

Imprisonment for Public Protection INTERIM Member Guidance

October 2024 (V1.0)

Document History

Document version	Date of Issue	Revision description
Version 1.0	11/10/2024	Interim Guidance

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1 Introduction

- 1.1 The purpose of this guidance is to provide panels with points to consider when undertaking parole reviews for prisoners sentenced to an Imprisonment for Public Protection (IPP) or Detention for Public Protection (DPP) sentence. For the purposes of this guidance, reference to the IPP sentence and licence will also include the DPP sentence and licence. DPP sentences were given to individuals who were under 18 at the time they were convicted of the offence committed.
- 1.2 The guidance will assist with identifying ways of working to effectively manage these cases fairly, and justly, whilst maintaining a focus on risk and the test for release, taking public protection as the over-riding priority.
- 1.3 This guidance additionally provides information to panels about the current initiatives and approaches taken by HM Prison and Probation Service (HMPPS) colleagues for progressing IPPs and how these might support the panel when considering the test for release or a move to open conditions.
- 1.4 This is *interim* guidance. Updated guidance will be issued once further information about commencement plans for the relevant provisions within the Victims and Prisoners Act 2024 are known.¹ This guidance should be followed until further notice.
- 1.5 Panels should bear in mind the following when reading this guidance:
 - Keep the focus on the test for release and protecting the public;
 - Be *alive* to the political focus on IPPs;
 - Be mindful to identify when to take action or explore a point to assist in decision-making;
 - Note sections about HMPPS duties or initiatives which aim to assist panels:
 - Understand the wider HMPPS aims related to progressing IPPs;
 - Be aware of what work may be taking place within HMPPS with the prisoner;
 - Ask questions of witnesses and/or seek out relevant information about progress;
 - Take note of key messages which have been written in bold and can be found in Annex A.

2 Background

- 2.1 IPP sentences were available for courts to impose from 2005 to 2012. In total 8,711 IPP sentences were handed down (249 to women – 2.9%). They were designed to detain offenders in prison who posed a significant

¹ [The Victims and Prisoners Act 2024](#) received Royal Assent on 24 May 2024; commencement of provisions will take place in November 2024 and February 2025

risk of causing serious harm to the public through Serious Further Offences (SFO)² until they no longer posed such a risk.

2.2 The Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO)³ resulted in the abolishment of IPP sentences. However, this did not apply retrospectively and therefore those who had already been sentenced to an IPP continue to serve their sentence.

2.3 IPP sentences operate in the same fashion as life sentences in that there is no guarantee that the prisoner will ever be released. An IPP prisoner's release remains a decision for the Board to make and is binding on the Secretary of State (subject to official routes of challenge).

2.4 Information on IPPs is published in different ways and the following is the most recent official data:

As of 30 June 2024, there were 2,734 IPP prisoners in custody, comprising:

- 1,132 not yet released (12 of which were still pre-tariff) and
- 1,602 in prison following recall.⁴

As of 31 March 2024, there were approximately 3,000 individuals on an IPP licence in the community.

As of 31 December 2023, there were approximately 241 prisoners detained under the Mental Health Act (MHA) as restricted patients in secure hospitals.

2.5 It is worth noting that those IPP prisoners still in custody include:

- Those who committed offences that were so serious that they would have received a life sentence prior to the IPP sentence being introduced.
- Those who were given short minimum terms and are now well beyond their tariff and have served far longer post-tariff than the original minimum term.
- Those who were sentenced prior to 2008 but would not have met the "seriousness threshold" following the change brought in by the Criminal Justice and Immigration Act 2008⁵ and would have instead been given a determinate sentence.

2.6 For a more detailed background and history of the IPP sentence please go to the following SharePoint page: [IPP Background and History](#).

3 Parole Board Policies

² SFOs are qualifying violent or sexual offences listed in Schedule 15a to the Criminal Justice Act 2003, committed by individuals who are the subject of probation supervision. The full list of qualifying offences can be found here: [SFO qualifying list](#)

³ [Legal Aid, Sentencing and Punishment of Offenders Act 2012 \(LASPO\)](#)

⁴ [Offender Management Statistics, January to March 2024](#)

⁵ [The Criminal Justice and Immigration Act 2008](#)

The Parole Board statutory test for release applies equally to IPP cases as for all cases. The overriding criterion is that release or re-release can only be directed if a panel is satisfied that it is no longer necessary for the protection of the public that the prisoner be confined [in prison]. Panels should not be influenced or persuaded to step outside of this core principle when making independent decisions.

- 3.1 The following two key Parole Board Rule changes in relation to the IPP sentence should be noted:
- In July 2019, the Rules were amended to include rule 31, which introduced provisions for the termination of IPP licences.
 - The Rules were further amended to enable reconsideration applications to be made for IPP licence termination decisions. This was a change to Rule 28 and came into force on 1 September 2022. A change in legislation also removed the option for those sentenced to IPPs to make their own application to the Board for licence termination after 10 years.
- 3.2 There are currently no specific Parole Board policies for either IPP Generic Parole Process (GPP) reviews or IPP review of recalls and panels have flexibility to decide cases on their individual merits in line with the relevant pieces of guidance. Member Case Assessment (MCA) panels can conclude any IPP case on the papers where there is sufficient information to make a decision. An oral hearing is not required unless the circumstances merit exploring oral evidence from witnesses or meet other criteria as set out in the Supreme Court's judgment in *Osborn, Booth & Reilly (OBR)*.⁶
- 3.3 When listing IPP cases for both MCA and oral hearing they are prioritised in the same way as other indeterminate sentences. Ordinarily, they are given first priority based on their review type once other exceptional or top priority cases have been listed.
- 3.4 However, it should be noted that both the Prioritisation Framework for Paper Reviews under the MCA process⁷ and Listing Prioritisation Framework for Oral Hearings⁸ require that individuals sentenced when under 18 years of age, irrespective of whether they are GPP reviews or recall reviews, will be automatically prioritised. This includes DPP cases.

4 Key concerns

- 4.1 The Ministry of Justice has recognised the concerns raised since the introduction of IPP sentences and subsequent abolition. These concerns are significant and some of the main points are set out below.

Injustice of the sentence

⁶ See section 6 of the MCA guidance for more information about the *Osborn* criteria

⁷ [Prioritisation Framework for MCA Paper Reviews \(June 2023 v1.0\)](#)

⁸ [Listing Prioritisation Framework for Oral Hearing \(May 2023 v4.0\)](#)

- 4.2 There are numerous studies and reports articulating what many feel is the injustice of the sentence, with the following being of particular note.
- 4.3 In a study by the Prison Reform Trust (PRT) undertaken in 2020 into individuals serving an IPP sentence who had been recalled to prison⁹, researchers stated that: *"The IPP sentence provokes strong emotions in both people who are subject to its strictures and the criminal justice practitioners involved in the administration or implementation of its requirements. The fact that the government acknowledged that the legislation was unfair when repealing it has left almost all the people still serving IPP sentences with a strong sense of injustice. The majority of criminal justice professionals we interviewed felt the same way, whilst still being bound by their duty to fulfil their legal responsibilities to the best of their ability"*.
- 4.4 In the final report from the Independent Commission into the experience of victims and long-term prisoners¹⁰ published in 2022 and informed by the results of a survey of the family members of individuals serving IPP sentences, there is a specific recommendation about IPPs: *Recommendation 9 End the injustice faced by IPP prisoners.*
- 4.5 In 2023 the United Nations¹¹ urged the Government to step up efforts to tackle the inequality of access to rehabilitation opportunities for IPP prisoners and the significant psychological harm the IPP prisoners were suffering as a result of this sentence type.

