Hard Time: Promoting HIV and Hepatitis C Prevention Programming for Prisoners in Canada

Canadian HIV/AIDS Legal Network, Prisoners' HIV/AIDS Support Action Network

Canadian HIV/AIDS Legal Network | Réseau juridique canadien VIH/sida

PASAN

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Promoting HIV and Hepatitis C Prevention Programming for Prisoners in Canada

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2007

Hard Time: HIV and Hepatitis C Prevention Programming for Prisoners in Canada

Further copies can be retrieved at www.aidslaw.ca, www.pasan.org or obtained through the Canadian HIV/AIDS Information Centre (www.aidssida.cpha.ca)

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Authorship note

This report was written by Giselle Dias of PASAN and Glenn Betteridge of the Canadian HIV/AIDS Legal Network. It was reviewed by a number of outside reviewers (prisoners, prison staff, staff at community-based organizations, and provincial and federal prison authorities), by Anne Marie DiCenso on behalf of PASAN, and by Joanne Csete and Richard Elliott on behalf of the Legal Network.

Publication acknowledgments

Keith Katsuta of the John Howard Society of Toronto provided invaluable assistance by preparing a literature review of prison HIV and hepatitis C (HCV) prevention and harm reduction programs internationally, which informed several sections of the report. Rai Reece provided helpful comments on the section addressing the needs of prisoners from ethno-cultural minorities, women and youth in custody. Thank you to Kathleen Myers for her assistance in organizing and conducting interviews in the Quebec region. Thanks to David Garmaise for copyediting the English text, Jean Dussault for translating the English text into French, and Liane Keightley for layout.

The cover image — depicting a syringe and a tattooing needle — was drawn by Pete Collins, a prisoner at Bath Prison, Ontario.

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Dedication

This report is dedicated to Randy Charbonneau, who passed away while the project was underway, and to all the other prisoners who have worked and continue to work to promote prisoner health.

About the Canadian HIV/AIDS Legal Network

The Canadian HIV/AIDS Legal Network (www.aidslaw.ca) promotes the human rights of people living with and vulnerable to HIV/AIDS, in Canada and internationally, through research, legal and policy analysis, education, and community mobilization. The Legal Network is Canada's leading advocacy organization working on the legal and human rights issues raised by HIV/AIDS.

Canadian HIV/AIDS Legal Network
1240 Bay Street, Suite 600
Toronto, Ontario, Canada M5R 2A7
Telephone: +1 416 595-1666
Fax: +1 416 595-0094
E-mail: info@aidslaw.ca
Website: www.aidslaw.ca

About the Prisoners' HIV/AIDS Support Action Network (PASAN)

PASAN (www.pasan.org) is a community-based prisoners' rights organization that strives to provide advocacy, education and support to prisoners and ex-prisoners in Ontario on HIV/AIDS, Hepatitis C and other harm reduction issues. Established in 1991, PASAN is the only community-based organization in Canada exclusively providing HIV/AIDS and Hepatitis C prevention education and support services to prisoners, ex-prisoners, youth in custody and their families.

Prisoners' HIV/AIDS Support Action Network (PASAN)
489 College Street, Suite 500
Toronto, Ontario, Canada M6G 1A5
Telephone: +1 416 920-9567
Fax: +1 416 920-4314
E-mail: info@pasan.org
Website: www.pasan.org

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Mother-Babe Unit in Prison

From: Geber, Joan HLTH:EX <Joan.Geber@gov.bc.ca>, Geber, Joan HLTH:EX
s.15; s.22
To: Watson, Ardith JAG:EX <Ardith.Watson@gov.bc.ca>
Cc: Kathleen Friesen <kathleen.friesen@fraserhealth.ca>, XT:Jenkins, Loraine HLTH:IN <loraine.jenkins@fraserhealth.ca>, Capron, Alyse JAG:EX <Alyse.Capron@gov.bc.ca>, XT:Dove, Naomi HLTH:IN <naomi.dove@fnha.ca>, Solomon, Carolyn HLTH:EX <Carolyn.Solomon@gov.bc.ca>, Chiesa, Teresa HLTH:EX <Teresa.Chiesa@gov.bc.ca>, Geber, Joan HLTH:EX <Joan.Geber@gov.bc.ca>
Sent: March 11, 2014 12:58:34 PM PDT

Hello Ardith,

Apologies for the late reply. As requested, I am providing you with three key contacts. At Fraser Health, Kathleen Friesen is responsible for perinatal services from a public health perspective and Loraine Jenkins for acute perinatal. Dr. Naomi Dove works with the First Nations Health Authority.

Naomi, Loraine and Kathleen, to give you some background:

Ardith is a deputy warden at Alouette Correctional Centre for Women (ACCW). You may or may not know that the BC Corrections Branch, Ministry of Justice will be implementing another Mother Baby Program that will operate out of ACCW. You may be aware that this program was previously in place but stopped, I believe, in 2008. It will now proceed again and the new program will be in place by June 15, 2014.

It is essential from Corrections' perspective to consult and involve Fraser Health and FNHA in the development of the program.

Ardith, the key contact from MoH will be Carolyn Solomon. Of course, I will be connected as necessary and am very pleased to be part of the re-establishment of this important program.

Best wishes as you proceed to get unit going.

Joan Geber, Executive Director,

Population Health & Well-being:
Healthy Development and Women's Health Directorate; Seniors' Health Promotion Directorate
Population and Public Health, Ministry of Health
Phone: 250-952-3678

The Collaborating Centre for Prison Health and Education

MOTHER AND BABY PRISON HEALTH: MAKING PRISON MOTHER BABY UNITS WORK IN CANADA
MARCH 14th & 15th, 2014

Goal: to develop best practice guidelines
for the implementation of prison Mother Baby Units in Canada
Location: St John's College, 2111 Lower Mall, UBC Point Grey Campus
Dropbox: https://www.dropbox.com/sh/hr0alyfxwi8p1lj/5onA524wRK

Friday, March 14th, 2014

8:30 - 9:00 AM	Breakfast
9:00 – 10:00 AM	Traditional Opening – Elder Mary Charles, Musqueam First Nation Introductions and Angel Cards – Ruth Elwood Martin and Christine Hemingway Appreciative Inquiry and Values – Alison Granger-Brown
10:00 – 11:15 AM	**Panel 1: The rights of the child and the best interests of the child** Facilitator*: Jessica Danforth* **Presenters:** • 15' Ivan Zinger JD PhD, Executive Director and General Counsel, Office of the Correctional Investigator • 12' Melanie Mark, Associate Deputy Representative, Advocacy, Aboriginal and Community Relations • 12' Janet Winteringham QC, Counsel for BC Civil Liberties Association • 12' TBA, Aboriginal Maternal Child and Family Health • 12' William Ehman MD, Maternity and Newborn Care Program, College of Family Physicians of Canada
11:15 - 11:30 AM	Health break
11:30 – 12:45 PM	**Panel 2: Correctional context for prison Mother Baby Units** *Facilitator: Debbie Hawboldt* **Presenters:** • 15' Mary Byrne PhD, Director of Center for Children and Families, Columbia University, New York • 15' Tracy Tyro, Acting Prison Manager, Christchurch Women's Prison, Department of Corrections, New Zealand • 15' Chantal Allen, Senior Project Officer, Interventions and Policy, Women Offender Sector, Correctional Service Canada • 7' Nancy Wrenshall, retired warden (Burnaby Correctional Centre for Women and Fraser Valley Institute) • 7' Brenda Tole, retired warden (Alouette Correctional Centre for Women)
12:45 - 2:00 PM	Lunch (Skype conversation, 1:30 PM, Elaine Lord, former superintendent, Bedford Hills Correctional Facility for Women, NY – *Facilitator: Brenda Tole*)

*Invitation only meeting. **All meeting sessions March 14th and 15th will be video- and/or audio- recorded. The recordings will be used internally by CCPHE to write the meeting report and the guidelines. CCPHE will not release or publically broadcast the meeting recordings.

2:00 - 3:30 PM — **Panel 3: Pathways for optimal maternal child health in prisons**
Facilitator: Alison Granger-Brown

Presenters:
- 15' Libby Robins, Director of Family Help Trust, New Zealand
- 12' Jessica Danforth, Canadian Aboriginal AIDS Network
- 12' Devon, a woman who lived with her baby in a BC prison Mother Baby Unit
- 12' Sarah Payne RN, former health care manager, Fir Square, BC Women's Hospital
- 12' TBA, BC Ministry of Children and Family Development
- 12' Naomi Dove MD, Health Promotion & Disease Prevention, First Nations Health Authority

3:30 - 4:00 PM — Health break

4:00 - 5:30 PM — Working Break Out Groups - Models for prison MBUs
Facilitator: Jessica Danforth

5:30 - 7:30 PM — Networking with the Planning Committee - The Point Grill, 2205 Lower Mall

Saturday, March 15th, 2014

8:30 - 9:00 AM — Breakfast and Angel Cards

9:00 - 9:15 AM — Recap: *Mo Korchinski and Amy Salmon*

9:15 – 10:30 AM — **Panel 4: Critical issues for prison MBU evaluation**
Facilitator: Mo Korchinski

Presenters:
- 15' Mary Byrne PhD, Director of Center for Children and Families, Columbia University, New York
- 10' Michele Sam PhD*(cand),* Ktunaxa Nation
- 10' Andrew Macnab MD, Professor, Department of Pediatrics, UBC
- 10' Amy Salmon PhD, Director of Institute of Health Economics
- 15' Carmen Gress PhD, Director of Research & Planning, B.C. Corrections, Ministry of Justice

10:30 – 10:45 AM — Health break

10:45 – 12:00 PM — Working Break Out Group - Research and Evaluation
Facilitator: Jessica Danforth

12:00 – 12:45 PM — Working Groups Report-back/Wrap-up
Facilitator: Amy Salmon and Ruth Elwood Martin

12:45 – 1:00 PM — Traditional closing - Elder Mary Charles, Musqueam First Nation
1:00PM onwards — *Lunch on your own, UBC Campus*

*Invitation only meeting. **All meeting sessions March 14th and 15th will be video- and/or audio- recorded. The recordings will be used internally by CCPHE to write the meeting report and the guidelines. CCPHE will not release or publically broadcast the meeting recordings.

Mother and Baby Prison Health: Making Prison Mother Baby Units work in Canada

SYNOPSIS:

Public Panel, UBC Robson Square, 800 Robson St, Theatre Room C300, Vancouver.

Thursday March 13th, 6-8PM

Invitation only 2-day working meeting, UBC Point Grey Campus, location TBA.

Friday March 14th

8:30AM breakfast

9AM – 5:30PM working meeting

5:30-7:30PM reception and social networking

Saturday March 15th

8:30AM breakfast

9AM – 1PM working meeting

Thursday, March 13th, 2014. 6-8PM - Public Panel

Goal – public education. Circulate the invitation widely
LOCATION: UBC Robson Square theatre, downtown Vancouver
FACILITATOR: TBA
OPENING: Elder
PANELISTS:

- 10' Ruth Elwood Martin, MD, UBC Faculty of Medicine – *an overview of Canadian correctional context, prison health challenges experienced by incarcerated mothers in Canada*
- 15' Mary W. Byrne, PhD, Director of Center for Children and Families, Columbia University, NY – *international overview of prison MBUs, how it works in practice*
- 15' Brenda Tole, Retired Warden, Alouette Correctional Centre for Women and prison Mother Baby Unit – *description of a provincial prison MBU*
- 15' Amanda, a woman who lived with her baby in a BC prison Mother Baby Unit –- *a mother with lived experience - the benefits*
- 15' Janet Winteringham, Q.C., (Counsel for British Columbia Civil Liberties Association, in Inglis vs Government of BC, BC Supreme Court) and Kasari Govender (Executive Director, West Coast Women's Legal Education and Action Fund) – *an overview of the BC Supreme Court case and implications of the judgment.*

AUDIENCE:

- 35' questions and comments

CLOSING: Elder

Mother and Baby Prison Health: Making Prison Mother Baby Units work in Canada

INVITATION ONLY MEETING – Friday and Saturday, Mar 14th & 15th, 2014

GOAL: to develop best practice guidelines for the implementation of prison Mother Baby Units in Canada.

FRIDAY

8:30-9:00 AM breakfast

9:00 – 10:00AM

- Elder Mary Charles, Musqueam Nation - traditional opening
- Ruth Elwood Martin and Christine Hemingway – introductions and Angel cards
- Alison Granger-Brown – appreciative inquiry and values

10:00 – 11:15 PANEL 1: THE CHILD – the RIGHTS OF THE CHILD AND THE BEST INTERESTS OF THE CHILD

CONTEXT: guidelines that ensure the establishment of the right (not privilege) of a child to be with mother

Panel 1: The rights of the child and the best interests of the child

PANEL #1 PRESENTERS:

1. 15' Ivan Zinger JD PhD, Executive Director and General Counsel, Office of the Correctional Investigator
2. 10' Melanie Mark, Associate Deputy Representative, Advocacy, Aboriginal and Community Relations, Representative for Children and Youth, Burnaby
3. 10' Janet Winteringham QC, Counsel for BC Civil Liberties Association
4. 10' Lisa Marie Thibodeau?
5. 10' William Ehman MD, Maternity and Newborn Care Program, College of Family Physicians of Canada

FACILITATOR: JESSICA DANFORTH

11:15-11:30AM Health break

11:30 – 12:45 PANEL 2: CORRECTIONAL CONTEXT for PRISON MOTHER BABY UNITS

CONTEXT: guidelines that allow mother and babies to remain safely together in a prison environment.

PANEL #2 PRESENTERS:

1. 15' Mary W. Byrne PhD, Director, Center for Children and Families, Columbia University, NY
2. 10' Tracy Tyro, Acting Prison Manager, Christchurch Women's Prison, Dept of Corrections, New Zealand
3. 10' Chantal Allen, Senior Project Officer, Interventions and Policy, Women Offender Sector, Correctional Service of Canada
4. 10' Nancy Wrenshall, retired warden (Burnaby Correctional Centre for Women and Fraser Valley Institute)
5. 10' Brenda Tole, retired warden (Alouette Correctional Centre for Women)

FACILITATOR: DEBBIE HAWBOLT

12:45-2:00PM Lunch (1:30PM, Skype call with Elaine Lord, Bedford Hills Correctional Facility for Women, New York - facilitator Brenda Tole)

2:00-3:30PM PANEL 3: PATHWAYS FOR OPTIMAL MATERNAL CHILD HEALTH IN PRISONS

Mother and Baby Prison Health: Making Prison Mother Baby Units work in Canada

CONTEXT: guidelines that support cross-sector collaborative approaches to identify pathways for optimal prison maternal child health that build upon continuity of support and care and strengthening relationships across hospital, correctional centre, and community, and federal and provincial levels.

