just sending and demanding, not building relationships or nothing.

(Interview 20: Paola and Yasmin, Mums)

When mums discuss instances of good support during interviews, they usually describe a staff member who they believe is authentic in their desire to help the mums and make their lives easier. These staff members are viewed as genuinely caring about the wellbeing of *both* the babies and the mums. They respond quickly to questions, are proactive in finding solutions, and advocate for the mums when dealing with other staff within the prison. They invest time in getting to know the mums and building a relationship, and this relationship is one of genuine care; the mums trust the staff member to use her power for rather than against them.

However, at times mums felt that staff members were inconsistent in their approach, sometimes fostering close empathetic relationships, yet at other times becoming distant and strict. This unpredictability caused mums to doubt the friendship of staff, viewing it as false or instrumental rather than rooted in genuine feelings of care.

[about a member of staff] *She's so strict, she thinks she is an officer, all the time it's bad news. I don't like it. She always comes to tell you bad news; it's always no, no, no, no. But then it's come to your face and laugh, be friends, that is fake for me.*

(Interview 10: Nicole, Mum)

In interviews and during my informal discussion with mums, it seems this problem may arise in part because staff are willing to form empathic relationships with mums in the context of childcare, but withdraw when mums require support with prison issues or anything that is not directly related to their baby. For example, if mums ask staff members to help them send a form to the governor, or organise a phone call with their solicitor, MBU staff members often refuse, explaining that this is not part of their job. This refusal can cause mums to doubt the genuineness of the caring relationship with

staff, since care was confined to a specific context, and professional boundaries could very quickly be drawn and enforced if staff felt that mums asked for support as prisoners rather than as mothers.

> *P: The nursery staff treat us more human, like we're human, not just like prisoners, they treat us like mums. But in some ways I think it's very hard for us because we, because they don't help us.*
>
> *Y: We've dealt with prison staff for the last four months. We know our position, we are prisoners, we are not at home. But sometimes I feel like, if this is a family support service, they should now put it down in writing or in a meeting and tell us what they can and can't do for us. Because, for example, if I say I want to organise my phone credit, they'll say 'go to the hub'. It's so limited leaving the house because of the children. You have to rely on other people's flexibility to be able to look after your child whilst you go out for those kinds of things, so I think they should be helping more. They should be able to say, ok, because this is a smaller unit, I will help you.*
>
> (Interview 20: Paola and Yasmin, Mums)

Here Paola and Yasmin describe the ways in which they experience support as inconsistent. The lack of clarity around what staff can and can't do for mums causes confusion and creates the feeling that staff members don't truly care. Yasmin suggests that she knows how to deal with prison staff – meaning prison officers – since she knows her place with them and the boundaries of the relationship are more clearly defined. However, the relationship with MBU staff is much less clear. Although MBU staff treat the women as "humans" rather than prisoners, sometimes showing genuine kindness and empathy, at other times they may refuse to provide practical support or suddenly become strict and stern, causing the mums to doubt whether MBU staff really do care about them.

In interviews, staff also expressed concerns about how best to negotiate the boundaries of a professional relationship with mums in order to appear caring yet authoritative.

> *It is quite difficult, when* [the mums] *offer to make you something to eat or a cup of tea you've got to remember that you're staff and they're prisoners, as much as you want to be there for them as a woman to woman or parent to a parent, you've still got to keep that boundary in place because it needs to be there*.
>
> (Interview 9: Alison, CharityB)

Alison implies that whilst close and empathetic relationships are appropriate with the women *as mothers,* it may be inappropriate or even dangerous to become too close to the women *as prisoners.* This helps to makes sense of why mums experience staff as inconsistent in their care, because the role of MBU staff is insufficiently defined and mums don't know what they can expect. It seems that the creation of supportive parent-staff relationships is impeded by women's dual role as prisoner/mother, and staff's dual role as family support worker/prison officer, and the difficulties of negotiating relationships given these multifaceted identities.

Gratitude

MBU staff members are concerned with gratitude and privilege when considering whether mums 'deserve' certain kinds of support; this became clear through my analysis of the goal of the unit in chapter 4, and also through discussion of the ways staff use restrictive rules to counterbalance privilege in chapter 5. Whilst many staff members suggest that the mums don't appreciate how lucky they are to have various ('undeserved') privileges, interviews with mums suggest that this is not the case.

> *I'm glad they* [MBUs] *exist because you know otherwise I don't know, I'd be miserable, in a cell, on my own without my baby. […] Being here time goes fast and I love watching her and seeing her growing and developing all the time, and she just makes me smile every day. I know that if I wasn't here with her then I'd probably be crying every day because I'm not with her.*
>
> (Interview 8: Georgie, Mum)

Despite experiencing dissatisfaction with some aspects of the MBU, many of the mums also expressed feelings of gratitude, and shared staff's view that they should not complain because any difficulties they experienced were outweighed by the privilege of being with their child.

> *I tell you, apart from that I can't go outside, I don't feel I'm in a prison [...] So I'm coming to the jail on Friday, I never been in the* [main prison], *I'm coming straight to Mother and Baby. I have better food here, I can eat what I want here, I can buy on Baby Shop and some of that I eat, I eat better, I eat better, I have my own room, I don't have any problem at all, so it's better for me, benefit for me, and my babies are with me all the time. [...] Sometimes the other girl complaining all the time, complaining about the food, about the officers, so I am not complaining, I'm happy where I am, so let me finish my sentence, not complain, and stay with my babies.*
>
> (Interview 10: Nicole, Mum)

During interviews, mums expressed gratitude for the opportunity to be with their children, and for some of the benefits that they experienced in terms of the MBU environment, such as being able to cook their own food and not having to share a bedroom. However, they were not especially grateful for the 'support'. This was either because they felt there was insufficient support (in terms or practical and emotional support for themselves, or advice and guidance for others), or because the compulsory support was resented. In this way the accounts of mums do differ from those of staff, as many staff members felt that the mums *should* be extremely grateful for support such as parenting programs or activities organised for children. In other words, whilst mums did feel gratitude, this was predominantly because of the opportunity to be with their children rather than for any of the specific services organised and implemented by staff members.

In some of the mums' accounts, the line between being and simply *appearing* grateful was somewhat blurred. In this way, gratitude was sometimes a performance rather than a genuine emotion.

> *Staff won't help me, but I want to have my baby with me, so if staff won't help me I do it myself because I want the baby stay with me [...] I'm not going to fight with staff, I'm not going to fight with officers [...] I do everything I can to have my baby with me, I don't complain, maybe I don't like the situation but I don't care, I want to have my baby with me, it's only for that.*
>
> (Interview 10: Nicole, Mum)

Nicole expresses dissatisfaction with some aspects of life on the unit, including the fact that staff often won't provide her with help. However, she insists that she won't complain because she wants to have her child with her, something she repeats multiple times. It seems that it is important for Nicole that she is not *perceived* as someone who complains, because appearing ungrateful could potentially risk her place on the unit.

> *Even though it's a charity, we are not saying 'give us a hand and then we want the whole arm', no, we just want the hand. It's not like all of us are ungrateful, some people are ungrateful, but when I come to look at it I think of myself as someone who isn't so demanding, because I'm used to doing my stuff by myself, which is why sometimes I find it hard to ask for help with things because I'm always doing things by myself.*
>
> (Interview 20: Yasmin, Mum)

Similarly, Yasmin emphasises that she is not ungrateful, that her requests to staff are reasonable, and that wherever possible she does not ask for help but rather solves problems herself. Again, it seems important to her that she is not perceived as someone who is greedy, demanding or unappreciative.

A number of mums emphasised that, despite gratitude, prison is still a punishment. Rules and restrictions were part of this punishment, but there were other elements to it

too, such as the guilt of not being able to provide the child with the kind of care they would otherwise have enacted in the community.

> *I know the doors aren't locked but it's still… and one of the staff passed a comment this morning, you know, 'you're lucky you've got a nursery in your house', well yeah but we are also incarcerated. […] It's hard enough, having my baby in here, because you do feel guilty. And there are days when you question, am I doing the right thing, should he be in here?* [Pause. Begins crying]. *It's really tough, it's so, so tough […] I feel guilty every single day, having him in here, and I wouldn't have chosen this for my baby, absolutely no way.*
>
> (Interview 3: Mary, Mum)

> *I think I should be sharing this time with my partner and parenting together, and we can't do that either and I feel guilty about that. Now that my baby is at home I call up to hear how he is doing and my mum or my partner will say what they've been up to, like going to the park or whatever. And I feel quite jealous because I want to be doing those things, I'm his mum and he should be doing them with me. Sometimes I get angry. My emotions are everywhere. I think maybe it would be easier not to call, because I can't just sit here thinking about him and what they are doing together, I have to sort of shut it off and not think about it or it makes me too sad. But I do feel guilty because I've ended up in prison and he's lost his mum, I feel like a bad mum because we have had to be separated.*
>
> (Interview 2: Katie, Mum)

Whilst almost all staff members emphasised how babies within the unit receive high quality care, mums were less convinced of this, and consequently felt very guilty for not being able to provide their children with the kind of care and experiences they wanted to, or for not being part of experiences that the baby enjoyed with other family members in the community. This was experienced as a large part of their punishment, and whilst the mums did appreciate the attempts of staff to provide babies with a good start in life, for most this could not outweigh the guilt of knowing that one's crime had

resulted in the child having to spend the first years of life in prison. Therefore, mums described themselves as lucky only in a relative or qualified sense.

Importantly, the need to appear grateful meant that in some instances, mums felt unable to raise a complaint if they felt that staff members were not providing good enough care for their children during crèche sessions. Thus, whilst MBU staff have the power to assess women's parenting and enforce certain standards, the women do not have reciprocal power, but must simply accept whatever is on offer even if they feel the childcare is not good enough.

> *Last year, I go to work* [in the prison] *and the children only go out* [into the community] *two or three times, for don't have nursery, they're* [staff members] *in the office. So put more people to work! They say babies can't go for walk because we don't have enough staff […] But we close our mouth because if we tell something it's against us, if we do it or complain it's against us, and I don't want to lose my baby, so I let it pass, it's not my business, continue to take care of my baby. Everything comes against us sometimes.*
>
> (Interview 10: Nicole, Mum)

Nicole is worried that staff members do not take her baby out into the community during crèche periods, resulting in children spending almost all of their time in the prison. However, she cannot raise this with staff for fear that she will appear ungrateful and that her complaint will be used against her, possibly even resulting in separation from the child. This again highlights the uneasy relationship between mums and CharityB staff. In the community, a mother would typically pay for crèche or childcare, and therefore is empowered as a consumer. She can withdraw her money and her child from any organisation that she feels doesn't fulfil her child's needs. However, within the prison environment, the mums are constantly aware that they rely on staff members for everything, not only the ability to remain with their child, but also in many respects the quality of care that the child receives. As such, they feel disempowered and unable to

advocate for their children, since the only alternative to care provided by CharityB is to send the child home into the community. Their position as 'undeserving' or 'unjustly privileged' gives them no voice to complain, even on behalf of their children.

Peer Support Within the Community of Mums

Whilst the mums often perceived staff support as insufficient or inappropriate, many of them felt that peer support was of central importance. They related that such support takes a number of forms: practical assistance, emotional comfort or encouragement, and the giving of advice and sharing of information about parenting. Whilst peer support takes the same forms as much of the parenting support provided by staff, it is experienced very differently. Support between mums is given and received in a spirit of solidarity, rather than shaped by relationships of unequal power. Mums emphasised the importance of building a trusting, considerate and respectful community within which support could be requested, offered and accepted.

Trust

Mums describe how they work together as a team to care for the babies, sharing responsibility for childcare and often 'babysitting' children other than their own. It is clear from the mums' accounts that caring for one another's children is essential given the practical limitations and rules of the unit, yet it requires a high level of trust.

> *To be honest the parenting support comes mostly from the other mums rather than the staff. […] You have to rely on the other mums to look after your baby, because if you have an appointment or whatever there isn't always anyone around, any staff. There's just not enough staff. And looking after other people's babies can be hard work. The rule is that a mum can only have responsibility for two babies at a time so we have to work that out. When I was new here I didn't really know anyone so it was hard having to hand my newborn to a stranger, but sometimes you just have to do it. And now, one of the mums has such a tiny new baby and he was pretty ill when they first arrived and sometimes I think I don't want responsibility, like what if something*

goes wrong when I'm looking after him, you know? So you rely a lot on the other mums for support and on the whole the staff don't intervene.

(Interview 1: Mehret, Mum)

When I arrived, I remember knocking on the office door to ask for some help with my baby and I was told that I need to ask the other mums and basically that I should just get on with it. And since then I wouldn't really ask for help or advice, I just get used to managing on my own. But it's hard because you don't really want to ask the other mums, because everyone in here is dealing with their own issues and so you feel bad asking for help, you have to just manage. But of course sometimes you have to ask other mums, like if you're cooking in the kitchen and you need someone to watch your baby because we aren't allowed to take the babies into the kitchen. You can't manage completely on your own. […] If I have any questions I ask the other mums.

(Interview 2: Katie, Mum)

Whilst babysitting other mums' children is essential within the unit, mums explained that at times this level of responsibility felt overwhelming, since they were acutely aware of the importance of creating a community in which one can rely on and trust everyone else. Therefore, they sometimes feared being given responsibility for other babies, particularly those who were very young or vulnerable, because the consequences of failing to provide adequate care would have implications not only for the wellbeing of that child but also for the level of trust and solidarity within the community. Consequently, shared responsibility for the welfare of babies was seen as both extremely important and potentially burdensome; it was not taken lightly.

When discussing the need to trust other mums, participants spoke about at least two different kinds of trust, relating to their dual identities within the MBU: trusting the other women as mothers, and as prisoners. This entails consideration of two kinds of risk.

You've got to be able to leave your baby with someone that you don't know, yeah, and have that trust. […] You just watch the way other people are with their babies and you can just tell, if you've got like, I trust my instincts, so yeah, you can just tell.

(Interview 8: Georgie, Mum)

When considering the other women's parenting ability, mums discussed the need to observe others caring for their children. In doing so, they assessed each mum's practical childcare skills in order to decide whether she could be trusted to adequately and competently 'babysit' one's own child. Mums also built up friendships with others within the unit and were understandably more comfortable trusting their friends to care for their children than new mums who they did not yet know.

M: I think you've got to apply a bit of common sense and recognise that people wouldn't be on here if, you know, you have to know that the right decisions are being made on a [admission] *board. They wouldn't let you on here if they thought you were a risk to yourself or to anybody else's children. I think you do kind of know that at the back of your mind.*

G: This is a trusted house. You can't have done anything too bad to get a place on a mother and baby unit.

(Interview 21: Georgie and Mary, Mums)

In interviews, mums also spoke about the need to trust others as prisoners, essentially trusting that the other mums would not become violent, behave irresponsibly, or in any way endanger the children or the community more generally; this is the meaning implied above when Mary talks about women being "a risk to yourself or to anybody else's children." The women have to place a lot of trust in the admission process and risk assessment completed during the board; this element of the risk assessment is the responsibility of prison staff and Governors rather than of social services or MBU staff.

