

Imprisonment for Public Protection: Psychic Pain Redoubled

by Roger Grimshaw



**CENTRE FOR CRIME
AND JUSTICE STUDIES**

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ISBN: 978-1-906003-81-4

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Preface and acknowledgements

Imprisonment for Public Protection has been memorably described by a former Supreme Court judge, Lord Brown, as ‘the greatest single stain on our criminal justice system’.

The present report explores some of the important reasons for that judgement. It is a compilation and review of the available evidence about the psychological impacts of the sentence. To a number of people, I owe a particular debt of thanks.

The evidence to the Justice Committee inquiry on mental health in prisons in 2021 included an outstanding report on the sentence by Donna Mooney, Shirley Debono, and Sophie Ellis; as well as reviewing a whole range of significant studies it showed the resilience of families engaged in civil society

campaigning, under the banner of UNGRIPP (United Group for Reform of IPP).

The latest report of the Committee, on Imprisonment for Public Protection, has fortunately taken account of similar critical evidence, echoing the themes of the present report. But there is still much to do, if the prisoners are to be finally relieved of their psychological burdens.

In addition, two reviewers kindly made comments on the initial draft.

Finally, I would like to thank colleagues at the Centre for Crime and Justice Studies and the Institute of Now for their support and encouragement. I remain responsible for any errors in the current publication.

Summary and recommendations

Summary

Imprisonment for Public Protection (IPP), a sentence introduced in 2005, consists of two parts: a period of imprisonment, described as a tariff, imposed as a punishment for an offence; and an indefinite period, during which the prisoner may apply for supervised release.

The Parole Board must be satisfied that the prisoner is safe to release – a high bar in practice. Some of these tariffs are remarkably short yet the public safety test for release remains in place; the individual must remain under post-release supervision for at least ten years and possibly for life.

Though the sentence was abolished in 2012, those sentenced before that date continued to be held under it. Evidence about the psychological impact of the sentence can be obtained from official reports and statistics, psychological studies, and testimony to the Justice Committee inquiry into IPP.

Prior vulnerabilities

There is good evidence that many prisoners, especially those convicted of violent offences, have suffered multiple Adverse Childhood Experiences, which are known to lead to mental stress and forms of ill-health. Mental health challenges were already frequent among those who had been sentenced to IPP: almost one in five IPP prisoners had previously received psychiatric treatment.

Uncertainty and helplessness

The IPP sentence imposes an indeterminate timescale which is known to be psychologically difficult to cope with. The negative impacts of prolonged uncertainty are manifest in helplessness and a loss of hope, which affect mental health and well-being. Not knowing

when they can resume their life-course creates additional stress, compounding the distress felt by prisoners' families. Such feelings have a corrosive effect on willingness to undergo the process of seeking approval for release.

Negotiating a psychological obstacle course

Ironically, in what has been called 'reverse diversion', prisoners' mental health difficulties are regarded by officials as disallowing progression towards release. In general, mental health services in prisons are inadequate, according to the Justice Committee. It is possible for prisoners to be transferred and to serve their sentences in secure mental health facilities. Numbers are low, but the proportion of IPP prisoners in mental health facilities is double the proportion of life sentenced prisoners.

Annually, less than a tenth of IPP prisoners have started or completed an offending behaviour programme in the period from 2017, with predictable declines since the pandemic struck in 2020.

Evidence suggests that, though seen as stepping stones to release, the programmes do not have the effects intended.

Since 2015, IPP prisoners are meant to be screened for the Offender Personality Disorder (OPD) pathway. The evidence surrounding treatments administered in prisons for personality disorder does not encourage confidence about their effectiveness. Despite the pivotal role envisaged for psychological practices in helping IPP prisoners, professionals encounter entrenched difficulties in forming and maintaining productive relationships with IPP prisoners. The dominance of risk assessment creates tensions which are hard to resolve.

The experiences of IPP prisoners constitute a therapeutic injustice: the provision of services falls far short of meeting the needs, while the complexities of purported risk reduction strategies increase the confusion.

Long term effects: rising distress and despair

As the post-tariff period of imprisonment rises, and setbacks in obtaining release are encountered, the psychological impacts of their circumstances become more acute, and families too are increasingly exposed to distress.

Over a considerable time, official reports have identified a raised risk of self-harm and suicidal behaviour among IPP prisoners. The annual rates of self-harm incidents per IPP prisoner were calculated and then compared with the rates for those on life sentences; the data show that IPP prisoners consistently suffer a higher rate.

The persistence of anxiety: release and resettlement

Finally obtaining permission to be released does not remove anxieties, as individuals on licence can be recalled to prison, not simply for an offence but for a breach of their licence conditions. The most frequent reason for recall identified in independent research, using an official sample, was 'non-compliance' with supervision. Anxiety is heightened for family members who share the constant burden of compliance with the individual's stringent conditions of licence.

The availability of psychological interventions in the community appears inadequate to support released prisoners on licence. Recent evidence from inspectors suggests that links with community mental health services are poor, making it more challenging to face the practical tasks of resettlement, such as finding suitable accommodation or employment.

Recommendations

Evidence does not support the sentence's claims of reliable progress towards successful release and psychological recovery: on the contrary, its harms are clear.

Hence, the logic of abolition in 2012 should be urgently and comprehensively applied to all those still held under its regime. In order to restore a sense of justice and hope, those past their tariff – the vast majority – should be released without delay, first of all; others should be given a release date, on a case-by-case basis, by judicial or executive decision.

The issues faced by any government seeking to unravel and remedy the effects of the sentence are complex and require consultation with all the stakeholders, not least representatives of the families affected. At this stage we believe that consideration should be given to a number of concrete proposals:

Short-term

- A systematic programme of mental health assessment should be launched which must focus on needs.
- Like all statutory medical assessments, it should be open to including attention to any current, known and pressing risks to the public; however, it would not be obliged to give undue weight to the index offence.
- A programme of close and immediate support should be provided to enable those released to re-join their families and adjust satisfactorily to freedom.
- Reasonable steps should be made to inform victims and to determine whether, in relevant cases, individuals are to be registered on ViSOR (Violent and Sex Offender Register) or made subject to other safeguarding arrangements.

Medium-term

- A holistic and adequately funded programme of recovery should be designed with attention to family, education, employment, housing and social inclusion.
- Adequate and prompt state reparations should be assessed on the basis of failures to provide programmes or meet known mental health needs, and unjustified time in confinement.

Long-term

- A review of all forms of indefinite detention should be instigated in order to arrive at common principles restricting its scope, defining clear limits and establishing powers of review.
- Parliament should create an overarching legislative Code, influenced by provisions in the Human Rights Act, against which any new proposals for legislation on indefinite detention should be tested.

Introduction

Background

Imprisonment for Public Protection (IPP) was introduced in 2005. It consists of two parts: a period of imprisonment, described as a tariff, imposed as a punishment for an offence; and an indefinite period, during which the prisoner may apply for supervised release. The Parole Board must be satisfied that the prisoner is safe to release – a high bar in practice. Some of these tariffs are remarkably short yet the public safety test for release remains in place; the individual must remain under supervision for at least ten years, and possibly for life, following release from prison.

