



**CARE
NOT
CUSTODY**

ACTION PACK

**What the WI has achieved and what
you can do next in your community**

CARE NOT CUSTODY

“ My son was not a criminal; he was in prison because there was no alternative place of safety. ”

NORFOLK FEDERATION WI MEMBER



HOW TO USE THIS DVD

THE CARE NOT CUSTODY DVD contains a short 10 minute film which discusses the way people with mental health needs and learning disabilities are treated in the criminal justice system and puts forward positive suggestions for diversion into appropriate mental health care. It includes personal stories, expert views and a couple of well known faces, all giving their views on this vital concern.

At the start of the film we hear the voice of a Norfolk WI member. The tragic death of her mentally ill son in prison inspired the WI Care not Custody campaign. Ruth Bond, NFWI Chair, then talks about the importance of action by WI members and this is endorsed by Lord Bradley who conducted the Government-commissioned review of mental health diversion.

The film can be shown at branch, federation and other community meetings and will provide an excellent basis for discussion and local action.

FOREWORD

In its 95 year history the WI has passed no fewer than five resolutions on the care of the mentally ill. The most recent, in 2008, on the inappropriate imprisonment of the mentally ill was prompted by a member who had seen at first hand the true meaning of 'inappropriate' in the system that dealt with her late son.

The WI premise has been, primarily, that there should be a higher level of co-operation between not only health and justice sectors but also between all authorities which deal with men, women and children with mental illness. Relevant care across the whole spectrum for an individual's condition, wherever and at whatever phase they enter the system, particularly with early access to assessment and intervention.

In practice this means care well before custody is an option. We have been pleased to see that some of Baroness Corston's recommendations about care for vulnerable women have been implemented and that, if Lord Bradley's report is followed, then health and social care along the lines we have called for will become the norm across the country.

The WI has been pleased to engage with the Prison Reform Trust and its sister campaigns SmartJustice and Out of Trouble, as well as many other bodies including the Centre for Mental Health, Revolving Doors and Action for Prisoners' Families to name but a few. In the last two years members have written tirelessly to their MPs requesting better diversion and funding for women's centres as an alternative to prison. We have spoken with the Justice Ministers, as well as the authors of the aforementioned reports, questioned local authorities as to the facilities they provide and visited women's centres and prisons. Some members have volunteered as mentors to the women in the centres, and a WI has been opened in a prison.

These are positive outcomes that need to be replicated all over England and Wales. Inroads have been made into more care than custody but the work has only just begun. Re-investment of funding is required but more than that, custody must not be the only route to care. That care must surely come before custody.

Ruth Bond

Ruth Bond

Chair

National Federation of Women's Institutes

“ Like the WI I want to take on challenging areas not merely comfortable ones. I am taking an intense interest in young people from disadvantaged backgrounds and indeed in causes such as mental health and offender rehabilitation which are as important as they are unfashionable. ”

THE RT. HON. JOHN BERCOW MP, SPEAKER OF THE HOUSE OF COMMONS, NFWI AGM 2010

WHAT HAPPENED

“ I hate this kind of life and I have considered actual suicide. I am by myself and the cell is cold. ”

SON OF NORFOLK WI MEMBER

THIS WAS THE TRAGIC EXPERIENCE OF A NORFOLK FEDERATION WI MEMBER. THE DEATH OF HER SON INSPIRED AND INFORMED THE CARE NOT CUSTODY CAMPAIGN

My son died by suicide in prison, suffocated by a plastic bag while alone in a segregation unit. He was 33 years old. Thirteen years before his death in Manchester prison my son had graduated from Manchester University with a first class degree in physics.

Sadly at the age of 22 while studying for a PhD in astrophysics he suffered a nervous breakdown. It began with serious suicide attempts – including setting himself on fire. Schizophrenia was diagnosed soon after this. From this time on he was seriously disabled by his mental illness. He spent the next 10 years in and out of psychiatric wards

How did a highly intelligent young person with a long and well documented history of serious mental illness end his days in prison?