However, mums' worry about the risk of violent or dangerous behaviour didn't seem to be constantly present or obtrusive – during one informal discussion with two mums,

they explained to me that they were not especially worried about safety, because they felt that 'no prisoner would really want to hurt a baby'. One of the mums explained that although the media might portray an image of prisoners as evil people, having been in prison and befriended lots of prisoners she has learnt that prisoners are 'just normal people like everyone else.' In that sense, she felt that her child was no more at risk from a prisoner than from any random member of the public. This attitude seemed important to the mums that I spoke to, since it relieved them of anxiety about their own and their child's safety, whilst also affirming their own identities as fundamentally good people. By arguing that prisoners should be trusted with babies, they implicitly assert that they themselves are trustworthy, and that crime normally does not have implications for one's ability to care for a child.

Considerate and attentive

In addition to trust, mums described other values that they sought to cultivate and enact in order to contribute to a successful community within the MBU. In particular, they spoke of the need to be attentive to and considerate of the needs of others.

> *I: Do you feel able to trust the other mums?*
>
> *N: Oh I trust the mums, I don't trust my twins!* [laughter] *I tell the mums: now, please take my baby, but please, take care of <u>your</u> baby. For I know my boys can be a little bit more naughty, I know my babies is bigger than the babies here, so I know they're going to hit, they're going to push [...] By the time I have to go* [to cook] *I have to be fast and come back for I have two babies, not one. And I have to be fast, fast, fast, fast. I prefer to do it like now, in the afternoon, or I prefer easy stuff. If I know another mum is going* [to the kitchen] *so I say 'can you check this for me?' We help each other, in that way, we help each other. We help each other here, see the baby, cook for each other, we manage, it's ok.*
>
> (Interview 10: Nicole, Mum)

Nicole describes the importance of being considerate to the needs of the rest of the community, ensuring that her older children don't accidentally harm the smaller babies, and taking them upstairs if they become disruptive. She tries to cook quickly so as to limit the amount of time that other mums have to care for her sons.

Similarly, Katie describes not wanting to complain in front of other mums whose sentences are shorter than her own:

> *I feel like I've been quite overwhelmed recently with lots of milestones, like being separated from my baby and now getting ready for the birth and sometimes I have been quite upset, but you can't be upset in front of the other mums as they have their own stuff to deal with. Especially since my sentence is shorter than a lot of theirs, so it wouldn't be fair for me to get upset with them when I only have a few weeks left here anyway and they might have more than a year.*
>
> (Interview 2: Katie, Mum)

Here, the narratives of mums emphasise awareness and sensitivity to the needs and emotions of others in the MBU. Mums recognised the importance of a genuinely supportive community and therefore worked hard to play their part within this, for their own benefit and for the benefit of the babies. Since the rules and structures of the MBU are such that the mums must rely on one another in order to effectively care for their children, almost all of them worked hard to become integrated, balancing the need to ask for help or emotional support against care not to overburden others.

Shared responsibility

Mums described how, on the one hand, they were encouraged by staff to rely on one another, and the rules of the unit are such that they often have no choice but to do so. But on the other hand, staff members were sometimes suspicious when mums helped each other 'too much', seeing this as indicative of 'bad parenting' since the mum didn't appear to be taking full responsibility for her own child.

N: Here we are a team, the girls upstairs, we are a team and we help each other, but some staff don't like for the girls help, do you know what I mean?

I: So the staff don't always like it that you help each other?

N: Yeah.

I: They want you to look after your own baby?

N: Yeah, they say 'you must take care of your own baby' but I need to cook, I need please tell the other mum to take care of my baby while I cook, we can't cook together at same time, I'm not allowed to take the baby [into the kitchen], *so I just want to finish my sentence and go home. So I put my baby to sleep, I come to cook, the time you saw me I've been here a while, I already seen a lot of staff here over 18 months, some staff I don't like, sometimes they don't like other mums help me with the babies, but what are we going to do? We need help.*

(Interview 10: Nicole, Mum)

As was discussed in chapter 4, staff members sometimes justified the need for providing parenting support in prison by explaining that 'normal' sources of support – like help from family and friends – are not available in a prison environment. However, it seems that when mums take on that role of family or friend for one another, some staff members view this with suspicion. They worried that mums were taking other mums for granted, exploiting the kindness of others, or being lazy and shirking responsibility.

Intervening in others' parenting

Sometimes mums describe the difficulty of watching others who seem to be struggling with the practical requirements of childcare. In this case, mums might speak to staff, but often felt that staff did little to intervene. Consequently, mums sometimes offered advice themselves, or intervened directly in order to care for the child.

There's been a few people come and go and there's one or two that don't know what they're doing, and you can see them struggling, and you as a mum you feel like you

want to go and say something but you don't know if it's going to be interpreted wrong.

(Interview 8: Georgie, Mum)

She take a while to cook, her baby come to me hungry, so I sit down and feed that baby. I give that baby yoghurt. By the time she come back that baby's not hungry anymore. I say 'listen, this is the kind of food your baby wants, it's normal food, give her chicken, give her rice, give her spaghetti, give her pasta. Let her pick and put in the mouth. Start to feed your baby that kind of food. It's normal. Your baby have 10 months, she's big baby, she need normal food.' […] Yes, it's this kind of stuff that the staff should be intervening. Why you give your baby mash? It's not telling you to do it. Just listen, ask 'why you don't try to give that?' You don't tell her to do this. Just suggest think about ways. I say, I don't think I'm better than you I just think what's better for baby. She comes to me and she's hungry, so I give her food and she take it. But staff should do more about this kind of stuff.

(Interview 10: Nicole, Mum)

Whilst some mums were more cautious when providing parenting advice to others, mums like Nicole were willing to directly intervene in another woman's parenting even at the risk of causing offence or being perceived as interfering or self-righteous. Since the wellbeing of the children was seen by the mums as both extremely important and as their shared responsibility, some mums felt obliged to step in when they witnessed instances of poor parenting. However, they mostly did so somewhat unwillingly, and explained that they would prefer it if the staff took more responsibility for monitoring the parenting of other mums. Crucially, Nicole is clear that staff should not impose more rules about feeding the children, but rather, she thinks that staff should spend time with mums who are struggling, ask them questions, suggest solutions, and listen to what the mum wants to say.

In my field notes I listed a number of examples of such peer intervention, including: one mum suggesting that another should cut the child's food into smaller pieces to prevent

choking; a mum removing toys from a baby since she felt the child could hurt himself; mums providing advice about which childcare products like nappies or dummies one should buy; one mum helping another to assemble a fold-up pushchair. Generally speaking, efforts to intervene and provide parenting advice were fairly positively received within the community; during my time on the MBU, no explicit argument between mums broke out as a result of unwanted peer advice, as far as I am aware.

Becoming Good Mums?

One of the findings that emerged from my analysis in chapter 4 was that staff members identify the goal of the unit as helping the women either to become better mothers or be the best mums they can be. However, subsequent analysis showed that in practice, staff are ambivalent about exactly what the parenting 'needs' of mums are, and whether staff ought to play a role in seeking to improve the women's parenting skills or reform their moral character in some way. It is therefore important to explore whether the women themselves felt that they had changed as a result of their time in the MBU, and what role they felt 'parenting support' played in instigating that change.

Some mums felt they hadn't changed at all, others felt that they had gained practical parenting skills, and others felt they had improved morally and 'learnt from their mistakes.' There was no consensus and it is important to recognise that different women experience parenting support differently; the mums have a wide range of backgrounds, values, beliefs and experiences, and have also been convicted of various different kinds of crime. As such, there is no reason to expect they would speak with a unified voice.

Learning new parenting skills

Some of the women described having learnt new parenting skills during their time on the unit, or having become aware of new activities or games that could be used with the

child. These participants didn't necessarily say that they were 'better mums' as a result of the new skills they had learnt, nor did they describe a change from 'bad' to 'good' parenting, but the new skills or changes were generally described as positive.

> *This is the first time that I've breastfed, you know I'm a bit undecided, sometimes I've felt a little pressured with the breastfeeding, but having said that sometimes I might have given up a lot easier, so maybe that's not been necessarily a bad thing […] Staff were like 'give it a bit longer, and see how you go'. And they've bought me containers to freeze milk and stuff like that, and I've not found anything negative in that way.*
>
> (Interview 3: Mary, Mum)

> *I: Are there any things about the MBU that you think have made it easier for you to be a good mum?*
>
> *M: I think the main thing is the routine. There are so many rules here so that you have a really clear structure, like you have to be upstairs by 8pm anyway, so you might as well have got her bathed and ready for bed by then. And I think that's really helpful for her, like she always sleeps through the night, and at home I don't think I'd have had such a clear structure and routine. The other thing is Rhyme Time. I'd never have thought of going to something like Rhyme Time but we do it here and baby absolutely loves it, and I enjoy it actually, so that's something I'll continue doing when I leave here.*
>
> (Interview 1: Mehret, Mum)

Some mums described having learnt new parenting skills by watching other mums, who become role models.

> *I look up to different people in this house for different reasons, like I love one of the mums for the way she has her cooking and different little bits like that, and women in the past, different little things I admire in them and I think, I hope I'm like that.*
>
> (Interview 8: Georgie, Mum)

Whilst mums rarely saw staff as role models, they sometimes thought about each other in this way. Importantly, whether or not another mum was seen as an exemplar did not

depend upon the extent to which she was seen to abide by the rules of the MBU or enact the role of 'good mother' or 'good prisoner' as defined by members of staff. Rather, the mums who were admired were those whose behaviour expressed 'genuine' care and support both for their children and for the community as a whole. In the above quote, Georgie mentions looking up to "one of the mums for the way she has her cooking"; the mum she refers to was admired for often cooking large portions of food and sharing these with other mums and babies. Providing food in this way was viewed by some of the mums as an important form of care for the community as a whole, and was valued independently of adherence to the nutritional guidelines of the MBU.

'Moral' improvement

A few mums described becoming better in terms of their crime or moral character; they suggested that they had learnt from their experience and aspired to be better mothers or generally better people when leaving prison.

> *G: I know I already had my two kids and that, but with my crime I got into a bit of a – it was like – I did what I did for my addiction yeah? But they've given me this place so that when I get out I think I can have a better chance and bond with my child and not make that same mistake again. Do you know what I mean? Not to be in that headspace of wanting to reoffend because of feeling messed up because I've not got that bond with my child, erm, yeah I just feel like if you really, really cared about being separated from your kids because you've already had that experience, then you wouldn't be so selfish as to go and commit that crime and do it again. Or something else, like another crime. Because you know how it feels already.*
>
> *M: I think it does kind of re-prioritise you again.*
>
> *G: Of course it does, yeah.*
>
> *M: Again, I know what I've done and I've really hurt my children by doing what I've done, so being in here is – people say, 'well how is that going to be different?' but it is because it makes you look at what you've done and how that's affected other people and you have to rebuild those relationships.*

G: You go a long way taking certain things for granted, don't you?

M: You do because that's the position I was in.

G: Yeah me too.

M: It does make you think, 'oh god, I've got this person who's totally reliant on me' and you know, for me I had to fight so hard to keep him, why on earth would I want to go out and reoffend now? After all that fight and I've managed to keep him, I appreciate every single day with him, there's absolutely no way on earth I would risk that now.

(Interview 21: Georgie and Mary, Mums)

In the above discussion between Georgie and Mary, they describe a number of factors that they believe have influenced their attitude to crime and which deter them from reoffending. It seems that the MBU acts as a deterrent, in the sense that by sitting the admission board and having to potentially "fight" for a place, the mums recognise and appreciate how close they came to being separated from their babies. Therefore, the experience of living in the MBU both helps them to more fully appreciate the value of remaining with the child but also to ensure that they never again place themselves in a position where they might risk losing that child (either because the is older than 18 months, or because the mum was seen to have squandered the chance given to her and to be undeserving of a second one). This concern to avoid separation "reprioritises" Mary in the sense that remaining with her child becomes her priority, as does nurturing her relationships with other children and family members. Avoiding crime is an important way of achieving both of these goals and therefore an indication of good motherhood.

The views of mums described here clearly align with some staff accounts described in the preceding two chapters. A number of CharityB staff members suggested that being given the chance to remain with one's child would enable mums to appreciate how much they value being with their baby, and this would help prevent future reoffending.

This aligns almost exactly with what Mary and Georgie say, above. Thus, whilst staff members occasionally problematise accounts of crime as selfish or as a choice, at least some of the mums *do* see their past crimes in this light and think of their time in the MBU as an opportunity to reprioritise and reform.

Conclusion

This chapter has explored the accounts of mums living within the prison MBU in order to examine their views about and experiences of parenting support. Interviews with mums confirmed that for them, as for staff members, parenting support has many meanings in this context. These various kinds of parenting support are perceived in different ways, and these can sometimes be in tension.

The mums' accounts reveal a distinction between 'parenting support' and '*feeling* supported as parents'. Although they recognise that staff members consider rules or compulsory programs to be forms of parenting support, most of the mums did not *feel* supported as a result of these kinds of interventions, but rather, they felt supported in the context of trusting, empathetic and caring relationships. These relationships were not always possible with members of staff, due in part to the vastly unequal power dynamic between mums and staff members. Mums rely on staff for many things that are essential for the wellbeing of their children, and as such, feel trapped by their dependence and the need to be – or at least to appear – grateful. Mums recognise that in the eyes of staff, such gratitude is fundamental to the role of both 'good mother' and 'good prisoner.' However, feelings of gratitude toward staff are complicated by resentment and fear, when on occasion mums feel that staff members take on a more punitive attitude and seek to control their behaviour through unnecessary or arbitrary rules. Mums fear the possible consequences of dissent, and even though they express confidence in their own parenting ability, often acquiesce to staff advice in order to appear compliant and avoid any risk of being separated from one's baby. The blurring of

distinctions between prison rules and parenting rules, and between rules and advice, further adds to mums' feelings of uncertainty and vulnerability as well as indicating the dual function of parenting support as a form of both care and control.

Perhaps surprisingly, most of the mums said that they would appreciate more practical or emotional support from staff. In this way, mums were not totally opposed to staff interventions, but instead appreciated staff support when it was perceived as genuinely caring and empowering. Further, mums felt that staff members should be more present in order to observe the parenting of first-time mums or mums who lacked childcare knowledge; whilst none of the mums that I interviewed saw themselves as falling within this category, they felt that staff had a duty to ensure that all women were providing good enough day-to-day care for the children, and to provide tailored advice to mums who were struggling. Such specific advice targeted to the needs of individual mums was viewed as much more genuinely 'supportive' than generic rules and parenting classes that were considered unnecessary at best, and punitive at worst.

In the latter part of the chapter I considered participants' experiences of peer support. It is clear from my analysis that mums place value upon the support that they receive from one another; in this context, support mostly takes the form of advice, or emotional and practical support. The mums are unified by their shared responsibility to promote the wellbeing of all the babies, and most work hard to develop a respectful, trusting and collaborative culture. Whilst mums do occasionally judge the parenting ability of other mums, this stems from a perceived obligation to ensure that each woman's baby is receiving sufficient care, in addition to the need to assess whether other mums can be trusted to care for one's own baby. Overall, support was given and received in the context of empathic, respectful, trusting and attentive relationships. Exploring these relationships is a crucial aspect of understanding the moral world of the MBU and the ethical dimensions of parenting support within this world.