It is clear that prevalent psychological assumptions about responses to offending animated the design of the sentence: the idea that behaviour was rooted in persisting psychological characteristics, which could be well-measured and established, underpinned the extension of imprisonment beyond the tariff. There was an implicit faith in psychological services which, it was supposed, could significantly reduce risk, and thus allow release (Bonta and Andrews, 2007; Ministry of Justice, 2013). Such a confident legitimisation of extended detention, based on assessments of risk rather than of deeds, has been criticised as inherently flawed and unreliable by many within the psychological professions and beyond (Group of Psy Professionals, written evidence, 2021; Ashworth and Zedner, 2014; Jacobson and Hough, 2010).

Indeed, the legitimacy of the sentence was undermined by well-attested failures to provide sufficient rehabilitative programmes, and abolition followed in 2012. One of the most peculiar consequences is that those individuals convicted before that date are still serving a sentence that was abolished ten years ago on the basis that it had proved unmanageable.

IPP has been the subject of a Justice Committee inquiry which reported in September 2022, drawing attention to the many problems still facing those sentenced in gaining release and avoiding recall to prison. Evidence presented to the Committee represents an important source of information for any attempt to assess the psychological consequences of the sentence.

The most psychologically relevant feature of the sentence is the indeterminacy of the post-tariff period, in which discretionary decisions about public safety configure opportunities for release and govern whether or not a licence should be maintained or terminated. The challenge for the prisoner is to respond to these uncertainties, with no assurance that any effort they make will produce results. This prolonged uncertainty, stretching over years, is likely to produce a sense of helplessness and ultimately despair.

Aim

The aim of this report is to collate and analyse available evidence about the psychological impacts of IPP, in order to draw out implications for law and policy.

The evidence reviewed here is by no means complete and comprehensive: there is no specific, thorough, and rigorous clinical study of this group. What is striking, however, is the convergence of those studies that have been conducted about the impacts of the sentence. They reveal the multiple pressures of its administration and show the psychological consequences for prisoners, the most important of which is their reduced ability to navigate the constraints of the sentence and to obtain a stable and satisfactory release. The crisis around the elevated rate of recall to prison demonstrates the enduring psychological stress of a sentence which imposes uncertainty indefinitely (Edgar *et al*, 2020).

In addition to the studies and official statistics, there is a good deal of important testimony from officials, professionals, legal representatives and families, which points to similar conclusions. Again, the Justice Committee inquiry has enabled new information to come to light, in particular through personal evidence submitted by IPP prisoners themselves, which has only very recently been published. However, it will be a task beyond the scope of this briefing to draw out the full implications of their accounts.

The more recent evidence from several sources also sheds a critical light on the effects of the government's *Action Plan* which, it is claimed, is on track to progress satisfactory release (HMPPS and Parole Board, 2019).

The discussion that follows begins by outlining evidence about the early developmental trajectories of prisoners, which influence their reactions to difficult circumstances. It goes on to trace the harmful psychological consequences of uncertainty, which are sharpened by the obstacle course facing prisoners in securing release. High levels of distress and despair are

associated with prisoners' experiences of the sentence; even when they obtain release, they are haunted by stresses which too often lead to being recalled to prison.

As has been stated, the sentence was inspired by psychological ideas about the origins and control of offending; it is ironic that it is being discredited by its psychological effects.

The evidence suggests that the sentence is psychologically harmful and that efforts to make it work have been insufficient to mitigate those effects. Most crucially, the scale of psychological harm undermines the rationale for continuing its application to those affected. The logic of abolition must therefore be finally realised for those who unfortunately remain under its regime.

Note on references

All references to written and oral evidence (indicated by 'written evidence' and 'oral evidence') submitted to the Justice Committee inquiry into IPP are listed in the relevant appendix. Other references are separately listed.

1 Early development and pre-existing conditions affecting health

This section refers to evidence suggesting that those sentenced to IPP have suffered from earlier adverse experiences and pre-existing conditions which make them vulnerable to the harmful psychological risks associated with the sentence.

It is, of course, not possible to arrive at a single, uniform psychological characterisation of individuals subject to IPP, not least because the range of cases and circumstances capable of being subject to the sentence is so wide. However, it is possible to identify significant psychological characteristics which can be found in the population, and help explain their route into criminal justice. Like many prisoners, early Adverse Childhood Experiences (ACEs) in particular social settings are an important part of their histories.

“A large percentage of this population is not resilient mentally. They come from quite deprived backgrounds, with underlying childhood trauma and deprivation already present when they enter prison. That is compounded by the process.”

Dr Dinesh Maganty, oral evidence, Tuesday 23 November, 2021

The combined effects of deprivation and trauma have influenced their behaviour, exposing them to intensive criminal justice sanctions. Complex experiences of stress, mediated by social factors, influence young people’s trajectories towards imprisonment (Needs, 2018).

It is evident that multiple ACEs are frequent among the more serious youth offender population (Fox *et al*, 2015). Similarly, the prison population suffers from a high and disproportionate rate of ACEs: in a sample of prisoners in Wales, those who had experienced four or more ACEs were three times more likely to have been convicted of violence against the person than individuals with no ACEs (Ford *et al*, 2019). A study of the general population revealed that adults with four or more ACEs were 20

times more likely to have been imprisoned at some point in their lives (Bellis *et al*, 2015).

Moreover, multiple ACEs increase the risk of health problems in adulthood, suggesting that the difficult experience of an IPP sentence will be hard to bear, leading to further psychological stress (Bifulco, 2021). Mental health challenges were already frequent among those who had been sentenced to IPP: almost one in five IPP prisoners has previously received psychiatric treatment (Sainsbury Centre for Mental Health, 2008). However, inspection findings revealed that Pre-Sentence Reports in a third of relevant cases had lacked sufficient understanding of such individual needs (HM Chief Inspector of Prisons and HM Chief Inspector of Probation, 2010).

IPP prisoners are routinely screened for a programme called the Offender Personality Disorder Pathway. The programme’s guidance for practitioners has acknowledged the key significance of early attachment relationships in understanding the past and current experiences of people in criminal justice (NOMS, 2015; Skett and Lewis, 2019).

Psychological labels such as personality disorder can certainly limit a full understanding of complex emotional conditions and needs; however, in exploring what they mean, research can usefully throw light on fundamental developmental issues. For example, the definition of psychopathy has been controversial: it can be defined as a condition, or as a personality type, generally characterised by a lack of empathy and associated with antisocial behaviour.

“Psychopathy is a personality type characterised by antisocial behaviour, a lack of empathy, shallow affect, manipulation of others, grandiosity, poor behavioural control and impulsivity”.

Ireland *et al*, 2020

Research evidence does suggest that psychopathy and connected problems of offending are associated with problems of attachment and distrust of others (Schimmenti *et al*, 2014; Ireland *et al*, 2020;

Papagathonikou, 2020). While such cases form an extreme end of a spectrum, this evidence only reinforces the general importance of understanding, and taking account of, early experiences.