PANEL #3 PRESENTERS:

1. 15' Libby Robbins PhD, Director of Family Help Trust, New Zealand
2. 10' Jessica Danforth, Canadian Aboriginal AIDS Network
3. 10' Devon, a woman who lived with her baby in a BC prison Mother Baby Unit
4. 10' Sarah Payne RN, former health care manager, Fir Square, BC Women's Hospital
5. 10' Naomi Dove MD, Health Promotion & Disease Prevention, First Nations Health Authority
6. 10' Yasmin Remtulla MSW, BC Ministry of Children and Family Development

FACILITATOR: ALISON GRANGER-BROWN

3:30-4:00 Health Break

4:00-5:30 PM Break Out working groups: MODELS FOR PRISON MBUs

- What important considerations did you learn today regarding prison MBUs?
- What additional consideration(s) would you like to see included regarding prison MBUs?

FACILITATOR: JESSICA DANFORTH

5:30-7:30PM Social and Evening Reception

SATURDAY

8:30-9:00 AM breakfast

9:00 – 9:15AM Recap from yesterday – *Amy Salmon and Mo Korchinski*

9:15AM – 10:30AM PANEL 4: CRITICAL ISSUES FOR PRISON MBU EVALUATION

CONTEXT: guidelines for research and evaluation frameworks that include all factors needed to assess the effectiveness of prison MBUs, and to compare with the impact of not having prison MBUs.

PANEL #4 PRESENTERS:

- 10' Mary Byrne PhD, Director of Center for Children and Families, Columbia University, New York
- 10' Michele Sam PhD*(cand),* Ktunaxa Nation
- 10' Andrew MacNab MD, Professor, Department of Pediatrics, UBC
- 10' Amy Salmon PhD, Director of Institute of Health Economics
- 10' Carmen Gress PhD, Director of Research & Planning, B.C. Corrections, Ministry of Justice

FACILITATOR: MO KORCHINSKI

10:30 – 10:45 Health Break

10:45 – 12:00 Break out working groups: RESEARCH AND EVALUATION

- SPECIFIC QUESTIONS TBA

FACILITATOR: JESSICA DANFORTH

12:00 – 12:45 Group Report Back and wrap up

FACILITATOR: AMY SALMON AND RUTH ELWOOD MARTIN

12:45 – 13:00 Closing – Elder Mary Charles, Musqueam Nation

PANEL 1, ANNOTATIONS

10:00 – 11:15 PANEL 1: THE CHILD – the RIGHTS OF THE CHILD AND THE BEST INTERESTS OF THE CHILD

CONTEXT: guidelines that ensure that establish that it is the right of a child to be with its mother, and not a privilege

PANEL PRESENTERS:

1. 15' Ivan Zinger, Office of the Correctional Investigator
    - Canadian correctional overview and federally sentenced women, OCI findings and recommendations for MBUs
2. 10' Melanie Mark, Representative for Children and Youth, Burnaby
    - Cover consideration of a) and b) below
3. 10' Janet Winteringham, Q.C.
    - Cover consideration a) below
4. 10' Lisa Marie Thibodeau?
    - Cover consideration b) below
5. 10' William Ehman MD, Maternal and Newborn Care, College of Family Physicians of Canada
    - Cover consideration c) below

FACILITATOR: JESSICA DANFORTH

Considerations to be covered by the panel presenters:

a) The right of the child to be with their mother
    a. Canadian charter rights
    b. International rights?
b) The right of the Aboriginal child to be with their mother
c) The Best interests of the child –
    a. Health and development – breast feeding evidence, epigenetic evidence, maternal bonding evidence

PANEL 2, ANNOTATIONS

11:30 – 12:45 PANEL 2: CORRECTIONAL CONTEXT for PRISON MOTHER BABY UNITS

CONTEXT: guidelines that allow mother and babies to remain safely together in a prison environment.

PANEL PRESENTERS:

1. 15' Mary W. Byrne, PhD, DNP, MPH, FAAN, Director, Center for Children and Families, Columbia University, NY
    - best practices of correctional prison MBUs, research findings
2. 15' Tracy Tyro, Acting Prison Manager, Christchurch Women's Prison, Dept Of Corrections, NZ
    - Description of NZ Prison MBUs that are guided by 'the best interests of the child' and 'the right of a child to be with its mother'
3. 15' Chantal Allen, Senior Project Officer, Interventions and Policy, Women Offender Sector, Correctional Service of Canada
    - CSC mother-child program and the new CSC Child Link initiative
6. 7' Nancy Wrenshall, retired warden (Burnaby Correctional Centre for Women and Fraser Valley Institute)
    - MBUs experiences of BCCW and FVI
4. 7' Brenda Tole, retired warden (Alouette Correctional Centre for Women)
    - ensuring community equivalency standards for health care and childhood development

FACILITATOR: DEBBIE HAWBOLDT

Panel Presenters to consider including the following:

a) inclusive and not restrictive
b) fast tracking or streaming pregnant women in custody - 'right of the child' is priority
c) partners and decision making –> 'shared responsibility'
d) seperate or mixed units (i.e. mothers and babies mixed with other women?)
e) safety issues
f) training issues for correctional staff

PANEL 3, ANNOTATIONS

2:00-3:30PM PANEL 3: PATHWAYS FOR OPTIMAL MATERNAL CHILD HEALTH IN PRISONS

CONTEXT: guidelines that support cross-sector collaborative approaches to identify pathways for optimal prison maternal child health that build upon continuity of support and care and strengthening relationships across hospital, correctional centre, and community, and federal and provincial levels.

PANEL PRESENTERS:

1. 15' Libby Robins, Director, Family Help Trust, New Zealand
    - international experience: what are the optimal supports for prison MBUs?
2. 12' Sarah Payne, former health care manager, Fir Square, BC Women's Hospital
    - developing cross sector support for women who give birth while in custody
3. 12' Jessica Danforth, Canadian Aboriginal AIDS Network
    - developing cross sector support for Aboriginal women in corrections and their infants
4. 12' Devon, a woman who lived with her baby in a BC prison Mother Baby Unit
    - personal story
5. 12' TBA, Ministry of Children and Family Development *(not confirmed)*
    - developing cross-sector support for incarcerated mothers and infants when they leave custody
6. 12' Naomi Dove MD, Health Promotion & Disease Prevention, First Nations Health Authority
    - developing cross-sector support for Aboriginal mothers and infants when they leave custody

FACILITATOR: ALISON GRANGER-BROWN

Consideration for Panel Presenters:

1. Health care issues
    - Pre-, neo- and post- natal issues (mothers and babies)
    - infant health, including vaccinations and early development
    - long range health issues (for infant and mothers)
    - community equivalent standard
    - staff training regarding health care issues
2. Social Issues/Early Education
    - early education and development
    - community agencies involvement
    - parenting and contact with other children

PANEL 4, ANNOTATIONS

9:30AM – 11:00AM PANEL 4: CRITICAL ISSUES FOR PRISON MBU EVALUATION

CONTEXT: guidelines for research and evaluation frameworks that will include factors to assess the effectiveness of prison MBUs, and to compare with not having prison MBUs.

PANEL #4 PRESENTERS:

- 15' Mary Byrne PhD, Director of Center for Children and Families, Columbia University, New York
  - published prison MBUs evaluations: what factors do they include? what factors are missing?
- 10' Michele Sam PhD*(cand),* Ktunaxa Nation *(invited, not confirmed)*
  - Ways to incorporate Indigenous ways of knowing, and realist evaluation processes
- 10' Andrew MacNab MD, Professor, Department of Pediatrics, UBC
  - Ways to incorporate evaluations of early childhood development
- 10' Amy Salmon PhD, Director of Institute of Health Economics
  - Ways to incorporate evaluations of cost effectiveness
- 15' Carmen Gress PhD, Director of Research & Planning, B.C. Corrections, Ministry of Justice
  - factors that are included in evaluations of prison programs (e.g. recidivism)

FACILITATOR: MO KORCHINSKI

Considerations for Panel Presenters:

- maternal and infant health outcomes (e.g. breast feeding, childhood development)
- Indigenous children and Indigenous families
- recidivism and correctional outcomes
- social and financial outcomes, both short and long range
- What happens if we don't access prison MBUs? Compare with outcomes for children who don't have benefits of this? (e.g. compare with Youth and Child Advocate Office data - outcome for children who are separated, social and financial)

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Mother & Baby Prison Health:
Making Prison Mother Baby Units Work in Canada

Day 2
March 15, 2014

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familyhelp trust

Breaking the cycle for New Zealand children

An Investigative Study into Mother and Baby Prison Nurseries in the United States of America, the United Kingdom and New Zealand

Libby Robins

Dip Adult Psych

M.N.Z.A.S.W

B.A Med & Vet Science

Winston Churchill Fellow 2011

Director (NGO) Family Help Trust 24 years

familyhelp trust
Breaking the cycle for New Zealand children

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UBC Clinical Professor
Inaugural Director, Collaborating Centre for Prison Health and Education

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Ruth Elwood Martin, MD, FCFP, MPH

UBC Clinical Professor

Inaugural Director, Collaborating Centre for Prison Health and Education

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Mother & Baby Prison Health

March 13, 2014

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NEW ZEALAND MOTHERS WITH BABIES UNITS GUIDED BY "THE BEST INTERESTS OF THE CHILD"

DEPARTMENT OF CORRECTIONS
ARA POUTAMA AOTEAROA

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Evidence for Newborn/Infant Staying with Mother

Generating Best Practice Guidelines for Prison Mother and Baby Health

March 14, 2014

William Ehman MD

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10 Great Reasons to Breastfeed your Baby

- Breastfeeding is best for you and your baby
- *To find out why turn the page...*

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Epigenetics of early child development

Chris Murgatroyd* and Dietmar Spengler

Max Planck Institute of Psychiatry, Munich, Germany

Edited by:
Josephine Johns, University of North Carolina at Chapel Hill, USA

Reviewed by:
Ronald De Kloet, Leiden University, Netherlands
Ben Nephew, Tufts University Cummings School of Veterinary Medicine, USA

****Correspondence:***
Chris Murgatroyd, Max Planck Institute of Psychiatry, Kraepelinstrasse 2-10, 80804 Munich, Germany.
e-mail: murgatroyd@mpipsykl.mpg.de

MOTHER AND BABY PRISON HEALTH: MAKING PRISON MOTHER BABY UNITS WORK IN CANADA
MARCH 14th & 15th, 2014

Goal: to develop best practice guidelines
for the implementation of prison Mother Baby Units in Canada
Location: St John's College, 2111 Lower Mall, UBC Point Grey Campus
Dropbox: https://www.dropbox.com/sh/hr0alyfxwi8p1lj/5onA524wRK

Additional Research:

- Inglis Case
  http://ifls.osgoode.yorku.ca/wp-content/uploads/2013/12/Judge-Ross-re-Inglis-v.-British-Columbia-Minister-of-Public-Safety-12-16.pdf

- UN Bangkok Rules on women offenders and prisoners: Short guide
  http://www.penalreform.org/wp-content/uploads/2013/07/PRI-Short-Guide-Bangkok-Rules-2013-Web-Final.pdf

- United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules)
  http://www.penalreform.org/wp-content/uploads/2013/06/United_Nations_Rules_for_the_Treatment_of_Women_Prisoners_and_Non-custodial_Measures_for_Women_Offenders_the_Bangkok_Rules.pdf
- (Also refer to http://www.penalreform.org/priorities/women-in-the-criminal-justice-system/bangkok-rules-2/)

- Guidance Document on the United Nations Rules on the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (The Bangkok Rules)
  http://www.penalreform.org/wp-content/uploads/2013/10/PRI-TIJ-Guidance-Document-on-Bangkok-Rules-October-2013.pdf

- New Zealand Department of Corrections. (2013). Formative Evaluation of the Mothers with Babies Units.
  http://www.corrections.govt.nz/resources/evaluation_of_the_mhers_with_babies_units.html
  AND
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Page 720 of 861 to/à Page 741 of 861

Withheld pursuant to/removed as

DUPLICATE

FW: Guidelines for Implementation of Mother-Child Units in Canada: Health Authority Endorsement Request

From: Buchner, Chris [VC] <Chris.Buchner@vch.ca>
To: carolyn.solomon@gov.bc.ca, Solomon, Carolyn HLTH:EX <Carolyn.Solomon@gov.bc.ca>
Sent: October 14, 2014 12:45:24 PM PDT

Carolyn,
You have the endorsement of VCH.
C.

-----Original Message-----
From: Carsley, John [VC]
Sent: Tuesday, October 07, 2014 1:32 PM
To: Buchner, Chris [VC]; Wooldridge, Joanne [VC]
Subject: RE: Guidelines for Implementation of Mother-Child Units in Canada: Health Authority Endorsement Request

Yes.

From: Buchner, Chris [VC]
Sent: 07 October 2014 13:24
To: Wooldridge, Joanne [VC]; Carsley, John [VC]
Subject: FW: Guidelines for Implementation of Mother-Child Units in Canada: Health Authority Endorsement Request

Hi Joanne and John,
Please see below.
While we do not have any prisons in the VCH, I believe that consensus on endorsement will be helpful, and the issue is relevant to our populations regarding discharge planning. Please let me know whether you feel we can offer our endorsement.
C.

From: Solomon, Carolyn HLTH:EX [mailto:Carolyn.Solomon@gov.bc.ca]
Sent: Tuesday, October 07, 2014 11:52 AM
To: Codner, Tamara A HLTH:EX; [PHSA] Tugwell, Andrew; [PHSA] Yusufzai, Angeza; XT:Katan, Betty HLTH:IN; Martin, Cheryl HLTH:EX; Buchner, Chris [VC]; [IHA] Murdock, Deborah; [IHA] Anton, Gayle; XT:Tatlock, Jan HLTH:IN; [PHSA] Jaiven, Jessica; McKinney, Jodie HLTH:EX; [FHA] Dickenson-Smith, Karen; [FHA] Friesen, Kathleen; [NHA] St. Jean, Laura; Herman, Matt HLTH:EX; XT:DeGroot, Michelle HLTH:IN; XT:Dove, Naomi HLTH:IN; [NHA] Lively, Sharlene; Key, Susan [VA]; [FHA] West, Suzanne; O'Briain, Warren W HLTH:EX
Cc: O'Briain, Warren W HLTH:EX; 'Martin, Ruth (ruth.martin@ubc.ca)'; 'Sarah Paynes.22
s.22
Subject: RE: Guidelines for Implementation of Mother-Child Units in Canada: Health Authority Endorsement Request

Hello All,

In follow up to my last email requesting support from the PPDC regarding health authority endorsement of the attached guidelines, it would be very helpful if you could express your intent related to the endorsement of the guidelines by October 31, 2014. Please feel free to connect directly with Dr. Martin or Sarah if you have any questions.