Chapter 7 – Discussion

Introduction

This thesis set out to examine the provision of parenting support to mothers living within a prison MBU. I sought to provide a nuanced ethical analysis, exploring the goal and purpose of the MBU, its multiple stakeholders, and the competing values that guide, motivate and sometimes impede or confuse the pursuit of this goal. This analysis enables me to situate this specific 'site' of parenting support within the contemporary Early Intervention (EI) policy agenda. EI raises a number of complex ethical questions; prison MBUs provide a fascinating and challenging environment in which to interrogate the values, assumptions and normative commitments underpinning the role of parenting support within the EI agenda, and to explore issues that arise when these are translated from policy to practice.

In this chapter I begin by demonstrating how this work has addressed a gap in the literature. Next, I review the key findings from the data chapters and in doing so show how this MBU can be thought of as a moral world where individuals negotiate various competing values, goals, commitments and responsibilities in the context of relationships with one another. Parenting support is a key component of this moral world.

Situating my findings within the context of the existing EI policy literature gives rise to three key questions. The first two are empirical questions:

1. (Why) do women in this prison MBU need parenting support?
2. Can parenting support be effective in this environment?

The final question is normative:

3. Should parenting support be provided to women in prison MBUs?

Having discussed the implications of my findings for these three questions, I conclude the chapter by reflecting on the value of prison MBUs within the criminal justice system.

Addressing the Gap in the Literature

The literature review (chapter 1) began not with a specific question to answer, but with a topic of ethical interest: the meaning of good parenting, the nature of a good childhood, the rights and responsibilities of parents, and the role (if any) of state intervention in parenting and family life. These ethical questions have a long history within the philosophical literature, but have gained new urgency in recent years due to increasing government interest in providing parenting support to citizens as part of the EI agenda. In the literature review I showed how EI advocates draw upon evidence from economics and neuroscience to address these ethical questions, and I explored these literatures alongside the body of social science work that has sought to critique the EI agenda. Therefore, the literature review was interdisciplinary, using multiple lenses to highlight and explore ethical questions that arise from the relationship between parents, children and the state. In this way, I sought to refine my research topic and to situate it within the broader academic and policy context.

Taken together, the range of literatures reviewed show that EI raises ethical concerns that are important both in theory and in practice – how the state responds to these questions says much about the fundamental values of society, as well as having important implications for some of the most vulnerable families and children. EI is clearly a complex social phenomenon, and as such, a comprehensive ethical analysis must consider how these ethical concerns play out in practice, exploring how those who both deliver and receive parenting support enact the ethical values at stake. The literature review showed that whilst these issues have been explored in theory, very

little is known about how they are negotiated and enacted in the translation of policy to practice, and this topic has been largely overlooked by bioethicists. This is a critical gap within the existing literature that I have sought to fill through combining empirical work with normative analysis. I selected prison MBUs as an interesting and challenging case study through which to explore the ethical dimensions of state-provided parenting support, with the potential to reflect on implications for EI policy and practice.

Brief Review of the Key Findings

Through analysis of my data it became clear that the MBU can be characterized as a moral world constituted by a number of different and sometimes competing values, practices, and commitments; together these account for various different perspectives on the goal of parenting support and the nature of a 'good' relationship between staff and mums. Hence, a key finding of this research, explored in detail in chapter 4, is that MBU staff members are ambivalent as to the goal of the MBU and are particularly unclear as to *why* parenting support is provided to the mums. Whilst delivery of 'parenting support' is a stated goal upon which all staff members agree, my analysis showed that support takes many forms, and it is unclear whether the goal of support is to improve women's parenting ability, or to make parenting easier for the women in the context of a challenging prison environment. In other words, interviews with staff showed that they are ambivalent as to whether mums living within the unit were 'good' or 'good enough' parents upon admission, or whether the mums required 'intervention' in order to improve. Indeed, no clear definition of the 'good' or 'good enough' mother emerged, and this lack of clarity contributed to staff members' confusion around the goal and justification of parenting support.

I explored the concept of parenting support in more detail through considering first the perspectives of staff members (chapter 5), and then the perspectives of the mums (chapter 6). A key finding of this analysis was that parenting support has a dual function

within the MBU: that of both care and control. When staff members sought to justify the existence of various compulsory or prohibited parenting practices they sometimes drew upon a 'care narrative' to explain how these restrictions were designed to educate mums or to ensure good care of their babies. Yet at other times they adopted a punitive approach, drawing from the language of justice, desert and punishment to explain the restriction of women's parenting freedoms.

Similarly, mums felt that compulsory interventions and parenting rules had a controlling quality, and did not feel supported when this quality was more apparent or foregrounded in decision-making. Rather, the mums described *feeling* supported in the context of trusting, respectful, and caring relationships. Interestingly, mums described how these caring relationships most often occurred within the peer community of mums rather than between mums and staff members. This led to another key finding: that the kinds of relationships needed for mums to *feel* supported were rarely possible between staff and mums, because the intervention takes place against a background of competing identities – with associated responsibilities – within the MBU environment. Importantly, there are no prison officers regularly present within the MBU, and as such staff members must take on the dual role of Family Support Worker and 'prison officer'. Similarly, mums inevitably assume the dual role of mother and prisoner. This complicates the nature of the relationship between mums and staff, and staff members felt unsure how to strike an appropriate balance between closeness and distance, justice and care, authority and approachability, in order to serve both the goals of the prison institution as a whole as well as their own goals as regards good parenting and good childhoods.

In summary, my research has shown that the MBU is a complex social intervention that takes place within, and to some extent creates, a moral world. This world is made up of individuals existing within relationships entailing a host of responsibilities, goals and

commitments that must be carefully negotiated by participants, and which sometimes come into conflict. Through mapping this moral world, I have identified a number of key findings; these findings show that whilst some of the goals and practices of MBU parenting support align with those of the EI agenda, others do not. Hence, though the nature and goal of parenting support are often presented as clear and uncontroversial within EI policy, the practice of parenting support in prison is blurry and complex. Furthermore, the literature review showed how ethical tensions arise in the context of EI delivered to women in the community, and it is now clear that a number of ethical tensions also arise when parenting support takes place in a prison environment. Taken together, three key questions arise from these findings:

1. (Why) do women in prison need parenting support?
2. Can effective parenting support be delivered to women in a prison MBU?
3. Should parenting support be conducted within prison MBUs?

I will explain how each of these questions emerges from the data.

A key finding was that MBU staff members are unclear about the justification for and goal of parenting support. Given this, it is important to further interrogate the question of *why* it is that these women are thought to need support (question 1). In doing so, I will examine how EI programmes typically define women who are an appropriate target of intervention. I then consider whether parenting support within MBUs seeks to address the same kinds of needs and risks as parenting support delivered as part of EI programmes in the community.

Another key finding was that parenting support serves a dual role of both care and control within the MBU, and that this constrains the kinds of relationships possible between staff and mums. Given this, it is important to ask what the implications are for

the delivery of *effective* support; can parenting support still meet the needs of mums and babies given the tension between care and control? This is question 2.

Finally, my description of the MBU as a moral world highlighted a number of ethical tensions and challenges that arise when parenting support is delivered to mums in a prison environment; these involve ethical concepts such as justice, punishment, care, autonomy, responsibility, and desert. This finding gives rise to question 3, which is a normative question: in light of these ethical challenges, *should* parenting support be delivered within prison MBUs?

In the remainder of this chapter I discuss my findings and their implications in relation to these three questions.

1. (Why) Do Women in Prison Need Parenting Support?

In answering this question I consider in what ways the various forms of parenting support delivered within this MBU constitute an 'early intervention' of the kind discussed within UK government policy, and to what extent the forms and goals of parenting support in prison deviate from other established EI programmes in the community. Critically, it is important to understand how MBU parenting support is thought to work *through* the mother in order to address some form of risk that otherwise threatens the wellbeing of the child.

What is the nature of the risk to the child?

I will first revisit the definition of 'early intervention' so as to identify how parenting support is thought to address risk within the EI policy literature.

The Early Intervention Foundation (EIF) defines EI in the following way:

> *Early intervention means identifying and providing effective early support to children and young people who are at risk of poor outcomes. Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do, before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life.*
>
> (EIF 2019b)

Specifically on the topic of parenting and families, the EIF website states:

> *The quality of parenting and of the relationship between parents, whether they are together or apart, has a major influence on a child's development and long-term life chances. Early intervention can help to improve parenting practices, to support families feeling the strain of financial or other pressures, and to reduce the conflict between parents which can be harmful for their children.*
>
> (EIF 2019a)

Though 'early intervention' does not have one single definition, these statements encompass the key ideas and goals found within much of government policy on this topic. From the above, it is clear that one of the key tasks of EI is to identify the right children (those at risk of poor outcomes) at the right time (as early as possible in their lives). The goal is to prevent or tackle early problems, such as delayed development or poor mental or physical health, in order to ensure that the child is as well-equipped as possible to flourish in adult life.

EI policy identifies a number of factors that might mean a child is at risk of poor outcomes; of these, parenting is often identified the most important. With this in mind, it is important to ask: are the babies within prison MBUs 'at risk of poor outcomes', and if so, what is the nature of that risk and how can it be responded to through parenting support?

Much depends upon how one understands the goal and purpose of the unit and the role of parenting support. My data showed that various different accounts operate within

the MBU. Some staff members claimed that parenting support is designed to improve the women's parenting ability; support transforms inadequate mums into (at least) good enough mums. On this account, mums are mostly judged as 'inadequate' because the fact that they have committed a crime is viewed as evidence of an irresponsible or selfish choice, which reveals the mother's unwillingness or inability to put her child's welfare first. Staff members who held this view felt that women who commit crimes are by definition 'bad mothers' whose inadequate parenting poses a risk to the child; parenting support seeks to address this risk by teaching the mums to be better parents.

However, on a second and contrasting account, parenting support simply means providing women with a safe space within the prison where they can continue to care for their child whilst in custody, and ensuring that the required facilities are available. Such support is not meant to make a difference to the women's parenting skills or knowledge about parenting, but it is rather about providing 'good enough' mums with the opportunity and resources to care for their children in a prison environment. According to this narrative, the child is at risk of being separated from his mother; this risk is managed through the provision of a space where the child can be cared for by its mother within the prison. At this point, a second risk arises: the prison environment poses a risk to the child, since prisons can be dangerous and chaotic places, not at all suited to children. Again this risk is managed by making the MBU as safe and comfortable as possible, separate from the rest of the prison, and ensuring that children's needs are met through the provision of various facilities, services and activities.

The first account of parenting support aligns with the EI policy agenda much more closely than the second. On the first account, it is the nature of the woman and the life she has led up until this point that means she is 'at risk' of providing poor care to her child; hence, intervening upon the woman through the provision of parenting support is

an appropriate way of addressing this risk. On the second and contrasting account, it is the fact that the mother has to go into custody that means her child is at risk – at risk of being separated from her, or at risk from a prison environment, rather than at risk from her poor quality care. This situation is outside of the woman's control, and so parenting support of the kind described in EI policy – parenting classes, advice, mentoring etc. – would be ineffective in addressing the risk.

These two accounts of risk have different implications for whether and why the women within prison MBUs need parenting support.

What, if anything, makes these women 'risky'?

It is helpful here to return to an earlier discussion about the MBU admission board and considerations that come into play when deciding which women should gain a place. Some staff members noted that women who had demonstrated inadequate childcare in the community would be unlikely to be successful in their application to the unit, since if social services would not allow the mother to remain with her child outside of prison then the same decision should normally apply to the prison MBU. They justified this claim by explaining that the parenting support offered on the unit was not sufficiently intensive to ensure the safety of any baby whose mother was 'inadequate' in the eyes of social services. As one participant noted:

> *In reality there will be greater parenting needs in the wider prison than on the mother and baby unit. And we do have parenting interventions for them and the mother and baby unit do reach out to the wider prison population to an extent, but […] in reality you will often have mums on there who are, because of the risk assessment to get on there, haven't got the same risks or issues in the background that other mums would have*.
>
> (Interview 15: Elizabeth, Prison Staff)

If the women with the greatest parenting needs are denied access to the MBU, this may suggest that parenting support within the unit does not work in the same way as parenting support of the kind described in EI policy. This is because it seems that those women who pose the most risk to their current and potential future children once they leave prison are not able to access the support that might address this risk. A recent study that examined admissions to other MBUs in UK prisons supports this conclusion (Dolan et al. 2019). This might imply that the women within the MBU do not need parenting support of the kind described in EI policy, since their parenting skills, or lack thereof, do not pose any risk to the child.

However, there is another possible explanation. The fact that these 'more risky' women are often denied a place may point to the second of the two identified risks: the risk of a dangerous prison environment. In order to keep the children safe, and to ensure that the MBU is as conducive to child well-being as possible, some women with particularly significant parenting needs may be denied a place on account of other related problems, such as the risk of violent behaviour or drug taking, perhaps in the context of mental health difficulties. Of course, it is not always the case that those women who lack parenting skills are also those likely to demonstrate the most challenging 'custodial behaviour', but it is certainly possible that some women do fall into this category and therefore might be denied a place since they would pose a risk to the MBU community as a whole. The PSI acknowledges this concern using the language of prison policy, stating that those living within the MBU must show 'exceptional standards of order and discipline' (PSI 2014, 3-4, §1.7) in order to ensure that it is safe, and so that MBU staff are able to prioritise caring for the children, without having to spend time and energy managing poor custodial behaviour.

Taken together, these findings help to explain the difficulty MBU staff face in accurately identifying mums who need support and in ensuring that the MBU meets their needs.

My discussion of the data throughout chapters 4, 5 and 6 clearly demonstrates how MBU staff really struggle with questions about which mums and babies would most benefit from a place on the unit, distinguishing between good parents, good enough parents, and not (yet) good enough parents, and negotiating different kinds of risk. Staff recognise that women who really struggle with parenting might benefit from the support and education provided in the unit, but sometimes these women are deemed too risky – as parents or as prisoners – because the support they need is more intensive than MBU staff are able to provide or because their behaviour makes them a potential risk to the other women. On the other hand, a woman may benefit from the unit in the sense that she is a competent and skilled mother, and as such the MBU provides her with the opportunity to continue building a secure attachment and avoid separation. But such a woman just needs the space to remain with her child, and as such the more intensive forms of parenting support are not necessary for her.

These considerations have implications for whether or not the women within this MBU can be said to need parenting support (question 1). The preceding discussion has shown that mums in the MBU can benefit from the different kinds of parenting support in different kinds of ways, since their needs greatly vary. For some babies, their mother is the 'risk', and these women do need parenting support of the kind offered within EI programmes. But for other babies it is the possibility of separation from their mother or the prison environment itself that poses a risk, and these women do not need parenting support of the kind provided in EI programmes, though they may require other kinds of support.

2. Can Effective Parenting Support Be Delivered to Women in a Prison MBU?

I now turn to the second of the three questions posed at the beginning of this chapter: can effective parenting support be provided to women in a prison MBU? This question is important given my finding that the kinds of relationships needed for mums to *feel* supported are rarely possible between staff and mums; this is due to the challenges staff face in balancing both care and control. Does this challenge mean that parenting support cannot achieve its goals within an MBU environment?

Throughout this discussion, it is important to keep in mind the conclusions of the previous section: that women in prison MBUs have a range of different needs, and as such parenting support can have different goals and functions for different women. Hence, whether or not parenting support can be effective for mums will depend on the needs of that specific mum and the goal of the support.

What is good care?

Care and caring relationships are central to the EI parenting agenda. Within EI policy, good parental care is positioned as the answer to many of society's problems, and poor quality care responsible for crime, ill health, and economic cost. However, EI policy is mostly silent on the question of how those delivering parenting support should 'care' for the mums they work with.