2 Uncertainty and helplessness

The indeterminate nature of a sentence has been internationally recognized to be potentially stressful, as in the case of life sentences (United Nations, 1994).

The IPP sentence imposes an indeterminate timescale, which is known to be psychologically difficult to cope with. The negative impacts of prolonged uncertainty are manifest in helplessness and a loss of hope, which affect mental health and well-being.

"Intolerance of uncertainty is defined as a tendency to experience significant distress in response to uncertain information regarding future events."

Hollingsworth *et al*, 2018

Trauma sufferers can find such tension especially difficult: there is some evidence that, among those with post-traumatic stress disorder (PTSD), such intolerance elevates the risk of depression (Hollingsworth *et al*, 2018).

In a report published not long after the introduction of the IPP sentence, the Sainsbury Centre for Mental Health revealed the damaging impacts of sentence indeterminacy on IPP prisoners' mental health. They found it stressful, for instance, to be unable to tell their children when they would be released. In addition to their concerns about a release date, they were anxious that engagement with mental health services would hinder access to the courses necessary to qualify them for an assessment of reduced risk:

"More than half of IPP prisoners had an emotional wellbeing criminogenic need, compared to four in ten lifers, and three in ten of the general prison population group".

Sainsbury Centre for Mental Health, 2008

A fifth were reported to be receiving medication while in prison.

The impact of the sentence has been described as "exacerbation of learned helplessness and distress associated with imprisonment" (McRae, 2013). Not knowing when they can resume their life course creates additional stress (Addicott, 2012).

Moreover, the uncertainty compounds the distress felt by prisoners' families. It has been estimated recently that 22,000 children were currently experiencing the impact of having a parent with an indeterminate sentence (McConnell and Raikes, 2019). A review and analysis of evidence about family responses suggests that the pains of separation for children and families are exacerbated by not knowing the date of release.

'Profoundly, it has been a journey of many ups and downs, bewilderment, distress, hope and grief and a sense of chronic loss... His children... have grown up without their father... their relationship with him is damaged and may never be healed. His sisters, grandparents, cousins and aunts and uncles, don't know how to help anymore.'

Mother of a prisoner, quoted by Straub and Annison, 2020

Such feelings are accompanied by bodily effects that take an all-round toll on health. Families' reactions to setbacks, such as delayed Parole hearings, showed the level of concern caused by the operation and administration of the sentence (Annison and Condry, 2018).

In contrast, the government has argued that the 'reinvigoration' of sentence planning since 2016 has addressed the threat of a spiral into hopelessness (Rt Hon Kit Malthouse MP, Oral Evidence to House of Commons Justice Committee, Tuesday 14 December, 2021).

Evidence presented to the Justice Committee casts serious doubt on the government's claim.

"Initially, when they came in, they were young men – women in some cases, but largely young men – who were not severely mentally ill, but as the years have gone by, increasingly, we find that they were becoming mentally ill. Their clinical presentation is increasingly akin to those who have been wrongfully convicted."

"Research shows that they present with anxiety, depression and a great deal of mistrust of the criminal justice system. Initially, there was rebellion – 'I'm supposed to get out, but I didn't' – and when that moved forward you ended up in a situation where that behavioural disturbance was used as a risk indicator not to release them. It was not the original offence or their criminal history outside prison, but that behaviour in prison. When that happened, their mental health needs – their anxiety, depression and eventually psychosis in some cases – were used as a risk indicator. When that occurred, it led to a system where they were perpetually imprisoned. That led to a sense of helplessness and a lot of them have become institutionalised, if I may use that word. It has become very difficult for them to move forward."

Dr Dinesh Maganty, oral evidence,
Tuesday 23 November, 2021

There has been a widespread perception of sentencing injustice, when the harms of the offence were felt not to correspond with a sentence that could last a lifetime.

"I have not taken a life, I have not threatened life or limb, so how have I ended up with a life sentence?"

Prisoner quoted by Addicott, 2012

Research at a high security prison found that prisoners on indeterminate sentences viewed their situation as "less than legitimate" (Liebling *et al*, 2011).

Similarly, among the wrongly convicted, the perception of injustice is known to be associated with mental health deterioration, even when there has been no previous psychiatric history (Brooks and Greenberg, 2021; Group of Psy Professionals, written evidence, 2021).

The perception of discrimination may also damage mental health (Wallace *et al*, 2016). The proportion of IPP prisoners who told inspectors that they had been subject to racial discrimination by prison staff was similar to the proportion of prisoners on determinate sentences (six per cent compared with five per cent) (HMIP, 2016). The proportion of IPP prisoners who are from Black, Asian and minority ethnic groups has been somewhat lower (23 per cent) than in the prison population as a whole (27 per cent) (See HC Deb, 25 February 2020, c169).

Unfortunately, there are significant gaps in the data available about mental health and minority ethnic communities in criminal justice. (Clinks, 2017).

Evidence from Independent Monitoring Boards, the lay visitors to prisons, has also been submitted to the Justice Committee.

"Boards across the prison estate have repeatedly raised major concerns about the 'unjust' and 'inhumane' nature of IPP sentences and the detrimental impact on the mental health and wellbeing of prisoners serving these sentences, many of whom are held years beyond their initial tariff date... Boards have reported a sense of hopelessness and helplessness among IPP prisoners, who despair at the lack of a release date and a seemingly never-ending sentence. This can lead to mental health deterioration and disruptive

behaviour. Boards have provided anonymised individual accounts to illustrate this."

Dame Anne Owers, written evidence, 2021

The Chair of the Parole Board herself has made a similar observation.

"I observe IPP hearings, and you sometimes see people who are exhibiting loss of hope, and therefore they disengage from rehabilitation, and that does not help the parole process."

Caroline Corby, Chair, oral evidence, Tuesday 14 December, 2021

Even for those who succeed in obtaining release, the pressures of potential recall to prison do not disappear.

"For people who have done really well, the rational fear that you could at any point be taken back to prison, and taken back to prison for the rest of your life, is always there."

Peter Dawson, oral evidence, Tuesday 23 November, 2021

Experience of release into the community is marred by anxiety and apprehension, reflecting the inhibiting structures of the sentence, which cause re-traumatisation.

"The replication of trauma histories by punitive aspects of the CJS is not a new concept... themes of lacking power and control that stem from adverse early experiences follow through and are replicated by a loss of power and control in relation to the IPP sentence."

King and Crisp, 2021

From a range of evidence, it appears very clear that the indeterminate nature of the sentence causes a degree of uncertainty and helplessness that affects mental health and impedes progression towards successful release. The next section details the many obstacles to release associated with the sentence, which hinder the path towards rehabilitation and release.

3 Negotiating a psychological obstacle course

This section intends to capture the contradictions of a sentence based on psychological assumptions that have proven almost impossible to translate into practice. Instead of assisting prisoners to realise their potential for psychological growth, it has undermined their belief in a positive future and trapped psychological professionals into increasingly defensive postures that work against rehabilitation and release.

