

Research Paper

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Too many bends in the tunnel? Women serving Indeterminate Sentences of Imprisonment for Public Protection – what are the barriers to risk reduction, release and resettlement?

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www.thegriffinsociety.org

In Memory of

Charlie Nokes

an IPP prisoner who died alone in her cell
in HMP Peterborough on 23rd July 2016.

Her family are still awaiting the inquest into her death.

Charlie's tariff was 15 months. By the time she died in custody
she had been in prison for 8 ½ years.

She was waiting to be transferred to a psychiatric hospital.

A talented artist, she painted prolifically in prison and her work was exhibited
by the Koestler Trust.

She had been offered a scholarship from Central St Martins School of Art upon her release,
which she was never able to realise.

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Abstract

Indeterminate Imprisonment for Public Protection (IPP) is one of the most controversial sentences in the history of British sentencing, creating a 'general and systemic legal failure' (Laws LJ in *Wells* (2007)). Female IPP prisoners represent an often forgotten and overlooked minority, stuck in the creaking penal system. This research provides the first empirical exploration of female prisoners on IPP still in prison, despite the abolition of the sentence in 2012. Through narrative interviews, the research examines their childhood experiences, pathways into offending, journey through the prison system and identifies both internal/psychological and external/systemic reasons for their lack of progress towards rehabilitation and community resettlement. The findings identify commonalities of feeling and experience which create barriers to release. All of the women interviewed are found to be significantly over tariff and have served between twice and thirteen times their original tariff. The specific and all-pervasive impact of serving an indeterminate sentence is shown to have a profoundly negative effect on mental health, ability to engage and therefore progress towards risk reduction and release. The research concludes with recommendations for addressing some of the barriers identified to bring hope, progress and change.

Chapter 1: Introduction

Comparatively little research has been conducted on women serving life sentences in England and Wales, and even less has been carried out on women serving an indeterminate sentence of Imprisonment for Public Protection (hereafter referred to as IPP). No studies have been conducted of women still serving the IPP sentence since the abolition of the sentence in 2012 following the ruling of the European Court of Human Rights that the sentence contravened Article 5 (1) of the European Convention of Human Rights (this is explored more fully in the literature overview).

96% of women IPP prisoners in custody are over-tariff (Source: Offender Management Statistics Quarterly: July to September 2017, published January 2018), which indicates a profound failure of the criminal justice system to bring progress and rehabilitation. A recent Independent Monitoring Board Report (November 2018) of the largest women's prison in England and, indeed, Europe, HMP/YOI Bronzefield, highlighted the plight of IPP women as one of the main areas for "development". The IMB asked when the Minister for Justice is going to address "the grossly unjust practice of continuing to detain those imprisoned for public protection (IPP) well beyond their tariff"¹. The Board highlighted that HMP Bronzefield held six IPP prisoners at the end of the reporting year, "all of whom have served at least five years longer than the tariff fixed by the court and one who has served over nine years." The IMB concluded that these sentences are seen as "Unfair and physically and mentally detrimental by prisoners and the Board" (page 13, section 5).

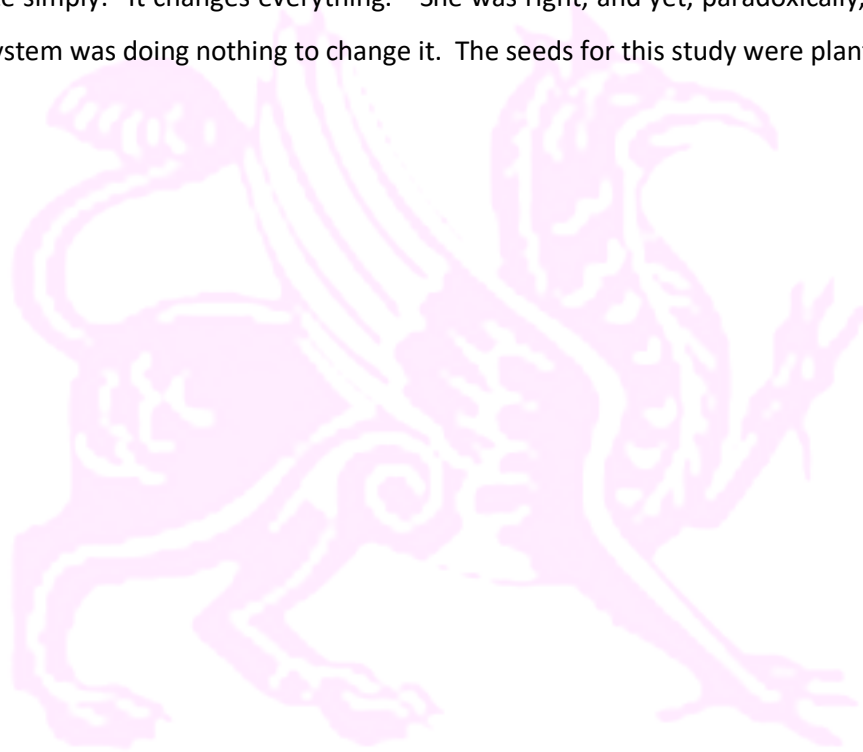
My own personal interest in IPP prisoners began when I first met an IPP prisoner in custody through my work with the third sector organisation Women in Prison as part of the Mental Health In-Reach Team in a women's prison. Those on an IPP were widely known, but it was often used as a label to explain why women were not progressing through the system: "Oh, she's IPP." Prison Custody Officers clearly found IPP women presented with very complex, chronic needs which were often hard to manage on the wing. Offender Supervisors struggled to get relevant offending behaviour needs addressed to satisfy the Parole Board about risk reduction. The Mental Health Team simply could not meet the women's complex therapeutic, mental health needs in the deeply untherapeutic custodial environment. Moreover, Mental Health In-Reach teams are not set up to address the complex relationship between

¹ Page 2 of Annual Report of the Independent Monitoring Board at HMP/YOI Bronzefield for reporting year 1 August 2017- 31 July 2018 Published November 2018 available at www.imb.org.uk

mental ill-health and offending, and simply act like 'normal' Community Mental Health Teams in a highly abnormal environment. It appears it is no-one's remit to link the unwell mind with the offending behaviour.

Suffering poor mental health in prison has a triple aspect. Firstly, it makes engaging with prison life and regime more distressing and painful. Secondly, others perceive mental health problems as offence-related risk. Thirdly, there are insufficient resources to address the mental health needs of women on IPP in custody.

When I asked the first IPP prisoner I met to explain the sentence to me in her own words, she looked at me and said, quite simply: "It changes everything." She was right, and yet, paradoxically, it seemed the criminal justice system was doing nothing to change it. The seeds for this study were planted.



Chapter 2: Literature review

“The individual human being...is the ultimate unit of all law.”

Hersch Lauterpacht, 1943

This project is focussed on the barriers to release and resettlement for IPP women. The review of relevant literature falls into five sections. Firstly, the literature on the inception of IPP focuses on legitimacy and resourcing. Secondly, the literature on the ‘pains of imprisonment’ more generally has questioned internal and psychological barriers to resettlement. This focuses down to a third area looking at gendered pains of imprisonment and the literature around women in the criminal justice system. Fourthly, the literature on mental health considerations looks at women in custody and IPP prisoners. Finally, we examine pathways to resettlement, including offending behaviour programmes, the role of the Parole Board and life on licence, which concern external and systemic barriers to resettlement.