I will describe to you how my son was arrested. He lived in Newcastle – there he was well known to the mental health services. Any incident would be dealt with by his care team and would usually result in hospital admission. At one point his psychiatrist was listed as one of ‘my friends and family’ most called telephone numbers!

He met and began visiting a girlfriend at her Manchester home. During this time he was drinking excessively and smoking cannabis. While in Manchester chaotic and disordered thinking resulted in his purchasing a replica airpistol. He was fascinated by guns and the idea of suicide by shooting. He threatened to shoot himself during a phone conversation with his sister. She called the police as she was in fear for his safety. My daughter explained that her brother was mentally ill and threatening suicide. She asked the police to remove the gun safely from him and to keep her informed of the outcome. They did not - and we – we foolishly believed that he would be safe in a psychiatric unit. My son had no history of violence and had only ever harmed himself. Five days later we discovered that he had resisted arrest and in a struggle the gun was discharged twice. My son was taken to a police station and from there to HMP Manchester.

Following his arrest there appear to have been no systems in place to give my son appropriate care. Government policy is to promote the diversion of mentally ill offenders from the criminal justice system to health or social services at the earliest opportunity. For whatever reason: lack of hospital beds, poorly informed lawyers, pressure on the system, communication failures, poorly trained judges, lack of funding – my son was entirely failed by this policy not translating into real action on the ground.

Once in the prison system – there was nothing we as a family could do for my son. Visiting was difficult, applications have to be made in advance, and restricted to one hour only. We were unable to telephone him – prisoners are not allowed incoming calls. The period of remand was far too long - from October through to May. At the final hearing he was sentenced to 5 years.

My son did not cope well with prison. Care for the mentally ill should be therapeutic and in surroundings conducive to peace and recovery – not the barred, noisy, stressful and gardenless prison. Those of you who have visited prisons will be aware of how unpleasant and entirely unsuitable a place they are for the mentally ill. Prisons spend more than half their NHS health budget on mental health care. They have health care units, employ psychiatric nurses and have in-reach teams – who do their best, but prison can never be appropriate for the mentally ill. His treatment was drug based.

My son was locked up for up to 15 hours a day and had only 2 hours of “association” with other prisoners per day. He was bullied and treated with suspicion by most of his fellow prisoners – partly because of his illness and partly through the fact he just did not “fit”.

In a letter I received after his death, he wrote “you must understand that one of my beliefs, at a deep level, is that the world is a dangerous and malevolent place – this is common with my illness. As a result, I do assume that everyone is out to get me... You can see that I am in a terrible situation, segregated, hated by the entire jail it seems and not knowing what will happen next. Someone could come to my door at any time and tell me I am off to some alien jail, unwanted by this establishment, only to find myself clawing out some kind of existence amongst a new set of threatening criminals. I hate this kind of life and I have considered actual suicide. I am by myself and the cell is cold.”

My son was not a criminal; he was in prison because there was no alternative place of safety.

CARE NOT CUSTODY

THE MANDATE

In June 2008, the AGM passed, by an overwhelming majority, the following mandate:

"In view of the adverse effect on families of the imprisonment of people with severe mental health problems, this resolution urges HM Government to provide treatment and therapy in a more appropriate and secure residential environment."

More than two-thirds of all men, women and children in prison have two or more mental health problems such as depression and anxiety. Many have a history of attempted suicide and self-harm, while significant numbers have severe and ongoing illnesses such as schizophrenia and personality disorders.

Prison mental health care is too often a catch-all for people who would be better cared for outside the criminal justice system altogether. Those not getting the care they need can end up harming themselves or even committing suicide. They can also find it difficult to adjust to life when they leave prison – putting a huge strain on families and leading many to reoffend.

Lord Bradley's April 2009 review of mental health and learning disabilities within the criminal justice system said that "there are now more people with mental health problems in prison than ever before. While public protection remains the priority...custody can exacerbate mental ill health, heighten vulnerability and increase the risk of self-harm and suicide."