Request:
We are emailing to ask if you would seek endorsement of the, 'Guidelines for the implementation of prison mother-child units in Canada' (see attached document) from your local Health Authorities.

The Canadian landmark decision of the Supreme Court of British Columbia on December 2013, stated that the decision to cancel a provincial prison mother baby unit infringed the constitutional rights of mothers and babies. The Collaborating Centre for Prison Health and Education (CCPHE) hosted a working meeting in March, 2014, at the University of British Columbia, Vancouver, to generate best practice evidence-based guidelines. Experts were invited to present, during the working meeting, in four panel discussions entitled, 'the

rights of the child', 'the correctional context', 'pathways and programs' and 'evaluation'. Stakeholder organizations were invited to contribute to the writing of the guidelines by selecting delegate representative(s), who participated in the working meeting and who reviewed and edited the draft guidelines.

We would appreciate hearing from you by October 31st, 2014, regarding the intent of your Health authority to endorse the guidelines. Support from each regional BC Health Authority in the development and endorsement of the guidelines will aid in the advancement of maternal-child health outcomes for incarcerated women and their children across Canada.

We look forward to hearing from you and we thank you in anticipation of your support.
Best wishes,
Ruth Elwood Martin, MD, FCFP, MPH (Director, Collaborating Centre for Prison Health and Education) Sarah Payne, RN (Retired Nurse Manager, Fir Square, BC Women's Hospital)

Thanks all!
Carolyn

Carolyn Solomon
Manager, Maternal and Women's Health | Healthy Development and Women's Health Directorate | Population and Public Health Division | BC Ministry of Health | 4-2, 1515 Blanshard Street, Victoria, BC, V8W 3C8 | 250.952.2568

From: Codner, Tamara A HLTH:EX
Sent: Wednesday, September 24, 2014 7:00 AM
To: 'Andrew Tugwell'; 'Angeza Yusufzai - Adm Assistant to Andrew Tugwell'; XT:Katan, Betty HLTH:IN; Martin, Cheryl HLTH:EX; XT:Buchner, Chris HLTH:IN; XT:Murdock, Deborah HLTH:IN; XT:HLTH Anton, Gayle; XT:Tatlock, Jan HLTH:IN; 'Jessica JaivEn'; McKinney, Jodie HLTH:EX; XT:Dickenson, Karen HLTH:IN; 'Kathleen Friesen '; 'Laura St. Jean - Admn Assistant - Sharlene'; Herman, Matt HLTH:EX; XT:DeGroot, Michelle HLTH:IN; XT:Dove, Naomi HLTH:IN; XT:HLTH Lively, Sharlene; XT:Key, Susan HLTH:IN; Suzanne West Admn assistant- Karen Dickenson-Smith; Codner, Tamara A HLTH:EX; O'Briain, Warren W HLTH:EX
Cc: Solomon, Carolyn HLTH:EX; O'Briain, Warren W HLTH:EX
Subject: RE: Guidelines for Implementation of Mother-Child Units in Canada: Health Authority Endorsement Request

Good Morning,

Please see the below email trail and attachment for your review and discussion.

If you have any questions, please feel free to contact me.

Thanks,
Tamara
250-952-2311
Dream as if you'll live forever! Live as if you'll die tomorrow! Dance as if no one is watching!

[cid:image001.jpg@01CFE225.2B375E70]

From: O'Briain, Warren W HLTH:EX
Sent: Tuesday, September 23, 2014 4:48 PM
To: Codner, Tamara A HLTH:EX
Cc: Solomon, Carolyn HLTH:EX
Subject: FW: Guidelines for Implementation of Mother-Child Units in Canada: Health Authority Endorsement Request

Hi Tamara - would you mind forwarding this string and attachment to the Prevention Director's group email, and copying Carolyn Solomon? Many thanks! Warren

From: Solomon, Carolyn HLTH:EX
Sent: Tuesday, September 23, 2014 12:04 PM
To: O'Briain, Warren W HLTH:EX
Subject: Guidelines for Implementation of Mother-Child Units in Canada: Health Authority Endorsement Request

Hello Warren,

As you are aware MoH is currently reviewing the attached Guidelines for Implementation of Mother-Child Units in Canada in response to the request for Ministry endorsement from the planning committee.

In conversation with Dr. Ruth Martin, she has requested our support in forwarding the below email and Guidelines to the health authorities for their endorsement. HAs can respond directly to Dr. Ruth Martin at ruth.martin@ubc.ca<mailto:ruth.martin@ubc.ca> or Sarah Payne ats.22 to indicate if they wish to endorse the guideline or if they any questions.

Please forward the email below and the attached Guidelines to the Prevention Directors for their review/discussion at the regional level. The planning committee would like to have the final, penultimate version with endorsement by key stakeholders by December, 2014.

Many thanks,

Carolyn

Carolyn Solomon

Manager, Maternal and Women's Health | Healthy Development and Women's Health Directorate | Population and Public Health Division | BC Ministry of Health | 4-2, 1515 Blanshard Street, Victoria, BC, V8W 3C8 | 250.952.2568 Dear Prevention Director, I am emailing to ask if you would seek endorsement from your health authority of the attached penultimate version (dated June, 2014) of the GUIDELINES FOR THE IMPLEMENTATION OF PRISON MOTHER-CHILD UNITS IN CANADA.

Many thanks,

Best wishes,

Ruth Elwood Martin, MD, FCFP, MPH. Collaborating Centre for Prison Health and Education

ruth.martin@ubc.ca<mailto:ruth.martin@ubc.ca>

on behalf of the the planning committee:

Mo Korchinski, Women in2 Healing

Jessica Danforth, Canadian Aboriginal AIDS Network Brenda Tole, BA, retired prison warden Amy Salmon, PhD, Institute of Health Economics Alison Granger-Brown, MA, PhD(cand), contracted advisor for incarcerated mothers Debra Hanberg, Project Coordinator, Collaborating Centre for Prison Health and Education

From: Friesen, Kathleen <kathleen.friesen@fraserhealth.ca>
Sent: Tuesday, October 14, 2014 3:52 PM
To: Solomon, Carolyn HLTH:EX
Cc: Friesen, Kathleen; XT:HLTH Shum, Tim; Urbina-Beggs, Michelle; XT:Loh, Lawrence HLTH:IN; XT:McGilp, Vicky HLTH:IN
Subject: RE: Guidelines for Implementation of Mother-Child Units in Canada: Health Authority Endorsement Request

Hi Carolyn,
Fraser Health is happy to endorse the “Guidelines for implementation of Mother – Child Units in Canada.”

Regards,
Kathleen Friesen

Kathleen Friesen, RN, BSN, MA
Director Population & Public Health
#400, Central City Tower
13450-102 Ave
Surrey, BC V3T 0H1
604-587-4680

Administrative Assistant: Suzanne West
Suzanne.west@fraserhealth.ca
604-587-4684

From: Solomon, Carolyn HLTH:EX [mailto:Carolyn.Solomon@gov.bc.ca]
Sent: Tuesday, October 07, 2014 11:52 AM
To: Codner, Tamara A HLTH:EX; [PHSA] Tugwell, Andrew; [PHSA] Yusufzai, Angeza; XT:Katan, Betty HLTH:IN; Martin, Cheryl HLTH:EX; [VCH-PHC] Buchner, Chris [VC]; [IHA] Murdock, Deborah; [IHA] Anton, Gayle; XT:Tatlock, Jan HLTH:IN; [PHSA] Jaiven, Jessica; McKinney, Jodie HLTH:EX; Dickenson-Smith, Karen; Friesen, Kathleen; [NHA] St. Jean, Laura; Herman, Matt HLTH:EX; XT:DeGroot, Michelle HLTH:IN; XT:Dove, Naomi HLTH:IN; [NHA] Lively, Sharlene; [VCH-PHC] Key, Susan [VA]; West, Suzanne; O'Briain, Warren W HLTH:EX
Cc: O'Briain, Warren W HLTH:EX; 'Martin, Ruth (ruth.martin@ubc.ca)'; 'Sarah Payne
s.22
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We would appreciate hearing from you by October 31st, 2014, regarding the intent of your Health authority to endorse the guidelines. Support from each regional BC Health Authority in the development and endorsement of the guidelines will aid in the advancement of maternal-child health outcomes for incarcerated women and their children across Canada.

We look forward to hearing from you and we thank you in anticipation of your support.
Best wishes,
Ruth Elwood Martin, MD, FCFP, MPH (Director, Collaborating Centre for Prison Health and Education)
Sarah Payne, RN (Retired Nurse Manager, Fir Square, BC Women's Hospital)

Thanks all!
Carolyn

Carolyn Solomon
Manager, Maternal and Women's Health | Healthy Development and Women's Health Directorate | Population and Public Health Division | BC Ministry of Health | 4-2, 1515 Blanshard Street, Victoria, BC, V8W 3C8 | 250.952.2568

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Cc: Solomon, Carolyn HLTH:EX; O'Briain, Warren W HLTH:EX
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To: Codner, Tamara A HLTH:EX
Cc: Solomon, Carolyn HLTH:EX
Subject: FW: Guidelines for Implementation of Mother-Child Units in Canada: Health Authority Endorsement Request

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From: Solomon, Carolyn HLTH:EX
Sent: Tuesday, September 23, 2014 12:04 PM
To: O'Briain, Warren W HLTH:EX
Subject: Guidelines for Implementation of Mother-Child Units in Canada: Health Authority Endorsement Request

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response to the request for Ministry endorsement from the planning committee.
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authorities for their endorsement. HAs can respond directly to Dr. Ruth Martin at ruth.martin@ubc.ca or Sarah Payne at
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Please forward the email below and the attached Guidelines to the Prevention Directors for their review/discussion at the regional
level. The planning committee would like to have the final, penultimate version with endorsement by key stakeholders by December,
2014.
Many thanks,
Carolyn
Carolyn Solomon
Manager, Maternal and Women's Health | Healthy Development and Women's Health Directorate | Population and Public Health Division | BC Ministry of Health | 4-2, 1515 Blanshard Street, Victoria, BC, V8W 3C8 | 250.952.2568
Dear Prevention Director,
I am emailing to ask if you would seek endorsement from your health authority of the attached penultimate version (dated June,
2014) of the
GUIDELINES FOR THE IMPLEMENTATION OF PRISON MOTHER-CHILD UNITS IN
CANADA.
Many thanks,
Best wishes,
Ruth Elwood Martin, MD, FCFP, MPH. Collaborating Centre for Prison Health and Education
ruth.martin@ubc.ca
on behalf of the the planning committee:
Mo Korchinski, Women in2 Healing
Jessica Danforth, Canadian Aboriginal AIDS Network
Brenda Tole, BA, retired prison warden
Amy Salmon, PhD, Institute of Health Economics
Alison Granger-Brown, MA, PhD(cand), contracted advisor for incarcerated mothers

Debra Hanberg, Project Coordinator, Collaborating Centre for Prison Health and Education

EMAIL RESPONSE

1014734

Dr. Robert Halpenny
President and Chief Executive Officer
Interior Health Authority
Robert.Halpenny@interiorhealth.ca

Dear Dr. Halpenny:

Thank you for your email of July 25, 2014, to Deputy Minister Stephen Brown asking whether the Ministry of Health (the Ministry) endorses the recently released *Guidelines for the Implementation of Prison Mother-Child Units in Canada* ('the Guidelines'). I apologize for the delay in this reply.

Firstly, thank you for sharing the draft Guidelines. We have reviewed the document with staff from the BC Corrections Branch and have identified that some changes are required. As such, neither the Ministry nor BC Corrections Branch are able to endorse the Guidelines at this time.

Earlier this year, the Ministry and Fraser Health worked with staff from the BC Corrections Branch to plan and implement a Mother Baby Program at the Alouette Correctional Centre for Women (ACCW). The new program was announced on June 15, 2014, and will provide women in custody the opportunity to live and bond with their newborns, while still ensuring the health, safety and security of the child. Many of the principles identified in the draft Guidelines are included in ACCW current mother-child unit policy.

The new Mother Baby Program is supported by comprehensive policies and procedures, staff training, and a facility upgrade to provide a stimulating and appropriate environment for babies. Pregnant inmates will receive the same prenatal care and education available to expectant women in the community, and will participate in a parenting program to support their personal and parental growth and development.

The Ministry supports the continued collaboration between health service providers and the BC Corrections Branch. This work supports women to have healthier pregnancies, learn new parenting skills and fosters child health and development.

Thank you for your interest in maternal-child services and programs.

Sincerely,

Lynn Stevenson, RN, PhD, FCCHL, ICD-D
Associate Deputy Minister
Ministry of Health

pc: Dr. David Ostrow, President and CEO, Fraser Health Authority
(David.Ostrow@fraserhealth.ca)
Ms. Cathy Ulrich, President and CEO, Northern Health Authority
(Cathy.Ulrich@northernhealth.ca)

Mr. Carl Roy, President and CEO, Provincial Health Services Authority
(croy@phsa.ca)
Mary Ackenhusen, President and CEO, Vancouver Coastal Health Authority
(Mary.Ackenhusen@vch.ca)
Dr. Brendan Carr, President and CEO, Island Health
(Brendan.Carr@viha.ca)

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Withheld pursuant to/removed as

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a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

CCPHE
THE COLLABORATING CENTRE FOR PRISON HEALTH & EDUCATION

2206 East Mall
Vancouver, BC, V6T 1Z3
7th December, 2014

To whom it may concern:

We are emailing to invite your organization to endorse, or to confirm endorsement (if already endorsed the penultimate version 7, June, 2014), of the 'penultimate-penultimate-version, November, 2014' of the attached guidelines entitled, *'Guidelines for the Implementation of Mother-Child Units in Canadian Correctional Facilities'.*

We would appreciate hearing from you by 6th January, 2015, regarding your organization's decision to endorse, or to confirm endorsement (if already endorsed the penultimate version, June, 2014), the penultimate-penultimate-version, November, 2014, of the guidelines. The FINAL version of the guidelines will include the complete list and logos of all endorsing organizations (and might include minor formatting edits) but will NOT contain any further edits/revisions to content. The FINAL version will be distributed at the end of January, 2015.

The Planning Committee carefully reviewed each of the suggested revisions/edits to the guidelines (penultimate version 7, June 2014), which were submitted by delegates of collaborating organizations who attended the working meeting entitled, *'Mother and Baby Prison Health: Making Prison Mother Baby Units work in Canada'*, March, 2014. We incorporated all revisions/edits that were consistent with the scope and vision of, and the data generated by, the working meeting. The attached Excel spreadsheet documents: name of delegate and/or collaborating organization that suggested the edit/revision; the current wording (i.e. wording in version 7, June 2014); the suggested wording; the wording approved by the planning committee (PC); and, comments and/or rationale for the PC decision.

