

BMA Patient Liaison Group Symposium 2023

Avoiding the harm of imprisonment. Health and social equity in the criminal justice system (CJS): a focus on women

On Wednesday 26 April 2023, the [BMA Patient liaison group \(PLG\)](#) held a symposium attended by a wide range of speakers and delegates from different sectors and backgrounds that included people with lived experience, to discuss health and social equity issues affecting women in the criminal justice system (CJS) and how these could be addressed.

See Appendix 1 for a list of organisations that attended the symposium, and Appendix 2 for the full agenda.

Incarceration: healthy prisons - an oxymoron?

Dr Alan Mitchell, European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)

Dr Alan Mitchell noted that the notion of a healthy prison was an oxymoron: prison is a place that punished disadvantage; a place that was not conducive to health and wellbeing and where sometimes human rights were neglected. Overcrowded, underfunded, and unstimulating, prisons were unhealthy environments that were destroying the social fabric of the family. Prison should be viewed as a last resort. Dr Mitchell further explored the relationship between incarceration and health, providing an account of the poor conditions in the UK prison estates. He emphasized that health was not merely the absence of disease, but the maximisation of wellbeing. Experiencing incarceration for long periods in austere environments with a lack of stimulation could not be described as healthy. The prison population experiences significant health inequities and is amongst the most vulnerable in society. There was a need to create a healthier prison environment which entailed single cells, no degradation and up to eight hours of recreational, purposeful activity to support the re-integration upon release. Examples from the Scandinavian prison systems were cited as examples to explore. Dr Mitchell noted the need for reform within the prison estates to improve health outcomes for those experiencing incarceration and by striving to make our prisons healthier, it would lead to wider societal benefit.

Health inequalities in Scotland with a focus on women and mental health

Wendy Sinclair-Gieben, HM Chief Inspector of prisons, Scotland

Wendy Sinclair-Gieben noted that those experiencing incarceration should be treated with humanity and respect. HM Inspectorate of Prisons for Scotland (HMIPS) inspected all of Scotland's fifteen prisons and carried out thematic reviews, using a human rights approach and investigating the link between mental health in a young offender's institution and deaths in custody. In Scotland the female population numbered 300, 30% of whom were on remand with a high level of complex health needs. She warned that courts and the community often viewed prisons as places of safety for those awaiting sentencing who didn't secure an inpatient bed in a secure hospital, but that was rarely the case. Those incarcerated didn't always get the help and health care needed e.g. treatment

for alcohol and drug abuse which are major problems in Scotland. Prisons are not the right place to deal with people who were unwell. Mental health problems are very prevalent in prisons. Wendy also stressed that inadequate prison staff training coupled with a lack of access to secure inpatient mental healthcare in Scotland further affected women prisoners' health. Good practice was also shared; following the 2012 Commission on Women Offenders Angiolini Report, two purpose-built community custody units had been established and one purpose-built women and girls' establishment was due to open in June 2023 in Scotland. A campaign to get all under 18s out of prison and into therapeutic care was also noted.

Panel discussion - Exploring harm prevention: a multidisciplinary perspective

Dr Bethan Roberts HMP Cardiff GP

Dr Roberts' talk centred on why as society we should all care about prison healthcare. There are six prisons in Wales but none exclusively for women, so those sentenced had to be transferred to prison estates in England which had an impact on the family unit. Dr Roberts noted while there was no such thing as a victimless crime, crime was inextricably linked to poverty and poor social circumstances. Many of her patients had alcohol and drug dependency issues, and there was a link between offending behaviour and alcohol. Social inequality and the revolving door effects could be felt across generations. Dr Roberts however noted that for some, detention in prison could sometimes lead to a better diagnosis and treatment of disease via initiatives such as screening for blood-borne viruses or conditions such as diabetes, but tackling poor health among those experiencing incarceration in the long-term meant addressing wider social issues. The daily stress of poverty and homelessness on mental and physical stress were devastating and incarceration was more costly than adequate housing, but these needed the political will to be addressed. Dr Roberts concluded that addressing prison health would be of benefit to the wider society; a humane society that treated all fairly and equally, including its most vulnerable members.

Julie Roach Mersey Care NHS England, Criminal justice liaison and diversion team (CJLDT), Senior lived experience lead

Julie Roach provided a moving personal account of the challenges she has faced in her life, including family dynamics and her struggles with mental health. Her 26-year career came to an end when she was sentenced to 15 months in prison. Whilst in prison, she made the most of the opportunities offered to her, learnt about self-care and made friends. Upon release, she experienced loneliness and struggled with re-integrating back into family life and community. After volunteering with a women's charity she was inspired to take on a professional role supporting others.