In January 2009, a joint report from the Prison Reform Trust and the National Council of the Independent Monitoring Boards in England and Wales, concluded that a failure to identify people in need of mental health care is leading to avoidable or damaging incarceration. It suggested that too often the courts were using prisons as "a default option" for people who should have been diverted into the mental health system, placing "intolerable strains" on prisons.

There is financial as well as health benefit to favouring diversion over imprisonment. According to the House of Commons Justice Committee report in January 2010, there is strong evidence that swift action in this area, in particular to broaden access to diversion and liaison schemes and, if necessary to secure health treatment, could yield short, medium and long-term reductions in the prison population and result in cost savings to the public purse.

Prison has a particularly harsh impact on women with mental health problems. There are 4,300 women in 14 prisons in England. Four out of five women prisoners have mental health problems, most commonly depression and anxiety.

Following the death by suicide of six women at HMP Styal, the Government asked Baroness Corston to review and report on vulnerable women in the justice system. The report found that short spells in prison, often on remand, damage women's mental health and family life yet do little or nothing to stop them offending again. The damage is made much worse when women are imprisoned long distances from home and their families and receive inadequate health care during and after their time in prison.

The Corston report called for women's prisons to be scrapped and replaced with small units to house the minority of serious and violent female offenders who pose a threat to the public. For non-violent offenders – most women in prison – community sentences should be the norm. The report calls for an extension of the therapeutic work done by women's centres run by the voluntary and statutory sectors and suggests that more offenders should be referred there.



“Care Not Custody for the mentally disabled is something that in 2009 it is hard to believe we do not have already. Four out of five, I understand, women in prisons have mental problems, and the fact that, you know, we can load 2,000 songs into an iPod but we cannot actually look after our mentally sick is a great source of shame.”

MAUREEN LIPMAN, ACTRESS, AUTHOR
AND COLUMNIST
NFWI AGM 2009



WHAT THE NFWI CALLED FOR

This mandate highlighted an enormously important and often hidden issue – how we treat people with mental health problems when they come into contact with the criminal justice system and what impact this treatment has on their families and therefore society as a whole.

The subsequent campaign highlighted how, despite Government rhetoric, too many people are getting inadequate mental health care in prisons when they could have been diverted to hospitals or community based alternatives. Women, children and young people are particularly hard hit by prison being the default option, with the after effects of inappropriate detention often leading to pressure on relatives and even family breakdown.

There is a much greater need for higher levels of cooperation between the NHS and the criminal justice sector. People with mental health disorders should be cared for in the most appropriate location – not the most convenient one.

As a way forward, the NFWI outlined ways in which people with mental health problems can get the right care for their condition via better diversion facilities and effective treatment for those already in the criminal justice system.

By raising a difficult issue without being a specialist prison or mental health group, we were able to shine the spotlight on a concern traditionally seen as taboo. Politicians and the press were surprised that this was being raised by the WI and therefore were more likely to listen and act.

THE CAMPAIGN CALLED FOR

EFFECTIVE DIVERSION SCHEMES AROUND THE COUNTRY. This would be a statutory duty for the NHS to develop a national network of diversion schemes at police stations and courts.

ACCESS TO EARLY ASSESSMENT AND INTERVENTION. This could take the form of mental health clinical advisers in courts and police stations to ensure problems are spotted and assessed quickly

COMMUNITY MENTAL HEALTH SERVICES AVAILABLE OFFERING SAFE ALTERNATIVES TO IMPRISONMENT. Diversion will only work if there are adequate services across England and Wales to which people can be diverted, wherever possible out of custody.

FULL IMPLEMENTATION OF BARONESS CORSTON'S PROPOSALS FOR WOMEN IN THE CRIMINAL JUSTICE SYSTEM: including investment in local community-based provision based on women's centre models, which carry out therapeutic work and are close to families and networked into local services.