Several barriers to progress are identified in this section, ranging across mental health, offending behaviour programmes and services for personality disorder. Fundamental to them is a continuing and fundamental dilemma, which threatens good relationships between professionals and prisoners. The difficulties and distrust extend into the licence period, undermining its stability and increasing the possibilities of recall to prison.

Mental ill-health as an obstacle to risk reduction

Under the IPP regime, the first duty of professionals is to prioritise assessment of the risk posed by the release of prisoners. Research suggests that the true level of mental health distress among IPP prisoners may well be concealed by the fear that disclosure could lead to an adverse risk assessment.

In research interviews, it was reported that a mental health condition could be regarded as a risk factor affecting progress towards release:

“They said the anti-depressants I was on were too serious for me to be in open conditions.”

Edgar *et al*, 2020

It appears as if the system for judging potential for release blames prisoners for the toxic effect of the sentence. It is therefore remarkable how far this

criticism has been officially accepted, as the Chief Executive of the Parole Board made clear in evidence to the Justice Committee.

“If they have very poor mental health, or they are taking drugs, or perhaps they are involved in violence in prison, that makes it very difficult indeed to meet the test for release. The job of the Parole Board of course is to make an honest assessment in relation to whether it is about loss of hope, or whether it is about trying to get that individual to a point where they can be safely released. They are looking for signs that the risk can be managed in the community. Obviously, we want to get those decisions right”

(emphases added). Martin Jones, oral evidence, Tuesday 14 December, 2021

The confusion of health with risk is very clear: release is dependent on health, which is compounded with any other factors in the risk assessment. Moreover, mental health troubles appear to make community management very difficult.

Mental health treatment has been one way of improving individual chances of passing the test, according to Jones. Furthermore, it is officially acknowledged that for many who have experienced the most challenges the sentence itself has become intolerable.

“I think there is a hard core of people for whom the sentence itself has been a particularly toxic part of the journey for them.

“... It is very difficult to estimate, but my suspicion is that there will be hundreds of people for whom it is the sentence that has become the problem rather than necessarily their initial index offence”.

Martin Jones, oral evidence, Tuesday 14 December 2021

These official perceptions suggest that the administrators of the system are well aware of its acute difficulties and failures, and will struggle to rectify them without fundamental reform.

Mental health treatment barriers

A systematic review of research on psychological therapies in prison indicates that they can have positive effects in relieving distress, but these tend to fade over time (Yoon *et al*, 2017). At a fundamental level, treatment approaches that fail to deal with the complex ongoing effects of early adverse experiences are unlikely to succeed (Mahoney, 2019). In this context, overcoming entrenched suspicion and establishing trust are important processes in enabling individuals to embark on personal change (Mathlin *et al*, 2021). The complex emotional responses of prisoners to their plight can be best unravelled by attuned psychotherapy, which acknowledges “a constant threat of psychic death” for those under IPP (Orrell, 2019).

After taking evidence, the Justice Committee concluded that, in general, the provision of mental health services had fallen far short of meeting the extent of need across the prison population as a whole (Justice Committee, 2021).

It is possible for prisoners to be transferred and to serve their sentences in secure mental health facilities. Evidence from the Parole Board also suggested that the numbers are relatively low (for example, 14 cases concluded in 2017/18) but that the proportion of IPP prisoners in mental health facilities is double the proportion of life sentenced prisoners (Parole Board, written evidence, 2021). In 2020, transfers to secure hospitals amounted to 55 (Ministry of Justice, 2021b). Indeed, it seems that at least some IPP subjects find treatment in forensic psychiatric settings more motivating than in prison (McRae, 2013). However, a

shortage of secure mental health beds has been delaying transfer of acutely ill prisoners to hospitals (Justice Committee, 2021). The Sainsbury Centre for Mental Health (2008) recommended that prisoners transferred to secure psychiatric facilities should be considered for subsequent placements in mental health provision rather than necessarily returning to prison to complete their sentence.

Offending programmes

The access obstacle

The theory behind the IPP sentence proposed that participation in offending programmes would reduce the risks to public safety associated with release. However, poor access to offending programmes was a besetting problem from the early years of the sentence (Sainsbury Centre for Mental Health, 2008; Addicott, 2012). It was recently alleged that IPP prisoners were treated as if they were life sentence prisoners, so that they had to wait equally long for access to programmes (See Dr Dinesh Maganty, oral evidence, Tuesday 23 November, 2021). Managing competing demands for programmes from IPP and non-IPP prisoners has been a challenge for prisons (Howard League, 2013).

From an official point of view, the problems of programme access have been resolutely tackled.

“Access to courses used to be a significant issue. What we have done over the years is work extremely hard at prioritising IPPs and increasing the provision of courses that were causing the problems.”
Dr Jo Bailey, oral evidence, Tuesday
14 December 2021

Despite these claims, evidence shows that, annually, less than a tenth of IPP prisoners have started or completed an offending behaviour programme in the

Figure 1: Number of IPP-sentenced prisoners in England and Wales who started or completed at least one accredited programme^{1,2}

	April 2017 to March 2018	April 2018 to March 2019	April 2019 to March 2020 ²	April 2020 to March 2021
Number of IPP-sentenced prisoners who started at least one programme	300	217	125	34
Number of IPP-sentenced prisoners who completed at least one programme	294	207	146	34
IPP prisoners unreleased ³	3353	2745	2315	1969
% programme starters	8.9	7.9	5.4	1.7
% programme completers	8.8	7.5	6.3	1.7

Source: *HL Deb*, 4 April 2022, cW

- 1 Under exceptional circumstances, offenders in custody can start more than one accredited programme in any financial year. The figures in this table refer to the number of prisoners who started or completed at least one programme in each financial year, and will not directly match published figures. This is because published figures are counted by the number of starts and completions rather than the number of prisoners starting or completing a programme, and the counting method to denote a completion for the Democratic Therapeutic Communities (DTC) programme differs from the method used to count completions for all other accredited programmes.
- 2 Programme starts and completions were affected from March 2020 by changes to usual operation of accredited programme delivery in response to the threat of COVID-19 in prisons.
- 3 These figures are full-year, not financial year, figures.

period from 2017, with predictable declines since the pandemic struck in 2020 (Figure 1).

As the most recent figures confirm, access to programmes was curtailed significantly during the restrictions associated with the pandemic (HMCIP, 2021).

Other obstacles deny access to people with certain conditions, or receiving medication, in particular, for mental illness. A key obstacle to accessing a number of programmes is the prevalence of neurodivergence, broadly defined to include learning disability, acquired brain injury, autism spectrum conditions, etc. A joint inspection review of neurodiversity in the criminal justice system found that suitable programmes were insufficient (CJJI, 2021a). Similarly research with young

IPP prisoners (Kelly *et al*, 2012) indicates a significant proportion requiring support for a learning disability.

“The programmes do not allow you to get into them if you are on medication. Accessing them becomes difficult if you have a mental illness.”