The concept of care is also of relevance in a prison context, where institutions primarily organized around the need to deliver justice and punishment must increasingly grapple with questions of what it means to fulfil one's duty of care to prisoners (Smith 2005, 346; Short et al. 2009).

Care Ethics was explored briefly within the literature review, but this work can be expanded upon here in order to provide a normative framework within which to examine the role of caring relationships within the MBU for shaping the giving and receiving of effective parenting support.

For care ethicists, relationships are at the heart of all care and ethical interaction. Noddings (1982; 2002) argues that caring is a way of being in a relationship, not a specific set of behaviours. Somewhat controversially, she advocates for a demanding account of care that involves "total engrossment" in the needs of others, evident in intensive looking and listening to really see, hear and feel what the other person is trying to convey and to ascertain what they need. Therefore, care ethicists contend, one cannot truly *care for* another without entering into a relationship of some kind with them.

The care ethicist's account of good relationships resonates with mums' descriptions of what it meant for MBU staff to be genuinely caring. They valued staff members who took time to get to know the women, provided consistent emotional support, and were willing to use their power to help the mums resolve practical issues associated with life in prison. In this way, caring staff members were perceived as working with or even *for* the mums, viewed as advocates who would be on the mums' side if disagreements arose between the mum and the prison. They would try to work around the prison rules in order to make the MBU environment as positive as possible, and would negotiate with the prison so as to facilitate certain requests. These members of staff were compassionate and thoughtful, and could be trusted not to misuse their power; they worked to facilitate a mum's ability to provide care for her child, creating opportunities for her and respecting her choices. In this sense, mums didn't think of parenting support as a service that was delivered as one might deliver a vaccine or a product, and nor did they think of support in terms of a measurable outcome such as 'improved parenting'.

Rather, support was inseparable from supportive relationships – indeed, in many cases mums claimed that the relationships *were* the support, since the knowledge of being in these relationships made the mums *feel* cared for.

However, mums and staff members described barriers to care which meant that the kinds of relationships described above were not always possible. The relationships between staff and mums were marked by shifting and ambiguous boundaries, and this could at times prevent care. Exploring the competing values and goals that drive these relationships reveals challenges that may prevent parenting support of the kind described in EI policy from being successfully delivered in an MBU environment.

Staff members' dual role

Whilst mums had a clear idea of the kinds of supportive relationships' they desired, staff members often felt confused about the nature of their role in the MBU, and unsure how they should best cultivate relationships with the mums in order to both provide support and to serves the needs and intentions of the prison. This challenge arises in part because there are no prison officers regularly present on the unit; in this respect the MBU within Prison A is unique amongst all the MBUs in women's prisons across the UK. The absence of prison officers inevitably shaped the kinds of relationships possible within the unit and the overall culture and atmosphere of the environment.

Generally, MBU staff were positive about this; during interviews they suggested that the presence of uniformed officers would make the unit feel more like a prison and this would be detrimental to the babies because they would be sensitive to the punitive atmosphere and the presence of uniforms. However, without prison officers regularly present, MBU staff must inevitably take on some responsibility for maintaining 'order and discipline' as well as managing some aspects of prison routine and administrative work. Importantly, staff members take on a dual surveillance role: watching for poor

parenting, and also for any potential breach of prison rules (such as drug use or obtaining banned items like mobile phones).

Staff sometimes experienced the discipline part of their work as a distraction from what they saw as their main role – care of children and provision of parenting support. At other times, it was experienced as in direct *conflict* with this role, because it required a different kind of ethos and relationship with the mums. However, in practice it is clear that whilst staff tried to separate the 'care' and the 'justice' ethos, the boundaries between them became increasing blurred and this meant that in some instances parenting support often took on a more disciplinary or punitive function (chapter 5).[9]

Consequently, when discussing the nature of their relationships with the mums, staff members expressed uncertainty about what an appropriate relationship with professional boundaries would look like; many spoke of the need to create a caring environment in which the mums would feel confident to approach staff in order to ask for help, but were equally wary of becoming too close to the mums, for fear that this would undermine their authority or make them vulnerable to manipulation by mums seeking to break the rules of the prison. In this way, the dual goals of care and control come into conflict, placing limitations on the kinds of relationships possible between mums and staff (chapter 6).

[9] Conflicted attitudes to care are not unique to staff working within prison MBUs. There is a large literature on 'dual loyalty' for healthcare professionals in prisons (Pont, Stöver and Wolf 2012). Similarly, prison officers must also grapple with the question of what it means to fulfil one's 'duty of care' to very vulnerable inmates, and officer-prisoner relationships are central to determining the success and stability of prisons (Liebling, Price, and Elliott 1999; Liebling and Price 2001; Crewe 2011; Tait 2011). Hence, the problem of dual loyalty or dual responsibility can prevent the development of relationships of trust and care that are essential to the success of prisons as institutions.

I found that one way in which some staff members managed this conflict of care-work and prison-work was to focus entirely upon the practical and emotional care of the babies, and mostly refuse to support women with anything that was not directly related to their parenting role, beyond enforcing rules. They deliberately constrained their relationships with the mums, strictly enforcing professional boundaries and refusing to provide any support that went above and beyond that which was immediately required to ensure the wellbeing of the children. As such, sometimes staff would refuse to help the women with 'prison issues', viewing these as beyond their job description (chapter 6).

This was an effective strategy for managing the otherwise conflicting responsibilities of prison officer and MBU staff member, however, staff who tried to draw up boundaries to their role by refusing to engage with 'prison issues' were often experienced as uncaring by the mums since they were viewed as unwilling to help. Mums described how such responses from CharityB staff created a distance whereby the relationship between mums and staff felt constrained by professional and institutional requirements (chapter 6).

Similarly, staff sometimes turned to the idea of 'universal rules' as a way of limiting the extent to which they were required to enter into personal relationships with the mums and attend to their needs as individuals (chapter 5). Whilst this was by no means always the case, it seemed to be a useful strategy that staff could utilize as a way of protecting themselves against the otherwise overwhelming caring demands placed upon them and the complex judgments required when dealing with individual and specific parenting needs. However, mums resented the generic nature of rules and courses that treated all women the same, since such 'support' required no recognition of the individual and unique needs of specific mums and babies (chapter 6). In her account of the phenomenology of care, Noddings (1982; 2002) explains how care involves

'engrossment' and 'receptive attention' whereby the carer is alert to the needs of the other, putting herself in another's shoes to really understand what form of support that person requires. It is evident from the mums' accounts that they felt MBU staff often did not provide this kind of care rooted in relationships, since many of the mums felt that their needs went unmet. Whilst MBU staff thought that the provision of universal parenting classes was fair or even a privilege, the mums experienced these compulsory courses as impersonal, a way for staff to appear caring whilst actually keeping the women at a distance and failing to acknowledge their individual needs. Yet viewed from the perspective of staff members, constraining their relationships with mums was a way of managing the demands of providing care within such a complex and ethically challenging environment. Rules function as a way of protecting staff from an otherwise overwhelming level of need from the prisoners, and staff may seek to enforce boundaries to their role and relationships with women in order to defend against becoming overworked physically and emotionally.

Peer support and relational autonomy

As explored in chapter six, for the mums, genuine care was only possible in the context of relationships. The provision of formal parenting classes or specific parenting facilities did not alone make the women feel supported, but rather, they drew emotional and practical support predominantly from relationships. When such relationships were not possible with members of staff, mums drew support from one another. This is important, and is consistent with the care ethicists' claim that care and caring relationships are at the centre of all moral life and are necessary for human flourishing. Even in the most challenging environment, the mums found a way to develop a caring community, supporting one another and working towards the wellbeing of the children. This enabled them to exhibit agency and to exercise a degree of control over the situation in which they found themselves.

For care ethicists, the more connected the self is to others, the better the self is. In this way, empowerment and agency are not limited by dependence on others, but facilitated by it; through existing within mutually supportive relationships of care one is empowered by one's social network (Mackenzie and Stoljar 2000). This view resonates with the mums' accounts of support in the MBU; they felt that their ability to rely on and trust the other mums was fundamental to making the MBU an environment in which successful childcare could take place and in which individual women could fulfil their roles and goals as mothers. This is different to the meaning that 'parenting support' takes in EI policy, whereby support is about providing individuals with the skills and traits necessary so that they will not need to rely on others – or upon the welfare apparatus of the state – in order to parent well. Whilst MBU staff members sometimes endorsed this neoliberal account of the parenting support as promoting self-governance, the mums in this study thought of support very differently; for them, support is not a 'good' or 'service' passed from one person to another, but exists within interdependent relationships.

So, is effective parenting support possible?

This section began with the question: can effective parenting support be provided to women in a prison MBU? The answer depends on how one understands the goal of parenting support and the needs of these mums.

If the goal of parenting support is to change women's parenting ability so that they become more skilled, more knowledgeable, and more child-focused – as is the case within EI policy – then staff member's dual role does matter, because it is difficult to form the kinds of trusting and respectful relationships necessary for the delivery of this kind of intensive support, seeking to educate women, reprioritise them and create sustainable change. I have shown how staff members sometimes seek to constrain their relationships with mums and this can prevent them from responding to women's

individual parenting needs. Therefore, it seems that the limitations that staff member's dual role places on their relationships with mums may mean that parenting support of the kind discussed in EI policy cannot be successfully delivered in a prison MBU environment; at least, not whilst staff members serve this dual role of both care and control. As such, my data reveals that the kind of caring relationships that are assumed within EI policy cannot be taken for granted in a prison MBU. The dual nature of women's roles as prisoners/mothers and 'prison officers'/family support workers, alongside the stark power imbalance and the culture of the prison, makes the creation of genuinely caring relationships nearly impossible, since trust and empathy are undermined by more punitive values such as desert and justice.

However, if the goal of support is not to change women's parenting skills or character but rather to simply provide a space for them to live in prison with their children, then the dual role of staff should not matter as much, since the role of staff in providing support is much more limited. According to this model, staff are employed to provide crèche and to ensure the women have access to all the information and facilities they need to care for their children. The lack of caring relationships may prevent staff from providing emotional support to the women and therefore will still limit the extent to which women *feel* supported and cared for, but arguably this is less concerning given that this won't significantly impact the care that the children receive, particularly given that mums tend to form supportive and caring relationships with each other.

Critically, however, my data suggests that some of the women admitted onto the MBU do require the more intensive forms of parenting support advocated within EI policy, even if these women are likely to be the minority given the way that admissions boards consider different kinds of risk. In interviews both staff members and mums claimed that some of the mums within the MBU require support to improve their parenting, however, the mums argued that those women who struggled with parenting did not

receive sufficient support as a result of the limitations of caring relationships with staff (chapter 6). This is a problem, since such women will inevitably leave prison, and when they do it is possible that they will struggle to provide good care for their children, since the necessary skills and values were not acquired during their time living within the MBU. In this sense, the parenting support intervention is only of limited success for these women.

3. Should EI Be Delivered in Prison MBUs?

The discussion in this chapter thus far has considered to what extent parenting support of the kind described in EI policy, can be - and is currently being - delivered in a prison MBU environment. These are empirical questions, and the answers depend very much on whether the women residing in prison MBUs *need* parenting support, and whether or not the culture and environment of the prison mean that EI can be effective for these women. The next and final question is normative: *should* EI be delivered in a prison environment? I do not seek to provide a definitive answer to this question here, in part because the response will depend on what prisons are trying to achieve through the provision of MBUs, and as has been shown, the goals of prison MBUs as regards parenting support are far from clear. However, I do want to use this opportunity to raise a number of ethical questions that must be addressed if prisons are to continue providing parenting support in its various forms to women in MBUs. These questions primarily centre on considerations of justice; in responding to the questions, those with responsibility for MBUs must balance the best interests of children alongside the requirements of justice for mothers, whilst also considering what rights and freedoms mothers can retain whilst in prison. In what follows, I explore these issues in more detail.

Autonomy and compulsory support

Within EI policy and practice, parenting support is rarely compulsory; women enrolled in EI programmes in the community are almost always free to opt out of a parenting support intervention or to reject the advice they are given. They cannot be *forced* to adopt a particular parenting style, nor can they be prevented from enacting any parenting practice that is legal and does not constitute abuse or neglect. However, many forms of parenting support – including parenting courses and specific parenting practices – are compulsory within the MBU. Similarly, women in prison may be prevented from making parenting choices that women in the community are free to make – such as feeding the child jars of baby food, or co-sleeping. This restriction of women's parental autonomy requires justification.

Those in charge of MBUs – prison Governors and MBU managers – need to decide whether and to what extent women in prison should have the freedom to make choices about childcare, and under what circumstances the prison can override parental authority by making certain kinds of childcare compulsory or prohibited. In making these decisions they must keep in mind the fact that the MBU usually includes some women who need support with making childcare choices, alongside other women who are competent to make such decisions without intervention. Furthermore, prison Governors must consider to what extent the prison should modify its environment and routine in order to facilitate a woman's parenting choices, including her choice to engage in parenting behaviours that might not be considered optimal for the child.

This latter question is illustrated through discussions of co-sleeping on the unit (chapter 5); this is an illustrative example for teasing out some of the ethical tensions at play. If women's freedom to co-sleep is to be respected, this will place obligations upon the prison to provide bigger beds and other adaptions to ensure that co-sleeping is safe. If the prison decides that women should *not* have the freedom to co-sleep, those

responsible for this decision must offer a coherent argument for why women in prison are not entitled to the full range of parenting choices available to women in the community. In proposing such an argument, they must engage with questions pertaining to the nature and justification of punishment, and particularly prisoners' rights.

It is generally accepted that when people are imprisoned, their punishment is the deprivation of their liberty (Lazarus 2006), and a necessary part of having one's liberty deprived is experiencing a narrower range of choices in day-to-day life; for example, having little choice as to what time to eat meals, or having only a limited number of recreational activities to choose from. If choices about parenting are considered equivalent to these other everyday choices, then the fact that mums' parenting choices are limited within a prison environment could be deemed fair, since it is just another aspect of the conditions of punishment (this account was voiced by some staff members in chapter 5.)

However, if one thinks of parenting freedoms as something different, acquiring unique moral status, then one might argue that the prison has a responsibility to facilitate parenting choices in the same way that the prison has an obligation to facilitate the exercise of particular religious freedoms (by providing access to halal food or excusing prisoners from work during periods of prayer, for example.) However, even these fundamental religious rights are constrained in certain ways: whilst a Christian prisoner has a right to visit the prison chaplain or access a Bible, she cannot leave prison to take part in a pilgrimage, for example. Whether parenting choices and religious activities are comparable is open to debate, but the point is that prisons do typically recognize the need to modify environment and routine so that prisoners can realize certain important freedoms, to some extent. Therefore, it remains an open question whether parenting

choices should be facilitated in the same way, and at present there is no clear response to be found within prison policy. I will return to this issue below.

Crucially, in the case of co-sleeping, this is a parenting choice that many child health experts would discourage. Therefore, some MBU staff argue that facilitating this choice is a way of benefiting the mother rather than the child (chapter 5). One can imagine that if the mother requested a particular toy or food that was primarily desired because of the way it benefited the child, then the prison might be more willing to be accommodating. When addressing these ethical issues, the prison will have to balance the best interests of the child against the demands of justice-as-punishment, and also against cost to the prison in terms of money, space, and time. The specific reasons for the mother's request will need to be examined in detail in order to understand *why* she values a particular parenting practice, and whether facilitating the request is the best way to achieve those values. Staff will also need to consider whether they can and should make this same parenting choice available for all the women in the unit, in the interests of fairness. Parenting choices that are relatively cheap, which definitely benefit the child, which don't create too much extra 'privilege' for the mother, and which can easily be shared amongst the community of mums are probably the most likely to be approved.