HELP WITH RESETTLEMENT. Support should begin as soon as people are diverted to prepare for life outside. Alongside mental health treatment, they need help to build up work skills and get jobs, to have a home to go to and to maintain contact with family where they are supportive.

WHAT THE WI DID



TALKED TO POLITICIANS:

In November 2008, NFWI Chair, Fay Mansell met Maria Eagle MP, Ministerial Champion for Women in the Criminal Justice System and Lord Keith Bradley, who conducted the pivotal review on diversion. In March 2009, Fay Mansell hosted a reception in the House of Commons bringing together politicians from all parties and charities from the health and justice sectors.

WORKED CLOSELY WITH EXPERT GROUPS:

The NFWI worked with expert prison reform and mental health groups, to highlight collectively our concerns and press for change. We held a round table with criminal justice and mental health groups soon after the resolution was passed.

VISITED PRISONS AND WOMEN'S CENTRES AROUND ENGLAND AND WALES:

Groups of WI members went on visits to prisons and women's centres across England and Wales, to see first hand the experience of the mentally ill in the criminal justice system and in community-based alternatives.

URGED MEMBERS TO LOBBY THEIR MP:

In the summer and autumn of 2008, members around the country sent letters to their MPs calling for an end to the inappropriate detention of people with mental health problems and asking government to do more to fund alternative such as women's centres. The Minister responsible told us that she had been deluged with letters and couldn't fail to take notice!

BUILT AWARENESS OF THE ISSUE LOCALLY:

As well as writing to their MP, members asked local health trusts in 2009 whether they provide diversion services and have pressed for more to be provided and have held local meetings to raise awareness of the problem (often with expert speakers).

VOLUNTEERED TO MAKE A DIFFERENCE:

A small group of members in Worcester were trained as volunteer mentors by the Asha Women's Centre and were then paired up with a vulnerable woman at risk of imprisonment for regular one to one advice and support sessions.

IN YOUR WORDS

BRENDA ALEXANDER TELLS US WHAT SHE AND FIVE OTHER SHROPSHIRE MEMBERS DID TO PROMOTE THE CAMPAIGN LOCALLY:

“ Our local research showed that systems are theoretically in place, but the reality is it is very spasmodic, i.e. understaffed and under resourced. During our research we met and interviewed two local MPs and professionals from our local NHS Trust and many volunteers involved with prisoners. Last year four WI members visited Shrewsbury prison. It was built in the Victorian era and now houses about 300 inmates - at least double the number it was originally designed for. We were very impressed by the ambience and help available and became aware that this was in part influenced by the chaplaincy and volunteers with the co-operation of the governor and staff, but with no additional funding from government. ”

“ The Bradley Report has analysed very thoroughly the national picture and if this were fully implemented many of the current problems would be addressed. Overall, Shropshire shows a caring and supportive attitude to people with mental health problems in prison and when released into the community. However, our research showed that more resources and co-operation between the justice system and the health service was badly needed to divert people into appropriate care. ”

ACHIEVEMENTS SO FAR

“ One of the problems that magistrates regularly face in court is offenders who have some form of mental health problem. It is often difficult to deal with these because they should be diverted from the prison system if at all possible. They need support and help. ”

JOHN THORNHILL, CHAIRMAN OF
THE MAGISTRATES' ASSOCIATION

MENTAL HEALTH IN THE CRIMINAL JUSTICE SYSTEM IS NOW FIRMLY ON THE POLITICAL

AGENDA. Following its publication in April 2009, the Government accepted all Lord Bradley's proposals in principle. Some recommendations in his report have been implemented: a National Programme Delivery Board and National Advisory Group have been established, Criminal Justice Mental Health Teams have been established in different areas of the country, and pilot courts with a mental health specialism have been set up in Stratford, east London and Brighton.

