



Ministry
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Home Office



Department
of Health &
Social Care

Independent Advisory Panel on Deaths on Custody

Indeterminate sentences for public protection
(IPPs): preventing self-harm and deaths in custody

**Independent Advisory Panel on Deaths in Custody briefing
paper**

June 2019

About the Independent Advisory Panel on Deaths in Custody

The Ministerial Council on Deaths in Custody formally commenced operation on 1 April 2009 and is jointly sponsored by the Ministry of Justice, the Department of Health and the Home Office. The Council consists of three tiers:

- Ministerial Board on Deaths in Custody
- Independent Advisory Panel (IAP)
- Practitioner and Stakeholder Group

The remit of the IAP (and overall of the Council) covers deaths which occur in prisons, in or following police custody, immigration detention, the deaths of residents of approved premises and the deaths of those detained under the Mental Health Act (MHA) in hospital. The principles and lessons learned as part of this work also apply to the deaths of those detained under the Mental Capacity Act in hospital.

The role of the IAP, an arms-length body, is to provide independent advice and expertise to the Ministerial Board. It provides guidance on policy and best practice across sectors and makes recommendations to Ministers and operational services. It assists Ministers to meet their human rights obligations to protect life. The IAP's aim is to bring about a continuing and sustained reduction in the number and rate of deaths in all forms of state custody in England and Wales.

Juliet Lyon CBE was appointed Chair of the IAP in September 2016.
Members of the IAP appointed in July 2018:

- Deborah Coles
- Professor Seena Fazel
- Professor Jenny Shaw
- Jenny Talbot OBE
- John Wadham

Further information on the IAP can be found on the website:

<http://iapdeathsincustody.independent.gov.uk/>

For more information on this paper – or on the IAP more generally - please contact:

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Summary

1. This briefing sets out public health concerns about people continuing to serve an indeterminate sentence for public protection (IPP) and presents ways in which these can be addressed.
2. While the number of self-inflicted deaths in the IPP population is thankfully too low to draw any firm conclusions, concerns have been expressed by Coroners, the Prison and Probation Ombudsman and HM Chief Inspector of Prisons about the impact of this sentence on self-harm and deaths in custody. Rates of self-harm among this cohort of prisoner is high. In particular, the rate of self-harm among women still serving an IPP sentence appears to be significantly higher than that in the women's prison population as a whole – which is already considerably higher than that in the general female population.
3. Given the close links between hopelessness, self-harm and suicide, this suggests that IPP prisoners are a particularly vulnerable group in custody and – as the number of those over-tariff grows – the risk is thought to be increasing.
4. The Independent Advisory Panel on Deaths in Custody (IAP) recommends that a co-ordinated approach is taken by justice and health. Pending legislative change which is needed, specific efforts should be made now to support people still serving an IPP sentence. Closer attention should be paid to assessing and meeting their mental and physical health needs. Informed by a comprehensive review process, systematic work should be conducted, to enable people to make progress and to prepare for release. Intensive support and supervision, comprehensive health and social care services should then be offered in the community.

Introduction

5. When the IAP conducted its consultation with prisoners in 2017 on how best to prevent suicide and self-harm, a significant proportion of the 150 men and 60 women across 70 prisons who responded referred to the hopelessness of people serving an IPP sentence and the risk of self-harm and suicide.
6. Subsequently particular concerns about the health and wellbeing of IPP prisoners have been raised with the IAP by, amongst others, family members, independent monitoring boards, senior NHS managers and royal medical colleges.
7. In December 2018, members of the IAP visited HMP Humber and undertook discussions with prisoners at the Hope Unit. The IAP is grateful to the governor at HMP Humber and her team for facilitating this visit.

8. From October 2018 – March 2019, the IAP, in partnership with Inside Time, sought the view of prisoners specifically on the impact of an IPP sentence on health and wellbeing. A summary of 30 of the detailed letters and views we received is contained in this briefing.
9. On 6 March 2019 the IAP Chair met Donna Mooney, bereaved sister of Tommy Nichol who died tragically in custody on 25 September 2015 while serving an IPP sentence. The IAP is grateful to Donna and to other family members who, through the charity Inquest, have helped to inform this briefing.
10. The Ministerial Board on Deaths in Custody discussed the issue of IPP sentences at the February 2019 meeting, and the then Prisons Minister, Rory Stewart MP, asked members for advice on how best to safeguard this population and prevent self-harm and suicide.