2.1 The Genesis, Impact and Paradox of the IPP

Imprisonment for Public Protection (IPP) was introduced from 4 April 2005 by the New Labour Government as part of their rhetoric to be *“Tough on crime, tough on the causes of crime”* through s.225 of the Criminal Justice Act (CJA) 2003, when a person was convicted of one of a schedule of 153 designated *“Specified Violent Offences”*² and the Court found them to be ‘dangerous’ (to present a significant risk of serious harm). Where the defendant had been previously convicted of a ‘relevant offence’ dangerousness had to be assumed, unless there was evidence that it was unreasonable to do so.

The political and sociological background to the introduction of the IPP is meticulously outlined by Anison (2015), building on Giddens’ analysis of New Labour’s Third Way Ideology (Giddens 1998:2000). A number of factors came together in the late 1990s; the killings of Lin and Megan Russell in 1996 and Sarah Payne in 2000, combined with the development of OASys Risk Assessment tools and the proposal of the Dangerous and Severe Personality Disorder Programme³. Feeley and Simon (1992 and 1994) have attributed this to the rise of a *“new penology”*. From the late 1990s, the penal-welfare complex was

² Under Schedule 15 of the Act

³ Later, severely criticised (see, for example, Home Affairs Select Committee 2000).

displaced by the language of risk (see also Simon, 1998). *“Justice was...increasingly focussed on the needs of the community for protection...The details of the individual case were relevant only insofar as they assigned the offender to a risk category”* (O’Malley 2010:42). The task of sifting dangerous offenders through the “managerial not the transformative”, as Feeley and Simon (1992:452) put it. Downes and Morgan demonstrated how New Labour’s reforms were not so much tough on crime, as “tough on the *criminal*” (2007:215).

For Annison, the risk paradigm was poorly understood, and became simply a task of “weeding” the dangerous from the non-dangerous (Annison, 2013). IPP was, as Pollock and Webster had pointed out in a different context:

“...based on an unscientific assumption about dangerousness, namely that it is a stable and consistent quality existing within the individual” (1991: 493).⁴

The inherent paradox of the IPP has been widely criticised; a short tariff, coupled with a presumption of dangerousness. As Lord Thomas of Gresham said in a House of Lords Debate on 11 December 2007 (quoted in Rutherford, 2008:53): “A culture is growing that has moved the criminal justice system away from punishing people for offences that they have committed, to trying to control future behaviour.”⁵ Ashworth and Zedner (2014) define the presumption of harmlessness being removed under sentences such as the IPP, as morally and legally “problematic”. Not only is punishment for just deserts removed, but they go further in claiming that “the loss of the presumption of harmlessness has serious implications for the presumption of innocence” (2014:131), a fundamental principle of criminal justice, enshrined in Article 6 (2) of the European Convention on Human Rights. Ashworth and Zedner cite the assertion of the Swedish Council for Crime Prevention, who claim that sentencing on the basis of risk assessment is the equivalent of an individual “serving a sentence for a crime he did not commit” and is therefore equivalent to the “sentencing of an innocent person” (2014:132).

The impact of the IPP sentence on the prison population was dramatic. Original Home Office predictions in 2002 suggested that the IPP framework would lead to a need for 950 prison places annually. However, release rates were drastically overestimated. False projections were made that “the overall impact...would be resource neutral” (Tony Robson, NOMS, quoted in Annison (2015:67)).

⁴ As Harrison argues, Schedule 15 of the CJA 2003 had the “potential to cause confusion and similarity between dangerous *incidents* and dangerous *people*” (Harrison, 2011:21) (my italics).

⁵ See for example Rose LJ’s judgment in *R v Lang et al* [2005] EWCA Crim 2864 where he stresses it is the risk of committing *further* serious offences which was to be considered by the court.

The actual impact of IPP sentencing soon became apparent with IPP numbers increasing by 150+ per month by 2007 (Lockyer Review, Ministry of Justice/NOMS, 17 August 2007) exerting immense pressures on an already under-resourced system. More judicial discretion was introduced in the Criminal Justice and Immigration Act 2008 after the number of IPP prisoners exploded, creating a “general and systemic legal failure”⁶.

By the zenith of 2012, there were 13,754 indeterminate sentenced prisoners in custody in England and Wales.⁷ This had already led to a catastrophic resource failure; IPP prisoners were not being provided with a “fair chance of ceasing to be, and showing that they had ceased to be, dangerous” (Lord Phillips in *Walker and Wells* [41]⁸). Lord Hope stated that in introducing IPP, “there is no doubt the Secretary of State failed deplorably in [his] public law duty.”⁹

IPP was abolished as a possible sentence by the Legal Aid, Punishment and Sentencing of Offenders Act 2012 (s.123), following the ruling of the European Court of Human Rights in *James, Wells & Lee v UK*¹⁰ and an increasing awareness of the injustice and cost involved. However, there remained the question of what to do with existing prisoners serving IPPs (see Rose 2012:312). Laws LJ remarked in *Walker*¹¹: “The prison population is swollen by persons whose incarceration retributive justice does not require (*i.e. they are post-tariff*) and whose release executive management does not allow” (*i.e. they cannot demonstrate adequate risk reduction*). There has been a wealth of literature asserting the failure of IPP and exploring it in the context of 1990s policies. However, there is far less available on how it feels to serve an IPP in the 21st century, particularly post-abolition (Annison & Condry (2018) being an exception).

2.2 The Pains of Imprisonment

The reality of serving a long prison sentence, particularly an indeterminate one, is hard to imagine. Many of the highly detrimental physical and psychological consequences of imprisonment create barriers to release by reinforcing maladaptive thinking and behaviours, which the Parole Board will

⁶ Court of Appeal 31 July 2007 in *R (James) v Secretary of State for Justice* [2007] EWHC 2027

⁷ Source: House of Commons Briefing Paper, 2016:6

⁸ *R (Wells) v Parole Board; R (Walker) v Secretary of State for Justice* [2008] 1 WLR 1977

⁹ *Secretary of State for Justice v James (FC) (Appellant) (formerly Walker and another)* [2009] UKHL 22 at para.3

¹⁰ *James, Wells & Lee v United Kingdom* [2012] ECHR 1706. The judgement held that, where a prisoner was denied timely access to appropriate rehabilitative courses necessary to demonstrate risk reduction, a Breach of Article 5 (1) of the European Convention on Human Rights might result.

¹¹ *Walker v Secretary of State for the Home Department* [2007] EWHC 1835 Admin. Divisional Court para. 31

identify as risk of reoffending.¹² The expanding literature on the lived experience of imprisonment is therefore highly relevant to this study. However, very little of this literature has considered the experience of women in custody.

Since the 1960s, (for example, Goffman (1961)) researchers have been identifying the lived experience of serving a lengthy prison sentence as ‘the pains of imprisonment’. These psychological pains include “existential anxieties about identity, survival and change” (Cohen and Taylor 1972). Goffman (1961) talks about prison being a total institution where “*stripping processes*” are at work through which “*mortification of the self occurs*” (1961:317 his italics). Jose-Kampfner draws parallels with stages of grief, describing an “existential death” (1990:11).

Fassin, describing one French prison, but capturing the universal reality of incarceration, speaks of the “shock of prison” due to “the disproportion of the punishment, and the indignity of its execution” (2017:103). Questions of disproportionality are arguably most pertinent to IPP sentenced prisoners. Addicott’s research (before abolition) shows consistent pain around the unjust nature of the sentence itself (2011:46)¹³. Fassin identifies “the hard kernel” of prison – an institution that “resists transformations of form and developments of discourse¹⁴” (2017: 294).