THE NHS AND PRISON SERVICE ARE WORKING MORE CLOSELY TOGETHER. In November, 2009, the Department of Health launched the first comprehensive strategy of health care that included offenders. Richard Bradshaw, director and head of offender health at the Department of Health, said "The delivery plan sets out to improve outcomes by identifying a person's health and social care needs as early as possible on their offender pathway—not only for the individual, but also for society in terms of reducing health inequalities and reoffending and improving public protection." Locally, many areas are now making headway in forming relationships between health and justice agencies and finding better ways of working together.

THERE ARE NOW MORE ALTERNATIVES TO PRISON FOR WOMEN. Following the publication of Baroness Corston's review into women's custody in 2008, women's centres and non-custodial alternatives for female offenders continue to be developed. Since the Wales WI visited the Together Women project in Cardiff, two further centres for vulnerable women have been opened in mid- and South Wales.

CHALLENGES AHEAD

“ We have far too many mentally ill people in prison. Prison has become a dumping ground. The warehouse system of our society – that is not right. ”

COLIN MOSES, NATIONAL CHAIRMAN
PRISON OFFICERS ASSOCIATION

THERE IS NO GUARANTEE THAT LOCAL HEALTH TRUSTS WILL FUND DIVERSION SCHEMES.

The Bradley report said that all courts should have access to liaison and diversion services, but these need to be funded by local primary care trusts. Government guidance to create diversion schemes has limited effect without money behind it. In these troubled financial times, local health authorities, and in future the proposed GP consortia, may not prioritise diversion schemes. As yet there is no line of accountability to ensure that health and prison services work together on this vital issue.

THERE ARE STILL TOO MANY WOMEN IN PRISON. The Corston report led to some changes in the women's prison system. The Government has yet to address the fundamental recommendation that it made not to imprison women in large institutions which were far from home, away from their families. The current number of women in prison is almost triple the female prison population in the 1990s. The House of Commons Justice Committee said in January 2010 that it was disappointed with the slow progress in implementing the report.

WOMEN'S CENTRES FACE AN UNCERTAIN FUTURE. Despite the Government allocating more funding for new centres in 2009, much of this money is being used to overcome financial problems for the first wave of women's centres, which are unable fully to sustain themselves without more national and local government support.

YOUNG PEOPLE NEED ATTENTION. The Bradley report did not address ways in which to divert young people, despite the fact that keeping children and young people out of the criminal justice system and giving them the help they need can set them on an entirely different and more successful life path.

MANY OFFENDERS HAVE COMPLEX NEEDS. This means an offender has more than one diagnosis. They may have a mental health diagnosis, learning disabilities, as well as drug and/or alcohol addictions. They require agencies to work together to divert them where possible from the prison system and respond to their complex needs.

“ ...it's a national disgrace that so many people with mental health issues, identified mental health issues, are actually turning up again and again in the criminal justice system. ”

PAUL McKEEVER, CHAIRMAN OF
THE POLICE FEDERATION

HOW YOU CAN HELP NOW

FIND OUT WHAT IS HAPPENING LOCALLY:

- Contact your local primary care trust (or commissioning GP consortia) and ask whether they are funding police or court diversion schemes.
- Visit your local police station and ask if they have diversion and liaison schemes in place, or in prospect, that will enable them to gain mental health assessments and, where necessary, divert someone into treatment in the community. Ask to meet the nurse or designated 'appropriate adult' in charge of overseeing the scheme.
- Visit your local magistrates, Crown or youth court and ask if they have diversion and liaison schemes in place or in prospect. Ask what arrangements they have in place to identify defendants with mental health needs and to facilitate referrals to appropriate local mental health and social care services.
- Talk to your local head teacher and to your youth offending team manager and find out whether vulnerable children and young people with mental health problems are getting the support and care they need.

CONTACT YOUR LOCAL NEWSPAPER AND POLITICAL REPRESENTATIVES:

Write to your local councillor and MP with your findings, asking whether they would support the greater use of diversion and the appropriate and routine support of those with mental health needs in the justice system.