Background

11. Sentences of Imprisonment for Public Protection (IPPs) were introduced by the Criminal Justice Act 2003 and were handed down from April 2005.
12. Offenders sentenced to an IPP were set a minimum term (tariff) which they must spend in prison. After they complete their tariff they can apply to the Parole Board for release. The Parole Board will release a prisoner only if it is satisfied that their continued detention is no longer necessary for the protection of the public. In practice, this means that the IPP prisoner has to prove a negative – that if released they will not be dangerous. For obvious reasons it is usually the State which has to justify detention not the prisoner who has to justify release. In addition, and obviously, prisoners do not know when or if they will be released – this is, all too often, the basis of the hopelessness found by the consultation. If prisoners are given parole they will be on supervised licence for at least 10 years. If prisoners are refused parole they can apply to the Parole Board again after one year.
13. IPP sentences were designed to protect the public from serious offenders but have arguably been used more widely than intended¹, with some issued to offenders who have committed low level crimes with tariffs as short as two months. At one stage, they were handed down at a rate of more than 800 a year and, as a result, more than 6,000 people were serving IPP sentences by June 2012².
14. The nature and ramifications of an IPP sentence, with what lawyers call a reverse onus of proof, have often proved difficult for prisoners to understand and leave victims and prisoners' families uncertain about

¹ <http://researchbriefings.files.parliament.uk/documents/SN06086/SN06086.pdf>

² Ibid.

how and when someone will be released. Convened by NEPACS, family members in the North East contacted the IAP about the impact on prisoners' mental health noting:

"IPP prisoners – not knowing a release date can increase feelings of stress/depression and create a mental health crisis. Need a resolution to this cruel and unjust limbo situation."

15. The imposition of IPP sentences is thought by some to have led to inconsistent sentencing. The IAP has frequently heard that IPPs have been given to some offenders, while others who have committed similar crimes have served fixed sentences, which has raised concerns about inequitable sentencing. One man wrote:

"I came to prison for Arson intend to endanger life and I went GUILTY strate away . I was sentenced to 1 year and 140 days IPP and my co-defendant was given 3 years strate sentence I have now done 11 years all together in March. I am still a cat B prisoner with no light in my tunnel."

16. The fairness and legitimacy of the IPP sentence has been called into question by, amongst others, the Prison Governors' Association (PGA)³, former Lord Chief Justice and Lord Justice of Appeal⁴ in the House of Lords and the Prison Reform Trust⁵. The IPP sentence was abolished in 2012 by the then Lord Chancellor, Ken Clarke who referred to it as "a stain on the justice system" in a 2016 interview⁶. Former Home Secretary, David Blunkett, is on public record⁷ regretting government lack of clarity about its intention when this sentence was introduced during his tenure at the Home Office.
17. One of the reasons for the perceived unfairness is the discrepancy between those serving IPP sentences, and those serving life sentences. Although those serving the former are largely convicted of less serious crimes than the latter, it is IPP prisoners who have to prove their lack of risk in order to be released while life sentenced prisoners will generally be released unless the State can show they still present a risk to the public. The burden of proof has been reversed for this category of prisoners, but it is not clear why this is so if it is not for the presumably higher risk group of life sentenced prisoners.
18. Most recently, the Justice Committee in its report on the Prison Population⁸ recommended that 'for IPP prisoners, the aim of the

³ <https://www.independent.co.uk/news/uk/home-news/prison-governors-brand-controversial-sentence-inhumane-2021668.html>

⁴ <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Lord%20Woolf%20Speech%20FINAL.pdf>

⁵ <http://www.prisonreformtrust.org.uk/PressPolicy/News/vw/1/ItemID/472>

⁶ <https://www.bbc.co.uk/news/uk-36411638>

⁷ <https://www.bbc.co.uk/news/uk-26561380>

⁸ <https://publications.parliament.uk/pa/cm201719/cmselect/cmjust/483/483.pdf>

system should be that most are safely managed back into communities at the earliest opportunity.'