Ghadah Alnasseri Head of policy and public affairs, Hibiscus Initiatives

Hibiscus Initiatives is the UK's leading organisation enabling marginalised migrant women to navigate the immigration and criminal justice system and rebuild their lives. Ghadah noted that most women in the CJS were victims of gender-based violence, abuse or had family dynamics impacted by

mental health or substance abuse. Hostile immigration laws create barriers to migrant women which led to criminality and poverty. The government currently aims to implement a trauma-informed and gender-informed approach to all women in contact with the CJS. The Tackling Double Disadvantage 10-point Action Plan, published by Hibiscus Initiatives and partners in January 2022, set out recommendations to achieve equal treatment and outcomes for racially minoritised and migrant women in contact with the CJS. In order to achieve progress, Hibiscus Initiatives has been calling on senior leaders to give higher priority to ending intersectional discrimination and inequality for Black, Asian, and other minoritised and migrant women in the CJS, and foster a strategic, cross government approach to achieve culture change and systems change.

Naomi Delap

CEO, Birth Companions and lived experience co-presenter

Birth Companions believe every woman should have safe, compassionate care throughout their pregnancy, birth and early motherhood. Prisons were not and never could be a safe place for pregnant women or women undergoing labour. Women in prison often had acute mental health needs which were exacerbated when separated from their babies shortly after giving birth. A Birth Companion lived experience speaker who wished to remain anonymous, shared her moving personal account of receiving inadequate care and giving birth during her time in prison. She cited a lack of compassion by prison staff and inadequate care, along with safety and health issues such as lack of nutritious food. Birth Companions is campaigning to stop sending pregnant women and mothers of infants below the age of two into prison estates. Working with a wide range of stakeholders and mothers who had experienced incarceration, they hoped to shape policy and reform the system.

Getting it right for children with a mother in the criminal justice system

Sarah Beresford, Prison Reform Trust associate and Layla, a young woman with experience of a mother in prison

Sarah Beresford gave a joint presentation with Layla, a young woman with experience of a mother in prison. Layla provided a personal account of her family life and the impact on her siblings when her mother was sent to prison and continued to move in and out of CJS. Layla noted the difficulty of navigating this as a child, in particular, she described the complex mixed emotions like blame, anger and attachment towards a parent in prison, and the impact on her mental health.

Sarah stressed that it was vital that we change the narrative around young people with a parent in the criminal justice system and use this as an opportunity to address the deeply rooted inequalities. The Prison Reform Trust developed a child impact assessment, informed by children with lived experience of a mother in prison as well as those with mothers recently released, to ensure children's needs are identified and met.

Reframing vulnerability and the societal harms of reintegration

Michaela Booth, National Head of Participation (Experience and Involvement), Practice Plus Group (Health in Justice Division)

Michaela Booth opened her talk by sharing her personal story of having her mother sent to prison while she was a child and the traumatic experience of navigating the social care system alone. As a young adult, Michaela found herself on a similar path, entering the CJS. She described the

discrimination she has faced reintegrating into society. Michaela noted that policies aim to address women's vulnerabilities, but prison and rehabilitation frame these vulnerabilities in ways that remain outside an individual's control upon leaving prison. Society conflates health and punishment, and healing cannot happen in an environment of punishment. Prison safety was measured in statistics, but wider determinants of health include the ability to create connections with other human beings, green spaces and fresh air. Michaela problematised the power dynamics around the appropriation of personal stories and experiences of those experiencing incarceration by professionals, without consent or reciprocity. She concluded with a call for co-production of solutions that address the inequity faced by women in the criminal justice system that also reframe vulnerability.

Delegates perspectives

1. What is the main cause of harm within the CJS?

- We are constantly trying to justify "systems". The system was in charge and there wasn't the courage to challenge the systems. Organisations were working in silos with many separate agencies involved.
- Overall, there is a lack of reintegration programmes in prisons. There were some examples in the UK for some women to live in a shared house and go into the community to work.
- People with severe mental health problems were often detained in prison estates as there wasn't capacity in secure hospitals.
- Those awaiting remand experiencing distress had minimum access to doctors, or received inadequate care as they were unable to verify health requirements due to confidentiality and privacy issues. In Scotland/Wales, an alarming number of suicides were a result of people with mental health problems being detained.

2. What interventions/ solutions have worked well?

- Work with probation to provide temporary accommodation/housing solutions/approved premises, and continue to work with former people that experienced incarceration to help them get on their feet, find employment and work towards (re)building relationships with family, friends and their communities. Also, consideration of preventative measures in terms of criminal activity is essential, so that people do not end up in the CJS.
- The right support at the right time is key to transitioning into employment and securing accommodation. The right time is sometimes immediately upon release, and a multi-agency approach on release is very important.
- Free childcare from birth. There were early indicators of health which can be monitored early in life to ensure all types of health (mental, physical, wellbeing), that could prevent

incarceration. A health and wellbeing assessment, starting at birth, that takes a whole life approach was advocated for.