Important recent literature in England (for example, Crewe) has helped to explain the changing nature of pains, exploring the psychological aspect of imprisonment, especially in the context of relationships with staff, but there is still very little specific analysis of women’s experiences in England and Wales. Crewe memorably conceptualised the penal burden experienced in modern prisons as “tightness” (2011:522). It is deeply psychological, operating under what Dean called “authoritarian governmentality” (Dean, 1999). The difficult dynamic between staff and prisoners is amplified for life-sentenced prisoners. McDermott and King outline the dichotomy that the long-term prisoner faces: “whatever he does it will be open to interpretation¹⁵” (1988:365) and generally a negative interpretation in relation to both risk and personal attitudes.

There is a significant literature on the illegitimacy of indeterminate sentencing (Rotman, 1990) and its lack of due process (Cummins, 1994 and Howard League for Penal Reform, 2016). As early as 1945,

¹² As the Lord Chief Justice observed in *R v Roberts* [2016] EWCA Crim 71 at para. 45 “there is some evidence that the effect of long periods of imprisonment may be either impeding their rehabilitation or increasing the risk they pose.”

¹³ Rose rightly calls IPPs “life sentences in all but name” (2012:303)

¹⁴ Fassin says this is indicated by the “persistently high suicide rates.” (Fassin, 2017:294)

¹⁵ For example, “If he explodes, his report may say he cannot cope with frustration...If he keeps his own counsel, the reports may say he is withdrawn and cannot come to terms with his offence.” (McDermott and King 1988:365)

Radzinowicz warned about indeterminate sentences saying, “Unless they are awarded with great care, there is a grave risk that [they] may become an instrument of social aggression and weaken the basic principles of individual liberty” (Radzinowicz, 1945:167). England and Wales have more than twice as many people serving indeterminate sentences than France, Germany and Italy combined – “the highest in Europe by a significant margin” (Prison Reform Trust 2017 referencing Aebi M., et al 2016). This is significant when it comes to resourcing and human rights. Van zyl Smit explores how indeterminacy is “destructive to human dignity” (2001:301) whilst The Prisons Inspectorate raises more practical concerns around unintended consequences (HM Inspectorate 2016:10) of IPP.

Other factors that cause distress to IPP prisoners include their lack of knowledge around the sentence which compounds a keenly felt sense of injustice (Addicott, 2011) corroborating findings by the Howard League (2007) and the Sainsbury Centre for Mental Health (2008). Walker and Worrall claim that “The uncertainty which stems from the indeterminate...sentence is one which deserves more academic attention” (2006:254). Addicott identifies the pain of indeterminate detention in terms of prisoners losing significant events in their life course and the disruption of family and social bonds, known to be key contributors to desistance (Sampson and Laub, 1993; Maruna, 1997)¹⁶.

Crewe *et al* (2016) report that amongst the greatest struggles that indeterminate prisoners face is the “overwhelming nature of the time that lies ahead”¹⁷ (2016:5). The term coined by Russo in 1943 of “Chronophobia” is apposite - they “live with potentially no sense of direction” (Sapsford, 1983:77). The halfway point is identified by Crewe *et al* as significant for coping with long sentences. Indeterminacy removes these significant psychological markers: there is no “home stretch” (Crewe *et al* 2016:18). The sense of timelessness combined with ‘stuckness’ is a major contributor to suicidal feelings in prison, even for those with determinate sentences (Medlicott 1999) and this feeling is likely to be amplified for those on IPP. Both philosophical and pragmatic effects of indeterminacy are significant and need to be taken into consideration.

Kazemian and Travis argue that researchers and policy-makers have “largely ignored the issue of long-termers and lifers” (2015:3) despite Walker and Worrall’s call in 2006 for more academic attention on the subject (Walker and Worrall 2006:254). Crewe, Hulley and Wright emphasise “that literature on

¹⁶ See also ‘The Importance of Strengthening Prisoners’ Family Ties to Prevent Reoffending and Reduce Intergenerational Crime’ by Lord Farmer, Ministry of Justice 2017 at www.gov.uk where he called family ties the “golden thread” that should run through the prison system.

¹⁷ Cohen and Taylor (1972) identified that for prisoners serving indeterminate sentences, time becomes warped, which Addicott (2011) depicts as being permanently “on remand” (2011:47).

long-term female prisoners is even sparser” (Crewe et al 2016:7) with the two exceptions being Genders and Player’s 1990 study of the initial assessment period of a life sentence in one women’s prison and Walker and Worrall (2000) looking at how the pains of indeterminate imprisonment are gendered. I turn now to discuss this in more detail.

2.3 Gendered Pains of Imprisonment

Women are punished within a system designed for male offenders, which considers male pathways into offending, male behaviour in prison and what helps men towards desistance. Such a system is therefore “unlikely to meet female offenders’ needs” (McIvor, 2008, Barry and McIvor 2010: 28). It risks both female prisoners’ risk reduction and welfare needs being subject to gender role stereotypes. There has been a lack of study on the needs of female offenders and a lack of information about female violence and the application of male norms. Walker and Worrall’s 2000 study provided welcome information about women on indeterminate sentences. They found that time and intensive and prolonged surveillance impacted on their reconstruction of womanhood and that women “suffer in special ways from the ‘pains of indeterminacy’” (2000:28). They pinpointed specifically the loss of control over fertility and the loss of relationships with children (Walker and Worrall, 2000:30). In this they echoed Hairston’s work (1991) which found that the “stripp[ing] of the mother role” was one of the “most traumatic factors” (1991:95).

There have been repeated calls for the need for better understanding of women in the criminal justice system and gender-sensitive interventions; most notably the Corston Report’s call in 2007 for gender-specific, trauma-informed intervention, and the Female Offender Strategy 2018¹⁸ (which essentially serves to highlight how little progress there has been in the 11 years since Corston¹⁹).

NGOs have also added their voice to criticisms. In 2007, The Howard League for Penal Reform suggested that IPP was “perhaps even more dire” for women, due to a lack of “specialist assessment and support structures necessary” for women (2007:15). They agreed with Creighton (2007) that “women who receive IPP sentences with short tariffs are the group least likely to be released” (at paragraph 14 of written evidence). Martin, Kautt and Gelsthorpe (2009) suggest that a non-gendered approach leads to false calculations of risk and ineffective use of interventions. A significant problem is the lack of good

¹⁸ The Female Offender Strategy, June 2018, Ministry of Justice, available at www.gov.uk

¹⁹ See also Women in Prison (2017) Corston +10 Report, which highlights that only 2 of Baroness Corston’s 42 recommendations have been implemented in the subsequent decade.

quality information about what makes women risky to others, and which others might be at risk. Crewe *et al* (2017) observe: “Women remain peripheral in most analyses of the practices and effects of imprisonment” (Crewe *et al* 2017:1359). In Crewe *et al*'s study, women identified having to follow other people's rules as the most severe problem of imprisonment, seeking, more often than men, to re-establish control by self-harm or restricted eating²⁰. Crewe *et al* point to the higher prevalence among women of previous abusive relationships (2017:1369). They conclude that women offenders “undergo a set of deprivations and debasements that render their time in prison more acutely painful and problematic” (than men) (2017:1376) agreeing with Walker and Worrall's conclusions in 2000 that women suffer in “special ways” from the pains of indeterminacy (2000:28).

It has long been argued that women prisoners' experience of trauma and adversity contributes to both their risk and their failure to progress in prison. Leigey and Reed (2014) concluded that women were “significantly more likely” than men to have experienced trauma. The impact of adversity and its intersection with prison experiences “remains unclear” (Crewe *et al*, 2017:1362). However, as Liebling (2009:23) observed, such high levels of past abuse should make “[women's] experiences of trust, relationship and authority in prison...of major interest to researchers and policy-makers alike”.