Write a letter to your local newspaper highlighting what you have discovered about provision for those with mental health needs in contact with the local criminal justice agencies, and the problems they face as they enter and travel through the justice system.

VOLUNTEER AT YOUR LOCAL WOMEN'S CENTRE:

Visit your local women's centre and ask them if there are any opportunities to help out in their work supporting vulnerable women. This may range from answering phones, helping out with the cooking or gardening, to volunteering as a mentor to someone who needs help.

HOLD A LOCAL MEETING WITH POLICE/PRISON AND MENTAL HEALTH PROFESSIONALS:

Raise awareness of the issue in your community by holding a local meeting. To make the meeting more interesting, invite professionals from police, courts, health and prison services to explain how the sectors can work better together in your area.

VISIT YOUR LOCAL PRISON:

If you want to see what life is like 'on the inside' then contact your local prison governor to arrange a date for a supervised visit.

GET INVOLVED IN THE SYSTEM:

Become a member of the Independent Monitoring Board of your local prison or join an Independent Custody Visiting scheme. For more info, please see www.imb.gov.uk or www.icva.org.uk

SUPPORT ONGOING CAMPAIGNS:

For example, the Prison Reform Trust runs an important campaign, Out of Trouble, which is reducing child and youth imprisonment and enabling vulnerable young people to get the help they need www.outoftrouble.org.uk. Contact for info and e-action. Women in Prison coordinate the SWAP (Supporting Women – Against Prison) Campaign Network www.womeninprison.org.uk. Interested members can contact them to sign up to receive monthly Action Updates.

“ I was delighted to meet the Women's Institute during my review period and they gave powerful evidence to the review to ensure that their care not custody campaign was at the centre of my thinking. I am very pleased that the campaign is continuing through the WI branches throughout the country. I think it'll be essential for them to maintain their campaign so that in the changing situation we find with a new government there is recognition of the importance of this policy area ”

THE RT. HON. LORD BRADLEY

KEY FACTS

- the average prison population in 1990 was 44,975. In 2010 it is 85,000.¹
- Many prisoners have a range of mental health problems. 72% of male and 70% of female sentenced prisoners suffer from two or more diagnosable mental health disorders. 20% of prisoners have four of the five major mental health disorders.²
- A significant number of prisoners suffer from a psychotic disorder. 7% of male and 14% of female sentenced prisoners have a psychotic disorder; 14 and 23 times the level in the general population.³
- According to Michael Spurr, Chief Executive Officer of the National Offender Management Service for England and Wales, at any one time 10% of the prison population has 'serious mental health problems'.⁴
- 75% of all prisoners have a dual diagnosis (mental health problems combined with alcohol or drug misuse).⁵ Yet HM Prisons Inspectorate found that dual diagnosis services remain patchy.⁶
- 10% of men and 30% of women have had a previous psychiatric admission before they come into prison.⁷
- In an assessment of 13-18 year-olds in custody, 35% of girls and 13% of boys were identified with depression, 17% and 7% respectively were found to have harmed themselves deliberately, and 16% and 7% respectively were identified with post-traumatic stress disorder.⁸
- A University of Oxford report on the health of 500 women prisoners, showed that: 'women in custody are five times more likely to have a mental health concern than women in the general population, with 78% exhibiting some level of psychological disturbance when measured on reception to prison, compared with a figure of 15% for the general adult female population'.⁹
- Over half the women in prison report having suffered domestic violence and one in three has experienced sexual abuse.¹⁰
- Each year it is estimated that more than 17,700 children are separated from their mother by imprisonment.¹¹
- Women in prison are twice as likely to have an eating disorder as women in the general population.¹²
- There were 60 apparent self-inflicted deaths in custody in England and Wales in 2009, down from 92 such deaths in 2007.¹³ This figure includes the death of three women and five young people aged 18-20.
- The suicide rate for men in prison is five times greater than that for men in the community. Boys aged 15-17 are 18 times more likely to take their own lives in prison than in the community.¹⁴
- Twelve self-inflicted deaths in 2009 occurred within the first seven days in prison.¹⁵
- In 2008, there were 24,686 recorded incidents of self-harm – 11,747 for men and 12,938 for women.¹⁶ Women account for about 54% of total self-harm incidents – even though they form only 5% of the total prison population.¹⁷
- In 2008 HMP Holloway, with a reported 2,256 self-harm incidents, recorded over 331 incidents in its worst month – averaging over 10 a day.¹⁸
- In 2008 there were 1,628 young people aged 20 or under who deliberately injured themselves. This represents 26% of all prisoners who self-harmed during that year.¹⁹
- Black and minority ethnic groups are 40% more likely to access mental health services via a criminal justice system gateway rather than through a GP referral.²⁰
- The Bradley review calls for adequate community alternatives to prison for vulnerable offenders where appropriate. It heard evidence that thousands of prison places per year could be saved if a proportion of eligible, short-term prisoners who committed offences while suffering mental health problems were given appropriate community sentences.²¹