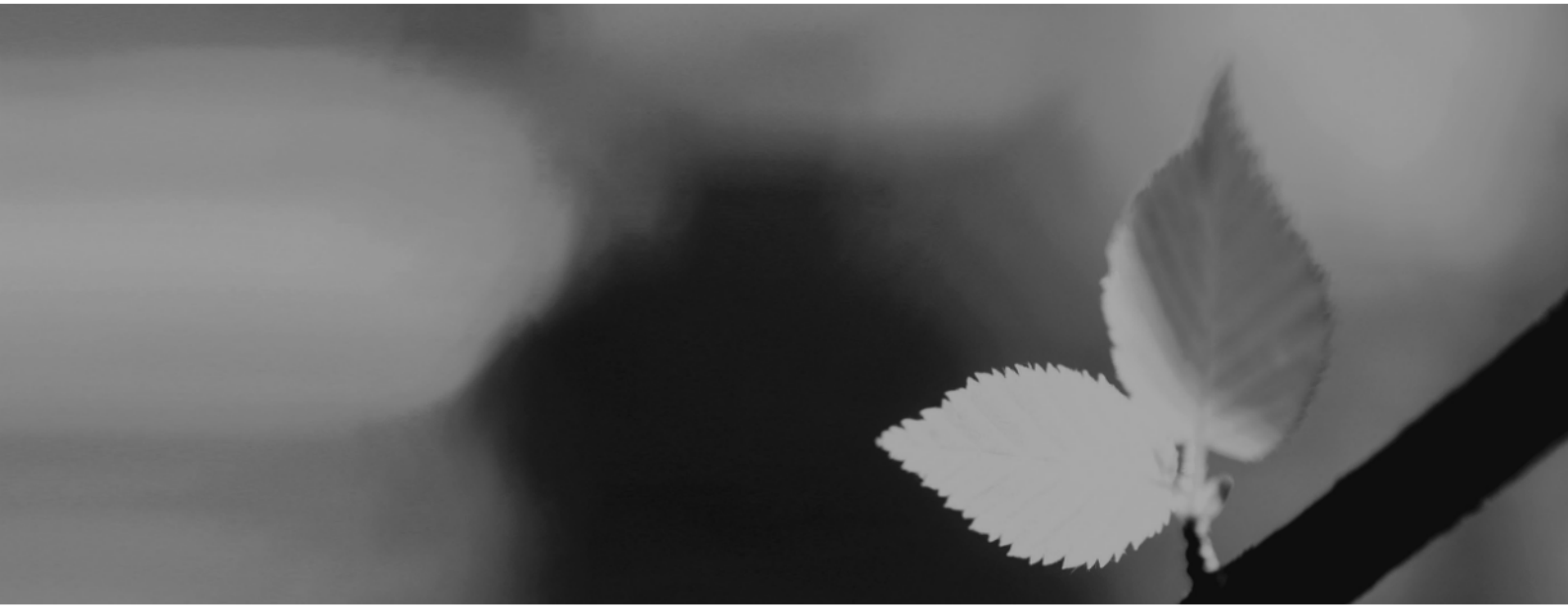
On behalf of the Planning Committee, I would like to thank you for your thoughtful and thorough edits/revisions to the guidelines. We acknowledge that the guidelines were improved by your collaborative input, expertise and wisdom, and that the guidelines are consistent with the vision and scope of, and the data generated by, the March, 2014, working meeting. Our hope is that the guidelines will become an invaluable, resource for women's correctional facilities across Canada.

We look forward to hearing from you,
Thanking you for your input into this collaborative process,
With very best wishes for the coming season and holiday,

Ruth Elwood Martin, MD, FCFP, MPH.
On behalf of the Planning Committee:
Mo Korchinski, BSW, Women in2 Healing
Jessica Danforth, Canadian Aboriginal AIDS Network
Brenda Tole, BA, retired prison warden
Amy Salmon, PhD, Institute of Health Economics
Alison Granger-Brown, MA, PhD, contracted advisor for incarcerated mothers

GUIDELINES FOR THE IMPLEMENTATION OF MOTHER-CHILD UNITS IN CANADIAN CORRECTIONAL FACILITIES

Version April 2015



CCPHE
THE COLLABORATING CENTRE FOR PRISON HEALTH & EDUCATION

a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

This document is published and distributed by The Collaborating Centre for Prison Health and Education (CCPHE)
The University of British Columbia, 2206 East Mall,
Vancouver, BC V6T 1Z3

Tel: 604-827-4976, Toll free: 1-855-999-4976
www.ccphe.ubc.ca

Graphic Design by David Ko: designgradient@gmail.com

TABLE OF CONTENTS

INTRODUCTION

These guidelines are predicated on the clear and compelling evidence that early mother-infant bonding supports positive future outcomes for the child, and that the child has a right to non-discrimination.

The best interests of the child must be of a primary concern, including her/his safety and security, and the physical, emotional and spiritual well-being of the child. It is in the best interests of the child to remain with her/his mother, to breastfeed and be allowed to develop a healthy attachment.(1) The wide range of psychological, physiologic and developmental harm caused by separation of a child from her/his mother is well documented.(2–4) Recent epigenetic evidence demonstrates that a newborn's attachment to her/his mother is critical to her/his long-term healthy development.(5)

Women who are expected to give birth while in custody, or who are the primary caregivers of dependent children, should remain in the community where ever possible. The justice system should make all effort to seek supportive community alternatives to custody for these women.(6)

Throughout the world, incarcerated women tend to be young and of childbearing age, often lacking financial resources and poorly educated.(7) In addition, many incarcerated women have experienced physical and sexual abuse and traumatic childhoods, which in some cases has led to substance use and mental health issues.(7) In 2003, an estimated 20,000 Canadian children were separated from their mothers because of incarceration.(8)

Aboriginal people face extremely high rates of incarceration and involvement/interaction with the justice system. Aboriginal people - meaning First Nations, Inuit and Métis (FNIM) - in Canada face additional discrimination, because of the long-term multigenerational effects of colonization, intergenerational trauma, attempted cultural genocide and ongoing racism. In addition, the powerful impact of the social determinants of health for indigenous peoples result in health inequities.(9, 10) The United Nations Declaration on the Rights of Indigenous Peoples recognizes the right of indigenous families and communities to retain shared responsibility for the upbringing, training, education and well-being of their children.(11) This Declaration has been endorsed by Canada, but has yet to be implemented.

The World Health Organization (WHO) and the United Nations (UN) have established minimum standards regarding the rights of the child and the rights of the family.(12,13) The standards, which have been endorsed by Canada, were incorporated into the writing of these guideling principles.(10) In addition, the WHO recommends exclusive breastfeeding for the first six months, and breastfeeding up to two years of age.(14–16)

The Canadian landmark decision of the Supreme Court of British Columbia, December 2013, stated that the decision to cancel a provincial correctional facility mother-child unit infringed the constitutional rights of mothers and babies.(17) When community alternatives to custody are not possible, mother-child units are beneficial, and these benefits have been demonstrated internationally. For example, mother-child units in correctional facilities allow children to bond with their mothers in a safe and supportive environment and allow mothers to develop positive parenting and social skills.(18–20) Through this lens, incarceration can be viewed as a transformative period for mothers and their children. A collaborative interdisciplinary, inter-agency approach can achieve this by promoting stability and continuity for mother-child health and relationship in and beyond the correctional facility.

In this document, we describe guiding principles, and the practices that are required for optimal child and maternal health inside a correctional facility, including the correctional context, pregnancy, birth, education, correctional and medical care, discharge planning and community partner engagement. In

Canadian federal institutions, four years is the upper age for children in mother-child units; therefore, these guidelines cover children up to the age of four years.(21) For the purpose of these guidelines, we define infant as aged 0-1 years, and child as aged 1-4 years. In addition, we use the term 'correctional facility' to designate any institution that holds women in custody.

Guiding Principles

1. The *best interests and safety of the child* are a primary concern in addition to the rights of the mother.
2. *Protection of the family unit* is at the core of our societal value system and is entitled to protection by the state. The woman defines who are members of her family unit.(22)
3. Preserving the *integrity of the mother-child relationship* should be a priority at all times and is the responsibility of all service providers. Any practice that separates a child from her/his mother (for any reason other than the safety or well-being of the child or the well-being of the mother), and does not provide for the maintenance of the mother-child relationship, harms the family unit.
4. Canadian correctional *gender-based statements of philosophy* affirm that correctional practices should be responsive to the needs to women both inside a correctional facility and in the community. (23,24)
5. As explained in the introduction, all efforts should be made to seek out *supportive community alternatives to custody* for women giving birth during their sentence.(1)
6. *Child safety* is the shared responsibility between the child protection authorities and the ministries of health and justice (including correctional staff and hospital staff).
7. Women are incarcerated for many reasons, and only some reasons are associated with child protection concerns. Therefore, correctional mother-child care should be reviewed on a case by case basis, with child protection authorities' involvement in cases only where deemed appropriate
8. *Woman centered care* should be implemented in correctional facilities, using the *same standards as the community*, recognizing that incarcerated women are valued as key informants for all decisions for their care and their future, including defining their own family.(22) (See guiding principle 2)
9. Pregnant and parenting incarcerated women should be informed of their *choices and rights*.
10. Women's religious, cultural and spiritual *customs and beliefs* relating to pregnancy, giving birth and parenting should be respected without compromising safety and security.(25)
11. Respectful and *trauma informed care* that is sensitive to the needs of those recovering from past trauma and/or substance use challenges should be offered to all incarcerated women; correctional staff should be responsive to the impacts of physical, psychological and/or sexual violence in women's lives.(26, 27)
12. Pregnant or postpartum incarcerated women should receive appropriate individual holistic health care, in the form of an *individualized health care plan*, which is developed in collaboration with a qualified health practitioner. Within correctional facilities, pregnant and postpartum women, and their babies and children, should be offered adequate and timely nourishment, a healthy environment and regular exercise opportunities, similar to that offered in the community.(1)
13. It is important to identify and *build on strengths* and protective factors of incarcerated women, their families and their communities.(22) Focusing on protective factors, such as improving housing and nutrition, can improve outcomes for mothers and their children, thereby reducing harm.
14. When planning for release, *a continuum of help* should be accessible and offered to women and their families, in order to support and to respect women's goals for change. In addition, integrated case management, including continuity of medical care, should be actively supported on release to community, in order to nurture and stabilize mother-child relationships.
15. *Collaborations are fostered* between correctional facilities/ministries and community health organizations/ ministries in order to provide seamless care for mother-child unit participants.

BEST PRACTICES TO SUPPORT THE GUIDING PRINCIPLES

1. Best Practices for the Correctional Context

a. Incarcerated mothers and their children up to the age of four years are eligible to participate in mother-child programs in correctional facilities.
b. The child protection threshold for determining that the child can live with the mother should be the same as applied to situations in the community.
c. If any mother is precluded from the mother-child program, an automatic expedited review process should be available for the decision to be reviewed. The mother should have access to an advocate, either designated or one of her choosing.(28)
d. When a mother and child are accommodated at a correctional facility, an interdisciplinary inter-ministry team will be involved in dialogue with the mother, which may include:
    i. If child protection is involved in the case, representatives from the Child Protection Authority, including the primary social worker and the leader of the team responsible for the planning and decision making for the child.
    ii. Representatives from the provincial or federal Correctional Services of Canada (CSC) and the Ministry of Justice, including the case coordinator, warden or her/his designate, and the health care manager in the correctional facility.
    iii. Clinicians involved in her care including attending physician, or midwife, nurse or social worker, maternity unit manager or charge nurse.
    iv. Mother and members of the immediate or extended family (as identified by the mother).
    v. This team may also include as needed:
        1. Aboriginal (FNIM) advisor/Elder and/or band representatives with relevant cultural/ language fluency;
        2. Addictions counselor from the community, facility or hospital;
        3. Community or public health nurse;
        4. Spiritual advisor.
e. The decision process (to accommodate the mother and child) should be timely so that no interruption in bonding and attachment occurs following birth and so that stress is minimized. The stress caused by the possible separation of the mother with her infant may cause detrimental effects to the pregnancy and child.
f. In order to preserve the confidentiality of women accessing community resources, it is beneficial for correctional officers to be non-uniformed when accompanying mother (and child) into the community. It is strongly recommended that restraints are not used.
g. It is beneficial that the mother and the correctional facility sign an individualized parenting agreement that outlines the conditions under which the child will reside within the correctional facility.

2. Best Practices for Pregnancy

a. All incarcerated women should have timely access to pregnancy testing. The correctional health care manager should alert the local hospital as soon as the incarcerated woman reaches her third trimester of pregnancy.
b. Timely discharge planning should begin at the time of confirmation of pregnancy. See section 7 below for more details.
c. Pregnant women should be provided access to, and encouraged to participate in, pre-natal classes and parenting programs, either in a correctional facility or in the community.

d. Consideration should be given to providing pregnant women with suitable employment and recreation, which ensures a balance of rest, healthy activity/exercise and participation, and access to cultural support to promote emotional and spiritual health.
e. Health care in a correctional facility should recommend products to address common discomforts of pregnancy. (e.g. extra pillows or blankets, ice pack or heating pads).
f. Pregnant women's increased nutritional needs should be taken into account and provided for.
g. Pregnant women should be given, where possible, the option of services in her pregnancy from the health region of the correctional facility, which might include the option of midwife and/or doula services, as well as trauma informed care and counseling.
h. Pregnancy and birth during incarceration can be traumatic. All efforts should be made to provide clear and timely access to health care during this time.
i. Women should be encouraged to identify a person to support her during labour and delivery; this could include a doula, a family member or friend.
j. All pregnant women should be offered culturally safe and competent pre-natal, delivery and post-natal care. For example, Aboriginal practices should be accommodated upon request and where possible.