- More support should be available for those with mental health problems; for some, getting incarcerated may provide them with better access to healthcare and resourcing for certain health diseases. Intervention points during the CJS process may be able to better assist this
- There was a shortage of staff working in prisons which had wide impacts, including the provision of workshops and educational classes. Understaffing also impacted on the recreational time available for those in prisons.
- There were pockets of good practice, but they weren't widespread enough. It was necessary to look at the bigger picture and have a holistic approach. Some solutions are available, but require collaboration across agencies as well as political will.

3. What is the one thing you would change within the CJS?

- A statutory cap on the prison population so that the police and courts would focus on the threshold of incarcerations and assess other secure environments, pathways and alternative models. Prevention was also key.
- Empower and support people to take more responsibility for their own health whilst in prison. Explore stronger peer support models.
- Free childcare from birth, address social disparities and tackle poverty. Support for mothers experiencing struggles should be provided and justice needs to be reimagined to have a truly rehabilitative effect.
- A community- based approach, from travel and reintegration programmes. More work with the third sector and restorative justice was needed.

The BMA Patient liaison group (PLG) would like to extend their gratitude to all those who took part in the symposium. In addition, we would like to thank the following for their input and support as we prepared for the symposium and developed our understanding of the CJS:

- Nick Mann, Director of comms and engagement, Prisons Advice and Care Trust (PACT)
- Polly Wright, Children & families policy, practice and research consultant. Author of the report 'Nobody's listening' with PACT*
- Emily Evison, Policy Officer (women and equalities), Prison Reform Trust
- Jackie Lowthian, Women's Network Coordinator, Clinks
- Dr Marcus Bicknell and Dr Robin Jamieson, BMA Forensic and secure environments committee

Appendices 1 and 2 listing all the organisations who were represented at the symposium, and the agenda respectively follow.

Appendix 1

Attendees at the symposium represented the following organisations:

1. BMA Consultants Committee
2. BMA Council
3. BMA Pensions Committee
4. Canadian Medical Association
5. Centre for Crime and Justice Studies
6. Clinks
7. Criminal Justice Hub
8. Criminal Justice Inspection Northern Ireland
9. European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)
10. Forward Trust
11. Healthcare Improvement Scotland
12. Healthwatch Lancashire
13. Hibiscus Initiatives
14. HM Chief Inspector of prisons, Scotland
15. HM Prison and Probation Service
16. HM Prison and Probation Service Wales
17. HMP Cardiff
18. HMP Edinburgh
19. HMPPS Women's Directorate
20. Howard League For Penal Reform

21. Independent Custody Visiting Association.
22. INQUEST
23. Mersey Care NHS England
24. National Probation Service
25. NHS England
26. North Wales Police
27. Nuffield Trust
28. Parliamentary and Health Service Ombudsman
29. Practice Plus Group
30. Practice Plus Group (Health in Justice Division)
31. Prison Advice And Care Trust
32. Prison Reform Trust
33. Revolving Doors
34. Royal College Of Psychiatrists
35. St Giles Trust
36. The Polly Wright Consultancy
37. The Samaritans
38. UK National Preventive Mechanism
39. University Hospitals Sussex NHS Trust/Brighton and Sussex Medical School
40. University of Exeter Medical School
41. Unlock
42. Well Women's Centre

Appendix 2

Patient Liaison Group Symposium 2023

Avoiding the harm of imprisonment

Health and social equity in the criminal justice system (CJS): a focus on women

Wednesday 26 April 2023

Online event

Programme

- | | |
|------------------------|---|
| 9.30 – 9.35am | Welcome and introduction
Christine Douglass, BMA Patient Liaison Group (PLG) chair |
| 9.35 – 9.55am | Incarceration: healthy prisons - an oxymoron?
Dr Alan Mitchell, European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) |
| 9.55 – 10.05am | Q&A |
| 10.05 – 10.35am | Health inequalities in Scotland with a focus on women and mental health
Wendy Sinclair-Gieben, HM Chief Inspector of prisons, Scotland |
| 10.45 – 10.55am | Break |
| 10.45 – 11.40am | Panel discussion
Exploring harm prevention: a multidisciplinary perspective <ul style="list-style-type: none">• Dr Bethan Roberts, HMP Cardiff GP• Julie Roach, Mersey Care NHS England, Criminal justice liaison and diversion team, senior lived experience lead• Ghadah Alnasseri, Head of policy and public affairs, Hibiscus Initiatives• Naomi Delap, CEO, Birth Companions and lived experience co-presenter |
| 11.40 – 12.10pm | Getting it right for children with a mother in the criminal justice system
Sarah Beresford, Prison Reform Trust associate and Layla, a young woman with experience of a mother in prison |
| 12 – 12.10pm | Q&A |
| 12.10 – 12.20pm | Break |

12.20 – 12.50pm	Reframing vulnerability and the societal harms of reintegration Michaela Booth, National Head of Participation (Experience and Involvement), Practice Plus Group (Health in Justice Division)
12.50 – 1.35pm	Lunch
1.35 – 2.15pm	Breakout groups: co-producing solutions and networking
2.15 – 2.30pm	Feedback from breakout groups
2.30pm	Closing remarks