Relatedly, prison Governors must decide whether it is right to take advantage of a mum's incarcerated state in order to enforce better-than-good-enough parenting for the sake of her baby. In other words, is it right to use the mother's punishment as an opportunity to promote - or enforce - optimal care for her child, in ways that limit the mother's autonomy and undermine her parental responsibility? This issue is illustrated through the discussion of compulsory Messy Play in chapter 5, and one can respond by drawing upon a care framework or a justice framework.

An argument grounded in care might state that since prison is inevitably a less than ideal environment for small children, the prison authorities should offset this disadvantage by using their powers to ensure that mums within the MBU provide truly excellent care for their babies. Whether this argument is convincing will depend in part upon whether prison really is a 'less than ideal' environment for babies, and how one balances the interests of babies against the autonomy of mothers. However, an alternative argument could also be made from the perspective of punishment; as was discussed above, one could claim that women in prison are being punished and that the restriction of their free choice is an inherent part of the deprivation of their liberty. According to this line of argument, the fact that children benefit from aspects of this punishment is a 'win-win' and does not make the punishment itself unjust, it is simply a way of effectively serving the dual goal of caring for children whilst punishing their mothers.

Undeserved privilege

Whilst professionals delivering parenting support in the community may be required to make judgments about women's parenting abilities and parenting needs, in an MBU environment these questions of judgment are complicated by considerations of crime. Chapters 4 and 5 showed that whilst MBU staff members strive to be 'non-judgemental', they do consider the implications of women's crimes for their parenting ability. In other words, some MBU staff felt that the extent to which these women are judged as good or bad mums depends not only on their practical parenting skills and parenting knowledge, but also on their moral character. EI policy generally adopts a no-blame narrative whereby disadvantaged parents are the victims of circumstance and should be helped and empowered rather than responsibilised (Mortimer, McKeown, and Singh 2018). However, in prison it is less clear that the women are blameless in this way; the findings detailed in chapter 5 demonstrate how some staff believe that crime and bad

parenting both result from a selfish or irresponsible character for which women can be blamed.

These considerations of women's crimes raise questions about what the mums 'deserve'. MBU staff often worried about 'undeserved' privileges that the mums experienced whilst living within the MBU. These staff members described feeling uncomfortable with the fact that women within the MBU had access to a greater number of facilities, comforts and freedoms than women elsewhere in the prison (chapters 4 and 5); examples given include the ability to order food from Baby Shop, not having to share bedrooms with other prisoners, or attending free parenting classes. Whilst staff were clear that these privileges are necessary for the wellbeing of the children, they worried that this detracted from the punishment that the women receive. These are ethical issues that prison Governors and MBU managers must grapple with: again, the concern at the heart of these questions is how prisons can strike a balance between caring for babies and punishing mothers, when the wellbeing and flourishing of the two are so closely intertwined.

Beyond 'care for babies, justice for mums'

The above discussion has raised a number of ethical questions, all of which are considered implicitly or explicitly in the narratives of the MBU and prison staff that I interviewed:

1. To what extent should the prison modify its environment and routine in order to facilitate a woman's parenting choices, including her choice to engage in parenting behaviours that might not be considered optimal for the child?
2. Should restricted parenting choices and freedoms be considered part of a woman's punishment in the same way as other restricted freedoms and choices?

Or do parenting choices have a different moral value which means they should be protected?

3. Given a woman's status as prisoner, is it right to take advantage of her incarcerated state in order to enforce better-than-good-enough parenting for the sake of her child? In other words, is it right to use the mother's punishment as an opportunity to enhance care for her child, if in doing so the woman is subject to greater parenting rules and interventions than would be considered appropriate in the community?
4. To what extent is it right that women within the MBU experience privileges that women elsewhere in the prison do not have access to – such as freedom to cook their own food or have their own bedroom – simply because they happen to have a child?

I have shown that, in responding to these ethical tensions and entanglements, a delicate balance must also be found between good care for babies and justice for their mothers. Such a balance is most difficult to strike when working within a retributive framework of justice as punishment, since any freedom or privilege afforded to the mother counts *against* the demands of justice. This is because, within such a framework, what is owed to babies (care) is the opposite of what is owed to mothers (punishment). This division of children and mothers' interests is difficult both in theory and in practice, since the good of one is so closely tied to the good of the other. In understanding this, I again turn to the importance of relationships.

A mother is in a relationship with her child, and how 'good' this relationship is will be fundamental to the child's wellbeing; this is a key premise of attachment theory and of EI policy more generally (Berlin et al. 2005). However, the relationship is not just good for the child, since the value of the mother-child relationship arguably extends beyond scientific or psychological accounts of attachment or infant development. Sometimes,

mums wish to make parenting choices that may not benefit the child in any explicit or evidence-based way, but yet which are important for the nurturing the woman's maternal identity in the context of a relationship with her baby. Co-sleeping might be an example of such a parenting choice, or less controversially (and hypothetically), the decision to have cake on a child's first birthday. Both of these examples arguably constitute a parenting choice that is at the very least non-essential for the child's wellbeing, and arguably makes no difference to the baby's wellbeing at all; children can safely sleep in separate beds from their mothers, and one-year-olds are unlikely to understand the significance of cake on their birthday. However, one can understand an imprisoned mother's desire to celebrate with cake or to co-sleep. To consider such requests as ones which (unjustly) benefit the mother is to fail to recognize the depth of what this parenting choice means for the woman's relationship with her child; whilst the child is not directly benefited by the cake, he is arguably benefitted by the fact that his mother is able to display her love in a way that feels meaningful and important to her, and this can form part of a 'good story' of raising her small child even in a challenging environment. Through this narrative the woman can shape her moral identity as a mother. There is not the space here to develop such an account in any more detail, though discussions of the intrinsic and extrinsic goods of parent-child relationships were explored in the Bioethics section of the literature review (Lindemann 2014; Brighouse and Swift 2006; Munoz-Darde 1999), and elsewhere research in the social sciences has considered how mothers engage in 'moral projects' whereby narrative is a tool for shaping maternal identity in the context of childcare choices (see Mattingly 2014).

The above considerations certainly point to the possibility that parenting choices in prison could be different from other everyday choices, and that they may entail certain intrinsic and relational goods that cannot be reduced to 'good for mum' or 'good for baby', and which may entail protection. If one accepts this particular conception of the

value of the relationship between mother and child, this will have implications for MBU policy. Whilst it doesn't mean that women in prison should be free to make any parenting decision they wish, it potentially places greater obligations on prison staff to think carefully about the kinds of rules that exist on the unit, to understand *why* mums make certain requests about parenting, and to explore the value of these choices before making decisions about whether to prohibit and enforce certain parenting behaviours.

It is possible that, within a therapeutic and rehabilitative framework, the ethical tensions explored in this discussion would be much less stark, since the conflict between punishing mums and caring for children dissolves into a general account of caring for women through rehabilitation.[10] This would also help to resolve some of the concerns staff raised that women in the MBU have more freedom than women elsewhere in the prison; if a rehabilitative framework were adopted within the prison system more broadly, then the answer would be to find ways to give women elsewhere in the prison more agency, rather than to increase the punishment of women in the MBU to compensate for 'unfair' privileges. Even if a rehabilitative framework could not be adopted across the whole of the prison, it might be enough to state within the Prison Service Instruction (PSI) that this model of justice operates within the MBU, and to train staff and define their roles in accordance within a rehabilitative model. Again, it is beyond the scope of this thesis to develop a more comprehensive account of how such a rehabilitative culture could be enacted within prison MBUs; my purpose here is to highlight some of the ways in which these ethical issues interact with aspects of penal theory and to suggest where future research could engage with these concerns in order to develop practical solutions to ethical conflicts.

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[10] On the value of therapeutic communities in prison see (Genders and Player 1995; Genders and Player 2010). On a rehabilitative model of punishment, see (Von Hirsch, Ashworth, and Roberts 2009, chapter 1)

This thesis has shown that MBUs exist in a complex social space where different stakeholders pursue different values and goals. Whilst ethical conflicts should be recognized and carefully considered, any practical solution is likely to be a compromise between different goods. I hope that the above discussion, whilst it provides no concrete answers, has teased out some of the ethical complexities in such a way that it may help Prison Governors and others to examine these issues within the institutions for which they are responsible.

The Value of Prison MBUs

It might be tempting to view the findings of this thesis with pessimism; the preceding discussion has revealed a number of significant challenges that face those who are responsible for MBUs at various levels: policy makers, prison governors, and those who work and live within these institutions. These practical and ethical challenges may feel insurmountable, and one could conclude that prison MBUs should be abolished. However, such a conclusion would be hasty and – I believe – unjustified, given the criminal justice system as it stands. It is hugely important that women with babies are able to continue to care for those children in prison, particularly if this ultimately prevents the separation of mother and child. Though one can debate the extent to which women in prison deserve, need, or benefit from the support they are provided within an MBU, one fact upon which almost everyone can agree is that prison MBUs benefit babies, and that babies deserve this benefit.

At the beginning of this thesis, I considered the two goals of the MBU. These were:

1) To provide the child with a good start in life by facilitating/maintaining attachment between mum and baby, and preventing their separation
2) To provide parenting support in order to help these women become better parents or be the best parents they can be

It is now clear that it is the second of these two goals that is controversial and complex, yet the first is generally accepted, both within EI policy and by participants in this study. In almost all cases, children benefit from an attachment relationship with their mothers; even if early care is imperfect, it is usually better than inconsistent and disrupted care, which often leads to disorganized attachment and behaviour problems (Pilarz and Hill 2014; Gauthier, Fortin, and Jeliu 2004).

If MBUs did not exist, many more children would be separated from their mothers and at least some of these would enter the care system; whilst some children thrive in local authority care, many do not. Children in care are five times more likely to be cautioned or convicted of an offence than children in the general population, and a 2015-16 survey by HM Inspectorate of Prisons found that 37% of children in young offender institutions and 39% of those in secure training centres have experience of local authority care (Ministry of Justice 2018). In 2017, an article in The Guardian reported that only 6% of care leavers go on to higher education (Kelly 2017). Further, research shows that looked-after children and care leavers are between four and five times more likely to self-harm in adulthood (Simkiss 2012), and around 25% of those who are homeless have been in care at some point in their lives (Department of Education 2015). All of this demonstrates how local authority care does not provide a good start in life for many children. The existence of MBUs prevents children from being taken into local authority care.

Whilst being cared for by their mothers within the MBU, all children are – at the very least – protected from abuse and neglect, since any mother who abuses or neglects her child will not be allowed to remain within the MBU. At times, they are provided with excellent care, in the form of compulsory activities like Messy Play, or rules that ensure they receive good nutrition. Whilst parenting rules raise ethical concerns with respect to *mothers,* they do not harm the children. Some children would not have had access to

these kinds of care had they remained with their mothers at home, and these children certainly benefit from the MBU.

Other children within MBUs will have been born to affluent, educated and skilled parents, and these children may have a worse start in life as a result of being cared for in prison rather than being cared for by their mothers at home. But if no alternatives to custody are available, then being cared for by one's mother at home is not an option, and as such, MBUs still benefit these children by preventing separation.

However, alternatives to custody *are* available, in the form of community sentences or open prisons. If 'good enough' mothers were able to receive punishment without going into prison, their children would benefit from being cared for at home. And if 'less good' mothers were to receive punishment in the community, it would still be possible to find ways of providing them with parenting support without sending them to a prison MBU, and therefore benefitting their children. After all, most EI programmes take place in the community, and there is no reason in principle why these women could not take part in community EI parent support programmes whilst also serving a community sentence.

In many cases, such alternatives to custody appear fair and appropriate, not least because very few women commit serious violent crimes and almost none of those who do would be eligible for a place within a prison MBU. In 2007, the Corston Report concluded that imprisonment was disproportionate and inappropriate for the vast majority of women in prison, and that women's centres and other community services are far more suitable (Corston 2007). Although the UK prison system is far from implementing Corston's recommendations, recent moves have been made in this direction (McCann 2018), with some politicians calling for an end to prison sentences of six months or less for both men and women (Owoseje 2019). Therefore, there is hope that one day, prison MBUs will not be needed, since the vast majority of women offenders will not be sent to prison.

However, given the criminal justice system as it currently stands, MBUs provide a valuable if inevitably imperfect service. Whilst benefit to the mothers is controversial given discussions of parenting needs, parental autonomy, punishment, privilege and desert, the benefit to babies is uncontroversial. EI policy emphasizes the importance of the early years for lifelong health and wellbeing, and MBUs protect babies from the impact of separation, inconsistent care, or local authority care, all of which can result in lifelong harm and costs to both the individual and society. Thus, whilst much more work needs to be done in order to clarify the goals of MBUs and to resolve some of the ethical issues, MBUs are a valuable and important part of the UK prison system.

Conclusion

In this chapter I have shown that the MBU can be understood as a moral world characterized by a number of different and sometimes competing values, practices, and commitments; together these account for various different perspectives on the goal and purpose of parenting support and the nature of a 'good' relationship between staff and mums. Through exploring these ethical tensions and reflecting upon the context of EI policy and practice, I have shown that parenting support means many things within the MBU, and not all of these meanings align with the meaning ascribed to parenting support in the context of EI. Hence, important questions arise concerning whether women in MBUs need parenting support, whether such support can be effective, and how prison staff can best negotiate the demands of care and justice in order to ensure that ethical challenges can be met. I have sought to tease apart some of the ethical tensions underlying these challenges, in order to show where principles conflict, to offer suggestions as to why this is the case, and to clear the way so that solutions can be found. There is more work to be done, but I hope that this discussion has provided a clearer account of the ethical landscape and laid the groundwork for future research.

With this in mind, in the next and final chapter I offer some practical recommendations for both prison MBUs and for EI policy more generally.

Chapter 8 – Conclusion

Introduction

The aim of this thesis has been to provide a rich and nuanced ethical analysis of the theory and practice of parenting support within a prison MBU, and to situate these findings in the context of UK government EI policy.

I have found that the MBU can be understood as a moral world within which different people pursue various values and goals in the context of relationships with one another. Parenting support is a key aspect of this moral world. I have highlighted where some goals and commitments come into conflict, have shown where key stakeholders experience confusion and uncertainty about their roles and responsibilities in the pursuit of these goals, and I have demonstrated some of the practical and ethical challenges that must be met if parenting support is to be provided to women living in prison MBUs.

In this way, my thesis lays the groundwork for future research in both EI policy and prison policy. Before considering policy implications, it is important to keep in mind that this research has a number of limitations, both theoretical and empirical. Exploring these limitations points to potential avenues for future research.

Limitations of this Research

Inevitably, as with any research, this project has a number of limitations that it is important to note. First, this has been an inherently interdisciplinary project, and whilst the research is enriched by multiple disciplinary perspectives, this has also meant that individual literatures or disciplines could not be explored in as much detail as would have been possible in a different kind of project. Choices have had to be made, and as such, the literature review had to omit some important papers and schools of thought;

the review (chapter 1) provides an overview of the landscape that is sufficient and informative, yet necessarily limited in scope.