Hopelessness and uncertainty

- 4.6 The lengthy periods of imprisonment and uncertainty over release has led to significant concerns for IPP prisoners, particularly in relation to their mental health. The term most frequently used to describe how IPP prisoners feel about their sentence is *"hopelessness"*.
- 4.7 The following points, emphasising the feelings of those serving an IPP sentence, have been highlighted in various publications exploring the issues with the IPP sentence:
- Many feel like they are without a path to get out and have no chance of being released. Some have stopped engaging in their parole hearings as they feel there is no point. Individuals reported being in *"limbo on this sentence"* and having a sense of being completely trapped in the system. Recall of individuals serving IPP sentences not only leaves them feeling hopeless but leaves their families with a sense of hopelessness too.¹²
 - Prisoners are unable to reconcile their position of indefinite future detention and restriction whilst serving alongside others whose

⁹ [Prison Reform Trust "No life, no future, no freedom" \(2020\)](#)

¹⁰ [ICEVLP: Making sense of sentencing: doing justice to both victims and prisoners \(2022\)](#)

¹¹ [UK: UN torture expert calls for urgent review of over 2,000 prison tariffs under discredited IPP sentencing scheme | OHCHR \(August 2023\)](#)

¹² [User Voice: the voice of people on IPP \(2024\)](#)

continued imprisonment appears to be justified by considerations of more serious actions in the past.¹³

- The halfway point of a sentence has been identified as significant for coping with long sentences. Indeterminacy removes these significant psychological markers: there is no “*home stretch*”.¹⁴
- Within custody, research has found that in some cases IPP prisoners felt that their sentence plan demanded so little of them, and they faced substantial periods of purposeless “*nothing time*”.¹⁵

4.8 Following the Government’s decision to reject the Justice Select Committee’s (JSC) recommendation for a resentencing exercise for those serving IPP sentences,¹⁶ Independent Monitoring Boards (IMBs) interviewed IPP prisoners about the impact of this decision, and the sentence itself, on their wellbeing and published a report.¹⁷ IPP prisoners who spoke to IMBs described increased feelings of hopelessness and frustration following the announcement, which IMBs noted was a catalyst for poor mental health, violence, and disruptive behaviour. IMBs across 24 prisons in England and Wales also found that:

- Many IPP prisoners were questioning whether they would ever be released and were fearful that they would die in prison.
- Progression pathways were poor and unclear, with many being unable to access the courses they needed for parole and release.
- There was inadequate preparation for release, which could lead to recall to prison: for example, because of issues arising from the loss of accommodation.

Self-harm and suicide

4.9 In its 2022 report,¹⁸ the JSC acknowledged the profound levels of psychological harm caused by IPP sentences, citing the evidence of high levels of self-harm and suicide rates amongst IPP prisoners.

4.10 In evidence given to the JSC¹⁹ in 2022 the following points were of note:

- It was noted that the clinical presentation of IPP prisoners is increasingly akin to those who have been wrongfully convicted and the circumstances surrounding the sentence has led to a sense of helplessness and many have become institutionalised.
- From its inception, both sentenced individuals and psychological professionals did not know what the sentence was and what the

¹³ [Dr Roger Grimshaw Centre for Crime and Justice Studies: How to resolve the IPP problem for good \(February 2024\)](#)

¹⁴ [Crewe B., et al., "Swimming with the Tide": Adapting to Long-Term Imprisonment Justice Quarterly Vol. 34, No. 3 pp. 517-541 \(June 2016\)](#)

¹⁵ [Prison Reform Trust 'Making Progress? What progression means for people serving the longest sentences' \(2022\)](#)

¹⁶ [JSC Ninth Special Report of Session 2022-23: IPP sentences: Government and Parole Board Responses to the Committee's Third Report \(February 2023\)](#)

¹⁷ [IMB: The impact of IPP sentences on prisoners' wellbeing \(2023\)](#)

¹⁸ [JSC IPP sentences: Third Report of Session 2022-23 \(September 2022\)](#)

¹⁹ [Evidence given by Dr Dinesh Maganty, Consultant Forensic Psychiatrist to the Justice Select Committee IPP Sentences: Third Report of Session 2022-2023 \(September 2022\)](#)

implications were for such a sentence. With time, and a better understanding of the implications of the sentence, there was a deterioration in the presentation and mental health of individuals on IPP sentences, and a serious decline in their mental health was noted.

- Given the psychological harm that has ensued as a result of the sentence and conditions attached to it, many have argued that assessing risk is more complicated for IPP prisoners than is the case for other prisoners. The sentence and its mental health impact has been described as a “vicious cycle”, due to the fact that mental health conditions are perceived as a risk factor and therefore when preparing reports for, or giving evidence to Parole Board panels, it must be considered.

4.11 In 2023, the Prisons and Probation Ombudsman (PPO)²⁰ went as far as stating that an IPP sentence should be considered as a potential risk factor for suicide and self-harm due to the anxiety and hopelessness it can cause.

4.12 The PPO published a Learning Lessons Bulletin²¹ on the self-inflicted deaths of IPP prisoners which identified that the Assessment, Care in Custody and Teamwork (ACCT) process should consider the IPP sentence as a potential risk factor to suicide and self-harm. The report identified risk factors as:

- Recall, parole hearings, re-categorisation, prison transfers and return from open conditions;
- Decision not to follow a Parole Board recommendation about a move to open; and
- Interviews with police.

4.13 The report also identified that IPPs should be prioritised for key work to help with levels of engagement and build trust. Preparing for the parole process should be covered in regular key work sessions and alternatives and opportunities must be provided to IPP prisoners who do not meet the threshold to participate in Offending Behaviour Programmes (OBPs).

4.14 In a briefing for an oral question in the House of Lords in March 2023,²² the Faculty of Forensic Psychiatry stated *“We note the evidence of the profound and lasting impact the IPP sentence on the psychological well-being of prisoners sentenced in this way and on their loved ones with over a quarter of the 250 people who have died since the sentence was imposed having died by suicide. Further, self-harm rates are nearly twice those of other prisoners and very much higher than in the wider community”*. One of the key points identified in the briefing was that Mental Health Services in prison are not equipped to manage the complexities of IPP prisoners, and additional resource and development of expertise is needed.

4.15 HMPPS has produced an IPP toolkit which has a range of information and advice for prisons. There is a short overview of the toolkit and a Safety

²⁰ [Prisons and Probation Ombudsman 'Learning Lessons bulletin: Fatal Incident Investigations – Self-inflicted deaths of IPP prisoners' \(2023\)](#)

²¹ [PPO self-inflicted deaths of IPP prisoners \(2023\)](#)

²² [Royal College of Psychiatrists \(2023\), Oral Question, House of Lords 1st March 2023](#)

Learning Bulletin. Both can be found on SharePoint: *External IPP published research, reports and articles*.

System capacity

- 4.16 The JSC, in its 2022 report, called the current regime for managing IPP prisoners inadequate in supporting their specific needs and called for swift improvement in the quality of support they should be given. Under the IPP sentence, release is based on successful rehabilitation and prisoners no longer being deemed a risk to the public. However, the JSC found that inadequate provision of support services inside prison and in the community on the outside led to a “*recall merry-go-round*” with almost half of IPP prisoners in custody having been released previously.
- 4.17 The JSC, as well as IPP campaign organisations, have emphasised the prison-based barriers to IPP sentence progression, with a lack of capacity to deliver the identified interventions to demonstrate sentence progression and reduced risk and therefore the potential for release.
- 4.18 **Whilst directly addressing the above issues is outside of the Board’s remit, panels may wish to consider that each prisoner coming before them may have experienced or be suffering from any or all of the above to some degree. This inevitably will have had an impact on behaviour for many of them in both the custodial setting and whilst in the community on licence and is likely to have a bearing on the panel’s assessment of risk.**
- 4.19 More information on reports and government responses on IPP sentences is available on the SharePoint page: *Justice Select Committee Reports and Government Responses*.

5 HMPPS IPP action plan

- 5.1 The fact that abolition of the IPP sentence was not applied retrospectively means that HMPPS is still working to try to give each individual serving an IPP sentence an appropriate pathway for progression and subsequently the best prospect of release.
- 5.2 In April 2023, a refreshed HMPPS IPP action plan²³ was published which focused on developing a set of work streams with clear deadlines and, importantly, a robust governance structure that will hold officials to account for delivery. **Whilst these are actions for HMPPS to undertake, it is helpful for panels to be aware of this work when reviewing an IPP prisoner and it may assist with making directions.**
- 5.3 Although a focus of the action plan is accountability, it is centrally led, therefore individual Prison Offender Managers (POMs) and Community Offender Managers (COMs) should not be expected to explain if a part of the IPP Action Plan has not been completed and the reasons.

²³ [HMPPS IPP Action Plan \(2023\)](#)

- 5.4 **Panels will want to know which specific actions have been considered and undertaken in the case before them.** The panel may wish to ask itself whether relevant and appropriate actions have been undertaken and successfully delivered, and if there has been any impact on progress and reduction in risk.

HMPPS IPP action plan high-level principles

- 5.5 HMPPS identified four high-level principles:

Principle 1: HMPPS monitors and publishes data on how those serving the IPP sentence are progressing through their sentences, whether in custody or the community.

Principle 2: HMPPS ensures that those serving an IPP sentence have a sentence plan specifying the required interventions to reduce risk and has access to them.