Dr Dinesh Maganty, oral evidence, Tuesday 23 November, 2021

The ineffectiveness obstacle

An even more concerning problem than access to provision has been alleged: the programmes do not work as their sponsors have claimed. Research has found a lack of convincing evidence for the effectiveness of programmes (Beaudry *et al*, 2021), a point echoed in opinions heard by the Justice Committee:

"It is clear that quite a lot of the offender programmes that were offered, initially anyway, were not evidence based. The same rigour of evidence-based programmes that we offered was not there, whether it was the personality disorder programmes, which have been closed down now, and similarly sex offender treatment programmes that were offered and were clearly shown not to be effective."

Dr Dinesh Maganty, oral evidence, Tuesday 23 November, 2021

"The latest publicly available evidence shows that the programmes (the Panel) has 'accredited' on violence and sex offending have failed. The 'accredited' sex offenders' 'core' and 'extended' courses have been found to increase the risk of reconviction."

Professor Graham Towl, written evidence, 2021

The quality of current programmes being implemented on a large scale is insufficient (Group of Psy Professionals, written evidence, 2021). According to the official wisdom, programme failures of such magnitude will inevitably cast doubt on the chances of people on IPP avoiding reconviction in the future.

Interventions for personality disorder: opportunity or obstacle?

'Personality disorder' (PD) is a controversial diagnostic term which refers to enduring characteristics of personality which affect impulse control and behaviour.

- *The disorder is enduring and differs significantly from cultural expectation and will be evident in the individual's experience of the world, their behaviours, their moods and emotions, how they are with other people and how they control their impulses.*

- *The patterns above are pervasive and consistent across a range of situations.*
- *Signs of the disorder were evident for some time, i.e. during adolescence or early adulthood.*
- *The disorder cannot be explained by another mental or physical health condition."*

Bradley Commission, 2015

Evidence obtained when the sentence was comparatively new indicated that IPP prisoners were more likely to need assessment for PD than either lifers or other prisoners in general (Rutherford, 2009). If there are indeed longstanding risks to public safety in an IPP case, it might be hoped that these could be mitigated by an intervention based on this diagnosis.

Though PD had been regarded as difficult to treat, there have been recent attempts to provide a range of programmes and services such as the discontinued Dangerous and Severe Personality Disorder (DSPD) programme. However, the failure to elicit evidence of that programme's effectiveness undermined confidence in its successor, the Offender Personality Disorder (OPD) pathway (O'Loughlin, 2014).

Since 2015, IPP prisoners are meant to be screened for the OPD pathway which – with a nod to prevailing austerity policies – was designed to ensure that services were delivered in prison rather than more expensive health provision. The chances of transfer to mental health facilities were therefore diminished. In 2015, the National Offender Management Service estimated that 60-70 per cent of prisoners had a PD. However, the mere fact that there is screening of IPP prisoners for the OPD pathway may not be psychologically meaningful. It is not by itself an indication that they do suffer from a PD (Group of Psy Professionals, written evidence, 2021).

It appears that many identified as having PD have

remained in, or returned to, custody, suggesting that these cases are difficult to progress. As of December 2021, of 4,869 identified as meeting the screening criteria, 2,780 were currently in custody, while 1,200 of these were in custody on recall (HL Deb, 4 April 2022, cW).

Moreover, specific identified needs are often inadequately addressed (Foyston *et al*, 2019). Though psychological treatments have been recommended for Borderline Personality Disorder and Antisocial Personality Disorder (NICE, 2015), limited evidence has been available on interventions (O'Loughlin, 2014; Trebilcock *et al*, 2019; Gibbon *et al*, 2020). While Dialectical Behaviour Therapy for Borderline Personality Disorder, in general, has shown some encouraging results, its implementation in prison settings is known to be challenging, given its long term, specialist nature (Fassbinder *et al*, 2018; Moore *et al*, 2018). There are also question-marks against its ability to meet the trauma-related needs of prisoners, in particular, women (Lomani and Brooker, 2022). Democratic therapeutic communities in prison have been regarded as a promising approach, but here again, treatment is deliberately designed to be long term and turnover is low (Rawlings and Haigh, 2017; Pearce *et al*, 2017; Brookes, 2018).

More specifically, analysis of non-progression on the OPD Pathway, meaning that individuals are rejected by services, has indicated that having an IPP sentence was associated with non-progression. It appears too that a perceived lack of motivation has been a factor in services rejecting individuals (Mathlin *et al*, 2021). There has been some evidence that those of 'non-White' ethnicity have been significantly less likely to start a large OPD programme (Jolliffe *et al*, 2017). It should be noted also that evaluation of the Pathway as designed for women appears to be at an early stage (Cohen *et al*, 2020). There appear to be gaps in knowledge of how well these interventions work.

"With OPD, there is some similar evidence that has

been sat on, which, as I understand, has been looked at, but I do not know what the results of it are because it has been sat on"

Professor Graham Towl, oral evidence
7 December 2021

Psychological practice as a blockage

It has been proclaimed that effective treatment of PD starts with "a strong but bounded attachment relationship between the therapist/practitioner and offender" (NOMS, 2015). But, in the case of IPP, how likely is that kind of relationship to be formed? Research on psychologists' assessments of indeterminate sentenced prisoners reveals the multiple pressures on them within the stressful prison environment (Shingler *et al*, 2020a). Indeed, the decisive institutional and legal shift towards a focus on risk assessment has reduced the scope of their helping roles in prisons (Maruna, 2011). More broadly, it has been claimed that a whole collection of psychological professionals in prisons, including psychiatrists and therapists, faces fundamental challenges in relation to IPP (Group of Psy Professionals, written evidence, 2021).

At the heart of the problem is the compromised position of a range of psychological professionals who, in their rehabilitative roles, are expected to supply the only means of release while also contributing to risk assessments that may deny that prospect. That double face of the system can lead to acute anxiety for the prisoner who, with the best of intentions, may want to engage but must be prepared for a disappointment that will raise the inevitable question: who was responsible? The prisoner or the professionals? The confusion gives rise to suspicion and distrust, which are likely to lead professionals to make negative assessments of current risk levels – a complete and catastrophic system failure. Levels of distrust can be exacerbated by procedural constraints. In particular, it

should be noted that conversations between prison psychologists and prisoners are not confidential.

The influence of psychologists on Parole Board decisions is known to be crucial (Shingler and Needs, 2018). For professionals, however, the inherent contradictions taint the whole process (Group of Psy Professionals, written evidence, 2021). Hence the official promise that qualified psychologists are reviewing every IPP case rings extremely hollow.

“The gross disproportionality between crime and punishment that many people serving an IPP sentence have come to experience creates strong feelings of injustice, mistrust, and alienation from criminal justice authorities. This particularly includes psychologists, who are seen by people serving an IPP sentence as key arbiters of this disproportionality, because their judgements feed through to decisions about progress or continued detention”.

Group of Psy Professionals, written evidence, 2021

Research has confirmed that such relational difficulties impact negatively on the paths of IPP prisoners through the system, reducing their chances of obtaining licences (Crosswaite *et al*, 2020; King and Crisp, 2021). Interviews with indeterminate sentence prisoners have documented the resulting sense of alienation.