3. Best Practices for Birth

a. The correctional health care manager should have alerted the local hospital about the date of confinement when the woman reaches her third trimester of pregnancy. (See 2b)
b. The health care provider (physician or midwife), in collaboration with the woman, should create an individualized health care plan for the woman and her baby for the intra-partum and post-partum period, as well as for her return to the correctional facility.
c. At the onset of regular contractions, the correctional facility should notify the hospital and/or health care provider (physician or midwife) as previously arranged, prior to moving the woman from the correctional facility.
d. At the onset of regular contractions, the correctional facility should also at this time notify the woman's identified support person. (See 2h).
e. The woman should be given the opportunity to speak directly with health care staff (either her health care provider at the correctional facility or hospital staff) prior to leaving the correctional facility.
f. The woman giving birth should be escorted to hospital by at least one female correctional staff.
g. Where security levels permit, the best practice would be for escorting correctional staff to be absent from the delivery room, during the birth and labour, unless requested by the woman. If the woman requests the correctional staff to remain in the delivery room, the woman should provide verbal consent with a health care provider as witness. It should be made clear that the woman can change this consent at any time.
h. According to international standards, no mechanical restraint may be used at any time during labour and delivery, and immediately after birth, under any circumstances.(1)

4. Best Practices for the Care of Woman/Child in Correctional Facilities

a. It is important that correctional staff are empathetic and knowledgeable when dealing with women and their children in the correctional setting. Therefore, additional staff orientation and training should be provided for both community and institutional correctional staff. (See Education 6c)
b. Staff roles may include: escorting women to activities outside of correctional facilities (community agencies), supporting mothers to provide relevant activities for their child/children, supporting the mother to participate in parenting programs.
c. When escorting a child to medical or other community appointments, the mother is responsible for the care and safety of her child. Both the mother and the correctional officers should receive instruction on

the correct use of safety equipment such as car seats. The mother should accompany the child to any community appointments and programs. In the event that the mother is unable to accompany her child, alternative pre-approved child escorts should be used.

d. Placement of other incarcerated women into the mother-child unit should be on a case by case basis. A mix of mothers and selected non-mothers is recommended.(29,30)
e. The woman should be allowed access, where practicable, to a range of social outlets, work and life skills activities, consistent with that available to other women in the correctional facility. Access to ceremony, elders and culturally relevant activities should be facilitated. The woman's primary responsibility is to her child, and this should be taken into account when establishing her sentence plan.
f. If the woman is breastfeeding, she should have access to a private place for breastfeeding whenever the baby needs to breast feed.(31)
g. Only mothers, approved babysitters, and health care personnel should be allowed to care for the babies/children. In the case of an emergency, where safety and security are deemed to be at risk, staff in the correctional facility may handle the child in order to mitigate the emergency situation. As for any infant in the community, no one should touch an infant unless the mother gives her prior approval.
h. Mothers should nominate other women as babysitters. Applicants for the babysitter positions should be screened. If approved, babysitters should receive orientation and training and should sign an agreement that contains applicable rules.
i. Each mother should have a crib beside her bed for her baby to sleep in, to promote holding and caring for their baby around the clock.
j. All efforts should be made to ensure a safe environment for the infants and children. Opportunities to access community programs for the mother and child should be facilitated, such as, parenting, recreational activities, first aid and early childhood development programs. If custodial status does not permit the mother access to the community, the community agencies should be encouraged to provide these opportunities within the correctional facility.
k. It is recommended that a two-way process is developed for communication and information between the mother and correctional staff. It was valuable to identify a consistent information source (i.e. a designated staff person) to aid in resolving communication issues.(30)
l. In cases where Child Protection Authority is involved, visits with the mother, child and/or extended family should be arranged with Child Protection Authority consultation.
m. The mother-child unit environment should be child age appropriate. This includes age-appropriate equipment, toys, books, play areas (indoors and outside) and child safety-proofed living areas.

5. Best Practices for Medical care

a. Having an opiate dependent pregnant woman go through withdrawal may be harmful for the baby. If opiate using at the time of delivery the newborn may need to be assessed for medical and or opiate withdrawal. (32,33)
b. The woman should have access to appropriate medical care and access to the routine pre-natal and post-partum checks as for any woman in the community. All pregnant women should be offered the community equivalent standard of prenatal care including assessment for health issues such as HIV and hepatitis C, and to obstetrical consultation as needed.
c. The infant/child should have access to medical care and well-baby health developmental checks, in collaboration with community health services, as for any child in the community. For example, medical care and follow up may be performed by the physician and health care professionals at the correctional facility, and also by community public health nurses.
d. Correctional facility health care staff who are assigned to female correctional facilities are encouraged to

participate in continuing medical education (CME), as required by their respective professional licensing organization, that is linked to maternal and child health care.

6. Best Practices for Education

a. Education about providing non-judgmental and respectful care, for mother and child regardless of previous life experience and history, including exposure to substances, is recommended for all groups listed in 6.c. below.
b. Education and training about cultural competency is recommended for all of the groups listed in 6.c. below. An example of cultural competency training is the on-line Indigenous Cultural Competency Course, Provincial Health Services Authority.(34)
c. Specific education, is recommended for the following groups, as guided by the correctional facility's local health ministry or authority:
    i. Correctional staff education should include: evidence regarding healthy long-term outcomes (e.g. breast feeding, maternal-infant bonding and epigenetic evidence); caring for infants and mothers; Fetal Alcohol Spectrum Disorder; Cardio-Pulmonary Resuscitation; basic child safety and safe utilization of equipment (i.e. car seats); maternal-child attachment; when to call medical/nursing; support and understanding of breastfeeding; trauma informed care; training and awareness in recognizing child protection concerns;
    ii. Correctional health care staff (e.g. physicians and nursing staff) education should include CME about infant care, and pre- and post-natal care (See also 5d);
    iii. Community hospital staff providing pre-, intra- and post-natal care for incarcerated women education should about their role in facilitating incarcerated women to become mothers and caregivers. Maximum provision should be made for mother-baby interaction (i.e. skin-to-skin at birth, rooming in, breastfeeding, cuddling/holding the baby) as for any woman in the community;
    iv. Community agencies that provide services inside correctional facilities should receive education that orients them to the correctional context;
    v. Incarcerated women should have access to individualized, life-skill education and training to build their competencies in caring for children inside the and in the community. This education should include: shopping and budgeting; food preparation and cooking; infant and child development/ behaviour; infant and child nutrition; basic housekeeping skills; and, age-appropriate child-safety environments.

7. Best Practices for Discharge Planning

a. According to international standards, a best interests assessment of the child should be followed:(1,35)
    i. The child should be respected as a person and acknowledged as the most vulnerable party in the proceedings;
    ii. Placement decisions should take central account of the child's important relationships of attachment;
    iii. The child should be provided with a stable, long-term living situation as soon as possible;
    iv. Whoever is caring for the child in the role of parent should be able to provide a suitable standard of care.
b. In order to prepare for a successful community release that ensures continuity of care, the following discharge planning processes should occur:
    i. The woman must be involved in all aspects of her discharge plan, so that she may articulate prior to her discharge, her concerns and her need for supports;
    ii. Discharge planning should begin with the woman and the interdisciplinary/agency team when

pregnancy is confirmed;
   iii. Discharge planning meetings should continue throughout the duration of the woman's sentence;
   iv. A process should be in place, articulated and documented, regarding the specific supports and follow-up for the woman and child in the community;
   v. A Child Protection Authority representative or social worker may be assigned to individual cases, or to the correctional facility, in order to facilitate discharge planning.

c. The following discharge planning supports should be considered for mother and child:
   i. Continuity of health care providers and medical care for mother and child, which includes the sharing of medical information between health care providers with woman's consent;
   ii. Housing support;
   iii. Relevant community support;
   iv. Extended family involvement, and/or placement;
   v. If relevant, community substance use treatment and support;
   vi. If the woman is from a First Nations community, the woman's return to her community should be supported, with the necessary links to community based programs and services.

8. Best Practices for Evaluation

a. All research evaluation projects must be governed by the Canadian Tri-Council Policy Statement Research Ethics Review Board Processes, which includes policies on confidentiality and participation.(37)
b. Future Mother-Child Program evaluations should be informed by the following UN recommendations:
   i. Efforts shall be made to organize and promote comprehensive, result oriented research on the offences committed by women, the reasons that trigger women's confrontation with the criminal justice system, the impact of secondary criminalization and imprisonment on women, the characteristics of women offenders, as well as programs designed to reduce reoffending by women, as a basis for effective planning, program development and policy formulation to respond to the social reintegration needs of women offenders;
   ii. Efforts shall be made to organize and promote research on the number of children affected by their mothers' confrontation with the criminal justice system, and imprisonment in particular, and the impact of this on the children, in order to contribute to policy formulation and program development, taking into account the best interests of the children;
   iii. Efforts shall be made to review, evaluate and make public periodically the trends, problems and factors associated with offending behaviour in women and the effectiveness in responding to the social reintegration needs of women offenders, as well as their children, in order to reduce the stigmatization and negative impact of those women's confrontation with the criminal justice system on them.
c. Correctional institutions routinely collect data to assess recidivism rates, in order to evaluate the effectiveness of programs in reducing recidivism rates. As such, the following question should routinely be addressed, "Are changes in women's incarceration rates associated with women's participation in correctional facility mother child programs?" (Small sample size and lack of appropriate comparison groups might preclude causal links.)
d. When a correctional institution establishes a mother-child unit, a program evaluation framework should be developed to assess how effectively the program is being implemented. Thus, multi-method evaluation data might be collected for any or all of the 49 items mentioned above in practices to support the best practices to support the guiding principles: 1. Best practices for the correctional context (a-g); 2. Best practices for pregnancy (a-h); 3. Best practices for birth (a-h); 4. Best practices for the care of woman/child in correctional facilities (a-m); 5. Best practices for medical care (a-d); 6. Best practices for education (a-c); and, 7. Best practices for discharge (a-c).
e. Longer-term outcome research is needed to establish the impact of mother-child units. Academic

institutions, and community health organizations, should be encouraged to foster research collaborations with correctional institutions to conduct multidisciplinary, mixed-method (qualitative and quantitative), long-term, prospective evaluations of the anticipated changes in maternal and child health that may result from the implementation of best practice maternal child programs in correctional facilities. Research factors to be considered might include:

- Infant/child: Do children demonstrate maternal attachment/bonding? What was the duration of breastfeeding? Were age-appropriate childhood developmental milestones achieved? Longer-term health and social indicators (e.g. future involvement with Child Protection Authority)? What impact does mother-child units have on factors relating to child mental, emotional, physical and spiritual health?
- Mother: In what ways did the mother complete her own goals? Did she learn what she hoped to learn? In what ways was this experience transformative? What impacts has this experience had on mother's long-term health? What impact does mother-child units have on factors relating to mother's mental, emotional, physical and spiritual health?
- Correctional impact: What is the impact of the mother-child unit on the health and social well-being of other incarcerated women and of correctional staff? On other aspects of correctional practices, programs and experiences?
- Cultural aspects: What is the impact of this experience on families' generational legacy of maternal-child separation (e.g. incarceration, foster homes and/or residential schools)? How are mother and child welcomed into her community/family following her release? How are mother's feelings of role security and identity?
- Community release: Is there supportive housing upon release? Is there on-going support (life-skills, parenting, financial, public health) for mother-child dyad following release? Is there family support following release?
- Economic factors: Is there a return on investment (i.e. investing in early childhood)?

APPENDIX 1 – GLOSSARY

Aboriginal is a term used in the guidelines to include three groups of people in Canada: First Nations, Inuit and Métis (FNIM).

Attachment is a concept applied to the infant/child relationship with the mother and other caregiving figures and is a neurobiological process in the child which takes place over the first years of life; is categorized as secure or insecure (with the latter characterized as avoidant, resistant or disorganized); becomes a system that is triggered to protect the child during situations of fear, illness, or harm; creates a pattern for establishing later relationships; and is predictive of the child's social and emotional development.

Bonding is a concept applied to the early mother-infant relationship, particularly during the neonatal period, which describes the mother's positive affect toward the infant and her comfort with proximity to the infant including gaze, vocalizations, affectionate touch, and skin-to-skin contact. (Bonding is a different concept than attachment and the two terms should not be used interchangeably).

Correctional Facility is the term used in the guidelines to designate any correctional institution that holds women in custody.

Cultural Safety refers to an encounter in which the client feels respected and empowered, and that their culture and knowledge has been acknowledged. Cultural safety refers to the client's feelings in the encounter, while cultural competence refers to the skills required by a professional to ensure that the client feels safe.

APPENDIX 2 – THE WRITING PROCESSES

The Collaborating Centre for Prison Health and Education (CCPHE) hosted a working meeting on March 14th and March 15th, 2014, at the University of British Columbia, Vancouver, to generate best practice evidence-based guidelines.

Experts were invited to present, during the working meeting, during four panel discussions entitled, 'the rights of the child', 'the correctional context', 'pathways and programs' and 'evaluation'.

Stakeholder organizations were invited to contribute to the writing of the guidelines by selecting delegate representative(s), who would participate in the working meeting and who would review/edit the draft guidelines.

All meeting delegates were invited to consent to video- and audio- recording during the meeting. Presentations and discussions were recorded (using typed field notes, hand-written notes, video- and audio- recording and PowerPoint slides) and selected audio-recordings were subsequently transcribed by volunteer assistants.

The CCPHE contracted Sarah Payne to write an initial guideline framework, based on her analysis of the meeting proceedings. The guideline framework was edited in an iterative manner as follows:

- Each transcriptionist compared and contrasted the codes and themes emerging in each transcription with the guideline framework, and highlighted any new major themes; new themes were incorporated into the guideline framework;
- All transcriptions and meeting data were reviewed a final time, seeking any 'new' major themes that were not already included in the guideline framework;
- Finally, we reviewed and cited the international resources and research publications, which had been presented by experts as evidence during the working meeting.

All members of the planning committee reviewed and approved the draft guidelines. The draft guidelines were circulated to all meeting delegates, inviting comment and edits. Each editing comment received was compared and contrasted with the 'data' that were generated during the working meeting, and was considered individually for inclusion into the guidelines.

In June 2014, all meeting delegates received the penultimate version of the guidelines, to be forwarded to the organizations that they represent inviting endorsement of the guidelines.

Appendix 7 includes a list of organizations that have endorsed the guidelines at the time of publication (April, 2015).