2.4 Mental Health Considerations

In 2004, Carlen and Worrall stated “that women's healthcare needs in prison²¹...are more various and complex than men's” (2004:61). It has also been noted that the mental health needs of IPP prisoners are “greater than the general prison population”²²(Sainsbury Centre, 2008). Thus, for women IPP prisoners, psychological issues of indeterminacy and gender intersect to have a negative effect on their mental health, which in turn affects sentence progression. Mental ill-health has been a “persistent and dominant feature” in the history of female imprisonment (Moore and Scraton, 2014:25). Despite this, the World Psychiatric Association's position statement “devotes scant attention to female offenders” (Bartlett 2018: 134).

²⁰ Evidencing maladaptive coping strategies that would be of concern to a Parole Board.

²¹ Both physical and mental health.

²² In this 2008 Report, more than half of IPP prisoners had problems with “emotional well-being”, compared to two fifths for life prisoners, and one third of all prisoners. Almost one in five IPP prisoners has received psychiatric treatment. In addition 37% had a history of self-harm or suicidal behaviour (compared to 23% of the general prison population) (Sainsbury Centre, 2008). It is also striking that a higher proportion of IPP women than men have been transferred from prison to forensic psychiatric services (Peay 2011:137).

Bartlett acknowledges that for women in prison “psychiatry alone offers too little too late”²³ (2018:136)²⁴. Malloch and McIvor question the suitability of prison “as an appropriate place to keep people with mental health problems and those who have suffered substantial trauma and injustice”. Prisons, they argue, are “fundamentally anti-therapeutic” and the “dysfunction” of the custodial environment can rarely be remedied by mental health care (2013:61). Moore and Scraton build on this by stating that the care that can be offered to mentally unwell women is “undermined by security, control and punishment imperatives”. These conflicting priorities “mitigate against” the creation of therapeutic regimes (2014:26).

Outside the UK, in America, Stone *et al* (2018) have pointed to the more complex needs of women in the criminal justice system including higher rates of substance dependencies and addictions, mental health problems, trauma and abuse histories including a high rate of abuse by a family member and low self-efficacy. They outline the greater caregiver obligations and challenges that women have compared to men. They conclude that women offenders have “unique stressors...which highlight the importance of research that concentrates on this group” (Stone *et al* 2018: 384).

In 2016, twelve women died in prison in England from self-inflicted deaths, the highest number since 2005.²⁵ The literature widely acknowledges the higher incidence of mental health needs amongst women in prison “than either male offenders or the female population at large” (Graham, 2007; Ministry of Justice, 2009; Oglaff and Tye, 2007, cited in Barry and McIvor, 2010:38). Women in custody have a far higher rate of self-harm than men in custody. From March 2017 to March 2018 in England and Wales, men had 467 incidents per 1,000 prisoners, whereas women had 2,244 per 1,000 prisoners, nearly five times higher, and a 24% increase on the year before (Ministry of Justice (2018) and see also Inquest (2018)). The Prison Reform Trust (2017) identifies IPP Prisoners as more likely to self-harm than other prisoners, with rates at an all-time high in 2016 of 719 incidents. The HM Inspectorate of Prisons 2016 Report found that more IPP prisoners than others reported psychiatric problems on arrival. This is to be considered alongside the Ministry of Justice’s (2013) reported gender differences in terms of mental health²⁶.

²³ She proposes that early intervention is what is needed, chiming with The Corston Report 2007 and the Female Offender Strategy 2018.

²⁴ Bartlett also says that “lack of autonomy and self-determination underpin much mental distress” (2018:135), two destabilising factors obviously heavily present when incarcerated, particularly on an indeterminate basis.

²⁵ Source: <https://howardleague.org/wp-content/uploads/2017/05/updated-final-analysis-of-deaths-in-custody-in-England-and-Wales-2016.pdf>

²⁶ 26% of women (compared to 16% of men) received treatment for mental health problems in the year before coming into custody, 25% of women (compared to 15% of men) reported symptoms indicative of psychosis (compared to 4% in the general population) whilst in prison.

The Lockyer Review of 2007, by contrast, reported that whilst IPP sentenced prisoners had lower recorded psychiatric histories at the time of their offences than the life sentenced population, they were found to have higher levels of current psychiatric problems, lending weight to Peay's conclusion that "Indeterminacy appears to have an independent impact on the distress experienced" (Peay 2011:129)²⁷. Peay also states that IPPs were "used more with offenders where there are mental health problems", due to the fact that the application of s.225 (concerning risk of further serious offences) would particularly catch those with personality disorders, which she memorably describes as a place "where issues of worry and risk intersect" (Peay, 2011:129) and which, significantly, "makes it more difficult for an offender successfully to complete the terms of the IPP and be released from prison" (2011:127).

Finally, IPP women are highly unlikely to be referred to NHS psychiatric facilities for treatment unless they are self-harming to a dangerous degree, and even then it may be argued that long-term inpatient care will not be helpful (NICE guidance, British Psychological Society 2009). High and medium secure psychiatric beds for women have been reduced, which means that IPP women rarely get the chance to explore how their mental health problems are related to their offending risk. Within the prison estate, mental health and risk reduction are not routinely considered together for women; an intervention for one aspect of imprisonment rarely addresses the other. There are some exceptions to this with specific projects, but places on these are severely limited with strict referral criteria, particularly around how long is left to serve on a sentence (NOMS Brochure of Offender Personality Disorder Services for Women 2016).

2.5 Release and Resettlement

Practitioners and academics have long exposed how IPP prisoners languish in custody, at an increasing personal cost. In 2007, Creighton designated the attempted assimilation of IPP lifers into the existing life sentence system "an abject failure" as it was "quite simply impossible for offending behaviour needs to be identified" in relevant timescales. This has even been noticed by the appellate courts: In *R (Sturnham) v Parole Board*²⁸, Lord Mance quotes Stuart-Smith LJ in *R v Parole Board ex p Bradley*²⁹:

²⁷ See also the Howard League for Penal Reform 2013, which found that the nature of IPP sentence "frequently had a negative impact on the health and well-being" of those in custody.

²⁸ *R (Sturnham) v Parole Board* (2013) UKSC 23

²⁹ *R v Parole Board ex p Bradley* QBD ([1991] 1 WLR 134

“The Parole Board ... *must clearly recognise the price which the prisoner personally is paying* in order to give proper effect to the interests of public safety. *They should recognise too that it is a progressively higher price*” (my italics).

In 2010, the Prison Reform Trust identified a number of reasons for the low rate of release amongst IPP prisoners, including lack of availability of offending behaviour programmes (as Toch wryly quotes from an American Parole Board he observed, the Panel Chair informed the applicant “You have not used any of the opportunities that should have been made available to you” (2010:7)). The Prison Reform Trust pointed to the effect of uncertainty over release on families (since highlighted again by Annison and Condry (2018)) and contributing to family breakdown, thus removing an important source of support. Also relevant are considerations around family visits, particularly for female offenders who are more likely to be held in prisons further from family ties than male offenders. A piece of American research (Teo (2015)) emphasises the superiority of face-to-face contact, particularly in terms of providing a protective factor regarding mental health:

“We found that all forms of socialization aren't equal. Phone calls and digital communication, with friends or family members, do not have the same power as face-to-face social interactions in helping to stave off depression.”³⁰

The Prison Reform Trust also reported that many IPP prisoners are not eligible to participate in interventions due to pre-existing mental health issues or limited intellectual capacity (Prison Reform Trust 2010: vi). Juliet Lyon (2008) highlighted the discriminatory dangers posed for IPP prisoners with learning disabilities: “They are, in effect, serving a longer sentence because of a disability, which I think is a human rights breach.”³¹

The risk paradigm arguably becomes most pertinent for the IPP prisoner when they appear before the Parole Board as release depends upon the Board being satisfied that it is no longer necessary for the protection of the public that the prisoner should be confined. As Padfield emphasises, the “very real burden”³² for risk reduction is firmly placed on the prisoner him/herself³³(2016:10 & 11). Addicott identifies the power of the Parole Board as a significant frustration for IPP prisoners (2011:55) mirroring

³⁰ Teo, Alan M.D., M.S. Does Mode of Contact with Different Types of Social Relationships Predict Depression Among Older Adults? Evidence from a Nationally Representative Survey. *Journal of the American Geriatrics Society*, October 2015

³¹ Juliet Lyon, evidence to Ministry of Justice, 2008:66 quoted in Annison 2015:82

³² Under PSO 4700

³³ Padfield adds “They often feel powerless to do so, living within a difficult prison environment, and a creaking system” (2016:10 & 11).

the findings of Jacobson and Hough (2010). Padfield argues, “The longer an Indeterminate Sentence Prisoner (ISP) serves beyond the tariff, the clearer should be the Parole Board’s perception of public risk to justify continuing the deprivation of liberty” (2016:814).