In particular, gender is of central importance in this study. I approached this issue through the lens of care ethics, whilst also adopting a 'bottom up' approach to ensure that women's voices and experiences were at the heart of the project. Of course, feminist bioethics and feminist theory more generally provide a multitude of lenses and approaches that can be valuable in the study of gender-related issues, and this study could not engage with the majority of these. Future research of this kind could benefit from a closer focus on gender, perhaps considering an intersectional approach that also explores the role of race and class in forming accounts of 'good motherhood' in this environment. Indeed, one of the limitations of care ethics is that it may overlook issues of diversity and power that impact women's ability to provide 'ideal' care (Hankivsky 2014). Relatedly, care ethics has been criticized for contributing to the disempowerment or exploitation of women by reinforcing traditional notions of passive and subservient femininity (Nelson and Carse 1996). Further, it is possible to romanticise women's mothering role through a close focus on care, and in doing so to marginalise other aspects of her person and character. Whilst a focus on relational autonomy goes some way towards reducing this risk, mums within the MBU are still viewed primarily as care givers, and this work does not provide any insight as to their identities beyond the mother-prisoner binary. However, their identities are of course far more complex than this, and their characters defined by much more than their ability or capacity to care.

Another consideration of the role of gender in this research is the notable absence of any discussion of fathers in participant accounts of good parenting and parental responsibility. The role of fathers did not emerge from the data, and as such this thesis has been largely silent on the topic of fathers in order to stay focussed on the findings of

my empirical work. However, future work could consider to what extent the accounts of good motherhood explored here differ from what is expected of a good father, both in the community and within prison. Notably, there is no equivalent 'father and baby' unit within any men's prison in the UK; in cases where a man is the primary carer of a child but receives a prison sentence, should it be possible for him to care for the child within prison, and if so, how would 'parenting support' look different? Considering these questions forces us to challenge the gendered aspects of assumptions about what it means to be a good parent and what it means to provide good care. A more explicit focus on gender could perhaps have shone more light upon this aspect of the research project, either by including explicit questions about the role of fathers within interviews with mothers, or by including fathers themselves in interviews. Future research could explore these avenues.

There are a number of further limitations of the empirical work undertaken as part of this research. First, it is important to note that these findings relate only to the specific MBU that was studied: the MBU within Prison A. For this reason, the findings are not straightforwardly generalizable – though, hopefully, the important lessons learnt here might provide a good starting point for thinking in other settings. Other MBUs have different set ups; critically, none of the other UK MBUs is staffed only by contracted charity staff, but rather, they all have prison officers regularly present. The presence of officers on the unit is likely to more clearly delineate the roles of care staff and prison staff, and as such, result in different kinds of relationships. Future research could explore this, perhaps through observational and interview studies within other UK prison MBUs.

Further, it would be valuable to explore the extent to which the findings here are shaped by the specific working culture and values of CharityB as an organisation. Other UK prison MBUs are contracted to different third sector providers or to a private sector

company called Sodexo Justice Services. Again, because this research considered only one prison MBU, it is impossible to say how the working culture of CharityB specifically shaped the findings, and as such, research within other prison MBUs would be valuable.

The findings here are necessarily unique to the specific group of women living and working within this MBU at the time during which the study was conducted. It is possible that the culture of the MBU would be very different at other moments in its existence, and I was only able to capture a snapshot of this moral world. However, this snapshot is valuable; given that very little previous research has been conducted in this area, it was important to explore one prison MBU in depth, since a nuanced understanding of the culture and environment cannot be gained without the investment of time and the building of trust. To consider more MBUs would have risked spreading myself too thinly, and thus sacrificing depth for breadth. I was able to immerse myself in the world of the prison MBU and dedicate time to forming relationships with participants and witnessing their day-to-day interactions and activities; this resulted in the kind of rich data that is necessary to examine complex ethical questions about the different goods and values at play. This lays the groundwork for future research that considers other prison MBUs.

Furthermore, this prison MBU provided a valuable context in which to test some of the assumptions of EI policy and to explore how these play out within a particularly challenging and unique environment. Thus, whilst the description of this specific group of mums and staff cannot be generalised to other prisons or moments in time, the findings are important beyond this specific context and may inform EI policy more generally. For example, my findings as to the value of informal peer support between mums are seemingly missing from many aspects of EI policy. It is clear that from a care ethics perspective, relationships are central to autonomy and genuine support, and as such it is important to think about all the different kinds of relationships that play a role

in the lives of mothers, including but not limited to their relationship with professionals. In this way, the findings of this research reveal how a study of parenting support within prison MBUs may provide lessons for EI policy more generally. This is explored further in the policy recommendations, below.

This insight reveals an additional limitation; although this research provided a detailed ethical analysis of the complex web of relationships within the MBU community itself, I was not able to explore the value of supportive relationships with those outside of the prison, such as partners, grandparents, siblings, friends, and others. These are likely to be important sources of support, particularly in the case of carers who regularly visit the prison and take the child into the community for extended periods of time. Future research could engage with the perspectives of other people who play a role in the wider caring network for mums and babies living in prison MBUs.

Policy Recommendations

In what follows, I offer some tentative recommendations for consideration in the context of UK MBU policy, before moving on to suggest some recommendations for EI policy more generally. The goal of this thesis was to provide a nuanced ethical analysis, exploring the purpose of the MBU, the role of parenting support, and the various goods and values that guide, motivate and sometimes impede or confuse the pursuit of various goals. Hence, many of the recommendations detailed here are not concerned with making MBUs more 'effective' *per se*, but rather with finding ways to understand and account for ethical conflict, and reach clarity as to what MBUs are trying to achieve, particularly as regards parenting support. My study lays the groundwork for future research across different MBUs, with a view to deepening understanding of the ways in which these ethical conflicts and incoherences are barriers to effectiveness; and to developing feasible solutions that lead to better outcomes for mums and babies. Against

this background, and acknowledging the limitations mentioned above, I now offer some reflections on possible implications for policy.

Recommendations for UK prison policy

1. First and foremost, policy makers and prison Governors should acknowledge the need for a much clearer account of the goal and purpose of prison MBUs, particularly as regards parenting support. Developing such an account would also lead to clearer admissions criteria that could be enacted when assessing applications to MBUs. This in turn would create a fairer system for mums who apply for a place within the MBU, as well as an easier decision making process for staff when making decisions at admission board.
2. Prison Governors should think carefully about whether or not they wish to have prison officers regularly present on the prison MBU, or whether the unit should be staffed entirely by charity staff. In either case, MBU staff members require a clearer delineation of their role and additional training so that they are equipped to fulfil their responsibilities; again, a clearer delineation of roles is likely to be possible only once the goal and purpose of the MBU is more explicitly defined. Staff members need to know exactly what falls within their job description and what does not, so that they are able to manage the needs of mums and refer them to others if MBU staff are not themselves required or able to attend to certain issues. Exactly what this training should involve will depend in part upon the specifics of staff job descriptions, but it could include some of the following:
    a. If it is decided that MBU staff should take on some of the role that prison officers typically fulfil, then they require further security training to ensure that MBU staff feel safe and able to deal with security breaches or instances of difficult behaviour from mums.

b. MBU staff require training concerning the nature of a 'good relationship' with mums, including specific support and guidance with managing professional boundaries. This may involve supervision so that staff have an opportunity to discuss any difficulties arising in the context of their relationships with women, and to seek guidance from someone outside of the situation

c. MBU staff could benefit from specific training around the delivery of parenting support beyond enforcing rules; the content of this training may depend on how the role and goal of parenting support is ultimately defined, but might include skills such as motivational interviewing, empathic listening, or mental health first aid.

3. Relatedly, if it is decided that certain tasks fall outside of the job description of MBU staff, it could be beneficial to arrange for a prison officer to visit the MBU each week at an allotted time. This would enable mums to resolve 'prison issues' without having to leave the unit; leaving the unit is difficult as mums must find someone to care for their child during this time.
4. Mums would benefit from a clear distinction between what should be thought of as advice and what constitutes a parenting rule. They should also be made aware of the consequences of breaking these rules, including the process that they can take to appeal any decision taken on the basis of apparent 'rule breaking.' Part of this process might involve a clearer distinction between 'prison' and 'parenting' rules, perhaps through better articulation of the guiding logic that motivates the rule (i.e. is the rule designed to ensure good care of babies, or to maintain safety and security, or something else?).
5. Some of these parenting rules could be considered and negotiated with the mums themselves in a focus-group style discussion, so that the mums are given an opportunity to express their own views and needs, rather than having these

assumed and interventions imposed upon them. This might give the rules greater legitimacy and give mums a sense of ownership and agency over their experience within the MBU.

6. At a higher level, it could be beneficial to amend the 'mantra' of the MBU – to always focus on the best interests of the child – so that consideration is given to the best interests of the mother-child dyad more generally. Ultimately, the findings from this study suggest that it would be good to move away from attempts to separate their interests of mother and child according to a logic whereby mothers are punished and children are cared for, since this creates ethical conflicts and contributes to problems of dual loyalty for staff. It is difficult to know exactly how to address this issue, since it involves a change of culture which might be best achieved at a higher level, through a move away from retribution and towards rehabilitation within the justice system overall. However, small steps towards this goal could be taken by modifying the MBU PSI and by building this ethos into the training that is provided to staff.

Recommendations for early intervention policy

1. First, those who consider developing and initiating EI programmes should understand that no matter how well-designed, any parenting support programme is going to be a complex social intervention with an important moral dimension. This needs to be taken into account at all stages of planning, delivery and evaluation. Policy makers and others involved in EI advocacy may consider seeking the guidance of ethicists in order to navigate the normative implications of their work.
2. Whilst it is arguably the role of policy to be clear and convincing, EI policy could include reflection upon the nuances and conflicts that arise both when trying to propose and defend accounts of 'good parenting', and when seeking to identify

those mothers who fail to meet this standard and require support. Policy should give due consideration to such complexities and acknowledge the challenges, both practical and theoretical, that arise in the context of providing parenting support in the context of EI. In doing so, policy makers could perhaps be better prepared to recognise the likely difficulties of translating policy to practice, particularly in specific environments like prison MBUs. This would ultimately lead to better policy, and more guidance for practitioners seeking to deliver parenting support across a range of contexts.

3. Future evaluations of EI programs should consider the importance of caring relationships between those delivering parenting support and those receiving it, exploring what makes a good relationship and what barriers lie in the way of developing such relationships. Research of this kind may need to combine traditional methods of evaluation, such as Randomised Control Trials, with ethnographic methods designed to capture different kinds of data and explore the first person experience of participants (Maggio 2018, 284).
4. EI policy should consider factors beyond the immediate caring relationships between parent and child or parent and professional, in order to value and encourage the role of peer support and caring communities. Some studies have considered the value peer-led parenting programs (see for example Cupples et al. 2011), but more research into the value of informal peer support and social networks is necessary to understand how these relationships may empower mothers in a number of ways. Hence, a relational care ethic should be kept in mind as a counter to the neoliberal view of individual autonomy that dominates much of EI policy.

Conclusion

EI policy raises complex ethical questions about the meaning of good parenting, the nature of a good childhood, the rights and responsibilities of parents, and the role of the state to intervene in family life. Parenting support is a key aspect of EI; this study sought to explore the values and goals of those who deliver and receive 'parenting support' in order to examine the ethical issues as they arise in practice. I selected a prison MBU as a particularly challenging and fitting environment that might helpfully shed light on these ethical questions, with the potential to reflect on implications both for parenting support in prison, and for parenting support within EI policy.

This research has undoubtedly raised more questions than it has answered. However, in doing so, it has furthered understanding of the ethical issues raised at the outset of this thesis, and lays the groundwork for future research and policy work. Ultimately, I hope that the findings detailed here can enable those with responsibility for prison MBUs to ensure that they are places of both justice and care, for mothers *and* babies.

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Appendix

A) Ethical approval from the National Offender Management Service

From: Thomas, Susan [redacted]
Sent: 20 December 2016 10:12
To: 'rose.mortimer@lincoln.ox.ac.uk'; 'rose.e.mortimer@gmail.com'
Cc: National Research [NOMS]; Kelman, Jude [HMPS]
Subject: NRC application 2016-397 Early intervention care and justice for mothers and babies in prison

Hi Rose

Your research application above has been approved by North West Psychological Services and the Governor of [redacted]

Please note should you wish to publish or present any of the findings from your research you need to obtain permission. The procedure is:

An email should be sent to :

Lynne Carter (email : [redacted] with:

A brief synopsis of the purpose and conclusions of the research
A copy of the research paper/presentation
An indication of anything contentious within the paper/presentation

Regards,

Sue

Dr. Sue Thomas, AFBPsS
Chartered and Registered Forensic Psychologist
Cluster Manager: Training, Research & Consultancy Service (TRaC)
North West Psychological Services

B) Ethical approval from Oxford University

SOCIAL SCIENCES & HUMANITIES INTER-DIVISIONAL RESEARCH ETHICS COMMITTEE

Research Services, University of Oxford, Wellington Square, Oxford OX1 2JD
Tel: +44(0)1865 616576 Fax: +44(0)1865 280467
ethics@socsci.ox.ac.uk



Ms Rose Mortimer Department of NDPH - Population Health

3 February 2017

Research Ethics Approval (CUREC 2)
Ref No: R49622/RE001
Title: Early Intervention, Care and Justice for Mothers and Babies in UK Women's Prisons

The above application has been considered on behalf of the Social Sciences and Humanities Inter-divisional Research Ethics Committee (IDREC) in accordance with the procedures laid down by the University for ethical approval of all research involving human participants.

I am pleased to inform you that, on the basis of the information provided to the IDREC, the proposed research has been judged as meeting appropriate ethical standards, and accordingly approval has been granted.

Should there be any subsequent changes to the project, which raise ethical issues not covered in the original application, you should submit details to the IDREC for consideration.

Yours sincerely,

Claudia Kozeny-Pelling Research Ethics Manager and Secretary SSH IDREC

cc: Professor Ilina Singh

C) Letter of support from the Governing Governor

From: Amador, Louise [HMPS] [redacted] on behalf of [redacted]
Sent: 21 November 2016 09:18
To: Rose Mortimer
Subject: RE: Research Request and Proposal

Hi Rose,

I am content with your research proposal in principle and would be happy to work with you if you gain the relevant approval.

Many thanks
[redacted]

D) Letter of support from the Mother and Baby Unit manager

13th October 2016

Dear [redacted]

I am writing in support of Rose Mortimer's request to conduct research within the Mother and Baby Unit at [redacted].

Rose is a PhD student at the University of Oxford, her research is supported by [redacted] at the University of [redacted], as well as by Professor Ilina Singh and Professor Michael Parker at Oxford University. The research project focuses on the nature of 'early intervention' for babies living in a prison environment, and involves an exploration of two key ethical concepts: care and justice. The research would involve interviews with staff and mothers in addition to participant observation.