Principle 3: Community provision for and management of those on an IPP licence gives people the best prospect of a future safe and sustainable life outside of the justice system.

Principle 4: HMPPS communicates effectively with all stakeholders, including engaging on current plans, activity, and outcomes.

- 5.6 These high-level principles will be achieved through delivery against a set of workstreams. The original six workstreams are currently being revised and are expected to be issued towards the end of 2024. They will be included in the next version of this guidance.

- 5.7 The full HMPPS action plan can be found here: [HMPPS IPP Action Plan](#).

Key worker scheme

- 5.8 Within the IPP action plan there are commitments to ensure:

- Keyworkers play an important role in IPP sentence progression, collaborating with POMs, who will update them on any sentence plan work in case there is additional support available from within their remit.
- Keyworkers should act as the first point of contact and should prioritise IPP prisoners. They should aim to meet for at least 45 minutes each week with the prisoner.
- Keyworkers should have a priority of enabling prisoners to build evidence to demonstrate suitability for progression.

- 5.9 **The POM could be directed to provide information from the Keyworker in their addendum report if input from the Keyworker, or other wing staff who see the prisoner on a regular basis, is not evident to the panel.**

5.10 Keyworkers should not ordinarily be directed to attend parole hearings as any helpful information they have should come through the POM or COM. However, the keyworker may have a detailed understanding of the day-to-day behaviour of the IPP prisoner which many provide nuance, if other reports or evidence are unclear. *Exceptionally*, the keyworker may be directed to attend the oral hearing as part of support or adjustments that may help the prisoner to feel more at ease in giving their evidence.

5.11 If directed to attend an oral hearing, panels are reminded that keyworkers are **not** risk assessors and should not be asked for a professional opinion or any other risk related aspect. It should also be noted that a keyworker may not have spent much, or any time, with a prisoner and so may have little to offer. **Directing a keyworker to attend an oral hearing should be avoided wherever possible.**

HMPPS Psychology Services Group (PSG)

5.12 HMPPS PSG has introduced the following initiatives:

- Established a Psychology IPP Single Point of Contact in every probation region (referred to as the IPP SPOC) to ensure that their processes are in place and working effectively.
- A commitment that a high proportion of IPP prisoners should receive PSG contact in custody and, for some of the more complex cases, there should be a continuity of support in the community.
- Tailoring services to meet regional probation priorities for supporting IPP individuals on probation.
- Launching additional support for IPP prisoners being released into the community, however this will vary by region.

5.13 What these additional initiatives will look like will vary from case to case. **Panels may wish to direct information from HMPPS PSG about specific initiatives relevant to the case before them.** For example, a direction could be:

"HMPPS PSG is directed to detail for the panel any bespoke initiatives related to the IPP sentence that have been of benefit to or supported the prisoner."

5.14 Psychology IPP SPOCs are not directly involved in cases and should not be directed to attend an oral hearing or submit a report for an IPP case.

Rehabilitative Services

5.15 HMPPS will aim to ensure that relevant support and rehabilitative services which have been identified in the sentence plan are delivered in a timely way. They aim to ensure that any post-intervention work can be delivered and the impact on risk can be assessed in time for the referral to the Parole Board. Participating in an identified intervention may mean moving to a different establishment, and it is understood that this should be expedited by HMPPS.

Progression OpportunitiesProgressive Transfers

5.16 The JSC 2022 report highlighted some of the key concerns regarding the impact of transfers. Moving prisoners through the prison estate efficiently can be vital for their access to rehabilitation and progression opportunities. Such prisoners may need to move to access interventions; evidence a reduction in risk following re-categorisation; and to plan for eventual release, when eligible. Some specialist interventions, such as those which are part of the Offender Personality Disorder (OPD) provision, are available only in certain prisons in the estate and there are often only a small number of options for where a prisoner can transfer to.

5.17 **It is important that prisoners progress down through the different levels of security categorisation.** Accessing lower security conditions (where risk is assessed as manageable by the prison) demonstrates that a prisoner can manage their own risks in less secure environments. It also helps them to slowly become accustomed to conditions closer to those they will experience in the community after release, especially if they initially reside in an Approved Premise (AP). The more time that prisoners spend getting accustomed to lower security conditions, the better prepared for re-settlement they will be, and this can translate to their risk being more manageable in the community, should they be released.

5.18 There may also be cases where less secure settings are unhelpful, especially for prisoners with any additional needs. Some prisoners may have a better chance at integrating back into the community with being released directly from closed conditions as there is little to be gained from time (or further time) in open conditions. Each case must be considered on its individual circumstances.

5.19 For initial review cases, it is intended that by the time it is referred to the Parole Board the prisoner will have been in the most appropriate location for a sufficient amount of time to support their sentence progression.

5.20 Panels may sometimes come across situations where a prisoner needs to transfer to allow sentence progression, but once the parole hearing date has been listed, the prison will not move them unless the receiving establishment can accommodate arrangements for the prisoner to attend the hearing.²⁴ Historically, this may have created challenges but now that the majority of hearings are convened remotely, the location of the prisoner is less of an issue.

5.21 **Panels may wish to include in the body of their Panel Chair Directions (PCDs) that a transfer will not unduly impact on the parole review which may facilitate a swifter move instead of waiting until the review is concluded. Panels may also wish to direct the newly allocated POM from the receiving establishment to attend as a witness.**

²⁴ [HMPPS GPP Policy Framework](#)

Progression Regimes

- 5.22 A progression regime is an alternative environment for eligible prisoners who are assessed by those managing them to be in need of additional support to progress through their sentence. They were introduced to provide a route for those prisoners who were excluded from a move to open conditions.
- 5.23 Progression regimes are in operation at four male prisons: HMP Warren Hill, HMP Buckley Hall, HMP Erlestoke, and HMP Humber. They run a three-stage approach through which prisoners can progress and gain greater levels of trust and independence as they do.
- 5.24 Participation is voluntary, and prisoners do not have to spend a specific amount of time on a progression regime, nor do they need to progress through all the stages to achieve progression to an open prison or release by a panel. The important aspect is the environment and its impact on rehabilitation.
- 5.25 **Panels should not be asked to make a decision or provide advice about a move to a progression regime prison. This is a decision for HMPPS.**
- 5.26 However, where panels are faced with a case where the Secretary of State has determined that the prisoner is excluded from consideration for a transfer to open conditions, or that the prisoner is having difficulty progressing through their sentence via the usual routes, they may wish to establish if some time in a progression regime has been considered. **Panels may wish to reflect in their decision that a period in such a regime may be of benefit in supporting the prisoner's eventual release. Such a move could support improving the prisoner's journey through their sentence plan, and in particular, support preparing them for reintegration back into the community.**
- 5.27 The progression regime will re-introduce the responsibilities, tasks and routines associated with daily life in the community, to test the prisoner's readiness to respond appropriately to the trust placed in them, and to actively pursue activities and relations which support rehabilitation. This may, in turn, support release from a closed prison if a move to open is not possible.
- 5.28 Where the prisoner is already located within a progression regime, a panel has the option to direct release, recommend a transfer to open conditions (if not excluded and requested within the terms of the referral), or conclude with a no release decision. Panels will not be asked whether the prisoner should remain in the progression regime but again, it may be helpful to offer a view in the decision in some cases.
- 5.29 There are no progression regime prisons for women. The intention with those in the women's estate identified as suitable for a progression approach is that they remain in the prison that best meets their needs in

the context of the women's estate, including being as close to home as possible.

5.30 The manner in which the features and opportunities of a progression approach will be provided will vary based upon the specifics of each case. All women's prisons became resettlement prisons under the wider Transforming Rehabilitation reforms, and each provides a range of resettlement activities which those participating in a progression approach can access.

5.31 HMPPS has issued a *Progression Regime Policy Framework*²⁵ setting out the duties, rules, and general guidance on what constitutes a progression regime, and who might benefit from participating in one.

Pathways and Environments

5.32 **IPP prisoners can have very complex needs and it is likely that many would benefit from being screened for a range of interventions.**

5.33 **Offender Personality Disorder (OPD) Pathway** is a joint HMPPS and NHS England initiative that aims to provide a pathway of psychologically informed services for a highly complex and challenging group of people who have offended. It targets prisoners and individuals on licence who are deemed to be high risk of serious harm or a high risk of reoffending in a harmful way, and who are likely to meet the diagnostic criteria for personality disorder; that is to say, significant psychological and social problems connected to their offending behaviour. Those on the pathway are those who may be the least likely to be willing or able to access other types of services, or to do so without additional support.