The recent case of *Bate v Parole Board*³⁴ is one of many in the case law which is relevant in showing how serial delays can undermine a prisoner’s progress towards release, and that the right to a speedy hearing is crucial. Mr Bate was serving an IPP, with a minimum term of 3 years and 5 months. This had expired in 2010. An already delayed hearing was listed for June 2016 but deferred, for what was expected to be 3 months but turned out to be 9 months, with no clear explanation. The Court awarded damages for the first delay, but the second period of delay (1 November 2016 to 22 March 2017 when he was released) causes most concern. There was clear evidence in this period that Mr Bate’s mental health problems were exacerbated by the uncertainties of the delay, which may well have kept him in prison unjustifiably for a further 6 months. An additional consideration is that Mr Bate was diagnosed with a mild learning disability and to be on the Autistic Spectrum Disorder scale, with his psychiatric nurse giving evidence that one of the impacts of this can be difficulties in dealing with uncertainty (although the uncertainty and unfairness in this case would have adversely affected anyone).

At the time of this research, the Parole Board was releasing significantly more IPPs than it did a decade ago (Jones 2017). However, this needs to be balanced with the concerning statistic that recall rates amongst IPP prisoners have increased ten-fold in the last five years³⁵(Jones, 2017). The reasons for recall are clearly complex, but Jones believes there is a “strong case” for reviewing the current lifelong licence³⁶ to ensure greater chances of resettlement. Pertinent to this, are the Lord Chief Justice’s remarks in *R v Roberts*³⁷:

“There is some evidence that the effect of long periods of imprisonment or the recall to prison of those sentenced to IPP under their licence requirements may be either impeding their rehabilitation or increasing the risk they pose” (para 45)³⁸.

³⁴ *Bate v Parole Board* (2018) EWHC 2820 (Admin)

³⁵ There were 760 IPP prisoners recalled to custody in June 2017 (Jones, 2017)

³⁶ An application can be made by released IPP offenders after 10 years to have this overturned.

³⁷ *R v Roberts (Mark) & Others* [2016] EWCA Crim 71, which concerned appeals against sentence by 13 IPP prisoners.

³⁸ He proposes 3 solutions (in para 46) of either; (1) significant resources to be spent to enable detainees to meet the Parole Board’s test for release, or (2) for Parliament to alter the test for release, or (3) for prisoners to be able to apply for re-sentencing on defined principles enacted by Parliament. Padfield welcomes these suggestions.

The desistance literature³⁹ points to the importance of an individual's self-identity change from offender to non-offender. This is achieved particularly through validation from pro-social relationships, as well as agency and feeling in control of the future. In Appleton's (2010) detailed study of life on licence, she labels the life licence as a potential "roadblock to resettlement" (2010:170). Nonetheless, 95% of Appleton's lifers identified positive factors about being supervised on licence, citing one of the pitfalls being the lack of time they were given with their probation officer pre-release. This is pertinent in light of Appleton's finding that a significant predictor of recall was a negative probation officer relationship (2010:216).

Recall decisions arise from a variety of factors⁴⁰ and have been subject to a number of studies⁴¹. Appleton distinguishes recalled lifers from those in the community as having "higher levels of institutionalisation...all outside-based identities had been abandoned" (2010:200). She concludes that public protection and effective prisoner rehabilitation are not mutually exclusive, as Padfield echoes (2016:57): "if a person is rehabilitated, the public are safer"⁴².

2.6 Conclusion

In the HMI Unintended Consequences Report 2016⁴³ women IPP prisoners are conspicuous by their absence - all quotes are from male IPP prisoners. The only previous study specifically of women IPP prisoners is Dawn McAleenan's Griffins Study (2010) on the perception of risk. Addicott (2011) researched male IPP prisoners, but he did not specifically examine mental health considerations, and this was, as with McAleenan's research (2010), before the IPP sentence had been abolished. Abolition has since added an extra layer to the pains of imprisonment for those still in custody on IPP due to the non-retrospective application of the Legal Aid, Punishment and Sentencing of Offenders Act 2012 and these deserve to be examined.

³⁹ See for example, Maruna (2011) and Stone, Morash, Marca, Goodson, Smith and Cobbina (2018)

⁴⁰ These include failure to comply with licence requirements (including being late for an appointment), the commission of an alleged offence, or concern about the licensee's behaviour or attitude. The significant point is that a recall can be triggered by something that is not a criminal offence.

⁴¹ See for example, Padfield (2013) and Her Majesty's Prison and Probation Service (2018) Understanding the Process and Experience of Recall to Prison

⁴² This was also the opinion of the European Court of Human Rights in *James, Wells & Lee v UK* [2012] ECHR 1706 which essentially viewed protecting the public and rehabilitation as two sides of the same coin. A real opportunity for rehabilitation was "a necessary element of any part of the detention which is to be justified solely by reference to public protection."

⁴³ HM Chief Inspector of Prisons (2016) Unintended Consequences: Finding a way forward for prisoners serving sentences of Imprisonment for Public Protection, (November 2016) A Thematic Report by HM Inspectorate of Prisons

We have an unholy trinity of documented factors which should interest researchers and policy-makers alike: women experience the pains of imprisonment more keenly than men (Walker and Worrall 2000), 96% of women IPP prisoners are over-tariff (Offender Management Statistics Quarterly: July to September 2017, published January 2018) and literature on females serving life sentences in the UK is scarce (Crewe et al 2017).

This study is therefore seeking to address a gap in the literature and redress the balance by representing the voices and experiences of IPP women, post-abolition, for the first time and to look at the gendered pains of indeterminate imprisonment and barriers to release in 2018.



Chapter 3: Research methodology

‘My research question was: What are the barriers to risk reduction, progression and release amongst female prisoners serving IPP sentences?’

3.1 Rationale for Use of a Qualitative Approach

This study involved semi-structured, narrative interviews with participants on an individual basis. I considered semi-structured interviews, rather than questionnaires, to be an appropriate forum to maximize quality of data and to ensure that the participants felt heard and understood. This provided consistency in the areas explored, whilst allowing some flexibility to allow the participants to focus on factors they considered relevant and guarded against the influence of my own pre-conceived ideas (Robson, 2011).

3.2 Original Plan for Sampling Strategy and Research Sites

All the participants were women in custody on an IPP sentence. I applied to the National Research Council to carry out 4, 1-1 interviews in 3 different women's prisons, plus a focus group to explore commonalities in experiences, in the prison where I drew keys. I would have been able to facilitate and organise this entirely myself without drawing on stretched prison resources. Having 3 different sites would potentially have provided useful comparisons of experience. I also sought permission to interview 4 released IPP prisoners in the community at probation premises in London and the South East, all of which was granted by the National Research Council.