19. One prisoner wrote to the IAP:

"I was sentenced to 18 months IPP in 2007 and this was my first time in prison..finally in 2012 it was abolished. So I thought my days of nerves, stress and constantly treading on eggshells was finally over. But no it wasn't made retrospective so I still don't know when and if I will ever be free and I still have to try and explain to my loved ones that I still don't know when I will be released even though the sentence doesn't exist any more wich is hard as it makes no sense to anybody cos if the sentence is too inhumane and unlawful to give out any more then it's common sense that it's inhumane for the people that have already been living this nightmare. And now theres thousands of us still here forgotten and swept under the carpet feeling the trauma of this inhumane sentence. And the cracks are showing with all the mental health the suicides the self-harming."

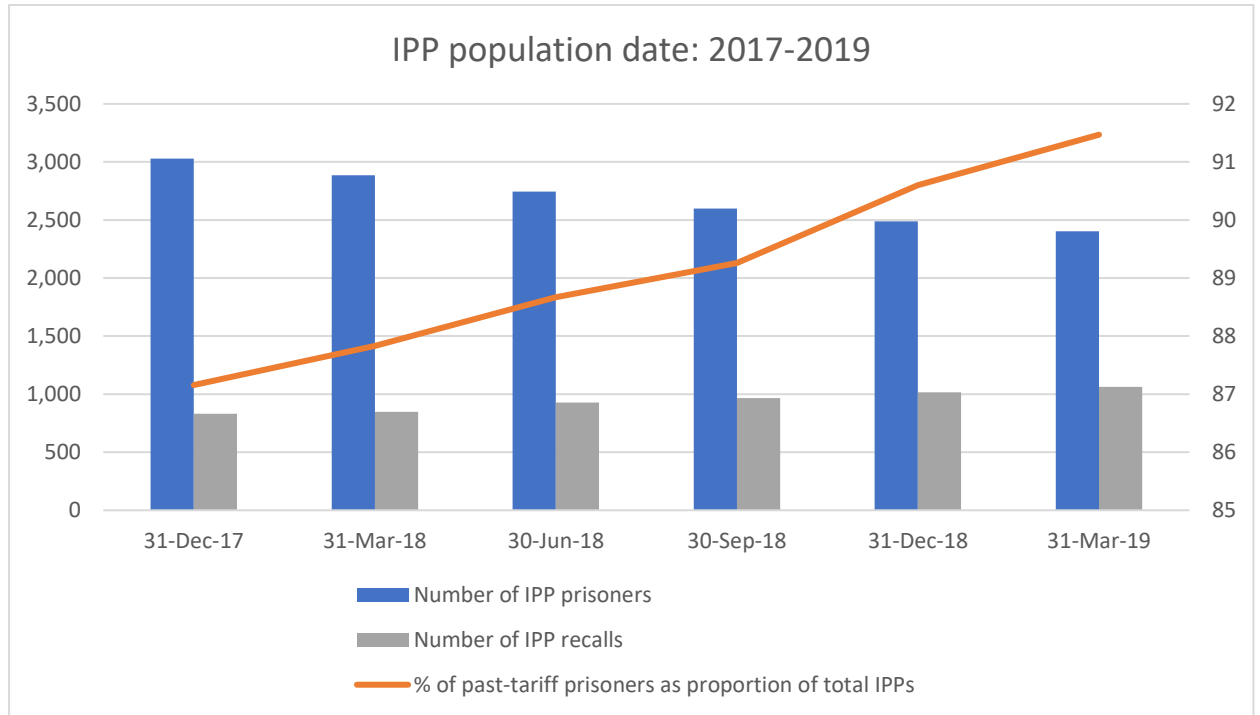
Current situation

20. As at 31 December 2018, there were 9,441 (9,096 male; 345 female) indeterminate sentenced prisoners (those serving Imprisonment for Public Protection (IPP) sentences and life sentences) in the prison population (approximately 13% of the prison population). This includes those recalled to custody.
21. Of those 10,973 prisoners, 2,403 were IPP prisoners which represents a decrease of 17% in the last 12 months and 60% since the June 2012 peak of 6,080. There were also an additional 1,063 IPP recalls – an increase of 26% over the last year.

Table 1: Number of IPP prisoners 2012-2018 (at September each year)

Year	2012	2013	2014	2015	2016	2017	2018
MALES	5989	5545	5244	4823	3793	3107	2550
FEMALES	133	122	101	88	66	55	48
Total	6122	5667	5345	4431	3859	3162	2598

22. Although the IPP population is decreasing, the proportion of those who are post-tariff (and the number of IPP recalls to custody) continues to increase:



Source: MoJ Offender Management Statistics -

<https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-october-to-december-2018>

Self-harm and suicide risk presented by IPP prisoners

The statistical evidence

23. IPP prisoners have often been identified as at a higher risk of suicide or self-harm than those in the general prison population. For example, the Prison and Probation Ombudsman reported in 2014:

“This [an IPP sentence] is an uncertain situation and for some could lead to hopelessness, which is associated with increased risk of suicide.”