5.34 **Democratic Therapeutic Communities (DTCs)** are structured, psychotherapeutically informed environments within the prison estate. They provide group-based therapy within a social climate which promotes positive relationships, personal responsibility, and social participation for prisoners. They address a range of needs and behaviours including interpersonal relationships, emotional regulation, self-management, and psychological well-being. DTCs are a fully immersive living learning environment; they are a CSAAP Accredited Intervention and form part of the OPD Pathway.

5.35 **Pathways Enhanced Resettlement Services (PERS)** form part of the Offender Personality Disorder (OPD) Pathway. They are sited in Category D prisons and work with men who are likely to have difficulty managing the transition from closed to open conditions, or the transition from open conditions into the community, due to problematic personality traits, often having experienced previous failure in open conditions.

5.36 **Psychologically Informed Planned Environments (PIPEs)** are designed to support transition and personal development at significant

²⁵ [HMPPS Progression Regime Policy Framework](#)

stages of a prisoner or individual on licence's pathway. PIPEs are relational environments, and each PIPE will have a particular function. All are essentially an environmental approach to enhance the delivery of core work within prison and probation settings.

5.37 **Intensive Intervention and Risk Management Service (IIRMS)** forms part of the wider OPD pathway, offering pre-release and resettlement support for up to 18 months in the community. IIRMS is aimed at both men and women presenting with concerns around resettlement needs. The intensity of support offered is dependent upon the needs assessment and formulation completed at consultation with the prisoner, health practitioner and participant. Participation in IIRMS is always on a voluntary basis, the service offer should be understood as an additional resource to enhance probation risk management practices. IIRMS involvement does not replace probation risk management planning or practice. All probation regions have access to an allocated IIRMS.

5.38 More information can be found in the *Interventions Guidance*.

6 Advice for panels

6.1 **The Parole Board statutory test for release applies equally to IPP cases as for all cases. The overriding criterion is that release or re-release can only be directed if a panel is satisfied that it is no longer necessary for the protection of the public that the prisoner be confined [in prison].**

6.2 IPP sentenced prisoners who are still in custody have by default become complex in terms of release. Many of those on licence in the community are struggling to live successfully and safely in the community.

6.3 Agencies should provide comprehensive evidence and be fully prepared for questioning at oral hearings to ensure the IPP prisoner has the best chance of progressing. Progressing an IPP prisoner onto licence in the community initiates the journey towards eventual termination of the licence and the end of the sentence.

In custody

Pre-tariff reviews

6.4 There are approximately 12 pre-tariff IPP cases remaining in the system and so these will now be very rare.

6.5 Panels reviewing a pre-tariff IPP referral can only consider a move to open conditions as release is not yet an option as the Tariff Expiry Date (TED) has not yet been reached.

6.6 It is for the Secretary of State to determine whether to seek advice from the Board about the suitability of a pre-tariff IPP prisoner to move to open conditions. There is no requirement for the Secretary of State to seek

advice from the Board and the decision can be made with no involvement of the Board.

- 6.7 Whilst sentence planning is not part of a panel's function, the Supreme Court's judgment in *OBR* stated that: "*The Board's decision, for the purposes of this guidance, is not confined to its determination of whether or not to recommend the prisoner's release or transfer to open conditions but includes any other aspects of its decision (such as comments or advice in relation to the prisoner's treatment needs or the offending behaviour work which is required) which will in practice have a significant impact on his management in prison or on future reviews.*"
- 6.8 This confirms the important role of the Board, particularly at pre-tariff stage where progression to open conditions or remaining in closed conditions are the only options. Panels are uniquely placed in these circumstances to review a prisoner's progress in addressing their risk of causing serious harm to the public and identifying outstanding risk factors in order to prepare a prisoner for release, if appropriate, at tariff expiry. This not only ensures fairness to the prisoner but also adds value to the process as it focuses those responsible for sentence planning on key risk issues and helps to ensure that prison resources are appropriately targeted.
- 6.9 **Panels will need to follow the terms of the referral and ensure each of the criteria as set out in the Secretary of State's Directions to the Parole Board on 1 August 2023 (Transfer of indeterminate sentence prisoners (ISPs) to open conditions) are met.**²⁶

On/post tariff reviews

- 6.10 The majority of cases are now post-tariff and so will have had at least one previous parole review. Panels will need to consider the current review on its own merits. However, it will be helpful to review the previous decision to see what was identified as requiring further work and whether that work was completed. **Previous parole decisions should be directed if not present.**
- 6.11 It must be remembered that the identified risks may be addressed in a variety of ways including regimes, education, therapy, one-to-one work and accredited and non-accredited programmes. **Evidence from all relevant work and interventions should be directed by panels to inform their risk assessment. Panels are encouraged not to focus solely on accredited offending behaviour programmes to provide evidence of risk reduction.**
- 6.12 Panels could seek confirmation as to whether the IPP prisoner is suitable for programmes. It may be that accredited programmes are not the best possible way forward. This information could be provided in the COM or POM reports. Where there is a lack of clarity of what is still needed, a Psychological Risk Assessment (PRA) may be required.

²⁶ *Open Conditions and Release on Temporary Licence*

6.13 A PRA should only be directed if all other options to secure relevant information have been exhausted.

6.14 In cases where the challenges of establishing what has been undertaken and how the prisoner can progress are proving very difficult to unpick, panels may wish to invite the Secretary of State to provide a view or send a representative to the oral hearing to explain what officials have undertaken and achieved.

Pre-release considerations

6.15 There is commitment within the HMPPS IPP Action Plan to ensure that:

- Prisons should de-categorise an IPP prisoner to a lower security environment when it is appropriate to do so.
- Sentence management delivered by the COM should be responsive to the needs of the IPP prisoner.
- Keyworkers, POMs, and COMs will prioritise IPP prisoners and should provide a high quality of service to them.
- All practitioners involved in sentence management of IPP cases in prison and the community should understand the sentence management model, their role in it, the role of other HMPPS practitioners, and the role of partner organisations such as mental health providers.
- The sentence plan specifies the required interventions to reduce risk.
- IPP prisoners should have access to the specified interventions.
- There should be an IPP Progression Panel meeting prior to a Parole review, and this should be made evident in the dossier.
- COMs should be proactive in requesting an IPP Progression Panel if the case is lacking movement and requiring multidisciplinary discussion.
- There should be improved access to appropriate courses (using the HMPPS ISP Progressive Transfers Framework), and prisons should show flexibility on the requirement for a 'period of good behaviour' before eligibility for an intervention or regime.
- COMs should report a list of 'completed programmes' in the PAROM report, with the date of completion and whether a Post Programme Report is available in the dossier.

6.16 Panels may wish to consider whether there is evidence that the above commitments have been delivered on the case before them (where relevant). Release plans should evidence good resettlement practice including:

- Early planning for release;
- Co-producing plans that are not just focused on risk;
- Consistent, personalised supervision;
- Developing social capital – resources in the community that will address needs and build on strengths;
- Being responsive to diversity and the needs of different groups;
- Using a strengths-based approach – treating the person as an individual with talents and abilities who can make a positive contribution to society.

- 6.17 **Whilst panels should not prescribe specifics in relation to sentence management, they will have explored extensive evidence and will be able to identify what the outstanding areas of risk management are and can highlight these in directions and in decisions where release is not directed.**
- 6.18 In cases where there have been multiple parole reviews with little or no progression, it could be that the same gap in risk management appears each time. **Whilst panels can address lack of progress in the decision, if the same gap appears in several decisions with no progress, it may be something that needs to be explored at a Case Management Conference (CMC).** Through this, panels may be able to establish a more comprehensive understanding of the circumstances by bringing key individuals together. This can be done before determining if the case can be concluded on the papers or requires an oral hearing.
- 6.19 More targeted directions could be set following the CMC to follow up on actions which are agreed or thought to be necessary (or to provide explanations for inaction). **Whilst panels have no responsibility for sentence planning, it is possible to suggest how progression in these cases might happen without being prescriptive.** It will be for other professionals to determine the precise nature of the work or intervention needed.
- 6.20 In some situations, a staged approach to problem solving may be needed, involving more than one CMC.
- 6.21 Whilst adjournments should generally be avoided as they can cause unnecessary delays, if there is outstanding work, panels may wish to consider whether an adjournment might be appropriate. However, if any outstanding work and follow-up reports cannot be completed within four months, an adjournment would not normally be appropriate, bearing in mind the requirement for a speedy review. Please see guidance on *Adjournments and Deferrals* for further information.
- 6.22 In some cases, Member Assistants may review progress with the compliance of directions and work with the case manager and PPCS to deliver to deadlines ahead of a panel chair being appointed.²⁷ This may support the case being more fully prepared by the time the panel chair comes to review if it is oral hearing ready.
- 6.23 Where the case is directed to an oral hearing and once a panel chair is appointed, it may assist if PCDs can be issued as soon as possible, once any update reports have been received. This may provide more lead in time to the oral hearing, allowing for progress to be made including convening CMCs and compliance with directions. Where the case is not considered ready and needs to be adjourned, there may be time to list another case in its place.