APPENDIX 3 – ACKNOWLEDGEMENTS

We gratefully acknowledge the following organizations for providing unrestricted financial support to CCPHE for the Mother-Child Prison Health Working Meeting:

- Interior Health Authority
- First Nations Health Authority
- Native Youth Sexual Health Network
- University of the Fraser Valley, Centre for Safe Schools and Communities
- Vancouver Island Health Authority
- Women's Health Research Institute
- Provincial Health Services Authority

The following representative delegate(s) of stakeholder organizations participated in the working meeting:

Aboriginal Mother Centre Society	Chelsea Bowers
Aboriginal Mother Centre Society	Lulla Sierra Johns
BC Civil Liberties Association	Grace Pastine
BC Corrections, Alouette Correctional Centre for Women	Ardith Watson
BC Corrections, Alouette Correctional Centre for Women	Bonnie Smith
BC Corrections, Alouette Correctional Centre for Women	Debbie Hawboldt
BC Corrections, Aouette Correctional Centre for Women	Barbara Collis
BC Corrections, Alouette Correctional Centre for Women and Justice Institute	Martina Cahill
BC Corrections, Research Evaluation and Planning	Carmen Gress
BC Government and Employee Services Union	Jan Wilson
BC Ministry of Children and Family Development	Yasmin Remtulla
BC Ministry of Children and Family Development, Child Welfare and Youth Services Policy, Policy and Provincial Services	James Wale
BC Ministry of Health, Healthy Development and Women's Health Directorate	Carolyn Solomon
BC Women's Hospital	Cheryl Davies
Bonding Through Bars	Samantha Sarra
Canadian Aboriginal AIDS Network	Jessica Danforth
Canadian Friends Service Committee	Sarah Chandler
Collaborating Centre for Prison Health and Education	Ben Fussell
Collaborating Centre for Prison Health and Education	Debra Hanberg

Collaborating Centre for Prison Health and Education	Ruth Elwood Martin
College of Family Physicians of Canada, Maternal and Newborn Care	William Ehman
Contracted Advisor for Incarcerated Mothers	Alison Granger-Brown
Correctional Service of Canada	Chantal Allen
Correctional Service of Canada, Fraser Valley Institution	Nellie Taylor
Correctional Service of Canada, Fraser Valley Institution	Marie Verbenkov
Correctional Service of Canada, Fraser Valley Institution	Elizabeth Watt
Elizabeth Fry Society of Greater Vancouver	Jodi Sturge
Family Help Trust, New Zealand	Libby Robins
Fir Square Program, BC Women's Hospital	Georgia Hunt
First Nations Health Authority	Naomi Dove
Fraser Health Authority	Sarah Kaufman
Fraser Health Authority	Pam Munro
Fraser Health Authority	Michelle Urbina-Beggs
Health and Early Learning Project (HELP), UBC	Michele Sam
Institute of Health Economics and Bonding with Babies Society	Amy Salmon
Native Youth Sexual Health Network	Krysta Williams
New Zealand Department of Corrections	Tracy Cherie Tyro
Nicola Valley Institute of Technology	Lara-Lisa Condello
Office of the Correctional Investigator of Canada	Ivan Zinger
Representative for Children and Youth Office	Melanie Mark
Retired health care manager, Fir Square Program, BC Women's Hospital	Sarah Payne
Retired Warden, BC Corrections	Brenda Tole
Retired Warden, Correctional Service of Canada	Nancy Wrenshall
Society of Obstetricians and Gynaecologists of Canada	Elizabeth Harrold
Surrey Women's Centre	Noreen Baker
University of British Columbia, Midwifery	Saraswathi Vedam
University of British Columbia, Midwifery	Allison Campbell

University of British Columbia, Department of Paediatrics	Andrew Macnab
University of British Columbia, Department of Psychiatry	Adele Diamond
University of the Fraser Valley, Criminology Faculty	Hayli Millar
Vanier Centre for Women/The Birthing Well Collective/The Barbra Schlifer Clinic	Lisa Marie Thibodeau
Westcoast Family Centres Society	Freeza Anand
Westcoast Family Centres Society	Wendy Fitzjohn
Winteringham MacKay Law Corporation	Janet Winteringham
Women in2 Healing	Amanda Edgar
Women in2 Healing	Christine Hemmingway
Women in2 Healing	Mo Korchinski
Women in2 Healing	Devon (and Dallas) MacDonald
Women in2 Healing	Pamela Young

Skype participation:

Center for Children and Families, Columbia University, New York	Mary Byrne
Retired warden, Bedford Hills Correctional Facility for Women, New York	Elaine Lord

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CCPHE and UBC MPH program	Alex Nunn
UBC, Psychiatry Residency	Pulkit Singh

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- Sarah Payne in leading the drafting and writing of the guidelines.

Members of the Planning Committee:

- Mo Korchinski, Women in2 Healing
- Jessica Danforth, Canadian Aboriginal AIDS Network
- Brenda Tole, BA, retired prison warden
- Amy Salmon, PhD, Institute of Health Economics
- Alison Granger-Brown, MA, PhD, contracted advisor for incarcerated mothers
- Debra Hanberg, Project Coordinator, Collaborating Centre for Prison Health and Education
- Ruth Elwood Martin, MD, FCFP, MPH, Collaborating Centre for Prison Health and Education

APPENDIX 4 – PANEL PRESENTATIONS DURING THE WORKING MEETING

Panel 1 – The Rights of the Child (facilitator Jessica Danforth)

- Michele Sam PhD (cand), Ktunaxa Nation, UBC HELP
- Ivan Zinger JD PhD, Executive Director and General Counsel, Office of the Correctional Investigator of Canada
- Melanie Mark, Associate Deputy Representative, Advocacy, Aboriginal and Community Relations, Representative for Children and Youth, Burnaby
- Janet Winteringham QC, Counsel for BC Civil Liberties Association
- William Ehman MD, Maternity and Newborn Care Program, College of Family Physicians of Canada

Panel 2 – The Correctional Context (facilitator Debbie Hawboldt)

- Tracy Tyro, Acting Prison Manager, Christchurch Women's Prison, Dept. of Corrections, New Zealand
- Chantal Allen, Senior Project Officer, Interventions and Policy, Women Offender Sector, Correctional Service of Canada
- Nancy Wrenshall, retired warden (Burnaby Correctional Centre for Women and Fraser Valley Institute)
- Brenda Tole, retired warden (Alouette Correctional Centre for Women)
- Mary W. Byrne PhD, Director, Center for Children and Families, Columbia University, NY (via Skype)
- Elaine Lord, Bedford Hills Correctional Facility for Women, New York (via Skype, over lunch)

Panel 3 – Pathways and Programs for Maternal Child Health (facilitator Alison Granger-Brown)

- Libby Robins, Director of Family Help Trust, New Zealand
- Lisa Marie Thibodeau, Vanier Centre for Women/The Birthing Well Collective/The Barbra Schlifer Clinic
- Devon, a woman who lived with her baby in a BC prison Mother Baby Unit
- Sarah Payne RN, former health care manager, Fir Square Program, BC Women's Hospital
- Naomi Dove MD, Health Promotion & Disease Prevention, First Nations Health Authority
- Yasmin Remtulla MSW, BC Ministry of Children and Family Development

Panel 4 – Evaluation (facilitator Mo Korchinski)

- Michele Sam PhD(cand), Ktunaxa Nation, UBC HELP
- Andrew Macnab MD, Professor, UBC Department of Pediatrics
- Amy Salmon PhD, Director of Institute of Health Economics
- Carmen Gress PhD, Director of Research and Planning, B.C. Corrections, Ministry of Justice
- Mary Byrne PhD, Director of Center for Children and Families, Columbia University, New York (via Skype)

APPENDIX 5 – RECOMMENDED EDUCATIONAL MATERIALS

1. Indigenous Cultural Competency Course. On-line education. Provincial Health Services Authority. Available at http://www.culturalcompetency.ca/
2. KidCareCanada website (www.kidcarecanada.org) Video materials to help mothers and staff to understand the everyday measures that are known to help maternal child interaction and promote health infant development.
3. Rourke Baby Record.(38) Available at http://rourkebabyrecord.ca/national.asp (38)
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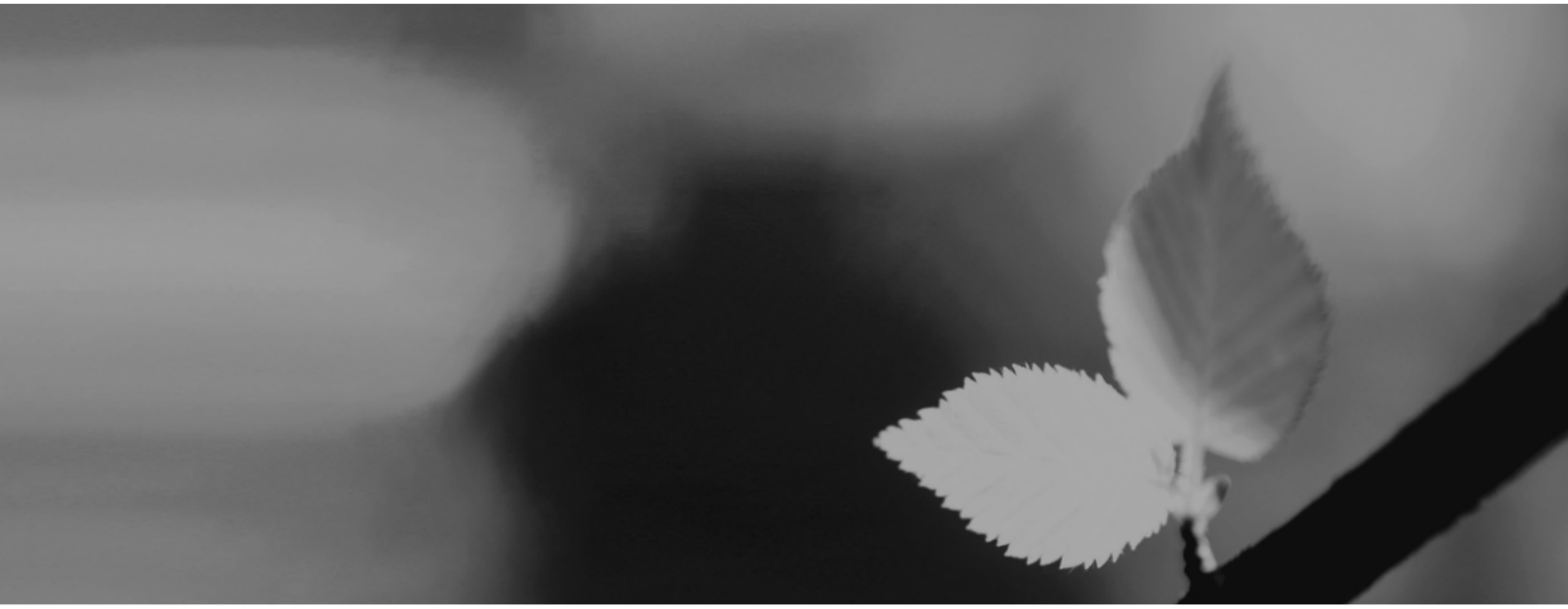
APPENDIX 7 – ENDORSEMENT OF THE GUIDELINES

Organizations that endorsed the guidelines at the time of publication (April 2015):

- Aboriginal Mother Centre Society, Board of Directors
- British Columbia Civil Liberties Association
- British Columbia Women's Hospital
- Bonding Through Bars
- Canada FASD Research Network
- Canadian Friends Service Committee (Quakers)
- Center for Children and Families, Columbia University, New York
- College of Family Physicians of Canada
- Elizabeth Fry Society, Greater Vancouver
- Family Help Trust, New Zealand
- First Nations Health Authority
- Fraser Health Authority
- Native Youth Sexual Health Network
- New Zealand Department of Corrections
- Nicola Valley Institute of Technology
- Society of Obstetricians and Gynaecologists of Canada
- University of the Fraser Valley, College of Arts, Dean and Faculty
- University of the Fraser Valley, Centre for Public Safety and Criminal Justice Research
- University of the Fraser Valley, Centre for Safe Schools and Communities
- Vancouver Coastal Health Authority
- Westcoast Family Centres Society
- Women in2 Healing



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MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff # 1055894

PREPARED FOR: Arlene Paton, ADM, Population and Public Health &
Doug Hughes, ADM, Health Services Policy Division - **FOR INFORMATION**

TITLE: Transfer of Responsibility for Correctional Health Services

PURPOSE: To provide information on the business plan to transfer responsibility for provincial correctional health services from the Ministry of Public Safety and Solicitor General to the Ministry of Health, with PHSA undertaking service delivery.

BACKGROUND:
There are longstanding, significant and well-described gaps in health services and negative health outcomes experienced by people living in British Columbia's correctional facilities. In BC, correctional facilities are either part of provincial jurisdiction through the Ministry of Public Safety and Solicitor General or have federal oversight. In provincial facilities, health care services are stewarded by the Ministry of Public Safety and Solictor General and provided by a contracted organization (currently Chiron Health Services). The funding and accountability for health services is currently separate from regional or provincial health authorities.

In January 2016, the Ministers for Health and Public Safety and Solicitor General confirmed that governance responsibility for provincial correctional health services would be transferred to the Ministry of Health (MoH). In April 2016, a Memorandum of Understanding was developed to reflect this decision.

On May 9, 2016, BC Mental Health and Substance Use Services, part of the Provincial Health Services Authority (PHSA), submitted a business plan (the business plan) to MoH describing planned health service delivery in provincial correctional facilities. If accepted, PHSA will provide these services on behalf of MoH as of April 2017.

DISCUSSION:
Integrating correctional health services into the existing BC health care system has the potential to significantly improve service quality and health outcomes for the provincial corrections population and – as it pertains to issues of public health concern – better protect the health of BC's population at large. The business plan details services that are significantly focused on treating mental health and substance use issues; however, there are gaps in planning, engagement and services for a range of other health issues faced by inmates.

The delivery of health services by PHSA in BC Corrections would better integrate health service delivery as part of the broader BC health system, would enable the MoH to work towards improved health outcomes across the provincial system, and, in the case of health issues of public health concern, reduce health risks for the general public. Notably, the business

plan identifies that communicable disease rates are disproportionately higher in correctional facilities, suggesting that services focused on preventing the transmission of these infections should be among explicit priorities for focus. Health services for pregnant female inmates also merit further delineation in terms of the 'new' Alouette model and plans for services to female inmates in Prince George. PHSA organizations possess considerable expertise in these areas through the BC Centre for Disease Control, BC Women's Hospital and the Indigenous Health Program.

The business plan also references a legislated requirement that all inmates must have access to health services, although in BC, as with many correctional systems, this access is deemed to be subject to security concerns. Internationally, tension between health and correctional systems has been generated when evidence-based best practices for health interventions have been deemed unacceptable for use in correctional settings for security reasons. This tension has been especially notable for communicable diseases where broader risk over the long term extends beyond the correctional facility to the general public. Identification of potential strategies for managing these issues should they arise may be prudent.

Detailed feedback on the business plan from the Public Health Services Branch can be found in Appendix A (attached).

ADVICE:
Significant opportunities exist with the transfer of responsibility for inmates' health services from the Ministry of Public Safety and Solicitor General to MoH. PHSA's draft business plan represents considerable work in capitalizing on this opportunity. The business plan could be further strengthened with additional attention to the areas identified in this document to further draw upon available PHSA expertise.