24. HM Inspectorate of Prisons in its thematic review of IPP's in 2016 noted that:

“According to our surveys, both male and female IPP prisoners were significantly more likely than either lifers or prisoners with fixed term sentences to have arrived in their current prison with problems, including feeling depressed and suicidal. They were more likely than other groups to say that they had emotional wellbeing and mental health problems and to say that they had a drug and/or alcohol problem on arrival at their current prison.”

25. Similarly, the recent Joint Committee on Human Rights report on mental health and deaths in prison noted that:

“Prisoners serving IPP (imprisonment for public protection) sentences are at particularly high risk of mental ill health.”

26. However, demonstrating this conclusively has not been straightforward for several reasons. The number of deaths of IPP prisoners is recorded and published by HMPPS. An extract is included below as Table 2:

Table 2: Number and rate of self-inflicted deaths (SIDs) per 1,000 prisoners over the past 5 years

	2012	2013	2014	2015	2016	2017	2018
SIDs in IPP population	3	6	7	4	3	7	5
SIDs per 1,000 IPP prisoners	0.5	1.1	1.4	0.9	0.8	2.1	1.7
SIDs per 1,000 all other prisoners	0.7	0.9	1.0	1.1	1.4	1.2	0.9

27. Although the number of self-inflicted deaths among IPP prisoners is clear, the figures involved are too small (thankfully) to draw any statistically significant conclusions.. Taking this analysis further, and using a multi-year average (annual mean over six years), means the results are not obviously different to the wider prison population. However, it may be that further analysis which considers the IPP

population with an appropriately comparable population (such as those serving life sentences) within the wider prison population would reveal relevant differences.

28. Table 3 sets out the high rates of self-harm amongst people serving an IPP sentence:

Table 3: Number of self-harm incidents among IPP prisoners from 2012 - 2017

YEAR	2012	2013	2014	2015	2016	2017	2018
MALES	1,654	1,736	1,778	2,183	2,370	2,636	2,690
FEMALES	622	425	365	354	503	288	334
Total	2,276	2,161	2,143	2,537	2,873	2,924	3,024

29. Table 3 shows that even as the IPP population has reduced, the number of self-harm incidents has increased between 2014 to 2017. Rates of self-harm amongst IPP prisoners are high. The IAP's analysis – using an annual mean over six years – suggests that the rate of self-harm among the female population may be as high as 4,520 per 1000 prisoners. This means that although women prisoners make up a small proportion of the IPP population (2% in 2017/18), they injure themselves repeatedly at least double the rate of other women in prison, and over ten times the national average within the general population. Given the close links between self-harm and suicide, this suggests that women serving an IPP sentence are a particularly vulnerable group of prisoners and – as the number of those over-tariff grows – the risk is almost certainly increasing.
30. The letters that the IAP has received from prisoners indicate that feelings of hopelessness are prevalent among the IPP population, and this is likely to be a relevant factor in terms of the relationship between IPP sentences and self-harm. Existing research evidence suggests hopelessness increases suicidality but it is difficult to establish the independent effect of hopelessness without co-morbid depression or psychological distress. A meta-analysis study found hopelessness had a stronger link with suicide ideation and attempts than completed suicide. (Ribeiro et al, 2018). Hopelessness is also known to be associated with repeat suicide attempts (Choi et al, 2013).

Views from prisoners on the impact of serving IPP sentences

Keeping Safe consultation

31. In 2017, the Independent Advisory Panel on Deaths in Custody (IAP) undertook a collaboration with Inside Time, Prison Radio and the Samaritans to reach out and listen to those in custody and seek their views on how best to prevent suicide and self-harm.
32. The reaction to the IAP's call for ideas and solutions was substantive. We received over 100 detailed letters and 50 transcribed telephone calls from prisoners across 60 prisons that demonstrated the determination to prevent needless deaths felt by those witnessing – and sometimes engaging in – self-injury and suicide attempts. There was, amongst respondents, a notably consistent set of thoughts on both the problems and solutions required.
33. Approximately a quarter of letters and telephone calls focussed on the sentence or status of the respondent. Many of these specifically related to Imprisonment for Public Protection (IPP) sentences.
34. The experience of some individuals demonstrates the damaging impact this lingering sentence is having on the health and well-being of many prisoners. One correspondent explained the impact that this had on his family:

"I have seen so many IPP prisoners harming themselves unreported and taking any drugs just to end the suffering quickly because this is nothing but torture of the highest order...I myself [am an] IPP prisoner with tariff of 2 ½ years, I have now served 11 years in total and still no end. My 3 young children all have suffered anxiety because I am unable to give them a date ... I have been saying 'soon' since they were babies."

Current IAP consultation on the public health impact of IPP sentences

35. From October 2018 -March 2019, the IAP has – through Inside Time, the prisoners' newspaper, – repeated the call for prisoners to write in with their views, this time on the specific issue of the health of people serving an IPP sentence. Letters have been received, logged and replied to on an individual basis.
36. During this consultation period the IAP has also been approached by health and justice professionals with particular concerns about the safety and wellbeing of IPP prisoners
37. For example, senior NHS managers in the South West have been asked to approve an advance directive by two men serving IPP

sentences. These requests for no resuscitation are seen to present an ethical dilemma and managers are seeking medical and legal advice.

38. Similarly we heard from a volunteer in longstanding correspondence with a prisoner has informed the IAP that, after this man received a cancer diagnosis, he has decided not to have any treatment because this condition offered him a way out of an otherwise hopeless situation.
39. Independent Monitoring Boards (IMBs), especially those in establishments where there are high numbers of people serving an IPP sentence, have raised concerns about their health and well being. This from the IMB Chairman at HMP Garth:

"Many of these (IPP) prisoners may be assessed as having limited cognitive abilities and inevitably will have deteriorated without having been given appropriate treatment, support, counselling and other interventions."

40. Since her brother's death, Donna Mooney has presented evidence to, amongst others, the Prisons Minister, the Justice Committee and the IAP, on the impact of the IPP sentence on his mental health and the enduring effects of this sentence on people in prison and their families. She makes it clear that:

"I just want his death to count for something. He had his whole life feeling that he didn't count for anything."

41. In December 2018, members of the IAP visited HMP Humber and undertook discussions with prisoners at the Hope Unit. This unit was established specifically. Despite commendable efforts to make the unit as purposeful as possible, men spoke of time passing and their sense of frustration and despair. One prisoner at HMP Humber had been given an eighteen month tariff by a judge who had 'shown leniency' and could he said have given him a three year fixed term. This man has now served 13 years.
42. A Samaritan Listener at HMP Humber confirmed that lost hope was 'the most fatal thing'. The senior officer and team had built up good professional and supportive relationships with prisoners on the unit but remained concerned that continuing uncertainty, regular knockbacks and unsuccessful parole hearings mean:

"They lose complete hope and lose trust in the system."

43. There are several core themes that run through the letters received from prisoners. The main being the lack of hope. There are concerns about the impact on their mental and physical health and the specific issues/problems with lack of purposeful activity, opportunities to make progress and move towards release. A selection of views taken from 30

recent letters is presented below together with relevant material from the initial Keeping Safe consultation and group discussion with IPP prisoners at HMP Humber:

Hopelessness

"I felt so disheartened recently when reading Inside Time and seeing that the prison suicide rate has risen, as well as self-harm. Some prisoners need active help and support for whatever is the matter, not just a mental health service that will talk to you if you choose to engage, and read scripted advice to you. Many people in crisis can't engage due to the mindset they have fallen into, seeing no hope what so ever."

"I was sentenced to a 4 ½ yr IPP in 2006 at the age of 22. I have currently served 11 ½ yrs and am 7 yrs over tariff and although my prison record is unblemished due to my stance of innocence I am refused release regardless of Inside Justice working on my appeal and the fact I have completed all available courses which I can do and achieved a BA Hons Degree with the O.U. Whilst I have been in prison both my parents have passed away..."