¹ Home Office (2000) Prison Statistics England and Wales 2000, London: Home Office, and Ministry of Justice (2010) Prison population bulletin, 30 July 2010, London: Ministry of Justice

² Paul Goggins MP, Minister for Prisons and Probation speaking in a debate on prisons and mental health, Hansard, 17 March 2004

³ Singleton et al (1998) Psychiatric Morbidity among Prisoners in England and Wales, London: Office for National Statistics

⁴ Michael Spurr, Chief Executive Officer of the National Offender Management Service, speaking on the Today Programme, 2 September 2008

⁵ Cabinet Office Social Exclusion Task Force (2009) Short Study on Women Offenders, London: Cabinet Office

⁶ HM Chief Inspector of Prisons for England and Wales (2010) Annual Report 2008-09, London: HM Inspectorate of Prisons

⁷ Department of Health, Conference Report, Sharing Good Practice in Prison Health, 4/5 June 2007

⁸ Harrington, R., and Bailey, S. (2005) Mental health needs and effectiveness provision for young offenders in custody and in the community. London: YJB

⁹ <http://www.admin.ox.ac.uk/po/070213%20prison.shtml>

¹⁰ Ibid.

¹¹ Home Office Research Study 208, and Hansard, HC, 28 April 2003

¹² Devitt, K., Knighton, L., and Lowe, K. (2009) Young Adults Today. Key data on 16-25 year-olds, transitions, disadvantage and crime, London: Young People in Focus

¹³ <http://www.justice.gov.uk/news/newsrelease010110a.htm>

¹⁴ Fazel, Seena et al, Suicides in male prisoners in England and Wales, 1978-2003, The Lancet, Vol 366, 2005

¹⁵ Ministry of Justice (2010) Safety in custody statistics 2008-09, London: Ministry of Justice

¹⁶ Ministry of Justice (2010) Safety in custody statistics 2008-09, London: Ministry of Justice

¹⁷ NOMS, Safer custody news, September/October 2008

¹⁸ HM Chief Inspector of Prisons for England and Wales (2010), Annual Report 2008-09, London: HMIP

¹⁹ Ministry of Justice (2010) Safety in custody statistics 2008-09, London: Ministry of Justice

²⁰ Department of Health (2009) The Bradley Report, Lord Bradley's report of people with mental health problems or learning disabilities in the criminal justice system, London: Department of Health

²¹ Ibid.

INFORMATION, RESOURCES AND EXPERT SPEAKERS



Action for Prisoners' Families

Unit 21, Carlson Court
116 Putney Bridge Road
London, SW15 2NQ
Tel: 020 8812 3600
info@actionpf.org.uk

Provides information for children and families of prisoners, runs forums, events and awareness raising training for those working with families.

Centre for Mental Health

134-138 Borough High Street
London, SE1 1LB
Tel: 020 7827 8300
contact@scmh.org.uk

Carries out research, policy work and analysis to improve practice and influence policy in mental health as well as public services.

