

Tackling health inequalities through developing evidence-based policy and practice with childbearing women in prison: a consultation

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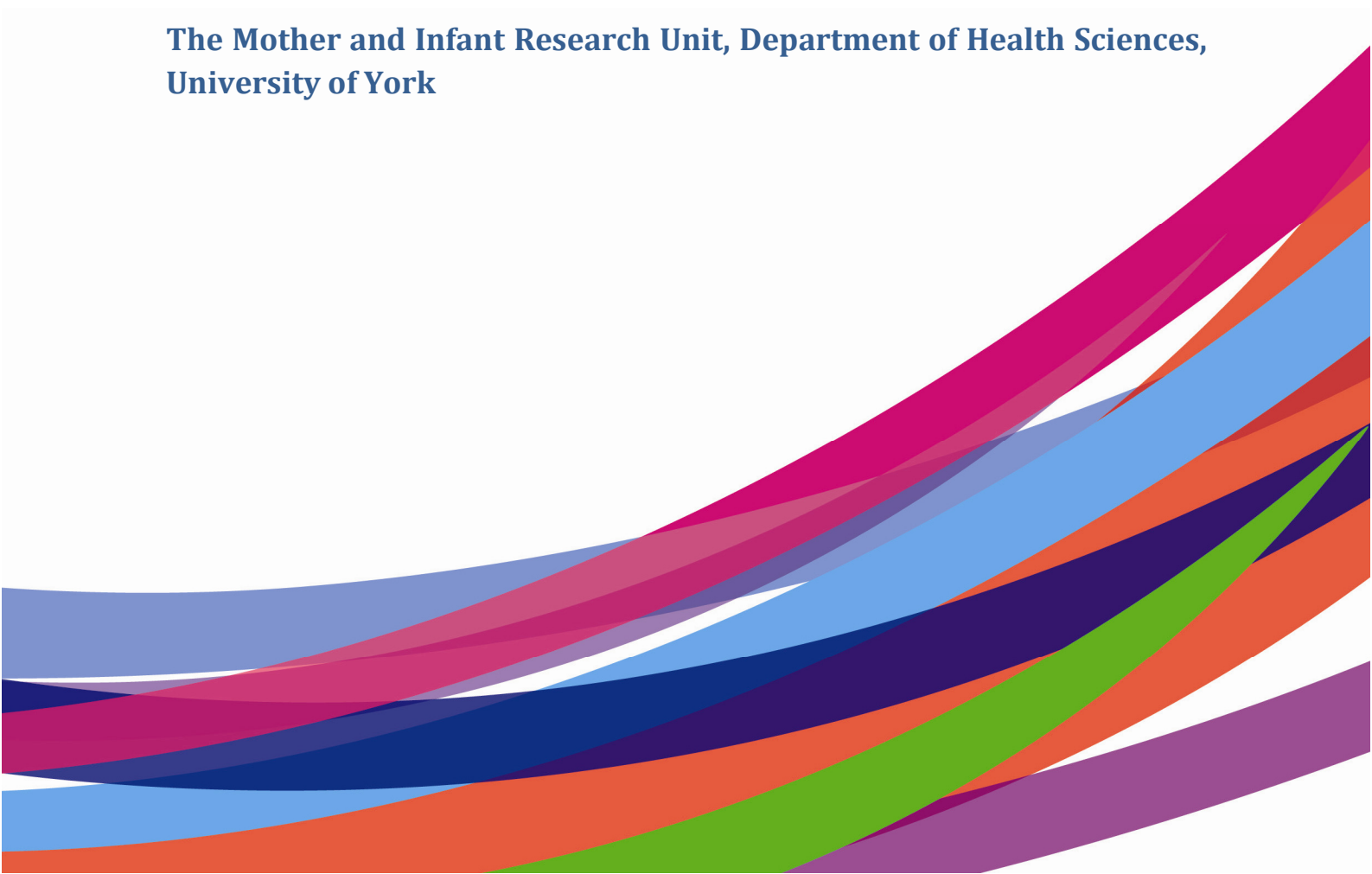
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A partnership between

**The Hallam Centre for Community Justice, Sheffield Hallam University
and**

**The Mother and Infant Research Unit, Department of Health Sciences,
University of York**



Executive Summary

A collaborative partnership between the Mother and Infant Research Unit (MIRU) at the University of York and the Hallam Centre for Community Justice (HCCJ) at Sheffield Hallam University was successful in securing funding to conduct a consultation project entitled ‘**Tackling health inequalities through developing evidence-based policy and practice with childbearing women in prison**¹’. This collaboration brought together the knowledge and expertise of researchers working in maternal and infant health with those with knowledge of the prison sector.