²⁷ Member Assistants are staff with a risk-assessment background who are loaned to the secretariat. Their remit is to use delegated authority to assist in the progression of reviews, for example by directing information and completing oral hearing readiness checks

Open conditions

- 6.24 The panel can recommend that an IPP prisoner is transferred to open conditions (as long as it is part of the Secretary of State’s referral).²⁸
- 6.25 A period of time in open conditions is an important part of the rehabilitative process for many prisoners but particularly high-risk prisoners such as IPPs. This is an important opportunity to test the impact of the offending behaviour work completed earlier in their sentence, to test whether their risk can be safely managed in conditions of lower security and, for limited controlled periods in the community.
- 6.26 Operational and resource pressures within HMPPS can and do influence progression towards release. It is not unusual for a panel to be faced with a situation where professionals are recommending a transfer to open conditions when a prisoner has completed their sentence planning targets, only to find following careful scrutiny of the evidence that specific risk factors have not been addressed.
- 6.27 Conversely, there are cases where progression is not recommended because of a prisoner’s behaviour in custody which the panel ultimately finds is not relevant to their risk of serious harm or suitability for open conditions. There are also cases where it becomes apparent that offence-focused work has been proposed which is irrelevant to risk. This might be where a prisoner has committed a sexual offence as a young person and has no other history of sexual offending but is recommended to undertake sex offender treatment work. This may have the effect of delaying progression and diverting scarce resources from those who need them most.
- 6.28 Panels may have cases where the IPP prisoner was in open conditions but has been returned to closed conditions following an adverse development or a security issue. An IPP prisoner being unable to sustain good behaviour in open conditions, depending on the circumstances, may not be an indication of a failure in the progression process but rather part of the practicing and testing opportunity that open conditions are designed for. The transfer of a prisoner to open conditions, maybe multiple times, always needs the same thorough and independent scrutiny as a decision about release, because it is likely to inform future decisions around release.
- 6.29 Panels will need to follow the terms of the referral and ensure each of the criteria as set out in the Secretary of State’s Directions to the Parole Board on 1 August 2023 (Transfer of indeterminate sentence prisoners (ISPs) to open conditions) are met.**²⁹
- 6.30 More information about considering open conditions can be found in the *Types of Cases Guidance*.

²⁸ This criteria can be found in *Open Conditions and Release on Temporary Licence (ROTL)*

²⁹ *Open Conditions and Release on Temporary Licence*

6.31 When considering progressing an IPP prisoner, panels may wish to reflect on the findings from a review of the circumstances that led to the *Worboys* case in 2017 which explored pressures on both HMPPS and the Parole Board to progress IPPs. A paper of the review was published in the *Criminal Law Review* in November 2022. There were a number of responses to the paper and counter responses between academics. The paper and exchange of correspondence may be of interest to panels and can be read on SharePoint here: *Professor Stephen Shute: Taking Risks, Losing Trust: Worboys and the Culture of the Parole Board (November 2022)*.

In the community

Approved Premises

6.32 Approved Premises (APs) can be a helpful route to assist reintegration into the community for an individual serving an IPP sentence. They are particularly beneficial for those serving the IPP sentence if they:

- Have been in the custodial setting for a significant period of time;
- Have not spent time in open conditions or undertaken Release on Temporary Licence (ROTL);
- Have a number of licence conditions to manage complex risks and assist with an initial period of stability.

6.33 Not all cases will need an AP, and proposals about suitable accommodation should be weighed up against all factors, including other options such as support networks, geographical location, etc.

6.34 Some APs provide Psychologically Informed Planned Environments (PIPEs) which are “*specifically designed contained environments where staff have additional training to develop an increased psychological understanding of their work*”.

6.35 To be eligible for a PIPE, prisoners must meet the threshold for complexity, need and risk. Further information can be found in this video *PIPE - Parole Board Presentation*.

6.36 There are currently nine APs for women, which may require them to move far away from their family. It should be kept in mind that moving women serving an IPP sentence away from their family or children to attend an AP or PIPE can have an adverse effect on their mental health and hinder progress towards a reduction in risk.

6.37 More detailed information on APs is available on the *Approved Premises SharePoint* page.

Supervision on licence

6.38 Whilst it is not for panels to determine the frequency of supervision, proposed reporting arrangements should be explained in the COM report. The frequency of supervision should have been discussed at an IPP Progression Panel prior to release. On initial release, weekly contact is likely

to be required. **Panels should bear in mind that risk management plans (RMPs) will be subject to variation and adaptation and the key point is to be confident that dynamic risk will be professionally managed once in the community.**

6.39 The COM will periodically review the frequency of supervision in accordance with Risk of Serious Harm (RoSH) levels and agreed RMPs or Sentence Plans. Panels are not involved in these decisions.

Psychology services in the community

6.40 A high proportion of IPPs reintegrating into the community will have had PSG contact in custody and it would be beneficial to promote continuity of support once in the community. The HMPPS IPP Action Plan highlights the need for community-based psychological support for IPPs and funding has been provided for the PSG to deliver a small service in the community setting.

6.41 Services to the individual IPP on licence are considered "exceptional" given the resources required to deliver such work (e.g. assessments, interventions). **This means that a released IPP prisoner may not always have face-to-face contact with PSG. If panels are concerned about the impact this may have on risk, they are encouraged to explore this with the COM at the oral hearing.**

6.42 The Women's Estate Psychology Service (WEPS) within PSG are working with regions to ensure WEPS Psychologists can deliver services into all probation regions where women sentenced to IPP are released, promote continuity in professional relationships, and make best use of women-centred expertise and services.

6.43 Practitioners have been encouraged to provide information about how this service has supported the individual, where relevant, within PAROM or PRA reports. Panels can direct information about this additional support if it is not set out in the reports. However, it should be noted that there is limited funding, and it is likely that it will be used to support more general initiatives rather than individual prisoners.

Recalls

6.44 **It is required that the COM will have met with the prisoner following a recall prior to completing their report.**

6.45 When considering recall cases, a previous panel (or panels) have determined that, following a thorough risk assessment, the prisoner's risk could be managed in the community and therefore directed release.

6.46 **Whilst the review of recall may narrow the focus onto circumstances resulting in the recall, the panel is still required to assess the totality of risk, not simply whether risk has changed since the last release.**

- 6.47 Panels will need to consider the current risk, which may be an escalation of or variation in the risks associated with the index offence. They will need to consider whether a new risk has emerged, or whether the circumstances of the recall have made no material impact on the level of risk.
- 6.48 **Where the panel is undertaking a first review following recall, they will first need to determine whether the recall was appropriate (as required by *Calder*)³⁰ and then consider whether re-release can be directed.**
- 6.49 Applying *Calder* is not required for subsequent reviews of the same recall as these reviews should be approached in the same way as a periodic GPP review. Care should be taken when selecting options in the decision template to ensure the recall information is properly recorded.
- 6.50 After they have been recalled, most of those serving IPP sentences have to await an oral hearing to consider re-release. Due to the time required to reach an oral hearing, most spend several months in prison waiting for the hearing, although ultimately in around 75% of IPP cases the panel determines that they can be re-released.³¹
- 6.51 **MCA panels may wish to consider adjourning and directing more information to see if a re-release on the papers can be made. Such cases may benefit from requesting a second member to make up a multi-member MCA panel where the panel may wish to seek a second opinion or require advice from a specialist member. This may avoid having to direct an oral hearing.** Once a case is directed to oral hearing, the same principles could be applied by panel chairs, who, after receiving further information or updates, may be able to conclude the case on the papers under rule 21.