Hafal

Suite C2, William Knox House
Britannic Way
Llandarcy, SA10 6EL
Tel: 01792 816 600
hafal@hafal.org

Hafal meaning 'equal' is an organisation working in Wales with individuals recovering from mental illness and their families.

The Howard League for Penal Reform

1 Ardleigh Road
London N1 4HS
Tel: 020 7249 7373
info@howardleague.org

The Howard League for Penal Reform works for a safe society where fewer people are victims of crime.

INQUEST

89-93 Fonthill Road, London N4 3JH
Tel: 020 7263 1111
inquest@inquest.org.uk

Provides a free advice service to bereaved people on contentious deaths and their investigation with a focus on deaths in custody.

Mental Health Foundation

9th Floor, Sea Containers House,
20 Upper Ground, London, SE1 9QB
Tel: 020 7803 1100
mhf@mhf.org.uk

Provides information, carries out research, campaigns and works to improve services for anyone affected by mental health problems.

Mind

15-19 Broadway
London, E15 4BQ
Tel: 020 8519 2122
contact@mind.org.uk

Provides high-quality information and advice, and campaigns to promote and protect good mental health for everyone.

Nacro

Park Place, 10-12 Lawn Lane
London, SW8 1UD
Tel: 020 7840 7200
www.nacro.org.uk

Work with offenders and those at risk to help them find positive alternatives to crime and to achieve their full potential in society.

National Council for Independent Monitoring Boards

2nd Floor, Ashley House
2 Monck Street
London, SW1P 2BQ
Tel: 020 7035 2257
rodney.bowles@justice.gsi.gov.uk

An elected body comprising eight area representatives for prison boards and one for immigration removal centres.

New Bridge Foundation

27A Medway Street
London, SW1P 2BD
Tel: 020 7976 07791
info@newbridgefoundation.org.uk

Offers a range of programmes to help prisoners keep in touch with the outside world, through letters and visits, and prepare themselves to rejoin it.

Out of Trouble

15 Northburgh Street
London EC1V 0JR
Tel: 020 7251 5070
outoftrouble@prisonreformtrust.org.uk

Supported by The Diana Princess of Wales Memorial Fund, the Out of Trouble campaign works to reduce child and youth imprisonment in the UK.

Prison Advice & Care Trust (PACT)

Park Place, 12 Lawn Lane
London, SW8 1UD
Tel: 020 7735 9535
info@prisonadvice.org.uk

Provides practical support to prisoners' children and families and to prisoners themselves.

Prison Reform Trust

15 Northburgh Street
London, EC1V 0JR
Tel: 020 7251 5070
prt@prisonreformtrust.org.uk

Provides advice and information, conducts research and works with government to create a just, humane and effective penal system.

Rethink

15th Floor, 89 Albert Embankment
London, SE1 7TP
Tel: 0845 456 0455
info@rethink.org

Working together to help everyone affected by severe mental illness recover a better quality of life.

Revolving Doors Agency

Units 28 & 29 The Turnmill
63 Clerkenwell Road
London EC1M 5NP
Tel: 020 7253 4038
admin@revolving-doors.org.uk

Works to change systems and improve services for people with multiple problems and poor mental health in contact with the justice system.

Women Centres Forum

223 Silver Street
Halifax, HX1 1JN
Tel: 01422 386500
megan.waugh@womencentre.org.uk

Forum for women's centres and women's diversionary projects in the UK.

Women in Prison

347-349 City Road
London, EC1V 1LR
Tel: 020 7841 4760
campaigns@womeninprison.org.uk

Women in prison supports and campaigns for women offenders and ex-offenders.

Young Minds

48-50 St John Street
London EC1M 4DG
Tel: 020 7336 8445
ymenquiries@youngminds.org.uk

UK wide charity committed to improving the mental health and emotional well-being of all children and young people.



CARE NOT CUSTODY ACTION PACK

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PRISON
REFORM
TRUST

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