Aims of the Consultation

The overall aim of this consultation was to scope and map the health needs and health care of childbearing women in prison, using the Yorkshire and Humberside region as a case study. In order to approach this we designed consultation exercises to:

- Critically examine how prisons interact with health care agencies to meet the needs of childbearing women both inside and outside prison
- Obtain the views of key stakeholders around improving practice and tackling barriers to equity of health care for childbearing women in prison
- Identify existing good practice in this area
- Produce an evidence base to inform future policy development and practice in this area
- Use this local pilot work to inform the development of future research in this field

This report contains key findings based on consultation data from the following sources:

- A brief scoping review
- Two Mother and Baby Unit (MBU) practitioner focus groups
- Five MBU Manager interviews
- Three activities undertaken by a web-based expert panel
- A multidisciplinary final event²

Key Findings

Childbearing women in prison and their babies are more likely than the general population to experience perinatal and maternal mortality and morbidity, and they may also suffer separation and distress that could be alleviated (Gregorie et al., 2010³; Birmingham et al., 2006⁴; Siefert and Pimott, 2001⁵). The consultation activities identified a number of key

1 Childbearing women are defined as women who are pregnant, in labour, or postpartum, or who have children up to the age of 18 months (the longest time a mother can keep her child in prison with her), including women who have suffered miscarriages or perinatal/infant deaths while in prison. We include those whose babies are with them in prison as well as those whose babies are not.

2 The final event was particularly instrumental in identifying potential solutions to the challenges of delivering care to childbearing women in prison.

3 Gregoire, A, Dolan, R, Birmingham, L, Mullee, M and Coulson, D (2010) The mental health and treatment needs of imprisoned mothers of young children, *Journal of Psychiatry and Psychology*, Vol. 21 (3): 378-392.

4 Birmingham, L., Coulson, D., Mullee, M., Kamal, M. and Gregoire, A. (2006) The mental health of women in prison mother and baby units, *The Journal of Forensic Psychiatry and Psychology*, 17 (3): 393- 404.

5 Siefert, K. and Pimott, S. (2001) Improving pregnancy outcomes during imprisonment: A model residential care program, *Social Work*, Vol. 46 (2): 125- 134.

development areas in the provision of high quality care for childbearing women in prison, under the following themes and sub-themes:

- Developing the potential of childbearing women in prison
- Ensuring mother and baby well being:
 - Health care and services for childbearing women in prison and their babies
 - Food and nutrition
 - Attachment and separation
 - Resettlement
- 'Realising' the benefits of MBU provision
- Developing the workforce
- Multi-agency communication and collaboration

Key Areas for Development

From the themes listed above, the following key priority areas for development were identified:

- The development of a national data collection strategy, with centralised collation of appropriate data
- Establishing what MBU facilities and services are available and where
- The provision of a structured education programme for childbearing women in prison designed specifically around their personal development needs, which meets health service standards, and is mainstreamed within the prison regime, utilising peer support models
- A standardised approach to nutritional policy and breastfeeding support across the estate to ensure a high standard of food and nutritional advice is provided to childbearing women in prison
- Multi-agency monitoring and support for those women who are separated from their babies
- Increased awareness for all agencies working with women and babies in the criminal justice and health systems, particularly around the impact of returning into the community
- A coordinated national and local approach to promoting awareness of and examining the impact of MBU provision, with centrally agreed policies
- A multi-agency partnership approach to developing the skills of the prison workforce and the knowledge of the health workforce in working with women in the criminal justice system
- The development of multi-agency protocols which would guide a childbearing woman's journey through the criminal justice system (community, prison and release and maintenance in the community post-release) which would be enhanced by multi-agency communication and collaboration procedures

This report describes the consultation activities and the data produced from them. It offers suggestions for potential solutions to the challenge of providing the highest quality care for childbearing women in prison and their babies.