Program ADM/Division:	Arlene Paton/Population and Public Health Division
Telephone:	250 952-1531
Program Contact (for content):	Warren O'Briain, ED, Public Health Services.
Date:	June 1, 2016

RE: Alouette Corrections, mother/infant separations during Covid-19

From: Price, Erin M HLTH:EX <Erin.Price@gov.bc.ca>
To: Mazza, Amie HLTH:EX <Amie.Mazza@gov.bc.ca>, Rinta, Darcy HLTH:EX <Darcy.Rinta@gov.bc.ca>
Cc: Webster, Glenys HLTH:EX <Glenys.Webster@gov.bc.ca>
Sent: May 19, 2020 1:47:57 PM PDT
Attachments: COVID19_GuidelineMgmtHealthyNewbornMotherConfirmedOrSuspect(2) (003).pdf, image001.jpg

Yes! Here is the referenced BC CDC guideline, my apologies, I missed that it did not make it through on the previous thread!

Donna, are you able to connect today or tomorrow to discuss this matter further? I have since heard from one of our perinatal Leads within FHA that this particular case may be resolving, but it would be useful to confirm who is best positioned within the MoH to reach out and confirm policy, both for this case and future?

Thanks!

Erin Price Lindstrom
Manager, Women's & Maternal Health
Public Health Prevention and Planning Branch
Population and Public Health Division
BC Ministry of Health
Cell: 778-858-2858
Pronouns: She/her

From: Mazza, Amie HLTH:EX <Amie.Mazza@gov.bc.ca>
Sent: May 19, 2020 1:04 PM
To: Price, Erin M HLTH:EX <Erin.Price@gov.bc.ca>; Rinta, Darcy HLTH:EX <Darcy.Rinta@gov.bc.ca>
Cc: Webster, Glenys HLTH:EX <Glenys.Webster@gov.bc.ca>
Subject: RE: Alouette Corrections, mother/infant separations during Covid-19

Hi Erin,

Nice to e-meet you! Thanks for your email – I've looped in Darcy Rinta, who is the manager on my team with responsibility for maternity and corrections. Darcy's team may be able to work through some of these pieces with you, and you may also want to reach out to Breanna Chandler from the Office of Indigenous Health, if you haven't already.

Are you able to share the attachments mentioned in the thread below?

Best,
Amie

From: Price, Erin M HLTH:EX <Erin.Price@gov.bc.ca>
Sent: May 15, 2020 2:51 PM
To: Mazza, Amie HLTH:EX <Amie.Mazza@gov.bc.ca>
Cc: Webster, Glenys HLTH:EX <Glenys.Webster@gov.bc.ca>
Subject: FW: Alouette Corrections, mother/infant separations during Covid-19

Hi Amie

Pleased to meet you via email, I am a new manager working with Glenys Webster. We have had a concern forwarded to our team from a Doula co-ordinator working with the Fraser Aboriginal Friendship Centre (FRAFCA) regarding a case of potential mother/infant separation at Alouette Corrections. This reflects a change of approach apparently initiated during COVID-19. As indicated by Robert Finch in the thread below, this is not currently supported by standard practice elsewhere in the province, nor is it supported by clinical evidence as outlined in the attached BC CDC guidelines.

We are wondering if you have any insight in terms of where direction should come from on this issue? Should further direction generate from within MoH, or at the level of FHA?

Thanks for sharing any relevant background or insight on this.

Erin Price Lindstrom
Manager, Women's & Maternal Health
Public Health Prevention and Planning Branch
Population and Public Health Division
BC Ministry of Health
Cell: 778-858-2858
Pronouns: She/her

From: Webster, Glenys HLTH:EX <Glenys.Webster@gov.bc.ca>
Sent: May 11, 2020 4:51 PM
To: Price, Erin M HLTH:EX <Erin.Price@gov.bc.ca>
Subject: Fw: Indigenous Doulas in Interior Health and Care During Covid

Please see below. Could you please search the LAN for "Alouette Correction" to see what historical info we have on this? Sarah recalls that we had to intervene with them in the past.

Glenys

Glenys Webster, PhD
Director, Women's, Maternal and Early Childhood Health
Public Health Services Branch, Population and Public Health Division
BC Ministry of Health
Office: 250 952-1004 / Cell: 250 812-1314

From: Finch, Robert <Robert.Finch@interiorhealth.ca>
Sent: May-08-20 12:51 PM
To: 'Feona Lim'
Cc: corina.bye@frafca.org; Webster, Glenys HLTH:EX; XT:Jenkins, Loraine HLTH:IN
Subject: RE: Indigenous Doulas in Interior Health and Care During Covid

Hello Feona,

Thank you very much for passing the information forward.

I fully appreciate and share your concerns outlined below. As you indicate, there is nowhere in our province (or across Canada for that matter) that supports the separation of mother and baby. This is true even in cases where mom is COVID-19 positive, as long as both mother and baby are medically stable – I have attached the current BCCDC policy that speaks to this.

I have included Glenys Webster, the Director of Women's, Maternal and Early Childhood Health with the Ministry of Health as she may be able to assist with cross-ministerial connections with B.C. Corrections to open a dialogue on this topic. I have also included Loraine Jenkins, the Executive Director for Maternal, Infant, Child & Youth in Fraser Health for her awareness.

Please let me know if I can help in any other way,

Rob

Robert Finch, RRT BHSc.
Director Maternal, Newborn, Child & Youth Network

Room 301, Alumnae Tower
Royal Inland Hospital
c: (250) 319-8275
robert.finch@interiorhealth.ca

I respectfully acknowledge that my work place is within the ancestral, traditional, and unceded territory of the Secwepemc Nation.

From: Feona Lim s.22
Sent: Tuesday, May 05, 2020 11:34 AM
To: Finch, Robert <Robert.Finch@interiorhealth.ca>
Cc: corina.bye@frafca.org
Subject: Re: Indigenous Doulas in Interior Health and Care During Covid

Hello Robert , I hope this email finds you well.
Thank you for reaching out to me during these unique times .I would like you to know that i did share this information with all Doula services association members as well as Indigenous birth keeper/doula groups. I recieved quite a bit of positive feedback and much thanks for this clarification.

I have recently been contacted by Corina Bye who I have cc'd on this email. Corina is the Doula support coordinator for FRAFCA (Fraser regional aboriginal friendship center association) regarding a mother to be who is currently residing at Alloette womens prison and is seeking culturally aware Doula support. Corina has asked me to come on as the Doula for this mother.
From the information I've gathered so far from Corina is that this mom would be eligible under regular circumstances to enter into the prison system program that allows for mother and baby to remain together after the birth however due to covid19 there has been some mention that this may not be possible.
Robert I'm not sure if you can offer some insite into this or perhaps direct us to some other sources of helpful information but any positive direction you might be able to direct us would be greatly appreciated at this time. While I respect that these are indeed unprecedented times and that precautions must be taken to stop the spread of covid19 . I do believe that no where else within our medical systems currently we are suggesting that baby and mothers be separated as a way to stop the spread of this disease. My concern is that due to these uncertainties with the pandemic this mother and baby will not be able to bond and imprint with eachother thru skin to skin contact and breastfeeding. It would be a real heartbreak to see another baby separated from its mother at birth for "safety reasons".

Again thank you for making contact and with any insight you may be able to provide .
In kindness Feona the Doula

On Fri., Apr. 17, 2020, 8:28 a.m. Finch, Robert, <Robert.Finch@interiorhealth.ca> wrote:

> Good Morning Feona,
>
> During the current pandemic, Interior Health had initially restricted support persons to a single individual for labour and postpartum. We have recently changed that approach and are now allowing doulas into our facilities in addition to a support person for the labouring period – please see attached.
>
> As you can see, one of the criteria is that the doula have recognized doula certification. The main intent behind the request for certification was to avoid the possibility that individuals would pretend to be a doula to gain access, as apparently this has happened elsewhere.

I understand this could be a barrier for Indigenous doulas, and this was not at all the intent. Lisa Delorme, the Indigenous lead for the Midwives Association of BC, has provided some suggestions so that Indigenous doulas can provide documentation at the hospital is they are questioned.

She suggested to ask Indigenous doulas for Certification or Proof of Completion from an Accredited Program or a letter from their community or a senior birth worker recognizing them as an Indigenous birth worker. Indigenous doulas who have been displaced from their traditional territory and requiring a letter can contact s.22 and they can ensure they meet qualifications.

I also want to clarify that the requirement for scrubs, as this could be perceived as a barrier as well. This guidance came from Infection Prevention and Control as current guidelines for hospital staff are that they need to change out of their scrubs prior to leaving the facility into clean clothes - come in clean, leave clean. What is considered scrubs has room for interpretation - simple clothing without an abundance of fabric (for instance long sleeves that come into contact with surroundings) or pockets are fine as well.

I am hoping you can help share this information with the Indigenous doulas that provide care for mothers and families in Interior Health facilities. Is this something you can assist with?

Thank you,
Rob

Robert Finch, RRT BHSc.
Director Maternal, Newborn, Child & Youth Network
Room 301, Alumnae Tower
Royal Inland Hospital
o: (250) 314-2100 ext 3353 | c: (250) 319-8275
robert.finch@interiorhealth.ca

I respectfully acknowledge that my work place is within the ancestral, traditional, and unceded territory of the Secwepemc Nation.

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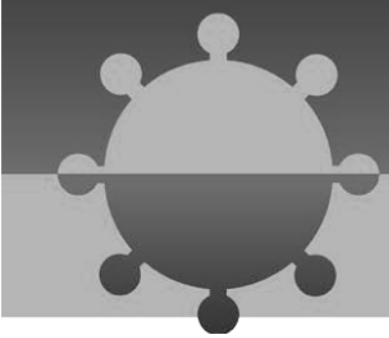


HOW YOU CAN SLOW THE SPREAD OF COVID-19

Take care of others by taking care of yourself.
Wash your hands, don't touch your face, and stay home if you are sick.

Stay at Home and Physically Distance
Stay at home whenever you can. Maintain 2 meters distance from those outside of your household.

Guideline for the Management of the Healthy Newborn Born to a Pregnant Mother/Individual Who Is a Confirmed or Suspect Case of COVID-19

April 15, 2020

Knowledge is changing rapidly and therefore information below may be modified in response to new information and evidence.

Site Applicability

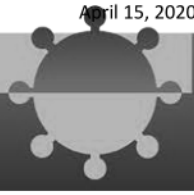
Sites in British Columbia that deliver health care to newborns within Birthing units, homebirth, and community settings. This document is intended for the subsequent care of the newborn at and after the time of birth.

General Information:

- SARS-CoV-2 is a novel coronavirus that causes COVID-19 illness in adults and children. In the context of a global COVID-19 pandemic, B.C. has implemented a number of public health measures to prevent the spread of SARS-CoV-2.
- Pregnancy outcomes with confirmed COVID-19: To date, information is available of about 60 cases of pregnant women with confirmed COVID-19 in China. The pregnancy outcomes have been reported to be good overall, with spontaneous and iatrogenic preterm labour being the most reported adverse pregnancy outcomes.
- COVID-19 virus has a very low infection rate in children estimated at 1-5% worldwide.
- The majority of cases in children are the result of a household transmission by droplet spread from another family member with symptoms of COVID-19.
- **Vertical Transmission: Within the small cohort referred to in previous statement there is no strong evidence of vertical transmission at this point.**
- Teratogenicity: There is currently no reported increased risk of congenital anomaly, though the number of reported cases is small.
- COVID-19 virus has a very low infection rate in children estimated at 1-5% worldwide. The majority of cases in children are the result of a household transmission by droplet spread from another family member with symptoms of COVID-19.

Definitions:

- COVID-19 disease categories as used in this document:
  - Confirmed case: Neonate has laboratory result confirmation for SARS-CoV-2.
  - Suspect case: Neonate who has become symptomatic of a viral influenza type illness and COVID-19 is a part of the differential diagnosis and testing has been sent.
  - Case contact: Neonate is asymptomatic but has had close or prolonged contact with someone who is asymptomatic or a confirmed case of COVID-19. For example, a neonate who is asymptomatic born to a



woman with suspect or confirmed case of COVID-19, or a newborn exposed to a health care worker with confirmed COVID-19.
- IPAC: Infection Prevention and Control

Additional information:

- For the most up to date information on PPE please refer to BCCDC Personal Protective Equipment document: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment
- For most up to date information aerosol generating medical procedures please refer to refer to http://www.bccdc.ca/Health-Info-Site/Documents/Respiratory-protection-COVID19.pdf

Overall Principles:

- Only essential staff should enter mother and newborn's room.
- Visitors should be kept to a minimum: one adult caregiver, parent or support person.
- There is no evidence to indicate all newborns born to mother who is a confirmed or suspect case of COVID-19 should be separated from mother.
- Newborns born to mother who is a confirmed or suspect case of COVID-19 require appropriate isolation precautions for a minimum of 14 days, to ensure the full incubation and infectious period has passed while maintaining the mother-newborn dyad as much as possible.
- Healthcare workers should don PPE for Respiratory Droplet and Contact precautions when providing care for the baby, and only essential providers should be involved in their care.
- Discontinuation of infection prevention precautions ONLY in consultation with IPAC.
- There is no need for staff to self-isolate after looking after a suspected or confirmed case of COVID-19 if correct PPE precautions have been taken.

Postpartum Care:

- Test ALL newborns born to mothers who are confirmed cases of COVID-19 for SARS-CoV-2 within 1- 2 hours of birth.
- Newborns should be bathed as soon as reasonably possible after birth to remove virus potentially present on skin surfaces.
- Routine testing for SARS-CoV-2, of newborns born to mothers who are suspect cases of COVID-19 is not recommended. Test newborns only if mother's test results come back as positive for SARS-CoV-2.
- If newborn tests positive for SARS-CoV-2 isolate until:
  - At least 10 days have passed since the onset of symptoms; AND
  - Fever has resolved without the use of fever-reducing medication: AND
  - Symptoms (respiratory, gastrointestinal, and systemic) have improved
- If newborn tests negative for SARS-CoV-2 isolate as per a close contact and monitor for influenza like symptoms.
- Newborn of mother with confirmed COVID-19 is considered a close contact and should isolate with mother for 14 days to ensure the full incubation and infectious period has passed.
- The neonate should ideally remain in a closed incubator until the COVID-19 related risk of transmission has been reasonable excluded.
- Isolation of newborn from mother is not necessary unless clinically indicated by disease severity.
- Mother to mask and utilize strict hand washing protocol for skin-to-skin.

- Document confirmed COVID-19 status of mother on liaison form to ensure newborn is followed up by public health after discharge into the community.
- Discharge mother and newborn as soon as both are stable:
  - Newborn screening is considered an essential service
  - Birthing hospitals should collect blood spot cards as close as possible to 24 hours after birth
  - Birthing hospitals may consider increasing blood collection rounds to facilitate timely discharge
  - If a newborn is discharged before 24 hours of age, an initial card should be collected. Deferral is not recommended to avoid the risk of COVID-19 exposure at an outpatient blood collection facility and to ensure timely diagnosis for conditions on the newborn screening test panel.