I addressed the ethical considerations of the research as a whole and carrying out research in my own institution in my application to the National Research Council and they were satisfied that these had been addressed. I obtained Ethical Approval for my proposed project from the Institute of Criminology, University of Cambridge (which collaborates with the Griffins Society in their fellowship scheme).

3.3 Change of Design

In the event, the course of the research was affected by two significant factors which affected data collection and the design of the study:

1) Women IPP prisoners on licence in the community proved difficult to identify. None of my contacts in the National Probation Service had any on their caseloads, nor did any third sector organisations that I had contact with.

I also contacted a number of Approved Premises for women. One of these reported an IPP prisoner currently residing there, who was approached by staff at the AP, but did not want to participate⁴⁴. I abandoned this arm of the study and focussed on women in custody. This comparator group would arguably have created a richer study, and enabled me not just to identify the barriers to release, but to see how women had successfully overcome those barriers and convinced the Parole Board of adequately reduced risk for community management. It would also have enabled me to see how IPP women were coping and adjusting to life in the community after long periods of institutionalisation.

2) Originally, I planned to include interviewees who were on my caseload, or who I knew, in my prison role, as well as others from prisons where I was not working. However, early on in the research process, there was some confusion by a prison service colleague about my role and the research. It became clear that managing my role and my research in this prison would be too complex and I therefore withdrew my application to carry out interviews and focus groups in that prison as pursuing it was making my professional position untenable. This reduced my sample size and meant that a significant subgroup of women in custody was excluded from the study. There was learning here about the risks of being a practitioner-researcher and steps to take to minimise those risks. Organisationally, Women in Prison also reflected on managing the process of research in the prison environment when it is being conducted by an existing member of staff.

3.4 Conduct of Study

3.4.1 Development and Piloting of Interview Schedule

The interview followed a chronological pattern. I ensured that the questions were as open as possible and that more potentially distressing subjects were covered earlier in the interview to give time for the women to be supported, reassured and talk through issues. I also carried out a pilot interview with one IPP woman where I did not gather any data, but simply discussed the form and content of the interview questions with her. This was extremely valuable in shaping my questions and understanding potential perceptions and guardedness from participants.

⁴⁴ Of course, there could be any number of reasons for this. When I discussed the situation with an IPP woman in custody, when I was exploring ways of maximising engagement levels from community participants, she reasonably suggested that if it were her, she would be so relieved to be out of prison that she would not want to re-visit her time in custody, but move on.

3.4.2 Interviews

I intended to use exactly the same interview schedule with all participants to guard against bias. I did not know all of the IPP women in my own establishment, or, indeed, have their names. I had worked with 4 and met another in passing. I have no way of knowing which would have agreed to participate in the research, but they would have been given exactly the same invitation letter and information sheet as all the other potential participants, although I would have attempted to deliver it in person and explain something of the project face-to-face.

I did, inevitably, know more about the day-to-day working and personnel of that prison and was aware of the possibility of criticisms being made of colleagues in interviews. I had addressed this in my NRC application, specifying I would deal with it by making clear to the participants that any perceived failings voiced in interview needed to be escalated by the prisoner, through the correct channels, and not through me⁴⁵. However, I was aware that if women had raised particular concerns I could have been placed in a difficult position professionally. This is an important factor for practitioner-researchers to consider.

3.4.3 Study Sites

Having withdrawn from the prison where I worked, I focussed instead on two other prisons. The Governors of those prisons responded quickly and positively, and delegated practical arrangements to named members of staff. The Governor of site 1 had asked for reassurances that no bias would be shown towards women I was interviewing in my own establishment. Whether a pre-existing relationship between researcher and participant helps or hinders research is unclear. In a prison environment, where there are deep issues of trust and self-preservation, it may increase participation rates and openness in interviews and enable very quick establishing of rapport. In any event, the point was academic for this particular piece of research.

⁴⁵ The potential conflict of interest, ethical considerations and advantages and disadvantages of carrying out research in your own establishment merits fuller discussion than space here allows. I am in discussion with the Griffins Society about doing this in a subsequent, discrete article.

3.4.4 Sampling and Access

The names of all of the IPP prisoners in the two fieldwork prisons were given to me. I wrote to each woman with an information sheet (Appendix 2) inviting her to take part in the interviews. Before the interviews, I went over the information sheet again emphasising they had the absolute right to refuse to answer any questions they were not happy with. I asked if they had any questions before they signed the consent form (Appendix 3). In Site 1, 4 women (of a possible 7) responded positively. One of these women had since progressed to open conditions in another prison, but was prepared to return to Site 1 for the interview, with the Governor's permission, which was duly arranged and for which I am very grateful. One participant subsequently pulled out of the interview on the arranged day⁴⁶, so I interviewed 3 women in this prison.

In site 2, one woman wrote to me saying she did not want to take part in the research, but 6 women (of a possible 10) responded positively⁴⁷. I therefore went back to the Governor of site 2 and the National Research Council to ask for permission to carry out 2 further interviews in site 2, so that all the women who agreed to take part could do so. Both responded affirmatively and all 6 interviews went ahead. I was broadly encouraged by participation rates.

One participant said why she was taking part in the study:

"I'm doing this because it's not just about me, there have been several women that have taken their own lives because of this sentence...So, it's not just about benefitting me, it's about changing the whole system because it's not fair." Jane

⁴⁶ I subsequently wrote to this potential participant offering further reassurances about anonymity and the absolute right she had to refuse to answer any questions she did not want to answer, as her Offender Supervisor had told me this was what she was primarily concerned with. I told her when I would next be in the prison interviewing, in case she wanted to participate after all. This highlighted how anxiety-provoking the interview experience can be for participants.

⁴⁷ In site 2, I was helpfully alerted by another researcher to the fact that the prison had not sought permission from the IPP prisoners in their custody before disclosing their names to me, and this had understandably caused some consternation amongst the women. In the event, participation rates were healthy, but this provided a point of self-reflection and evaluation for me. I realised it would have been wiser not to assume, as I did, that consent had been obtained by the prison, and to have sent the initial invitations and information to the prison to distribute on my behalf, although this placed more of an onus on them. I was so mindful of imposing on limited custodial resources at each stage of the research that this potentially blinded me at this particular point to a wider ethical consideration of consent.

3.4.5 The Interview Process

I interviewed 6 of the 9 participants for 1.5 hours. The 3 other interviews were shorter at approximately 45 minutes, one due to a significant language barrier. Care was taken at the outset to tell the participants the broad shape of the interview – past, present and future - so they felt held and signposted through, and to give them time for a break at regular intervals. In some instances, where I wanted to corroborate factual information, and where the participant had given written consent, I contacted the Offender Supervisor to triangulate with OASys Reports and the Offender Supervisor’s opinions. All the Offender Supervisors were responsive, cooperative and helpful.

At the suggestion of Professor Loraine Gelsthorpe, I asked each of the women to suggest a pseudonym they would like used in the final report so that they could identify themselves. Knowing how anonymous and forgotten IPP women can feel, I felt this would be a powerful tool and offer more humanity than participant 1 etc. The women responded enthusiastically to this suggestion⁴⁸.

3.4.6 Ethical Issues

Clearly, the participants were all from a highly vulnerable sample group with complex needs. I had rightly anticipated that many of them would have histories of severe and enduring mental health issues and self-harming behaviour. I therefore always made clear to each participant before they signed the consent form that I would be under a duty to disclose to professionals in the prison any information they provided that indicated they were a risk to themselves or others. Only one of the participants was on an open ACCT book at the time of the interview and I had a handover conversation with the escorting prison officer before the interview began, to check he felt she was adequately settled to take part in the interview.