Rose visited the Mother and Baby Unit on 13th September and spoke with some of our staff, who have also expressed support for her research. We believe the project would be a mutually beneficial arrangement, and we hope that the research findings will enable us to improve services both for mothers and babies living within the MBU

Yours sincerely

[redacted]

[redacted]

Mother and Baby Support Unit

E) Consent form for prison staff

Name of Researcher: Rose Mortimer

Ethical Approval granted by:

National Offender Management Service (NOMS): number 2016-397

University of Oxford Central University Research Ethics Committee (CUREC): number R49622/RE001

Please circle your answer:

Have you read the Participant Information Sheet?	Yes / No
Have you had an opportunity to ask questions and discuss this study?	Yes / No
Have you received satisfactory answers to all your questions?	Yes / No
Do you understand you are free to leave the study at any time up until the end of the data collection period, October 2017?	Yes / No
Do you understand that personal data will be anonymised, and will be destroyed after a period of 5 years?	Yes / No
Are you aware that everything you say will be kept confidential?	Yes / No
Do you consent for the researcher to record your interview using a voice recorder?	Yes / No
Do you consent to being observed by the researcher whilst you are working on the Mother and Baby Unit?	Yes / No
Are you aware of how to raise a concern and how to make a complaint?	Yes / No
Do you agree to take part in this study?	Yes / No

Signature of Participant **Date**

Name in BLOCK LETTERS

Signature of Researcher **Date**

Name in BLOCK LETTERS

F) Consent form for mothers

Name of Researcher: Rose Mortimer

Ethical Approval granted by:

National Offender Management Service (NOMS): number 2016-397

University of Oxford Central University Research Ethics Committee (CUREC): number R49622/RE001

Please circle your answer

Have you read the Participant Information Sheet and/or had it read to you by the researcher?	Yes / No
Have you had an opportunity to ask questions and discuss this study?	Yes / No
Have you received satisfactory answers to all your questions?	Yes / No
Do you understand you are free to leave the study at any time up until the end of the data collection period, October 2017?	Yes / No
Do you understand that personal data will be anonymised, and will be destroyed after a period of 5 years?	Yes / No
Are you aware that everything you say will be kept confidential, unless any illegal activities, threats, disclosure of sensitive information or concerns of self-harm are raised, and that if such information is shared, the researcher will pass this on to a member of custodial staff?	Yes / No
Do you consent for the researcher to record your interview using a voice recorder?	Yes / No
Do you consent to being observed by the researcher whilst you go about your daily life on the Mother and Baby Unit?	Yes / No
Do you understand that, if you participate, your child/children might also be observed?	Yes / No
Are you aware of how to raise a concern and make a complaint	Yes / No
Do you agree to take part in this study?	Yes / No

Signature of Participant **Date**

Name in BLOCK LETTERS

Signature of Researcher **Date**

Name in BLOCK LETTERS

G) Oral consent process

To be used where separate written participant information sheet has already been read by the participant, ideally at least 24 hours before oral consent is sought if possible. This consent process should be recorded using a digital recorder (if participant has consented to this.)

Hello again, my name is Rose, and I wanted to talk to you about the project I gave you an information sheet about before. To recap, the aim of my project is to learn about the experiences of women who live in prison with their babies. Are you still interested in taking part in the project? *[Await confirmation].*

Now I'd like to confirm some of the details of the project to make sure you understand what's involved for you:

- It's a project about mother and baby units in prison, and it's being used for my PhD research at Oxford University.
- If you want to participate, I'll need you to take part in an interview with me lasting approximately one hour. I may also ask you to be involved in a group interview with other mums. I will also be observing you as you and your baby go about your normal activities, and I may write some notes. This is because I am interested in learning about the activities that happen with the mother and baby unit, and how you and staff look after the babies. I will not be assessing you or judging you.
- The following risks are involved in taking part: you may feel a little stressed or anxious during the interview, though I will be careful to avoid questions which seem to be upsetting to you. You can tell me if you don't want to answer a question or if you are finding the interview difficult, and I will ask a new question or we can take a break. You can ask to stop the interview at any time, and you don't need to give a reason.
- You don't have to say yes to taking part; you can ask me any questions you want to before or throughout. You can also withdraw at any stage without giving a reason and without any negative consequences.
- Oxford University Research Ethics Committee and the National Offender Management Service have both approved this research project.

- It is important that you understand how to raise any concerns or complaints. You can talk to Carla Booth and she will follow up your concern with me and take action if needed.
- I won't use your real name next to data you provide, and I won't use your baby's name or the name of any of your friends or family.
- I will safely store your data on my computer in password protected files, and will keep the research data for 5 years, and then I will delete it.
- I will audio-record your interview, unless you say that I can't.
- My written work will be published online and in academic journals.

Do you have any questions about any of what I've said? *[Await confirmation]*

Are you still willing to take part? [*Await confirmation]*
So if you're happy with all of that, and have no more questions, let's start.

H) Information sheet for prison staff

Invitation

I am a researcher at the University of Oxford in the UK. I invite you to participate in my research study about early intervention, care and justice for mothers and babies in UK women's prisons. This information sheet explains my research project. Please take time to read the information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear, or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the purpose of the study?

This study aims to explore the topic of motherhood and childcare in prison by engaging with the experiences, views and beliefs of a range of stakeholders, including prisoners and prison staff. I hope that through understanding the views of those involved, this study will identify ways to support female offenders in their mothering role, and consequently improve outcomes for both the mothers and their babies.

Why have I been contacted?

You have been invited to take part in this study because you are working as a staff member at HMP/YOI Styal.

What will happen to me if I take part in the research?

The study will involve an interview, arranged at time and place convenient for you. This will probably be in a staff office or other suitable room somewhere on the Mother and Baby Unit, or elsewhere within the prison. The interview will last approximately one hour. During the interview I will ask you some questions about your experience of working in prisons, and about childcare within Mother and Baby Units. With your permission, the interview will be audio recorded.

In addition to conducting interviews, I will also be present on the Mother and Baby Unit in order to observe mothers, babies and staff as they interact with one another and go about the routine of prison life. If you are working within the unit whilst I am present, I may sometimes talk to you or ask you questions. You do not have to answer these questions if you do not wish to.

Can I withdraw from the study after I have consented to participate?

You are free to withdraw from the study up until the end of the data collection period, October 2017. You do not need to give a reason for withdrawing. Your name will be removed from the database, and any data pertaining to you will be destroyed. However, if I have already included you in data analysis, it will not be possible to remove your individual data, due to the nature of data anonymisation.

What are the possible risks and benefits of taking part?

There are no known risks of participating in this research. Some interview questions may cause minimal stress or upset, but this is unexpected. Most research participants find this kind of research participation to be illuminating and rewarding. This research may identify ways to make the Mother and Baby Unit better for both prisoners and their babies. Any improvements to the outcomes for mothers and babies would provide a benefit for prison staff, as well as potentially for wider society and future generations.

Do I have to take part?

You do not have to take part. It is up to you to decide whether or not to take part.

What if something goes wrong?

If you have a concern about any aspect of this project, please contact me at the address below. I will do my best to respond to your query within 10 working days and give you an indication of how it will be dealt with. If you remain unhappy or wish to make a formal complaint, please contact the chair of the Research Ethics Committee at the University of Oxford. The chair will seek to resolve the matter in a reasonably expeditious manner.

Chair, Medical Sciences Inter-Divisional Research Ethics Committee
Email: ethics@medsci.ox.ac.uk
Address: Research Services, University of Oxford, Wellington Square, Oxford OX1 2JD

Will my participation in this study be kept confidential?

All information collected about you during the course of the research, including interview material and observational data, will be kept confidential.

Confidentiality would be breached only in the very rare circumstance that it was judged that you or someone else was at immediate risk of serious harm. In these circumstances

only the information necessary to ensure immediate safety would be released. I cannot guarantee absolute confidentiality with respect to illegal behaviour of which I may be made aware.

The only other circumstance in which information would be released is if it was requested by an order of a court of law.

How will you protect my privacy?

Data will be anonymised so that individual participants cannot be recognised personally in public dissemination of the research, such as reports or journal articles. Any information about you will be assigned a number or a pseudonym.

What will happen to the data collected as part of this research?

Data collected as part of this research will be stored in accordance with the data protection act, and will be accessible only to members of the research team, and will be destroyed after a period of 5 years.

What will happen to the results of the research?

The findings of this research will be disseminated in reports, publications, public talks, and on the study website. Any research publications will not identify you individually. Published findings will be made available to you at the end of the study, should you wish to read them.

Who is funding and organising the research?

The study is funded by The Wellcome Trust (a medical charity in the United Kingdom).

Who has reviewed the study?

This study has received ethical approval from the Oxford University Central Research Ethics Committee, number R49622/RE001, and by the National Offender Management Service, number 2016-397

What happens next?

If you want to take part in the research, please tell me and I will arrange a time for you to sign the consent forms and begin participation. If you have any further questions, please ask me and I will be happy to discuss the study with you.

Contact for Further Information

Email: rose.mortimer@lincoln.ox.ac.uk

Address: Rose Mortimer, Lincoln College, Turl Street, Oxford, OX1 3DR

THANK YOU FOR TAKING THE TIME TO READ THIS INFORMATION SHEET AND FOR CONSIDERING PARTICIPATION IN THIS RESEARCH

I) Information sheet for mothers

Invitation

I am a researcher at the University of Oxford. You are invited to participate in my research study about mothers' experiences of looking after their babies whilst in prison. This information sheet explains the research project. Please take time to read the information carefully and discuss it with other people if you want to. Ask me if there is anything that you don't understand, or if you would like more information. Take time to decide whether or not you wish to take part. You do not have to take part in this study. Thank you for reading this information sheet.

Why is this study being done?

This study aims to find out about the experiences of mothers who live in Mother and Baby Units in Women's Prisons in the UK. I hope that this research will help find ways to make prisons better for both prisoners and babies.

Who is able to take part?

If you live in the Mother and Baby Unit inside the prison, then you are able to take part.

What will happen to me if I take part in the research?

First, I will talk to you about the research and make sure that you understand what is happening. If you understand and you would like to take part in the research, you will sign a form giving your consent. This means that you agree to take part in the research. Next, I will interview you. The interview will last about an hour. I will ask you some questions about yourself and your baby, and about what it is like living in the Mother and Baby Unit. You do not have to answer all of the questions. You can ask to stop the interview at any time, and you don't need to give a reason. The interview is not a test, and there are no right or wrong answers.

I will also spend some time visiting the Mother and Baby Unit, observing you and the other mothers and prison staff. I might occasionally talk to you or ask you questions whilst I am visiting. You do not have to talk to me or answer my questions if you do not want to.

Can I stop being part of the study if I have already agreed to take part? Can I change my mind?

Yes, you can change your mind. You are free to stop being part of the study at any time, and you don't need to give a reason for your decision. Your name will be removed from the database (the database is a space on a computer where all of the information is kept) and any information that I have collected from you will be removed. However, if I have already included you in the data analysis, I will not be able to remove your individual data. The data analysis happens when all the information is gathered together from all of the people who have taken part in the research, and I try to understand it. If I have already begun data analysis your name will have been changed to ensure that all of the information about you is anonymous. As a result, I will not be able to know which parts of the data relate to you, so it will not be possible to remove your data from the database.

What are the possible risks and benefits of taking part?

There is a small risk that some interview questions may cause you to feel a little bit stressed or upset, but this probably won't happen. Most research participants find answering interview questions interesting and enjoyable.

The main benefit of taking part is that you will help to find ways to make Mother and Baby Units better in the future.

Do I have to take part?

It is up to you to decide whether or not to take part. <u>You do not have to take part</u>. Your decision to take part will not make any difference to the care you receive or the way you are treated by staff in the prison. Taking part will not affect your sentence. Taking part will not affect your baby.

If you do decide to take part, you are still free to leave the research at any time and without giving a reason.

What if something goes wrong?

If you have a worry or a question about any part of this study please tell me, and I will do my best to help. If you would like to speak to me after I have left the Mother and Baby Unit, you can ask a member of staff to contact me for you. Alternatively, you can

telephone me or write to me using the contact details at the bottom of this information sheet.

If you are still unhappy or wish to make a complaint, please tell a member of staff. They will then contact the Chair of the Research Ethics Committee at the University of Oxford. The Chair is a person who is in charge of all research that happens at the University of Oxford. The Chair's contact details are:

Chair, Medical Sciences Inter-Divisional Research Ethics Committee
Email: ethics@medsci.ox.ac.uk
Address: Research Services, University of Oxford, Wellington Square, Oxford OX1 2JD

Who else will know that I am taking part in the study?

All information collected about you will be kept confidential. This means I will not tell anyone that you are taking part in the study. Members of staff who work in the Mother and Baby Unit may know that you are taking part in the research, but everything that you say during the interview, or at any other time, will be kept secret. I will not tell prison staff what you have said.

However, if I see or hear something that makes me think that you or someone else is at risk of being hurt or of breaching security rules, I might have to tell someone else. This is important because it makes sure that everyone stays safe.

The only other circumstance in which information would be released is if it was requested by an order of a court of law.

How will you keep information about me private?

You will be anonymous. This means that any information about you will be given a number or a pretend name. I will not use your real name or the real names of anyone else in your family. When the research is published, no one reading the reports or articles will be able to recognise you or know that you took part in the study.

What will happen to the data collected as part of this research?

Data collected as part of this research will be stored in accordance with the Data Protection Act, a law in the UK which makes sure that information is stored safely and securely. 5 years after the study has finished, all of the data will be deleted.

What will happen to the results of the research?

The results of the research will be reported in journal publications, public talks and on the research website. If someone reads any of the work that I have written, they will not be able to know that you took part in the research, because I will not use your real name.

Who is funding the research?

The study is funded by The Wellcome Trust (a medical charity in the United Kingdom). This means that The Wellcome Trust have given me money to pay for the costs of this research.

Who has reviewed the study?

This study has received ethical approval from the National Offender Management Service 2016-397 and the Oxford University Central Research Ethics Committee R49622/RE001

What happens next?

If you want to take part in the research, please tell me or a member of staff.

THANK YOU FOR TAKING THE TIME TO READ THIS INFORMATION SHEET AND FOR CONSIDERING PARTICIPATION IN THIS RESEARCH

J) Interview topic guide for prison staff

Introductions

1. Can you tell me how and why you first began working in prisons?

Aim and Purpose of the MBU

2. How would you describe the aim and purpose of the MBU? What is your goal here?
3. Is the MBU for mothers or for babies?
4. How do you decide who gets a place on the MBU? What are you looking for in the mum?
5. Does a mum need to meet a certain standard of 'good enough' parenting to be given a place – what does this standard look like in practice? How do you assess it?

Staff Role

6. How would you describe your job role, in terms of the tasks, goals and responsibilities?
7. What skills or character traits do you think someone needs to do your job?
8. Do you think you need different skills or character traits to work on an MBU as CharityB Staff, as opposed to being a regular prison officer working on the houses?
9. What do you enjoy the most about your job?
10. What do you find most challenging in your job?
11. Can you tell me about a time when you felt you did your job really well?
12. Can you tell me about a time when you felt that you did not do as good a job as you would have liked to? What would you have done differently?
13. What kind of a relationship do you have with the mums on the MBU?
14. What kind of a relationship do you have with the babies on the MBU? How do you view your 'duty of care' towards the babies?

Ethical concepts / challenges

15. Can you tell me about a time when you felt you had to make a difficult ethical decision as part of your job?

a. For example, was it ever difficult to balance the needs of babies against the needs of mums? Or to make a difficult decision about whether a mum was suitable for the unit?

