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Dear Committee on Children and Young People,

Please find below my responses to the Questions on Notice and the Supplementary Question provided to me regarding my submission and evidence to the Committee in relation to the Inquiry into Support for Children of Imprisoned Parents in NSW.

Yours Sincerely,

### **Questions on Notice**

1. Mr David Shoebridge: *Is there any research that shows that when a woman becomes pregnant and gives birth whether or not that is actually a potentially highly opportune moment to take intervention to get everyone's life back on track?*

Having a baby, especially a first baby, is a life changing experience wherein women can very motivated to change if they are supported to do. This includes breaking long-held patterns of behaviour that may be illegal or lead to criminal activity. For example, pregnancy and new motherhood is recognised as a turning point for women who use substances as they understand that continued substance use may be harmful for themselves and their children<sup>1, 2</sup>. The social capital of motherhood also provides women who have been living on the margins with a path to establishing “a foothold in conventional life” so enabling them to avoid antisocial behaviour<sup>3</sup>. This moves beyond drug use to the care provided to their children with the expectations of motherhood providing motivation to make the changes required to provide good enough care to their infants<sup>4</sup>.

These conceptualisations are borne out in longitudinal research where the transition to motherhood is associated with reductions in drug use, delinquency and offending behaviours<sup>5, 6</sup>. The impact is greatest for first time motherhood<sup>6</sup>. This is different from the situation of men who becoming fathers, whose offending may

be only impacted in the short term by becoming a father and only if they live with their children<sup>6</sup>.

As outlined in my submission, one of the arguments for providing mother-baby programs in prisons is because they reduce recidivism. The mother-child relationship is an incredibly powerful motivator for living a better life. Every action to support vulnerable expectant mothers should be made, especially for first time mothers. Separating a mother from her infant actively undermines this potential for motherhood to enable change. The trauma of this separation for the mother and the infant should not be underestimated.

2. Mr David Shoebridge: *What would be useful would be for you to consider on notice the response that we had from Corrective Services about that which was that Jacaranda Cottage has multiple families- multiple mums and babies- and that they have to be aware of ensuring that everybody is safe and protected. That is what they have a bunch of restrictions on women who can enter, based on their offending profile or whether or not they cease having drug and alcohol treatment. I am not endorsing it. I am just stating that this is the position from Corrective Services.*

*Associate Professor Gribble: What we have around the country is that these mother and child units are being severely under-utilised. Those systemic barriers to utilisation need to be considered and solutions found.*

*Mr David Shoebridge: Could you address that on notice? That is what I am hoping for.*

My experience in relation to mother-baby units in prisons is primarily regarding the Darwin Correctional Centre in the Northern Territory and the Jacaranda Mother and Children's program in NSW. It is my understanding that the Darwin Correctional Centre has allowance for about 100 female prisoners. It has a mother-baby unit, which opened in 2014 with provision for five mothers and their children. In the first five years of its operation it had only six mothers and children in it. This is clear underutilisation.

I do not have access to data on the number of mothers and children admitted to the Jacaranda Mother and Children's Program. However, I have spoken to women who were not permitted to enter the program and individuals who are employed within the system. As described in my submission, their descriptions indicate that the process of assessing applications for the program lacks transparency. There are no clear exclusion and inclusion criteria, decisions are often made late in pregnancy,

and there is no appeals process. Again, as mentioned in my submission (and I would direct the Committee to this submission for further information on systemic barriers to admission to the Jacaranda Mother and Children's Program), I was informed that only one mother and infant was discharged from hospital after giving birth to Jacaranda in 2019. I recognise that there will be some situations where it may not be reasonable for women and their infants to be admitted to the Mother and Children's program, however, currently admission appears to be the exception rather than the rule. The ball-park figure I have been given is that approximately 20% of mothers and infants are discharged from hospital to Jacaranda with 80% refused. It has been suggested to me that it should be more like 80% admitted to Jacaranda and 20% refused. I would recommend that the Committee request from Corrections data on number of applications made by pregnant women for admission to Jacaranda, the number admitted, and the number of applications rejected over the last five years. Information of the reasons for rejection would also be helpful as would information on the stage of pregnancy when applications were made and when the decision for admission or not was communicated to the woman. I think that this information would assist the Committee in understanding the extent to which systemic barriers exist to admission to Jacaranda. As described in my answer to the first Question on Notice, new motherhood is a time when women are motivated and able to make changes in their lives. For this reason, drug rehabilitation programs should be available to all women in the Jacaranda Mother and Children's Program who might need them. Admission to the Program with their children, is an ideal environment for women with substance abuse issues to address their addiction. A history of substance use should not be a reason for rejection, but a compelling reason for inclusion. Safety concerns should primarily be addressed with better resourcing and support, not exclusion. The benefit to mothers, children, and society of supporting imprisoned mothers to care for their infants and young children in prison more than justifies this investment.

### **Supplementary question:**

*What are the practical considerations involved in implementing breastfeeding and lactation support in a correctional setting?*

Where mothers are incarcerated with their infants, supporting breastfeeding need not be complicated. Antenatal breastfeeding classes can be attended in the community or online via the Australian Breastfeeding Association. Justice Health can facilitate breastfeeding support by appropriately qualified health professionals when women are discharged from hospital to Jacaranda. As outlined in my

submission, the Australian Breastfeeding Association has indicated willingness to provide mother-to-mother breastfeeding support to imprisoned women. Facilitation mothers and infants to remain together thus is a foundational support for infants to have access to breastfeeding and breastmilk and should be prioritised.

When mothers and infants are separated from one another, providing support to maintain milk expression and delivery of milk to infants is much more complex and difficult. I have outlined in my submission some of the practical actions that could be taken to support both of these. The current situation in relation to support for milk expression and delivery of milk to infants is very poor. A major difficulty appears to be a lack of policy directives mandating that support be provided. For example, women who are lactating must be provided with lactation support via Justice Health, easy access to a breastpump and that expressed milk must be frozen in a timely manner. Community Services should take responsibility for ensuring that milk is transported to infants. While there are barriers for the provision of this support, the major difficulty is simply lack of will to make it happen. The State Government has agreed in the Australian National Breastfeeding Strategy that Health Services, Justice Services, and Child Protection Services are responsible for providing breastfeeding support to women in the justice system<sup>7</sup>. Appropriate policy implementation and resourcing simply needs to be provided to make it happen.

### References

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