I ensured at both the beginning of the interview and at the end that all participants knew where they could access support if they felt distressed by taking part in the interview, for example the Prison Listeners, Mental Health In-Reach Team, or the chaplaincy team. I made very clear that they were under no obligation to answer all of my questions. A few of the participants became tearful when talking about bereavements during their sentence. This section of the interview, about losses, was deliberately in the middle of the schedule, which allowed me to make sure that by the time the

⁴⁸ I did end up changing some of these chosen pseudonyms for anonymity considerations, or because, in one instance, one of the women chose a name which was the actual name of a subsequent participant. I intend to send each of the participants their own copy of the report, and I will ensure they know where their pseudonym has been changed so that they can still identify themselves.

participant was leaving she was no longer distressed. I paced the interview mindfully, allowing time between sections so that the women could take a break if they were feeling overwhelmed. I ensured that none of the participants left the interview to return to their cells upset or agitated. The interview schedule was designed to finish on an optimistic/empowering note asking the women about their hopes for the future and ideas for reforming the system. I ensured at the end of each interview, before we finished, that I did a check-out process with them to answer any questions, give them my Griffins Society contact details and ensure they were feeling settled. Because of the way the research sites organised the interviews on my behalf, professionals around the women were always aware that they had taken part.

3.5 Reflections on Methodology and Limitations of the Methods and Sample

Reflecting on my interview schedule, I think the questions were successful at engaging the participants quickly and identifying progression barriers. However, with hindsight, I might have ordered my questions slightly differently. Although they followed a logical chronology, one of the most significant questions I asked was on professional support towards the end of the schedule. By this later stage in the interview, the women were quite tired and perhaps less detailed and forthcoming in their responses than they arguably might have been earlier in the interview. I was also mindful of time and regime limitations and didn't probe quite as much to tease out more nuances in their experiences as I would have done at an earlier stage.

Interviewing 12 women in custody would have provided more data, but even from the 9 interviews carried out, similar themes were consistently arising. The focus group would have been beneficial to both the women and the research. It would have provided them with a unique opportunity to be together with other IPP women to discuss issues and experiences particular to them as a group, in all likelihood (going by the interviews I carried out) for the first time in their sentences. There is great power, particularly on a sentence as isolating as the IPP, in learning you are not alone. I anticipate that in a collective forum rather than individual interviews, the focus groups would have corroborated emerging themes in the interviews.

3.6 Data Analysis

Transcribing all of the interviews myself proved helpful in allowing me to become familiar with the data, to identify common themes and refine my interview technique. I carried out a thematic analysis, using Lieblich *et al*'s (1998) holistic-content standpoint using an inductive approach, identifying the themes from participants' responses, informed by the literature (in particular Addicott (2011), Appleton (2010) Crewe (2011) Crewe, Hulley and Wright (2016 and 2017), HM Chief Inspector of Prisons (2016), Padfield (2011, 2016 and 2017) and Peay (2011)). I highlighted patterns and divergences in themes and groups and grouped like-themed quotes together in word documents, before identifying sub-themes and areas of particular interest.

Due to the qualitative nature of this research and the relatively small numbers of women interviewed, I have not attempted any quantitative analysis. In descriptive terms, the women interviewed constitute about 12% of the 74 women in custody on IPP on the latest figures from 31 December 2017⁴⁹, as outlined in the introduction. Although my research sample is not wholly representative of the female IPP population across England and Wales, nevertheless the study provides information that may well be more widely applicable and this could be the subject of further research.

⁴⁹ Source: Prison Sentences: Females: Written Question – 136002 available at: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2018-04-16/136002> accessed 09.10.18. Given the high recall rates amongst IPPs, it is reasonable to suggest that the number of IPP women in custody has risen since then.

Chapter 4: Findings from the interviews

This chapter examines the findings from the interviews, beginning by considering the sentences imposed and the time actually spent in custody post-tariff. Demographic considerations of the sample are then discussed, before moving onto past experiences giving rise to pre-existing barriers to release. We then turn to the women's experiences of the IPP sentence. The chapter finishes with a case study.

4.1 Tariffs and Time Served

A's is the most disturbing case. Her short tariff was of 14 months and 3 days and she has, shockingly, now spent 13 years in prison, which is the equivalent of serving her tariff 11 times over. All of the women were significantly over tariff, as Figure 1 below demonstrates (arranged in order from longest over tariff, in proportion to tariff, to shortest):

Figure 1:

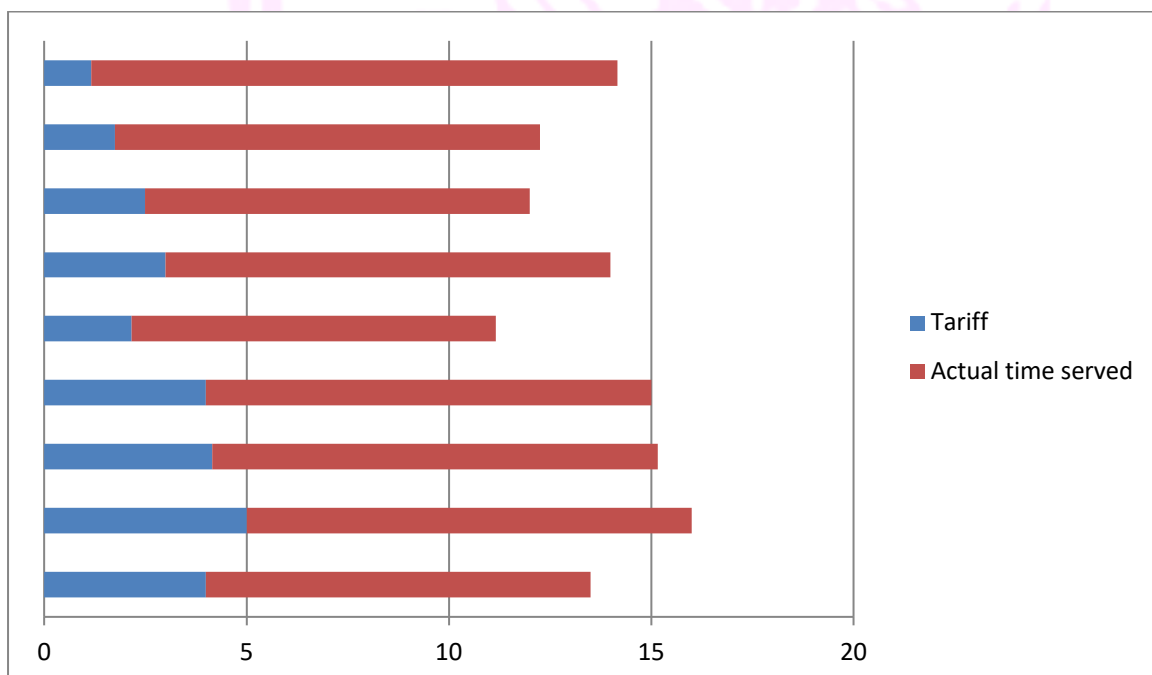


Table A:

NAME	TARIFF	TIME SERVED IN CUSTODY
A	14 months 3 days	13 years
B	21 months	10 ½ years
C	2 ½ years	9 ½ years in custody (was released in 2012 and recalled in 2014)
D	3 years	11 years
E	2 years 62 days	9 years
F	4 years	11 years
G	4 years 46 days	11 years
H	5 years	11 years
I	4 years (varied by the Court of Appeal from 6 years)	9 ½ years

Figure 1 shows that, had the women been sentenced to determinate sentences (the tariff reflecting half the appropriate determinate sentence), they would all have long since been released. The women in Table A above, had they been given determinate sentences, would all have been released automatically at the halfway point without the need to be considered by the Parole Board. The amount of time served in custody raises cause for deep concern, with each of them serving at least twice their tariff, and most of them serving over 3 times their tariff, with B serving 6 times her tariff and A serving 11 times her tariff.