“Within this context, prisoners felt stuck, powerless and out of control in relation to risk assessment, and experienced psychologists as untrustworthy yet powerful”.

Shingler *et al*, 2020b

According to prisoners' accounts, considerable strength and resilience have been required in order to cope (King and Crisp, 2021).

Prisons are experienced as violent and threatening

places, as interviews with indeterminate sentence prisoners have shown (Shingler *et al*, 2020b)

“People said to me, for example, ‘You’ve put me in the most violent, volatile situation. The wings are mad. People get stabbed and slashed. If you don’t stand up for yourself, you’re going to be a victim.’ It is a very difficult place to prove that you are not going to be a risk to the community because it is such a violent place”.

Dr Mia Harris, oral evidence Tuesday

23 November 2021

By comparison, in a prison dedicated to a therapeutic and enabling approach for IPP prisoners and lifers, prisoners felt better treated and understood, but struggled to overcome the systematic hindrances to progress and resettlement: many of those surveyed indicated they felt ‘stuck in the system’ (Liebling *et al*, 2019).

The anxiety associated with programmes that are key to prospects of release hinders IPP prisoners from effectively engaging with them. Once they feel a sense of injustice they lose faith in psychologists, who are responsible for risk assessments as well as programmes (Group of Psy Professionals, written evidence, 2021).

Even when prisoners have completed the courses prescribed in their sentence plans it has been reported that the Parole Board has decided to deny release, causing predictable dismay for them and their families (McConnell and Raikes, 2019).

“The prospect of release for these IPP prisoners is often so remote, and many are so far over their tariff, that many have lost all hope and therefore engage in behaviours that are, unfortunately, self-sabotaging (e.g. drug misuse, misbehaviour in prison). This creates a vicious cycle, as engaging in these antisocial behaviours means that they are not

able to successfully negotiate the parole system”.

Dr David Peplow, written evidence, 2021

Therapeutic injustice

For IPP prisoners, the path towards liberty is strewn with obstacles that detract from the opportunities that should lie there. Currently, neither offending programmes nor psychological interventions for personality disorder seem to present good reliable options for rendering IPP prisoners safe to release. Mental health treatment has been adjudged

inadequate by parliamentarians. The whole premise of the sentence, that purposeful interventions could reduce risk sufficiently, has failed. Without that premise, the justification for retaining the present arrangements and conditions for release falls.

The experiences of IPP prisoners constitute a therapeutic injustice in many ways (Johns *et al*, 2021). The provision of services falls far short of meeting the needs, while at the same time the complexities and contradictions of purported risk reduction strategies add to the confusion.

4 Long term effects: rising distress and despair

The toll of the post-tariff years

The growth of uncertainty, combined with increasing years subjected to a tortuous system, creates the soil for profound distress, with potential for self-harm and suicide.

Prolonged uncertainty and disappointment generate an immense burden. For some individuals, the sheer length of their repeated misfortunes becomes intolerable. The post-tariff stage forms the most damaging context for mental health deterioration.

"In our experience, and evidenced in the research literature, people serving an IPP sentence suffer mental and emotional deterioration when they enter the post-tariff stage of their sentence. They describe a range of symptoms consistent with the effects of stress, anxiety, uncertainty, mistrust, hopelessness and helplessness".

Group of 'Psy' Professionals, written evidence, 2021

The stakes rise higher when applying for parole and refusals are hard to bear.

"People serving an IPP sentence who have faced repeated Parole refusals and are significantly beyond their tariff date often enter a phase of hopelessness and despair. This can lead to complete withdrawal from rehabilitative work and from sentence management authorities".

Group of 'Psy' Professionals, written evidence, 2021

Evidence from an Independent Monitoring Board illustrates the extent of distress accumulated over many years of post-tariff imprisonment.

"Mr A is described by staff as a model prisoner. He was 19 when he was sentenced to an IPP with a tariff of 24 months. He has been in prison for over 13 years and does not understand why.

"When the IMB talked to him he was trying hard not to cry. He has been in 29 prisons and in his current prison three times. He thinks about killing himself because he cannot see any end to his situation. He has done every course available to him but never been released on licence.

"He started on remand in a local prison where there were no courses available to help him.

"He then went to a young offender institution between the ages of 19 and 21, where there were also no courses to help him. He was already 10 months over tariff before he was able to access his first course.

"Mr A has been told that he is due for a parole hearing between November 2021 and March 2022 but has not been given a specific date. He is a category D prisoner and went to a category D prison for three months but after they found something that was attributed to him that looked like drugs, he was sent back to a closed prison. He was promised that the substance would be tested, but it was not, and no charges were brought.

"He has given up with it all. He says that he feels like a lost soul and has lost all of his 20s, going into his 30s, for no good reason. He feels guilt for his family and friends, although he says that he has no family left since his mother died while he was in prison, only a girlfriend who has been a lifelong friend".

Dame Anne Owers, written evidence, 2021

Sadly, the impact on families will grow as the sentence accumulates and hope drains away (Group of Psy Professionals, written evidence, 2021).

Suicide and self-harm

It is well-established that a weighty sentence carries a risk of suicide. International research has shown that life sentences heighten the risk of suicide (Zhong *et al*, 2020). Evidence about IPP prisoners also suggests they have an elevated risk of self-harm.

Studies prior to the abolition of the IPP sentence concurred in demonstrating substantial rates of poor mental health, both at the time of the offence and in prison. A thematic review by HM Chief Inspectors of Prison and Probation identified disproportionate mental health problems at the time of the offence and subsequently, compared with the whole population (excluding lifers and IPP). It was found that 37 per cent of IPPs and lifers had a raised risk of self-harm and suicidal behaviour, compared with 23 per cent of the general prison population (HM Chief Inspector of Prisons and HM Chief Inspector of Probation, 2008; Rutherford, 2009). Mental health needs were clearly identifiable among most of the women prisoners.

Unfortunately, more recent reports again confirm the persistence of such needs. In 2019 the Independent Advisory Panel on Deaths in Custody (IAP) reported a wide range of concerning evidence about the risks of suicide and self-harm among the IPP population (IAP, 2019). It cited findings by HM Inspectorate of Prisons about the high rate of depression and suicidal thoughts at induction, among both male and female IPP prisoners, compared with lifers and prisoners on fixed term sentences (HM Inspectorate of Prisons, 2016). Indeed, women interviewed about their IPP sentences have described their multiple suicide attempts (Smart, 2018).

The significance of indeterminacy in a sentence has been explored in analysis by the Prisons and Probation Ombudsman (PPO) (2014). Between 2007 and 2018, the PPO investigated 54 self-inflicted deaths of

prisoners serving IPP sentences, prompting these reflections on the causes.

“Evidence from the PPO’s investigations has found that for some prisoners on IPP sentences, setbacks in their sentence progression can influence their risk of self-harm and suicide. Setbacks include recall to prison having been released on license and increases in security categorisation as a result of worsening behaviour in prison. In cases where IPP issues have influenced self-harm and suicide risk this often stemmed from the uncertainty inherent in the sentence”.