Newborn feeding:

- For mothers wishing to breastfeed, precautions should be taken to limit viral spread to newborn:
  - Hand washing before and after touching the newborn and related equipment, for example, breast pump, breast pump parts of newborn feeding equipment
  - Wearing a mask to minimize respiratory secretions to the newborn during breastfeeding and skin-to-skin contact
  - Avoiding coughing or sneezing on milk storage containers and breast pump parts
  - Following recommendations for pump and pump parts cleaning after each use
  - Cleaning outside of the pump areas of high touch, such as buttons and dials, with sanitizer or wipes, each time it is used
  - Routinely cleaning and disinfecting surfaces with which the symptomatic mother has been in contact
- Mothers who are formula feeding should also practice strict hand hygiene, wear a mask, and adhere to sterilisation guidelines with feeding equipment as per usual

After discharge home:

- Advice should be given to mother about self-isolation measures while at home until the end of the isolation period.
  - People that test positive for SARS-CoV-2, must self-isolate at home until:
    - At least 10 days have passed since the onset of symptoms; AND
    - Fever has resolved without the use of fever-reducing medication; AND
    - Symptoms (respiratory, gastrointestinal, and systemic) have improved
  - People that test negative for SARS-CoV-2, must self-isolate at home until:
    - Resolution of fever without the use of fever-reducing medication; AND
    - Improvement in symptoms (respiratory, gastrointestinal, and systemic): AND
  - People who are not tested for SARS-COV-2 must self-isolate at home until:
    - At least 10 days have passed since the onset of symptoms; AND
    - Fever has resolved without the use of fever-reducing medication; AND
    - Symptoms (respiratory, gastrointestinal, and systemic) have improved
  - Members of the general public who are identified by public health officials as close contacts of confirmed COVID-19 cases, must self-isolate for 14 days to ensure the full incubation and infectious period has passed
- Breast pumps should be cleaned and disinfected according to the manufacturer's instructions
- Parents/caregivers should be given instructions how to appropriately don/discard PPE, effective handwashing, and ensuring the pump and pump parts are as clean as possible. For example, wash breast pump kit collection with warm soapy water, rinse with clear water then air dry; sanitize parts at least once daily.
- Phone contact by Public Health Nurse or Primary Care nurse should occur within 24-48 hours after discharge.
- Public health workers should don PPE for respiratory droplet precautions if they are providing direct patient contact and, if not, they can provide care and advice either virtually or from outside the home.

- Primary care provider follow-up should be arranged within 3-5 days of discharge if possible. Advise parent/caregiver to call ahead and notify clinic prior to arrival so that healthcare workers can don PPE for contact and droplet precautions.

Parents should be told of the signs and symptoms to watch for in newborn at home:

- Fever or low temperature (<36.5 or > 37.5)
- Signs of respiratory distress
  - Respiratory rate >60
  - Nasal flaring
  - Chest retractions
  - Grunting
  - Changes in baby's skin color to blue or gray
  - Cough
- Vomiting
- Diarrhea
- Poor feeding

Re-admission to hospital:

- If the newborn develops any of these signs and/or symptoms at home, mothers or caregivers should phone 8-1-1, as well as their primary care provider to communicate the findings and determine plan for newborn assessment. Call ahead to notify hospital staff if bringing the newborn into the hospital and notify them of their COVID-19 status.

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RE: question re Corrections

From: Gole, Pamela [PHSA] <Pamela.Gole@phsa.ca>
To: Rinta, Darcy HLTH:EX <Darcy.Rinta@gov.bc.ca>
Sent: May 28, 2020 8:59:26 AM PDT

Hi Darcy,
Just in this morning… I am told this would be a PSSG item, not PHSA.

Lisa Marten is the warden at Alouette. Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>

Do you mind checking with her?

Thanks,
Pam

From: Rinta, Darcy HLTH:EX [mailto:Darcy.Rinta@gov.bc.ca]
Sent: Thursday, May 28, 2020 8:46 AM
To: Gole, Pamela [PHSA] <Pamela.Gole@phsa.ca>
Subject: RE: question re Corrections

Hi Pam,

Just checking whether you have been able to track down any info regarding the mother/baby unit policy question?

Thanks,
Darcy

From: Rinta, Darcy HLTH:EX
Sent: May 20, 2020 1:28 PM
To: 'pamela.gole@phsa.ca' <pamela.gole@phsa.ca>
Subject: question re Corrections

Hi Pam,

It has been a while since we last connected, how are you doing?

We have had a question come up re Alouette - Trudi Beutel suggested I connect with you. Do you have some time for a quick touch base (after 2:30 today or tomorrow morning)?

Darcy Rinta
Manager, Provincial and Specialized Services
Provincial, Hospital and Laboratory Health Services Division
Ministry of Health
Phone: 250-952-3072

RE: Alouette Corrections, mother/infant separations during Covid-19

From: Price, Erin M HLTH:EX <Erin.Price@gov.bc.ca>
To: Rinta, Darcy HLTH:EX <Darcy.Rinta@gov.bc.ca>
Sent: May 29, 2020 1:02:49 PM PDT
Attachments: image001.jpg

Wonderful, thanks for figuring this out Darcy, I really appreciate it—I will reach out to Lisa and see if I can set up a meeting with her next week. Is this something your team would like to be looped in with, or should I take it from here?

Have a great weekend!

Erin Price Lindstrom
Manager, Women's & Maternal Health
Public Health Prevention and Planning Branch
Population and Public Health Division
BC Ministry of Health
Cell: 250-818-4417
Pronouns: She/her

From: Rinta, Darcy HLTH:EX <Darcy.Rinta@gov.bc.ca>
Sent: May 28, 2020 10:55 AM
To: Price, Erin M HLTH:EX <Erin.Price@gov.bc.ca>
Subject: RE: Alouette Corrections, mother/infant separations during Covid-19

Hi Erin,

I just heard back from PHSA that this is PSSG and the best person to connect with is Lisa Martin (the warden at Alouette). Did you want to follow-up with Lisa? I am happy to do it if you prefer…let me know

Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>

Thanks,
Darcy

From: Price, Erin M HLTH:EX <Erin.Price@gov.bc.ca>
Sent: May 19, 2020 2:29 PM
To: Mazza, Amie HLTH:EX <Amie.Mazza@gov.bc.ca>; Rinta, Darcy HLTH:EX <Darcy.Rinta@gov.bc.ca>
Cc: Webster, Glenys HLTH:EX <Glenys.Webster@gov.bc.ca>
Subject: RE: Alouette Corrections, mother/infant separations during Covid-19

Darcy, my apologies, Glenys just pointed out that I mistakenly called you Donna! To be clear, I hope I can connect with you, not Donna (?)

Erin Price Lindstrom
Manager, Women's & Maternal Health
Public Health Prevention and Planning Branch
Population and Public Health Division
BC Ministry of Health
Cell: 778-858-2858
Pronouns: She/her

From: Mazza, Amie HLTH:EX <Amie.Mazza@gov.bc.ca>
Sent: May 19, 2020 1:04 PM
To: Price, Erin M HLTH:EX <Erin.Price@gov.bc.ca>; Rinta, Darcy HLTH:EX <Darcy.Rinta@gov.bc.ca>
Cc: Webster, Glenys HLTH:EX <Glenys.Webster@gov.bc.ca>
Subject: RE: Alouette Corrections, mother/infant separations during Covid-19

Hi Erin,

Nice to e-meet you! Thanks for your email – I've looped in Darcy Rinta, who is the manager on my team with responsibility for maternity and corrections. Darcy's team may be able to work through some of these pieces with you, and you may also want to reach out to Breanna Chandler from the Office of Indigenous Health, if you haven't already.

Are you able to share the attachments mentioned in the thread below?

Best,
Amie

From: Price, Erin M HLTH:EX <Erin.Price@gov.bc.ca>
Sent: May 15, 2020 2:51 PM
To: Mazza, Amie HLTH:EX <Amie.Mazza@gov.bc.ca>
Cc: Webster, Glenys HLTH:EX <Glenys.Webster@gov.bc.ca>
Subject: FW: Alouette Corrections, mother/infant separations during Covid-19

Hi Amie

Pleased to meet you via email, I am a new manager working with Glenys Webster. We have had a concern forwarded to our team from a Doula co-ordinator working with the Fraser Aboriginal Friendship Centre (FRAFCA) regarding a case of potential mother/infant separation at Alouette Corrections. This reflects a change of approach apparently initiated during COVID-19. As indicated by Robert Finch in the thread below, this is not currently supported by standard practice elsewhere in the province, nor is it supported by clinical evidence as outlined in the attached BC CDC guidelines.

We are wondering if you have any insight in terms of where direction should come from on this issue? Should further direction generate from within MoH, or at the level of FHA?

Thanks for sharing any relevant background or insight on this.

Erin Price Lindstrom
Manager, Women's & Maternal Health
Public Health Prevention and Planning Branch
Population and Public Health Division
BC Ministry of Health
Cell: 778-858-2858
Pronouns: She/her

From: Webster, Glenys HLTH:EX <Glenys.Webster@gov.bc.ca>
Sent: May 11, 2020 4:51 PM
To: Price, Erin M HLTH:EX <Erin.Price@gov.bc.ca>
Subject: Fw: Indigenous Doulas in Interior Health and Care During Covid

Please see below. Could you please search the LAN for "Alouette Correction" to see what historical info we have on this? Sarah recalls that we had to intervene with them in the past.

Glenys

Glenys Webster, PhD
Director, Women's, Maternal and Early Childhood Health
Public Health Services Branch, Population and Public Health Division
BC Ministry of Health
Office: 250 952-1004 / Cell: 250 812-1314

From: Finch, Robert <Robert.Finch@interiorhealth.ca>
Sent: May-08-20 12:51 PM
To: 'Feona Lim'
Cc: corina.bye@frafca.org; Webster, Glenys HLTH:EX; XT:Jenkins, Loraine HLTH:IN
Subject: RE: Indigenous Doulas in Interior Health and Care During Covid

Hello Feona,

Thank you very much for passing the information forward.

I fully appreciate and share your concerns outlined below. As you indicate, there is nowhere in our province (or across Canada for that matter) that supports the separation of mother and baby. This is true even in cases where mom is COVID-19 positive, as long as both mother and baby are medically stable – I have attached the current BCCDC policy that speaks to this.

I have included Glenys Webster, the Director of Women's, Maternal and Early Childhood Health with the Ministry of Health as she may be able to assist with cross-ministerial connections with B.C. Corrections to open a dialogue on this topic. I have also included Loraine Jenkins, the Executive Director for Maternal, Infant, Child & Youth in Fraser Health for her awareness.

Please let me know if I can help in any other way,

Rob

Robert Finch, RRT BHSc.
Director Maternal, Newborn, Child & Youth Network
Room 301, Alumnae Tower
Royal Inland Hospital
c: (250) 319-8275
robert.finch@interiorhealth.ca

I respectfully acknowledge that my work place is within the ancestral, traditional, and unceded territory of the Secwepemc Nation.

Interior Health

From: Feona Lim s.22
Sent: Tuesday, May 05, 2020 11:34 AM
To: Finch, Robert <Robert.Finch@interiorhealth.ca>
Cc: corina.bye@frafca.org
Subject: Re: Indigenous Doulas in Interior Health and Care During Covid

Hello Robert , I hope this email finds you well.
Thank you for reaching out to me during these unique times .I would like you to know that i did share this information with all Doula services association members as well as Indigenous birth keeper/doula groups. I recieved quite a bit of positive feedback and much thanks for this clarification.

I have recently been contacted by Corina Bye who I have cc'd on this email. Corina is the Doula support coordinator for FRAFCA (Fraser regional aboriginal friendship center association) regarding a mother to be who is currently residing at Alloette womens prison and is seeking culturally aware Doula support. Corina has asked me to come on as the Doula for this mother.

From the information I've gathered so far from Corina is that this mom would be eligible under regular circumstances to enter into the prison system program that allows for mother and baby to remain together after the birth however due to covid19 there has been some mention that this may not be possible.
Robert I'm not sure if you can offer some insite into this or perhaps direct us to some other sources of helpful information but any positive direction you might be able to direct us would be greatly appreciated at this time. While I respect that these are indeed unprecedented times and that precautions must be taken to stop the spread of covid19 . I do believe that no where else within our medical systems currently we are suggesting that baby and mothers be separated as a way to stop the spread of this disease. My concern is that due to these uncertainties with the pandemic this mother and baby will not be able to bond and imprint with eachother thru skin to skin contact and breastfeeding. It would be a real heartbreak to see another baby separated from its mother at birth for "safety reasons".

Again thank you for making contact and with any insight you may be able to provide .
In kindness Feona the Doula

On Fri., Apr. 17, 2020, 8:28 a.m. Finch, Robert, <Robert.Finch@interiorhealth.ca> wrote:

> Good Morning Feona,
>
> During the current pandemic, Interior Health had initially restricted support persons to a single individual for labour and postpartum. We have recently changed that approach and are now allowing doulas into our facilities in addition to a support person for the labouring period – please see attached.
>
> As you can see, one of the criteria is that the doula have recognized doula certification. The main intent behind the request for certification was to avoid the possibility that individuals would pretend to be a doula to gain access, as apparently this has happened elsewhere.
>
> I understand this could be a barrier for Indigenous doulas, and this was not at all the intent. Lisa Delorme, the Indigenous lead for the Midwives Association of BC, has provided some suggestions so that Indigenous doulas can provide documentation at the hospital is they are questioned.
>
> She suggested to ask Indigenous doulas for Certification or Proof of Completion from an Accredited Program or a letter from their community or a senior birth worker recognizing them as an Indigenous birth worker. Indigenous doulas who have been displaced from their traditional territory and requiring a letter can contact s.22 and they can ensure they meet qualifications.
>
> I also want to clarify that the requirement for scrubs, as this could be perceived as a barrier as well. This guidance came from Infection Prevention and Control as current guidelines for hospital staff are that they need to change out of their scrubs prior to leaving the facility into clean clothes - come in clean, leave clean. What is considered scrubs has room for interpretation - simple clothing without an abundance of fabric (for instance long sleeves that come into contact with surroundings) or pockets are fine as well.
>
> I am hoping you can help share this information with the Indigenous doulas that provide care for mothers and families in Interior Health facilities. Is this something you can assist with?
>
> Thank you,
> Rob
>
> **Robert Finch, RRT BHSc.**
> **Director Maternal, Newborn, Child & Youth Network**
> **Room 301, Alumnae Tower**
> **Royal Inland Hospital**
> **o: (250) 314-2100 ext 3353 | c: (250) 319-8275**
> **robert.finch@interiorhealth.ca**

I respectfully acknowledge that my work place is within the ancestral, traditional, and unceded territory of the Secwepemc Nation.

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