16. Do you ever find it difficult to treat the mums as mums, whilst also treating them as prisoners? How do you balance their two identities?
17. Do you think it is right that babies spend their early years in prison? Can you explain why?
18. Can you give some examples of ways in which the MBU is good for babies? And good for mothers?
19. Can you give some examples of ways in which the MBU is a bad place for babies? And bad for mothers?

(Good) Motherhood

20. Can you describe the characteristics of a good mother, from your perspective?
21. Do you think the women living within the MBU are good mothers to their babies?
22. Can you give some examples of when or how a prisoner is a good mother? You can give real or hypothetical examples.
23. Can you give some examples of when or how a prisoner might be a 'bad mother' to her baby? You can give real or hypothetical examples.
24. Do you think a woman's crime impacts her ability to be a good mother? Could you explain why and how?
25. If you think one of the prisoners is not being a good enough mother to her baby, what would you do about this?

Early Intervention / Parenting Support

26. Can you explain what is meant by 'parenting support' in the MBU? What are some examples of parenting support?
27. Why is parenting support provided on the MBU? What is it meant to achieve?
28. Could you explain the difference between parenting rules and parenting advice on the MBU? How do you decide what should be advice and what should be a rule?
29. What happens if a woman rejects the advice that you give her? Or if she breaks a rule?

30. Do you think its right that the women have to follow certain rules around parenting, given that they might not have to follow the same rules if they were parenting at home? Why?

31. Is there anything else you would like to say?

K) Interview topic guide for mothers

Introductory Questions

1) First, can you tell me a little about what life was like before you came onto the MBU? Where were you living, who were you living with, what were you doing day to day?

Experience of Pregnancy

2) When and how did you find out that you were pregnant with your baby?
3) How did you feel when you found out about this pregnancy?
4) What was pregnancy like for you?
5) If you had questions or worries during pregnancy, who did you ask for help or advice?

Life on the Mother and Baby Unit

6) Can you describe how you came to be on the MBU?
    a. How did you find out about the MBU?
    b. Did you have to apply for a place? What was that like?
    c. Why did you decide that you wanted to come here?
7) Do you feel cared for and supported whilst living in the MBU?
8) Do you think the MBU is a good place for your baby to be?
9) What is your relationship like with the other mums? Are you friends?
10) What are the members of staff like? Are they different from the other prison staff?
11) How would you describe the goal and purpose of the MBU?

(Good) Motherhood

12) Can you describe what it means to be a good mother?
13) Can you give an example of someone you think is a good mother? Why do you think they are good?
14) Are there any aspects of the MBU that help you to be a good mother?
15) Are there any aspects of the MBU that make it more difficult for you to be a good mother?

16) Have your ideas about what it means to be a mother changed since coming onto the MBU?
17) How do you think your behaviours as a mother would have been different if you'd been raising your child at home rather than in prison?
18) On balance, do you think life would have been better or worse for your baby had you not come to the MBU together?

Early Intervention / Parenting Support

21) What has been your experience of parenting support on the mother and baby unit? Do you think that you need parenting support?

22) Have there been any times when you felt you weren't able to parent in the way that you wanted to? What was that like?

24) Some mums talk about being on the MBU as a privilege, but other times it's been described as a punishment. What do you think?

Hopes for the Future

19) How do you feel about the future?
20) What do you hope for?
21) Do you see any possible challenges or difficulties to achieving your goals?
22) What kind of a person would you like your baby to grow up to be?

23) Is there anything else that you would like to say?

L) Discussion statements for staff focus group

Please rate each of the following statements with a number out of 5, where 1 means 'strongly disagree' and 5 means 'strongly agree.' We will then discuss the statements as a group.

1. The purpose of the unit is to build or maintain a bond between mother and baby. If mum and baby are likely to be separated at some point, then usually the mum shouldn't get a place.

2. A big part of being a good mum is making child-focused decisions, and not making selfish choices that might put the child at risk.

3. If you are a good mum you are unlikely to reoffend. If you are unlikely to reoffend, you are more likely to be a good mum. Since it is the role of the prison to reduce reoffending, it is also the role of the prison to help women be(come) good mums.

4. Everyone makes mistakes in life, and almost anyone could end up in prison. Often it is just bad luck or circumstances.

5. Many of the mums need support with parenting because they don't have any role models of good parenting in their own lives and they may have had a difficult childhood.

6. CharityB staff members are able to give parenting advice, but not to lay down rules about parenting. Mums are free to accept or reject any advice that they are given.

7. The women are privileged to have so many services and so much support all under one roof; many mums in the community would benefit from being on the unit and having such support, regardless of whether they had committed a crime.

8. Women on the mother and baby unit have an 'easier ride' than women elsewhere in the prison.

9. Parenting is easier on the unit than in the community because mums are able to give the baby their full attention and build an attachment relationship; they are not distracted by daily tasks and stresses like going shopping or caring for other children.

10. The babies on the unit have everything that they need, they don't want for anything.

11. Every child has the right to be with his or her mum. If the mum is willing and able to care for the child, then the prison service should make sure that this is possible.

12. It's important not to provide childcare support outside of crèche hours because the mums need to learn to take full responsibility for their children.

13. A mum who has committed a really bad crime is less deserving of a place on the unit.

14. The children do miss out on some things whilst living in the unit. However, it is more important that they have the opportunity to be with their mums. It is easier to recover from missing out on time outdoors, for example, but it is much harder to recover from being separated from one's mum in the early years of life.

15. Some of the mums on the unit may struggle with certain aspects of parenting, but that is no different from mums in the community. Being in prison doesn't make them more likely to be bad mums. All mums have strengths and weaknesses.

M) Coding structure

1. Goal and purpose of the unit	***A good start in life***	Bonding with mum	
		Consistency of care	
		Healthy food	
		Interaction with a range of care givers	
		Love	
		Safety	
		Preparation for 'real life'	
		Time spent outside	
	Parenting support	Why provide support?	*All mums need support*
			Crime implies bad parenting
			The mums don't need support
			Some mums need support and some don't
			Parenting in prison is difficult
		Forms of support	*Emotional support*
			Practical support
			Parenting rules
			Parenting advice
			Peer support
		Do they 'deserve' support?	*Privilege*
			Gratitude
			Fairness

2. What is a good mother?	***Moral Character***	Care
		Selflessness
		Responsibility
	Knowledge and Skills	Skills must be kept 'up to date'
		Access to sources of information
	'Good enough'	The admission process
		Only as good as mums in the community

3. Staff role	***Care of mums***	Compassion / empathy
		Non-judgmental
		Solidarity
		Empowerment
		Trust
	Discipline of mums	Relationship boundaries
		Tough love
		Safety/security
		Punishment
	Here for babies, not for prisoners	Boundaries of job description
		Care demands are too great

4. Parenting Support	***I appreciate the support***	Privilege
		Gratitude
	Support feels like punishment	Parental authority / autonomy
		Fear of separation / punishment
		Inconsistency of rules / advice
	Peer Support	Trust
		Teamwork
		Attentiveness / Empathy
		Empowerment
	I don't need support, but others do	Confidence in parenting ability
		Individual rather than generic support
	There isn't enough practical support	

N) Table of participants

Pseudonym	***Type of Participant***	***Interview Number***
Mehret	Mum	1
Katie	Mum	2
Mary	Mum	3, 21**
Sam	CharityB Staff	4, Focus Group 2
Ana	Mum	5
Julia	CharityB Staff	6, Focus Group 1
Rebecca	CharityB Staff	7, Focus Group 2
Georgie	Mum	8, 21**
Alison	CharityB Staff	9, Focus Group 2
Nicole	Mum	10
Dan	Prison Staff	11
Helen	CharityB Staff	12, Focus Group 1
Jo	Healthcare Staff	13
Livy	CharityB Staff	14, Focus Group 2
Elizabeth	Prison Staff	15
Aisling	CharityB Staff	16
Tara	CharityB Staff	17, Focus Group 1
Pam	Prison Staff	18
Tom	Prison Staff	19
Paola	Mum	20*
Yasmin	Mum	20*
Carol	CharityB Staff	Focus Group 1***

* Group Interview

** Took part in both individual and group interview

*** Took part in focus group, but not an individual interview

O) Anonymised excerpt from field notes

Prison Visit – 22.8.17

Arrived at 8am, ready for an interview with AD at 8.30am. It was a beautiful walk in the sunshine and I was feeling excited to be back in the prison, hear the updates, and see the mums and babies.

I first went to the MBU where AN and KM were in the office. I hadn't seen AN in quite a while so we had a brief chat when she told me about her holiday and new personal trainer.

N [mum] had left on Wednesday this week. AN said that she and AB [MBU staff] had slept over the night before so that they would be able to see N and her babies leave at 6am the next morning. AN and AB slept on the sofas in the living room, and then N came down at 3am fully dressed and in make-up because she was too excited to sleep.

I was sad that I hadn't been able to see N and say goodbye, but also a tiny bit relieved because I think it would have been quite sad. AB and AN said that they cried when they wished her goodbye at the front gate. Luckily there were two people from immigration who were really nice and said that they would be flying with her, since she couldn't manage three small dependents on her own. We had been worried about her having to fly with the children unaccompanied for a while, and it would have been very helpful if they had told us this news sooner. However, it was still good to hear that N had help and that the immigration people were kind.

I went to collect AD from Security and took her over to the portacabin for the interview. She was extremely friendly and had lots to say. We had to wrap up pretty quickly because she had to go over to New Hall as there had been a big security investigation going on and she was very busy. However, she said that she would be happy to speak with me again at a later date if it would help.

I went back to the unit and bumped into all the mums, as they were setting up the buggies ready to go over to the gym for Pilates. I put down my rucksack in the office and joined them. On the way over I introduced myself to the two new mums, T and C. T is the new mum I met at Board, about 3 weeks ago. Her son was a very quiet, round faced,

calm little boy. T is visibly pregnant, due to have her next baby in 3 months. It's a girl and she plans to call her Leigh-Jay, because her son has a crush on a girl at school with that name. After this baby, she says she wants to get 'sterilized', as she doesn't want to have any more children.

At the gym we were greeted by 'Mr C' the instructor; I said that I'd like to join in, and he found me a pair of regulation grey tracksuit bottoms. I changed into these and the women started hysterically laughing since I looked just like a prisoner. We all chose a mat whilst the babies wandered around and entertained themselves with a few toys.

The class was enjoyable, and not too arduous. Time passed fast and on the whole the women seemed to like it – NI, R and L all tried pretty hard and properly joined in, taking it fairly seriously. C was a bit half-hearted and T mainly watched, because being pregnant it was hard for her to fully participate. Mr C was extremely friendly and helpful, and didn't treat the women like prisoners. I was really impressed by him. He gave lots of advice around dealing with a bad back and things like that, which the women seemed to think would be really helpful. NI was being very superficially charming, asking lots of questions and appearing very keen.

After Pilates we went home via the library so that the women could pop in and return books, but there was a sign on the door saying that it would be closed for a week. We then went past Stores so that we could pick up some washing-up liquid, but they said they were busy and told R to come back in 5 minutes. I share the women's frustration that so often basic facilities are closed or hard to access.

We went back to the unit and congregated in the lounge. Friday is canteen day, or 'Fat Friday' as L calls it, when all the snacks that have been ordered from canteen are delivered, as well as phone credit being topped up. The women collected their bags of crisps, chocolates and other treats like hair dye.

I sat with R on the sofa, and she let me have her little baby boy to cuddle. L and her baby were also there, and the 3 of us chatted about how the unit would feel very different now that N isn't around.

C and T also came to join us in the lounge and we talked as a group whilst everyone ate lunch. C said that she thinks there should be a prison officer on the unit all the time in

addition to CharityB staff, because then things would 'actually get done' and the mums would have someone they could go to with questions relating to prison admin. She said that CharityB staff are 'best for the children but not for us'. The others adamantly disagreed, saying that prison officers are unkind and it would make the unit feel like a prison. C didn't seem to mind this idea, saying that the unit feels like a 'holiday camp' most of the time, and isn't a punishment anyway.

L was very friendly to C, but when C left the room, L said to me that C dips her baby's dummy in honey, and that the baby is 'fat' because it eats 'too much rubbish food'. She also said that she thinks C's standard of cleaning isn't high enough. These were just mild and mostly friendly complaints though, and overall L seems to like the new mums, though she did seem genuinely concerned for C's baby's health.

After chatting for a while as a group I went to the office to say hello to NA and Y, who had just come on shift. NA talked about her dad, who is currently very ill and she thinks he may die. She was very matter of fact when discussing this, but she did seem upset too. I imagine her job is very stressful alongside worries at home.

I went upstairs to see what was going on and saw that R's door was open, so I went inside to have a chat. We talked for almost two hours; I often feel that R really struggles in the unit – perhaps more than most – and that she appreciates having someone to talk to. She talked about the baby's dad; her contact with baby's dad is being monitored by the prison and she finds this very difficult, as she really wants to help her baby son to have a relationship with his father. R also talked about her older daughter, who hasn't got the A Level grades that she wants and is considering taking a gap year. These everyday worries remind me that many of the women have normal parenting concerns for their older children outside of the prison. It must be difficult to balance caring for the baby alongside trying to maintain care and contact with other family members too.

At 4pm I said to R that I needed to get going, since I have a train to catch. I said goodbye to NA and Y, and headed out. I'll be back next week for the Board, and hopefully I'll be able to do an interview with the new mums at some point too, once I've got to know them a bit more.

P) Acronyms and key terms

Baby Shop	Within the MBU, mums who have a child who is weaned can supplement this food with groceries from 'Baby Shop'. Each week they write a list of food items they would like to purchase, and MBU staff order these online from a supermarket. The food is then delivered to the prison. Mums pay for this food from their child benefit or from any other money they have saved through work within the prison or from bank accounts held outside. Mums are allowed to eat the food purchased through Baby Shop so long as it is first and foremost intended for the child.
Co-sleeping	Co-sleeping means falling asleep with or next to your child at any time, whether this occurs in a bed or in other places, such as on a sofa. Co-sleeping is not allowed on the MBU, although it is permitted in the community. However, in the UK, both in prison and in the community, health visitors and other medical professionals generally discourage co-sleeping.
CP1	Child Protection Referral Form. This form must be completed when reporting a child protection concern
Messy Play	Messy Play is an activity whereby infants are allowed to play in large trays full of 'messy' foods or other products. Within the MBU, Messy Play typically happens once a week and is organized by a local children's centre. Mums are told that Messy Play is very important for the children's healthy development, since it encourages them to gain confidence and explore different textures, and to develop important cognitive skills.
EI	Early Intervention
HMPPS	Her Majesty's Prison and Probation Service
HMP/YOI	Her Majesty's Prison / Young Offender Institute

MBU	Mother and Baby Unit
NOMS	National Offender Management Service
OMU	Offender Management Unit. A part of the prison responsible for the day-to-day management of each prisoner's sentence; this includes monitoring behaviour, identifying appropriate courses, work and programmes, and processing applications.
PSI	Prison Service Instructions; documents which list the rules, regulations and guidelines by which prisons are run.
Rhyme Time	An activity for babies and toddlers involving singing nursery rhymes.
ROTL	Release on Temporary License. Prisoners granted ROTL are allowed to leave the prison for short periods of time, usually in anticipation of being released.
Sentence Plan	Each prisoner who will be in prison for 12 months or more has a Sentence Plan that details certain activities, courses, or educational programmes that she must attend during the course of her imprisonment. The goal is to identify activities that will reduce the prisoner's likelihood of reoffending.