Suspension of supervision

- 6.52 HMPPS will aim to ensure all eligible IPPs (who reach five continuous years in the community) should be considered by an IPP Progression Panel for referral to the Board for consideration to have their supervision suspended.
- 6.53 **Panels may wish to establish whether supervision had already been suspended before the point of recall and whether re-imposing supervision at the point of re-release would contribute to managing risk.**
- 6.54 Panels are not bound by the HMPPS policy and can, where they deem it appropriate, suspend or re-impose supervision at any point as part of the assessment of risk.
- 6.55 **Panels should be mindful of re-releasing with no supervision in place as this may create challenges in monitoring compliance with other licence conditions that may be needed.**

³⁰ [R\(*Calder*\) v Secretary of State for Justice \[2015\] EWCA Civ 1050](#)

³¹ [HMIP thematic inspection of IPP recall decision \(2023\)](#)

6.56 Please take note that IPP sentence prisoners are not impacted by the Probation Reset introduced in April 2024.

Licence termination

6.57 An individual serving an IPP sentence has the right, under section 31A of the Crime (Sentences) Act 1997, for consideration to be given to terminating their IPP licence from ten years after their initial release.³² This is regardless of whether they have subsequently been recalled to prison at any point during the ten years.

6.58 Where the panel is undertaking a first review following recall and the date of first release was more than ten years ago, it will be helpful to make enquiries about the status of the eligibility for consideration of terminating the licence.

6.59 It is best practice that a referral for the termination of the licence be combined with the review of recall, if there is one.

6.60 Separate guidance has been produced on IPP licence terminations which can be found on SharePoint here: *IPP Licence Terminations Guidance*.

7 Routes for challenging decisions

Reconsideration

7.1 Decisions about IPP cases feature significantly in reconsideration applications. IPP prisoners will be motivated to identify any part of the decision that may lead to a successful reconsideration application providing a further opportunity to have their case reviewed again.

7.2 In a recent study reviewing reconsideration decisions, IPPs featured prominently: 46.7 percent (313/670) were IPPs and more than half of these (182/313: 58.1%) had previously been released but then recalled.³³ The high uptake of the reconsideration scheme from IPPs was felt to reflect the strong sense of injustice that many of these prisoners feel regarding their sentences.

7.3 Analysis of the reconsideration applications submitted between 2019 and 2022 (published) identified that 52 prisoner applications and two brought by the Secretary of State were granted. Of the 52 applications from IPP prisoners which were granted, 32 (61.5%) of the decisions were based on "procedural unfairness", 15 (28.8%) on "irrationality", and five (9.6%) on both "procedural unfairness" and "irrationality". Of the two Secretary of State applications, one was granted on the basis of "procedural unfairness"

³² Section 31A of the 1997 Act was inserted by the 2003 Act and has been amended by section 117(10)(a) of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 c. 10, and paragraph 141 of Schedule 16 to the Armed Forces Act 2006 c. 52.

³³ Professor Stephen Shute: *Challenging Parole Decisions in England and Wales: Reconsideration and Set Aside*

and the other on the basis of “irrationality”. In total, 63 per cent (34/54) of successful applications relating to IPPs between 2019 and 2022 were upheld on the basis of “procedural unfairness”, 27.8 per cent (15/54) on the basis of “irrationality”; and 9.3 per cent (5/54) on the basis of both “procedural unfairness” and irrationality”.

7.4 Procedural unfairness solely: 34 cases.

- 13 because of procedural issues around refusals to hold oral hearings (failing to adhere to the requirements of *OBR* caselaw and/or the procedural requirements set out Rule 21), or complaints relating to adjournments.
- Seven because of how the panels had approached issues around “allegations”.
- Five because of issues around panels failing to ensure that prisoners and their legal representatives had a proper opportunity to make representations.
- The remaining nine cases concerned the way the panel had conducted the hearing (four cases); documents which the panel had but the prisoner did not and process issues around the dossier/panel directions (three cases); the panel not applying the correct release test (one case); and the panel not obtaining the information it ought to have had (one case).

7.5 Irrationality solely: 15 cases.

- Six were because decisions did not explain exactly why they differed from the recommendations and reasoning of some or all of the professional witnesses.
- Four were because of how the panels had approached issues around “allegations”.
- One was because of a failure, when refusing an oral hearing, to conform to the requirements of *OBR*.
- There were four further “irrationality” grants.

7.6 Procedural Unfairness and Irrationality: 5 cases.

- One of these five cases was based on issues with allegations; another on issues with adjournments; two were based on mistakes of fact; and one on inadequacies in the panel’s decision.

7.7 **In summary, when writing decisions,³⁴ panels should note that almost half of the successful reconsideration applications fall into one of the following categories:**

- **Procedural issues around oral hearings and adjournments;**
- **Issues with allegations;³⁵ and**

³⁴ Panels should refer to the Member Guidance on Reconsideration and the Irrationality Reconsideration Checklist

³⁵ Member Guidance on Allegations

- **Panels not properly explaining in their decisions disagreements with the professional opinions of witnesses.**

Set Aside

- 7.8 Since the introduction of set aside, there have been 11 cases up until the end of 2023 which involved IPP prisoners.
- 7.9 For five of these 11 cases, the application for set aside was initiated either by the Secretary of State (four cases) or by the Board's Chair (one case). All five applications were granted. Only one of the five involved a recalled IPP.
- 7.10 Six cases were made by the prisoner, four of the six were recalled IPPs. Two of the six had also previously brought reconsideration applications, one of which was granted and one of which was refused.
- 7.11 All set aside applications made by prisoners have, to date, been refused. It appears that some IPP prisoners may make an application as a further opportunity to have a new decision made, even where criteria are not met.

8 Victims

- 8.1 As with all other cases it is vital that the voice of the victim is taken into account *in the appropriate way* when reviewing an IPP prisoner.
- 8.2 Many victims still find the IPP sentence confusing and are unclear on how the prisoner serves the sentence. This is despite the best attempts of the Victim Liaison Officers (VLO) to explain the sentence to victims, which has been made harder by some of the recent changes to licence periods. As such, panels will wish to seek reassurances that victims have been afforded all their entitlements, as set out in the Code of Practice for Victims of Crime.³⁶ It is the responsibility of the VLO and COM to work together to ensure victims can have their say.
- 8.3 Victims of prisoners serving an IPP may have experienced numerous parole reviews (some going back as far as 2008) and the same 'merry-go-round' of release and recall. There may be previous Victim Personal Statements (VPS) in existence and panels will need to check whether the victim intends to submit a new one or rely on an existing version.
- 8.4 With the very public focus on IPPs victims may have feelings of being forgotten or that the harm done has been overshadowed by the impact of the sentence on the prisoner.
- 8.5 **Being mindful of the dignity of the victim is important when reading the VPS and considering requested licence conditions.** Summary

³⁶ [Code of Practice for Victims of Crime](#)

decisions will need to sensitively articulate how the decision was made and finely balance the impact on both the victim and prisoner.

- 8.6 Victims are also likely to be confused about the legislation in relation to the termination of the IPP licence and the views of the victim must be carefully considered before directing that the licence is terminated. There is separate guidance on *IPP Licence Terminations*.
- 8.7 More information about victims can be found in the *Guidance on Victims*.

9 Detention for Public Protection (DPP)

- 9.1 There should be a particular focus on those sentenced to a DPP (under the age of 18 when sentenced). This cohort will be in their late twenties and thirties now, and so likely to have had no adult life experience outside of the custodial environment.
- 9.2 In total there were 326 DPP sentences handed down, 3.7% of the total IPP cohort:
- 309 were aged 15-17 (10 of which were girls)
 - 16 were boys, aged 12-14
 - One was a boy, aged 10-11
- 9.3 There were approximately 70 DPP sentenced individuals in prison and 100 in the community on licence (as of 31 May 2024).
- 9.4 Whilst individuals serving a DPP will no longer be children at the point at which they are referred to the Parole Board, panels should bear in mind the offending was carried out as a child and they were taken into custody as a child. The period of maturation is likely to have taken place wholly in the custodial setting. **Child offending may be important for panels to reflect on in terms of considering maturation and custodial behaviour** (which most likely will be all they have known) and support arrangements in the community for an effective and successful release.
- 9.5 **Panels may wish to seek advice from specialist members about whether there are points to consider where professionals are using risk assessment tools that have only been validated on adults when an individual has caused harm as a child.**
- 9.6 As set out in Section 3, all DPP cases are prioritised at both MCA and oral hearing stage.