Sue McAllister, written evidence, 2021

The fraying of hope among IPP prisoners appears to be bound up with other psychological factors in increasing suicide risk.

“Although evidence suggests hopelessness increases suicidality, it is difficult to establish the independent effect of hopelessness without co-morbid depression or psychological distress”.

Independent Advisory Panel on Deaths in Custody, written evidence 2021

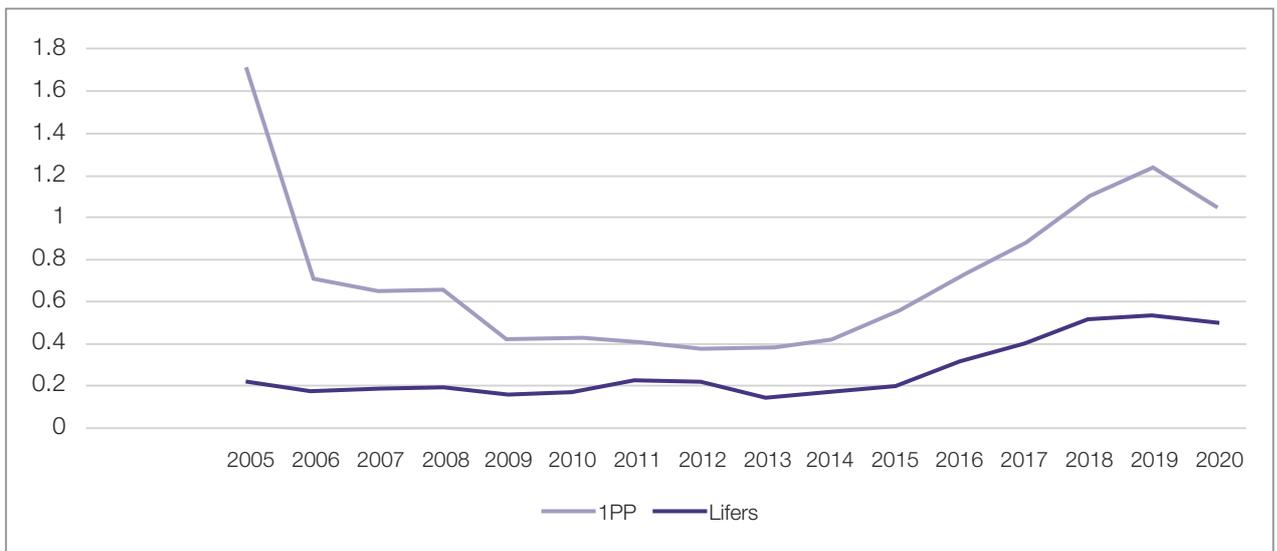
The Panel has estimated that the rate of self-harm among female IPP prisoners may be as high as 4,520 per 1,000 prisoners, implying multiple incidents suffered by individual prisoners. Its consultations with prisoners have brought to light all too familiar evidence of neglect.

“During my first half of my whole sentence in prison I was continuously punished, belittled, dejected, bullied and mentally tortured for having mental health problems, as is the case for many prisoners. I have been recalled to prison now and the whole situation is recurring. I have very debilitating depression and anxiety that drags me down”.

In order to shed more light on the levels of distress, the annual rates of self-harm incidents per IPP prisoner were calculated and then compared with the rates for those on life sentences. The data show a

consistent pattern over time, in which the IPP prisoners suffer a higher rate (Figure 2). The comparison only serves to emphasise the heightened stress of the IPP sentence.

Figure 2: Self-harm incident rates, life-sentenced and IPP, 2005-2020



Source: Ministry of Justice, 2021a.

5 The persistence of anxiety: release and resettlement

Finally obtaining permission to be released does not bring the uncertainty to an end. Even on licence, the psychological difficulties confronting the individual remain daunting.

Again, uncertainty takes its toll, as individuals on licence can be recalled to prison, not simply for an offence but for a breach of their licence conditions. Strict supervision under Multi-Agency Public Protection Arrangements (MAPPA) is mandatory, increasing the probability of recall (Sonia Flynn, oral evidence, Tuesday 14 December 2021).

Even in a prison dedicated to enabling prisoners to develop their lives in positive directions, it has proved challenging to prepare them for resettlement, when, at the time of release into unfamiliar environments, their anxieties could cause them to ‘crash and burn’, precipitating recalls (Liebling *et al*, 2019). It has been suggested that the prison itself has come to be seen as a relatively safe place compared with the outside world (Jones, 2018).

Well-balanced decision-making about recall to prison has been recommended by the probation inspectorate, which has pointed out that the recall of people subject to indeterminate sentences should be related to the risk of repeating their original offence (HMIP, 2020).

Research has found evidence of rigid supervision requirements which were difficult to comply with.

“... a woman with mental and physical health problems found it difficult to attend probation meetings in person: ‘I can’t get on a bus, I’d have a panic attack, but they don’t care, I’ve got to get to that appointment.’”

Edgar *et al*, 2020

Indeed, the most frequent reason for recall identified in this research by the Prison Reform Trust, using an official sample, was ‘non-compliance’ with supervision, followed by ‘further offence/charge’ and ‘failure to reside as required’. The inspectorate has identified a “fear-based culture” among probation officers who are concerned about being blamed for serious further offences if they do not recall (HMIP, 2020). It appears as if such concerns may have influenced the risk-averse treatment of individuals.

The Prison Reform Trust research indicates a deep vein of fatalism among recalled prisoners, which reflects the discouraging and disempowering effects of their experience (Edgar *et al*, 2020). By the same token, families of IPP prisoners suffer “severe strain” upon their mental health (Straub and Annison, 2020).

Anxiety is heightened for family members who share the constant burden of compliance with the individual’s stringent conditions of licence.

“Even if/when [he] is released, we have the constant torture of never knowing when, we will always be on tenterhooks, as he can be recalled for anything at any time, even a traffic offence! Due to his parole conditions, which are for life, he cannot use a mobile phone, a computer or travel without notifying the police—meaning a huge amount of continuing stress for me.”

Family member, quoted by Straub and Annison, 2020

Similar evidence is reported by Annison and Condry (2018).

For some individuals, the anxiety grows so burdensome it becomes a self-fulfilling prophecy, escalating the risk of recall. Despite these augmented risks, community-based services are poorly placed to address their needs.

“There is eternal anxiety and fear that they will be recalled. I do not believe that probation officers, having worked with them for 20 years now, act in any way unjustly towards IPP prisoners, but the real difficulty is that because of the heightened level of anxiety and stress that they feel while on licence, many prefer going back to prison because it is an environment that they know and one where they cannot be recalled any more, and they do not need to live with that anxiety and fear. I have heard that said as well...

“The knowledge base to treat their mental illness and what they have gone through is very limited in the community setting in access to alternative services that can offer them that support”

Dr Dinesh Maganty, oral evidence, Tuesday 23 November, 2021

The availability of psychological interventions in the community appears inadequate to support released prisoners on licence. For example, Enabling Environments (EE) are positive interventions designed to meet standards set by the Royal College of Psychiatry. Services such as EE have not been available outside the prison because community services have been unwilling to take on cases with complex needs (Bradley Commission, 2015). Some evidence exists about Psychologically Informed Practice in approved premises but it is not clear that the introduction of such practice translates into improved outcomes for those accommodated in approved premises (Bruce *et al*, 2020).