"I have not known for nearly 10 years if I will ever be released I was 15 when I went to prison I struggle with my mental health before going to prison prison made it worse for me im now in hospital under section 47/4a of the mental Health Act when in prison I was moved around a lot I self harmed and attempted suicide it's difficult not knowing if I will be released I've got nothing to aim for do you know the reasons why DPP/IPP prisoners can't be realeased"

"I am an IPP prisoner with a 2 year tariff and I have served 12 1/2 years so far. The first five years of my sentence were the hardest. What made it torture was having the illusion of hope of release. The stress got so bad that I would go to bed praying I never woke up in the morning. I was not courageous enough to commit suicide although I had thought about it many times to escape this IPP nightmare. 7 1/2 years ago I decided I could not carry on like this as my mental health was in decline so I just gave up. I gave up hope of ever being released and accepted prison is my life. I expect to die in prison. That was the best decision I ever made in prison as it significantly reduced the stress and allowed my mental health to stabilise."

Deteriorating health

"I have been diagnosed with epilepsy which is triggered by stress. I have never once seen a member of any Mental Health team, and it is not for want of trying. I have been told over the years a variety of reasons why from that they have no funding to cover IPP's to the assumption that I don't meet the criteria to access the support of

Mental Health. I was told in my last prison that I could only access mental Health as an IPP if I had had "a successful suicide attempt" (didn't make sense to me) but if I need support to call the Samaritans"

"I have a shadow on my lung and have previously had a Pulinary Embelism there....I also have clots that are very painful when they travel up my legs and I feel them. I have a pin in my wrist that hurts my hand and sciatica back and nerve pain."

"I was in my late 30s when I entered prison and I'm now in my early 50s and my physical health could be better. I have developed a heart condition due to anxiety and taking medication. I barely sleep 5 hours a night as my neighbours are so noisy in the early hours of the morning and the night staff so noisy making their wing rounds. It is lonely in prison."

"And it wasn't until around a year or so into my sentence that I realised I'm going nowhere and how hopeless my situation actually was. It was at this moment I stopped counting down the days to nowhere and at the age of 22 I started to loose my hair through the day in day out stress and worry of having no release date."

"The psychiatrist I have been seeing in this prison has been so helpful and prescribed me medicine for my anxiety, PTSD FLASHBACKS, Depression, INSOMNIA Etc, Etc So that has been helping me with what I am going through."

Thoughts of suicide and self-harm and fears about asking for help

"I got people cutting themselves up all around me, everywhere I go. Then theirs the quiet ones hanging themselves, like I learned a friend of mine had tried. 'Me' I have tried both of the above and feel like doing a more thorough job of another attempt. I have been refused my pain relief medication, and not sleeping properly."

"I've been in prison now nearly 7 years, it's my first time in. I got a 3 year IPP in 2010 and from day one suicide is something I've considered. Every day I think about it but I made a promise to a very good officer that I would not while I was in prison and would ask for help when I need it. That officer has now gone and now officers don't care."(Keeping Safe)

"I suffer from depression and self-hatred but am unable to ask for much help. I'm on an enhanced wing and if I was to mention I was struggling they would put me on an ACTT and kick me off this wing which would really push me over the edge."

"If I was really able to speak to mental health or get my thoughts out openly to staff without the worry of going on an ACCT and causing

issues (return to closed conditions from open prison) it would make things easier and cause less anxiety.”

Helping others and taking responsibility

“I am currently sharing with a lad who used to self-harm and since moving in with me has not done it once which makes me very happy indeed.”

“I’ve seen people lose their minds. I’ve seen a man try to hang himself. It was when I was on my way back from library. I looked in my cell panel to find my cell mate hanging. I alerted officers and one came running over and opened the door in time. I ran in and we pulled him up and struggled to untie the sheet from the man’s neck. The officers were so kind to me that day and ask me if I wanted anything. But I was just happy to hear that man was okay that I wasn’t concerned about myself but it was horrible to see.”

“However, the biggest way I think suicide can be reduced in prison is to reduce the feeling of powerlessness that many of us feel about our lives. We need to feel like we have some power to determine our futures, power to effect some change in our lives that would give us hope that there is a future there for us.”(Keeping Safe)

Importance of family contact and coping with the loss of loved ones

“If you support and strengthen visits properly. Deaths in prison will fall. I’ll say family wings and video link is key to stop death and drug taking in English prisons.”

“I’ve lost my dad and my sister, nan and gran only mum left.”(HMP Humber)

“I never received any grief counselling following the deaths of my parents again as funding is not available for IPPs or so I was told. And when I arrived here due to the self-harming I was referred to mental health who without seeing or speaking to me assessed me as unsuitable for support. I was seen by a GP around 10 weeks ago who referred me to mental health again for grief counselling and general support but still they have refused to go near me because of the IPP label.”