10 Women IPP prisoners

- 10.1 As of 31 March 2024,³⁷ there were a total of 32 women in custody serving an IPP sentence. This includes 8 women who have never been released and a further 24 women who had been recalled.
- 10.2 Research has found that women prisoners' experience of trauma and adversity contributes to both their risk and their failure to progress in prison.³⁸
- 10.3 It has been identified that the absence of a fixed release date for an IPP sentenced prisoner results in the lack of urgency or time pressure to arrange a resettlement plan. This can lead to a significant period in custody for women, even where community referrals have been made.
- 10.4 Another research study³⁹ undertaken by the Griffin Society that interviewed a small cohort of women prisoners serving an IPP sentence identified that:
- All of the women spoken to talked about the lack of information on IPP sentences at the time of sentencing and their continued struggle to understand the sentence.
 - All of the women distinguished their tariff lengths (which they all judged as fair) from the length of time actually spent in custody. The indeterminate element was what caused most frustration and affected their ability to progress.
 - There were widespread feelings of anger that the sentence had been abolished, but they were still in custody. This led to lack of confidence in the system and affected willingness to engage.
 - The women all experienced significant losses during their sentence, with five of the nine losing children into local authority care.
 - All of the women spoke about the adverse effect of the sentence on their mental health, which affected their ability to engage in regime and risk reduction work.
 - To note, it is only by being assessed as engaging fully in risk reduction work that they are likely to be recommended for release.
 - Six of the nine women had tried to commit suicide multiple times.
 - Accessing interventions was problematic due to poor availability, including lack of appropriate courses, and past trauma and anxiety making it difficult to engage.
 - Parole Board hearings were immensely stressful for the women and three had mostly paper hearings, despite being entitled to apply for oral hearings. The approach of individual boards had an impact on the women and their perception of due process.
 - All the women said that simply 'having a date' would make the most difference.
- 10.5 Distance from home makes it difficult to maintain contact with children, which was one of the most distressing elements of long-term imprisonment for women. The pains of being separated from family and children are

³⁷ [MoJ Offender management statistics quarterly: October to December 2023](#)

³⁸ [Justice Select Committee 'IPP Sentences: Third Report of Session 2022-2023' \(2022\).](#)

³⁹ [Griffins Society: Too Many Bends in the Tunnel \(2019\)](#)

exacerbated by the indefinite length of time they will be held in prison, with no set date when they will be able to return home to their loved ones.

10.6 It is likely that these women present as complex cases and there will be involvement from the Women's Estate Case Advice and Support Panel (WECASP). The criteria for referral to WECASP is set out in the HMPPS Women's Estate Case Advice and Support Panel (WECASP) Policy Framework.⁴⁰ **Panels may wish to ascertain if there is WECASP involvement.**

11 Mental health

11.1 As already set out earlier in this guidance, individuals serving an IPP sentence are likely to experience frustration, anxiety, and loss of hope and this, understandably, can lead to increased incidence of psychological harm.

11.2 The Howard League for Penal Reform 2013 research briefing⁴¹ highlighted that the nature of the IPP sentence frequently had a negative impact on the health and wellbeing of those serving the sentence.⁴² Impacts include:

- High levels of anxiety and depression;
- Increased risk of self-harm and suicide (or attempted);
- Widespread feelings of anger that the sentence had been abolished, but they were still in custody; and
- Lack of confidence in the system negatively affecting engagement.

11.3 Poor mental health is particularly the case for those IPP prisoners who were sentenced pre-2008 with short tariffs who would not have been eligible for the sentence following the changes made in the Criminal Justice and Immigration Act 2008.⁴³ The Act introduced a new 'seriousness threshold' and decreased the number of 'specified offences' for IPP sentences. It was emphasised that this cohort of prisoners had particular difficulties with anxiety as they saw prisoners who had been convicted of similar crimes after 2008 enter and leave prison, whilst they were detained substantially beyond their tariff date.

11.4 Respondents noted that IPP sentences were particularly difficult for prisoners who had pre-existing mental health or neurodevelopmental conditions, or a personality disorder. Such prisoners faced additional obstacles in accessing rehabilitative courses, where it was noted that interventions teams were not equipped to deal with such prisoners, resulting in disproportionately longer periods in custody.

11.5 In the Board's submission to the Government consultation on reforming the Mental Health Act in 2021⁴⁴ it was pointed out that these prisoners may

⁴⁰ [HMPPS Women's Estate Case Advice and Support Panel \(WECASP\) Policy Framework](#)

⁴¹ [Howard League for Penal Reform: The never-ending story \(2013\)](#)

⁴² [Howard League for Penal Reform: The never-ending story \(2013\)](#)

⁴³ [The Criminal Justice and Immigration Act 2008](#)

⁴⁴ [Parole Board response to Mental Health Reform Act consultation \(2021\)](#)

have been assessed and found in need of a transfer to hospital but are not considered a priority for a bed by the relevant mental health provider because they are in prison, and it is considered that this protects the public and ensures the prisoner's safety. In such circumstances, the prison is effectively being used as a place of safety while a bed is awaited. If this is the case, it must be recognised that the level of care in prisons falls short of what would be available in the inpatient setting that a prisoner has been assessed as requiring. Whilst it is appreciated there are limited resources, these prisoners tend to be very vulnerable and need to be transferred to the hospital setting promptly.

11.6 Panels may be concerned for those prisoners who may not be ready for release but do need specialist mental health care. There are currently delays for prisoners who need to be transferred from a prison establishment to hospital. Transferring prisoners as swiftly as possible to receive the treatment they need is critical. Transferring prisoners to hospital can be a complicated process, and assessments and threshold criteria will vary between prisons.

11.7 Panels should be mindful that the Board has no remit to provide a view on whether the prisoner should be transferred to hospital and should avoid making any such statements. However, panels can direct a psychiatric assessment as part of a parole review and may wish to comment on concerns about a prisoner's mental health raised by report writers or witnesses. This might include supporting a recommendation made by another professional that the prisoner should be assessed for a transfer to a hospital setting.

11.8 It will be for other professionals to commission the necessary medical assessments, either during a parole review or, ideally, ahead of any review commencing, in order for a transfer under the Mental Health Act to be considered, and where appropriate, effected.

11.9 More information about transfers to hospital under the MHA can be found in the *Restricted Patient and Mental Health Act Guidance*.

IPP prisoners in secure hospitals or remitted to prison

11.10 The following cases are dealt with by the MH Cohort of members:

- Prisoners who are due or overdue a parole review who are detained in a secure hospital setting as a restricted patient; or
- Prisoners who have been returned to prison following a period in a secure hospital setting and it is their first parole review since their return to prison.

11.11 Any panel receiving a mental health case at either MCA or oral hearing who is not within the MH Cohort should check with the Secretariat before proceeding. It is likely that it has been issued in error.

11.12 However, where a prisoner is having a subsequent review following a period of time in a secure hospital setting, they will be treated in the same way as any other IPP prisoner.

MHA Section 117 aftercare

11.13 Individuals are entitled to section 117 aftercare if they have been in hospital under sections 3, 37, 45A, 47, or 48 of the Mental Health Act 1983. There is no time limit on this duty unless an absolute discharge has been issued.

11.14 The following information may be helpful for those cases who, at some point in time, have been detained in a secure hospital setting but do not fall into the mental health case categories set out in paragraph 11.10.

11.15 **Reinforcing the right to s117 aftercare continuing once back in prison is important. Panels may wish to reiterate in directions or decisions that HMPPS has a continuing responsibility to involve the local health authority and their delegated agents with the care of the prisoner whilst in prison.**

11.16 Panels may come across a range of challenges when reviewing release arrangements where mental health wraparound services are key to both the individual's progression and the protection of the public. Challenges can include the following:

- Undertaking considerable work to engage mental health trusts and providers to work together to develop care and support packages for prisoners with specific needs.
- **In some cases, the starting point is establishing who will take the responsibility for making assessments and for locating services and funding.**
- Sometimes, due to exclusion zones, the catchment area mental health team cannot practically monitor the prisoner in the community where they will be placed due to geographical distance. There can then be subsequent funding and clinical disagreements about responsibility with the local community mental health services where the individual is placed. This can delay release.
- Panels have experienced serious problems in community mental health teams only accepting responsibility for community management and supervision post-release, once release has been approved by the Board.
- This is an issue as mental health may be an active risk management factor in the community and the panel may be unable to support release until community mental health support is confirmed.

11.17 Better communications and clearer pathways and setting out scope and responsibilities of relevant agencies will go some way to mitigate against delays to parole reviews if these issues arise.