In general, prisoners released with complex needs are unlikely to be considered for Improving Access to Psychological Therapies services which deal with common conditions (Centre for Mental Health, 2021). A widespread problem for released prisoners is that even if they agree to take on a case, community mental

health teams are late in contacting those released (Justice Committee, 2021). According to a Criminal Justice Joint Inspection report, the “continuity of mental health care from custody into the community is generally poor. Waiting lists for services in the community are long, leaving very vulnerable people having to cope without the help they need” (CJII, 2021b). Inspectors’ general comments are echoed by a recalled IPP prisoner:

“They let me down with my mental health, no-one got in touch, and probation didn’t chase it”.

Recalled prisoner, quoted by Edgar *et al*, 2020

In research interviews, several more practical challenges – especially in terms of accommodation – were reported by individuals recalled to prison (Edgar *et al*, 2020). This was a point made by different witnesses to the Justice Committee IPP inquiry.

“People normally go out to very little support in the community. Family connections are likely to have disintegrated over time. People are often going out to a life in which they have nothing constructive or purposeful to do. Employment is unlikely. It is going to be boring and lonely. People are often going out to physical circumstances that make it difficult. Probation hostels are often very difficult places to restart your life in the community”.

Peter Dawson, oral evidence Tuesday 23 November 2021

“... many IPP sentence prisoners still in custody have spent more than a decade in prison and are likely to require much greater work around reintegration than they would have done at the time of sentencing”.

Sentencing Academy, written evidence, 2021

Whereas a return to prison may provide some relief from anxiety, the bleak prospects faced by IPP prisoners tend to reassert themselves.

“So long as I’m under IPP I have no life, no freedom, no future. I fear IPP will force me to commit suicide. I have lost all trust and hope in this justice system”.
Quoted in Edgar *et al*, 2020

The importance of health, broadly defined, in influencing post-prison experiences is belatedly being recognized in research (Link *et al*, 2019).

Research has shown that recalled prisoners in general display vulnerabilities and are unhappy about their treatment (Fitzalan Howard *et al*, 2018). However, it is clear that the specific needs of people subject to IPP on licence are often poorly served, making release a decidedly uncertain and unsatisfactory experience.

Conclusions

“The sentence itself is psychologically toxic, and failing to recognise this is not only a failure in duty of care but a failure to reduce reoffending, because the behaviour changes required for risk reduction are unlikely to take place under conditions of psychological toxicity”.
(Mooney *et al*, 2021)

Despite ample evidence of problems, there is a striking gap in robust longitudinal research on the mental health and well-being of IPP prisoners, which means that greater public resources should be invested in assessment of their responses to the uncertainties and obstacles they currently confront.

In sharp contradiction to the government’s aspiration to divert people with mental health difficulties away from criminal justice, the IPP legislation represents “reverse diversion”: people with mental health problems who offend are, as a result of the IPP legislation, more likely to receive a prison sentence than be diverted to mental health services (Rutherford, 2009). Very few serve their sentences in secure mental health facilities; instead they remain in bleak, often violent prisons, even after serving their initial tariff.

Like many who enter prisons, the IPP population has clearly been impacted by Adverse Child Experiences, exacerbated by living in impoverished environments with few opportunities. Such backgrounds make them vulnerable to the stress caused by uncertainties associated with the sentence, especially in the period after the initial tariff has expired.

We have seen how the programmes designed to reduce risk have failed to deliver. The sentence is therefore stumbling to produce any reasonable results; apart from keeping people in prison for as long as possible. Without that essential underpinning, the sentence must be liable to the charge that its

requirements breach human rights to a properly reviewable prospect of release.

For those subject to years of the IPP regime, the distressing conditions which have accumulated during imprisonment do not magically vanish at the point of release. In particular, they can exacerbate fears of setbacks that may cause a return to prison. Living in fear of recall to prison, with little access to adequate support, constitutes a burden that is corrosive.

The plight of IPP prisoners highlights the pressing need for abolition of the current regime. It also points firmly towards a much better, more truly psychologically-informed process of system change, which acknowledges the unjustified years of pressure and uncertainty and puts state reparations at the heart of their future. A programme of recovery, consistently embracing the whole person and their needs, should be designed for all who have undergone such damaging treatment. Equally, their stories demand that we think hard about how to guarantee that there is no repetition of the IPP sentence. All forms of preventive and indefinite detention carry the same risks, and proper safeguards must be firmly established.

If we truly care about justice, it is vital to uphold key principles in sentencing:

- clarity and consistency of purpose;
- access to services according to need; and
- measured intervention only as far and as long as justified and necessary.

The whole history of IPP should be the subject of concerted political, legal and psychological inquiry, so that its systematic flaws can be determined. In its place there should be a coherent alternative framework which will inform future criminal justice legislation and can be incorporated in an overarching constitutional law.

Appendix: Citations of evidence on IPP presented to the Justice Committee

The Justice Committee inquiry into Imprisonment for Public Protection invited the submission of written evidence and held three oral evidence sessions.

Written evidence cited above

- Group of ‘Psy’ Professionals (2021), *Submission to the Justice Select Inquiry into the IPP Sentence* Justice Committee Evidence Submissions, November <https://committees.parliament.uk/writtenevidence/41683/default/>
- Independent Advisory Panel on Deaths in Custody (2021), *Independent Advisory Panel on Deaths in Custody submission to the Justice Select Committee call for evidence on Imprisonment for Public Protection (IPP) sentences – November 2021* <https://committees.parliament.uk/writtenevidence/41068/pdf/>
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- Peplow, D. (2021), *Written evidence from Dr David Peplow, Senior Lecturer, Sheffield Hallam University* Justice Committee Evidence Submissions, November <https://committees.parliament.uk/writtenevidence/40226/pdf/>
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Oral evidence sessions cited above

Tuesday 23 November 2021

- <https://committees.parliament.uk/oralevidence/3139/pdf/>
- Imprisonment for Public Protection (IPP) sentences, HC 678

Tuesday 7 December 2021

- <https://committees.parliament.uk/oralevidence/3163/pdf/>

- Imprisonment for Public Protection (IPP) sentences, HC 678

Tuesday 14 December 2021

- <https://committees.parliament.uk/oralevidence/3223/pdf/>

■ For full information about the inquiry:

<https://committees.parliament.uk/work/1509/imprisonment-for-public-protection-ipp-sentences/>

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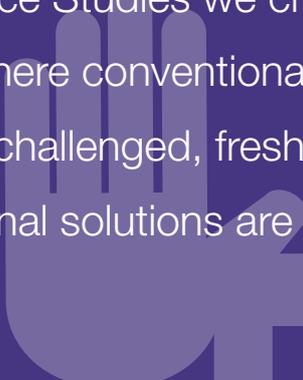
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