Difficulty in making progress and gaining release

“There’s an endless amount of hoops they’ve got you jumping through. And your families out there. My nan’s 82 now. You can see why some of the lads do desperate things.”(HMP Humber)

“I’m an IPP prisoner, I got 7 months tariff and I’ve been in 7 years, yes 7 years and why is that you may be thinking. Well because plain and

simple the probation service don't want me getting out... The Probation Service don't want me out there's a conspiracy to keep me in prison and if I gave you the details you would think so yourselves I'm not going to take my life but I do think about it but if I died that then the Probation would be happy as they would have got away with how they are treating me."

"I myself are an ISP ... with a three year tariff. I have completed my OBP that was requested, and now closing on my eleventh year in prison..."

"Outside time flies past here its just stagnant."(HMP Humber)

"You do everything then they change it. You do a course you change the name then you have to do the same course all over again."(HMP Humber)

"I completed all the objectives on my sentence plan years ago. but it has not helped me get any closer to release. All I got from probation and the Parole Board is we can't see a way for you to progress any further. At my last Parole hearing , my offender supervisor and psychologist recommended release and my offender manager recommended open conditions but the Parole Board ignored these recommendations and I got a knockback saying I needed to do more work. The Parole Board did not specify what work I needed to do in any detail so again I'm stuck as I can't do any work before my next hearing."

Impact of recall to custody

"If they do give you parole the nightmare continues if you do anything wrong."(HMP Humber)

"I'm in prison now for missing one night in my Approved Premises, which can cost me anything up to 3 or 4 years of my life, I understand there is always a consequence to actions and I am always willing to take responsibility for that, but to be overly punished with a consequence that doesn't fit the action, it's plain wrong, I need justice for me and all other IPPs up and down the country."

"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."

Recommendations

44. The IAP remains convinced that Government should take legislative action to right the remaining injustice of the, now long-abolished, IPP sentence. There is an overarching need to review everyone still serving this sentence with a view to release and, at the least, a sensible forward plan for each individual that would allow for some hope and sentence progression. This will need to be undertaken alongside further work to safeguard such prisoners.

Prisons and Probation

- Pending legislative change, IPP prisoners should receive a comprehensive review of their sentence and circumstances leading to a forward plan for each individual which should be updated regularly.
- This review must go beyond a paper-based process, and cover a range of issues relevant to the wellbeing of IPP prisoners such as (but not limited to): health (physical and mental, social care needs); daily/weekly activities/hours per week; work; education; library visits; gym and exercise; contact with family/friends; skills for everyday living; sentence requirements and suitability for recategorization, release on temporary license and transfer to open conditions.
- The roll-out across England of IPP progression panels, developed and piloted by HMPPS Wales, should be monitored to determine what works and to ensure closely integrated work between probation, prison, psychology, healthcare and safeguarding teams.
- A more therapeutic approach with structured opportunities to take personal responsibility and help others could be taken, using relevant learning from places such as HMP Warren Hill.
- Awareness among prison and probation staff of the potential risk factors and vulnerability of people serving an IPP sentence in prison and on release should be increased (particularly in the women's estate); and emphasis placed on developing trusting professional relationships.

Health services

- A clinical review of modifiable risk factors and needs primarily in the area of mental health should be undertaken.
- This review should take into account the important social care and physical health needs that might increase risk of suicidality inside custody and on release.
- Where recommended, transfers to psychiatric care must be effected without delay.

- Increased support and ongoing health and social care services should be made available to people who have served an IPP sentence on release from custody. A specific stream of social prescribing could be developed for this group of people.

Families

- In line with Lord Farmer's reviews, support to maintain and facilitate family links through detention close to home, family visits or videolinks should be offered.
- Compassion should be shown to prisoners who have lost loved ones and bereavement or grief counselling offered.
- Following a death in custody respectful contact must be made and maintained, if wished, with the bereaved family. This would include keeping family members informed in a timely manner.

Research

- Further research should be conducted to examine the link between self-inflicted deaths and the IPP sentence using different research designs.
- Recommendations from Prisons and Probation Ombudsman's investigations and Coroners' preventing future deaths reports following the deaths (both natural and self-inflicted) of IPP prisoners should be drawn together, considered thoroughly and implemented by health and justice services.