11.18 **It can often be helpful to seek information from the COM on the current position and how issues or challenges are being addressed by Multi-Agency Public Protection Arrangements (MAPPA).**

- 11.19 **Directions may then need to be issued to bring the key agencies together at a CMC to establish clear expectations and timeframes, and an Executive Summary of MAPPA meeting minutes can be helpful for a panel to understand the community agencies' views on risk and involvement in risk management.**
- 11.20 **It can be helpful to direct information on whether a Care Assessment has been carried out, whether funding arrangements with the relevant local authority have been secured, and to direct the minutes of any Care Plan Approach meeting, which would ordinarily be held in the run up to a parole oral hearing.**
- 11.21 It is worth noting that behaviours that could be resulting from poor mental health are not always readily visible to clinical staff in prison in the way they would be in a hospital setting. Staff working on a prison wing may not identify mental health related behaviours and could instead treat them with disciplinary measures or result in prison transfer.
- 11.22 The Public Protection Group (PPG) has produced a bulletin for HMPPS staff about remitted prisoners, and a Hospital Remission Strategy⁴⁵ was published in November 2021. Alongside the strategy, the NHS has published good practice guidance. These documents, together with more information about remitted prisoners and s117 aftercare, can be found on SharePoint here: [Restricted Patients Remitted to Prison](#).

12 Neurodivergent prisoners

- 12.1 Many individuals serving an IPP sentence have issues related to high levels of psychological challenge, including neurodivergence, and complex childhood trauma that can present a barrier to engagement and learning in a group context.⁴⁶
- 12.2 Neurodivergence and complex trauma can make course learning very difficult. The refreshed HMPPS IPP Action Plan recommends a more concentrated focus on individual rather than group work, which may benefit neurodivergent prisoners.
- 12.3 More information about the specific needs of neurodivergent individuals can be found on SharePoint: [Vulnerable Prisoners](#).

13 Support and campaign groups

Family Support

- 13.1 It is recognised that the impact on the families of individuals serving IPPs can be significant. Panels may find that there is very good support from

⁴⁵ LTHSE Hospital Remission Strategy (2021)

⁴⁶ [Justice Select Committee 'IPP Sentences: Third Report of Session 2022-2023' \(2022\)](#)

family members, and these may feature as Protective Factors. **Where appropriate, panels may consider directing family members as witnesses.** Some family members may be able to provide valuable insight that could assist with release plans. It could be helpful to discuss this option with the prisoner's representative, if there is one.

13.2 There may also be more frequent requests for family members to observe oral hearings and these should be approached positively if the family is considered as protective, particularly where there may be mental health concerns or other vulnerabilities about the prisoner. A family member observing should always be with the consent of the prisoner.

13.3 The Farmer Report (2017)⁴⁷ stated that familial and other supportive relationships are a "golden thread that should run through efforts by the penal system to support prisoners" and families should be "seen as a vital resource and . . . treated as valued allies in the rehabilitation cause". It further stipulated that criminal justice agencies needed to make greater effort in working with the families of offenders to enhance resettlement outcomes.

13.4 The report: *A Helping Hand: Supporting families in the resettlement of people serving IPPs*⁴⁸ set out the following:

- They often expressed feelings of having been forgotten, with a lack of official acknowledgement of the harms caused by IPP. It is a situation that, for many, lacks legitimacy.
- Most prisoners and families struggle to plan ahead and work towards realistic goals, as the path towards release is far more uncertain.
- Some families of individuals sentenced to IPP want to play an active role in supporting their relative; they want their 'expertise by experience' to be recognised and utilised as part of the solution. Panel members might wish to reflect on the reasons for non-involvement by some families: some families reported 'falling away', with the pain becoming too acute to bear.
- Families often feel immense frustration and distress when parole hearings are adjourned or rescheduled for a future date.

13.5 HMPPS has published a guide⁴⁹ for families and significant others of those serving indeterminate sentences, which built on the above *Helping Hand* report by the (PRT).

HMPPS initiatives

13.6 Family and significant relationships are considered as a key means by which HMPPS can prevent reoffending and reduce the likelihood of intergenerational crime. HMPPS sets out in its practitioner guidance⁵⁰ that

⁴⁷ [Farmer Report: The Importance of Strengthening Prisoners' Family Ties to Prevent Reoffending and Reduce Intergenerational Crime \(2017\)](#)

⁴⁸ [Annison and Straub University of Southampton and Prison Reform Trust. A Helping Hand: Supporting families in the resettlement of people serving IPPs \(2019\)](#)

⁴⁹ [HMPPS Guide for the families and significant others of those serving indeterminate sentences](#)

⁵⁰ [HMPPS Delivering Effective Family Practice](#)

there is a moral and ethical responsibility to assist any meaningful and constructive relationship in preparation for their release.

13.7 Each prison must have a Family and Significant Other Strategy and development plan that is available to prisoners, staff and all visitors. The strategy should be outward facing, published and freely available to families, prisoners and staff. The Strengthening Prisoners' Family Ties Policy Framework⁵¹ sets out the requirements in more detail.

13.8 HMPPS continues its Listener Scheme⁵² in partnership with the Samaritans, who train prisoners as 'Listeners' to provide emotional support prisoners in emotional distress.

14 Further reading

14.1 Below is a list of the various documents accessible from the main IPP landing SharePoint Page: *Imprisonment and Detention for Public Protection (IPP/DPP) Sentences*.

Justice Select Committee Reports and Government responses

- The Parole Board, 'Written submission of evidence on IPP sentences' (2021)
- The Parole Board, 'Chair and CEO's Oral Evidence Session' (2021)
- House of Commons Justice Committee, 'IPP sentences Third Report of Session 2022–23' (2022)
- Letter to Sir Robert Neill MP (2022)
- House of Commons Justice Committee, 'Ninth Special Report of Session 2022–23' (2023)
- House of Commons Library Research Briefing (2023)

The HMPPS Action Plan and sentence progression frameworks

- Letter from the Secretary of State to Chair of Justice Committee (2023)
- HMPPS, 'HMPPS IPP Action Plan' (2023)
- HMPPS, 'Guidance on Offending behaviour programmes and interventions' (2018)
- NHS England, 'The offender personality disorder (OPD) pathway: a joint strategy for 2023 to 2028' (2023)
- HMPPS, 'Psychology Strategy for Prisoner's Serving Sentences of Imprisonment for Public Protection' (2023)

IPP Research supported by the Parole Board

- Webster, R., Dr Edgar, K., & Dr Harris, M., 'No life, no freedom, no future: The experiences of prisoners recalled under the sentence of Imprisonment for Public Protection' (2020)

⁵¹ [HMPPS Strengthening Prisoners Family Ties Policy Framework](#)

⁵² [Samaritans Listener Scheme](#)

- Smart, S., 'Too many bends in the tunnel? Women serving Indeterminate Sentences of IPP - what are the barriers to risk reduction, release and resettlement?' (2018)
- Annison, H. & Straub, C., 'A Helping Hand: Supporting Families in the Resettlement of People Serving IPPs' (2020)
- The British Journal of Criminology, 'The Pains of Hope: Families of Indeterminate Sentenced Prisoners and Political Campaigning by Lay Citizens' (2022)
- The Parole Board, 'IPP Families Information Sheet' (2024)

External IPP published reports, articles and reports

- Centre for Crime and Justice Studies, 'How to Resolve the IPP Crisis For Good' (2024)
- Prison Reform Trust 'No life, no freedom, no future+' (2020)
- Prison Reform Trust, 'Making Progress? What progression means for people serving the longest sentences' (2022)
- Prison Reform Trust, 'Unjust Deserts: imprisonment for public protection' (2010)
- Prison Reform Trust, 'IPP: How will the changes affect you?' (2024)
- United Nations Human Rights, 'Reform of problematic UK sentencing system welcome but bolder action needed says UN Special Rapporteur on torture' (2023)
- United Nations Human Rights, 'Letter from UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment (2023)
- United Nations Human Rights, 'UN expert urges immediate review of discredited UK sentencing scheme' (2023)
- Independent Monitoring Boards, 'The impact of IPP sentences on prisoners' wellbeing' (2023)
- The British Journal of Criminology, 'The Pains of Hope: Families of Indeterminate Sentenced Prisoners and Political Campaigning by Lay Citizens' (2022)
- UNGRIPP, 'Newsletter August 2023 - December 2023' (Jan 2024)
- User Voice, 'The Voice of People on IPP' (2024)
- HMPPS Safety Learning Bulletin (2023)
- HMPPS IPP Toolkit (2023)
- Prison and Probation Ombudsman Learning Lessons Bulletin: self-inflicted deaths of IPP prisoners (2023)