The women were all significantly post-tariff, but had progressed (or regressed) differently through the system:

- 2 had received very recent news from a Parole Hearing and were preparing to transfer to open for the first time.
- 1 had already progressed to open conditions (but has since been returned to closed conditions).
- 2 were broadly hopeful about their next Parole Hearings, having completed everything on their sentence plan, although did not have a date for those Hearings.
- 4 were not hopeful of success at their next Parole Hearing – 1 of those had returned 3 times from open conditions and the other 3 had never progressed to open.

The stage each woman is at in her sentence is always significant, particularly psychologically and emotionally. For example, how far over tariff she is, how close or far off her next Parole Hearing is and the setbacks she may already have experienced (deferred, postponed or failed Parole Hearings, unsuccessful referrals to offending behaviour courses, or being returned from open prison, to name a few).

4.2 Demographics

Nine interviews were carried out on a 1-1 basis, 8 of the 9 were White British and 1 was from outside Great Britain. This participant's interview was largely unusable due to a significant language barrier, although her case is important since it revealed much about the difficulty of progressing through the system if you do not speak English. This woman had spent 11 years in prison, and was still unable to communicate with me effectively. I was given no fore-warning by the prison that there was a language barrier. Ideally, further arrangements would have been made to conduct the interview with a translator, when it became apparent that the interviewee was incomprehensible. Two considerations prevented this. Firstly, it became clear that the prison had previously tried and failed to locate a translator for Parole Board Hearings (which raises human rights issues in itself), and that for one official meeting where a translator had been present, the interviewee's answers had still been difficult for professionals to decipher due to a 'cognitive defect', as defined in a psychological report that I was able to read. Secondly, locating a translator who could then be authorised for access to the prison would have been time-consuming and expensive and both of these resources were limited for this project. Due to the poor quality of the interview, most of my findings on qualitative/narrative issues are therefore out of 8, unless facts were independently verifiable for this foreign national, when they are out of 9.

Ages ranged from 28-49 years old. Index offences ranged from robbery of a handbag (from a friend) to attempted murder. The majority were hundreds of miles from home and any family links.

The research was seeking to identify barriers to release and resettlement, and so we now turn to look at these thematically.

4.3 Pre-Existing & Internal Barriers to Release

"If they understood, like, why we did it – all the stuff we've been through." Lucy

4.3.1 Adverse Childhood Experiences

All of the women, apart from one, disclosed high levels of childhood trauma, which had clearly affected their self-perception, ability to trust and emotional regulation. Five had witnessed domestic violence as children, including one whose mother had tried to kill her father. Three had been abandoned, in that mothers or both parents had moved away during childhood or adolescence. All of the women had fathers who were neglectful in some way, abusive or absent (1 through bereavement and 1 through imprisonment). Six had experienced sustained sexual abuse over many years by family members or friends, with 1 conceiving a child by her father at 13 years old, which he aborted through a physical assault. One had been targeted, groomed and abused by a gang during her adolescence and received compensation from social services for systemic failing and neglect.

All of the women had significant behavioural, cognitive, educational or emotional needs which adversely affected their schooling with only 2 leaving school with any meaningful qualifications.

"I got bullied a lot because of what was going on for me at home. It would spill out into school. I'd hide under tables and rock and cry or hide in corners." Jane

Seven of the women had problems with drugs and alcohol starting in their teenage years, stemming from undisclosed abuse and trauma.

"I started drinking when I was 12. It took me to another planet." Collette

"I couldn't face the reality, I just wanted to be off my face all the time." Lucy

4.3.2 Childhood Psychiatric Issues

Clearly originating in abuse and neglect, 5 of the 9 women had significant psychiatric issues during childhood/adolescence involving self-harm, suicide attempts and psychotropic medication from a young age. Psychological support was provided in two instances but was hard to engage with, either due to attendance issues at school, or in one case because her abuser took her to the appointments, so she did not feel safe. Collette had the earliest suicide attempt at 9 years old, but, having survived, she says "I

gave up after that, I thought, "Well, I'm just in a life of misery." Both she and Lucy tried multiple times to take their lives during adolescence.

The overall picture was of deprived, abusive and dysfunctional childhoods, which created unhealthy and maladaptive coping strategies, severe and enduring mental health issues, risky behaviours and vulnerabilities to exploitation. In some instances, the women recognised their needs and expressly requested help from professionals, most predominantly from GPs: *"I said it's not just anxiety and depression. I've got lots going on."* Pebs⁵⁰. Lucy had specifically asked to move areas one week before her index offence, due to her history of horrific trauma and a failure of care from her local authority (her index offence was the attack of a man who she mistakenly thought was a gang member who had groomed and raped her).

The women did not think that their troubled beginnings excused their criminality - as Kel said, *"I understand my background's played a part, but I'm still responsible"*. Five of the 9 specifically expressed remorse about their index offences in the interview, although there was not a specific question around remorse.

Disadvantaged childhoods went a long way to explaining their criminality in terms of their pathways into offending and their subsequent inability to stabilise and cope in prison and progress their way through an indeterminate sentence.

4.4 Perceptions of Legitimacy

A number of different areas where legitimacy came into question arose through the interviews:

4.4.1 Lack of Information

All of the women spoke about how difficult the IPP was to understand when they were first sentenced, with many relying on other prisoners for information:

"I got back to jail and the others were like, "Oh that IPP is a bit nasty." I knew nothing about it." Pebs

Two reported that their solicitors were shocked they had been given IPPs as they were both just 18 at the time of sentencing.

⁵⁰ Pebs' life was spiralling out of control after she had bumped into her former abuser in a shop. After a friend had taken her to A&E with suicidal thoughts, visual and auditory hallucinations she was referred for talking therapy, but by the time the referral came through she had moved away, reflecting the pressure on community mental health resources.

4.4.2 Family Understanding and Support

All of the women reported that their families struggled to understand the sentence initially. Many families still fail to understand how the sentence works.

*“You have to explain to your family why you’ve got a knock-back, which is ****dy hard ‘cos they don’t get it.”*

Kel (who has since returned to closed conditions)

Many of the women spoke about withdrawing from family support in times of distress, because it was too complex and painful to explain their setbacks. Contact with family around those times could exacerbate the women’s frustrations:

“It’s difficult for them to understand the IPP sentence – they can’t get their heads around how I’ve been in prison all these years and I haven’t killed anyone.” Jane

Jane has returned 3 times from open prison. The repeated knock backs have clearly left her very unstable and overwhelmed with a sense of failure and hopelessness.

Six of the 9 women get no, or very few, visits from close family due to practicality, particularly aging parents, or distance. The costs of public transport were widely mentioned as prohibitive. In one case, the prison had taken the unusual step of funding visits for her family 3 times a year. One had only received 2 visits from her father in the whole of her 10 ½ year sentence.

The highest frequency of visits was once every 3 weeks. Perceptions of time, particularly between visits, were skewed:

“An hour feels like a day, a day feels like a week, a week feels like a month.” Jane

4.4.3 The Injustice of Indeterminacy

The women distinguished their tariff lengths, which they all judged as fair, from the length of time they have actually served.

“I deserved to be sent to prison, it was completely fair.” Pebs

"I do actually feel a lot of shame and guilt. I feel disgusted at myself... I did deserve a prison sentence."

Jane

Bessie actually felt her tariff of 4 years was too small in light of *"The dreadful thing"* that she did.

The pains of imprisonment arose most profoundly and specifically from the indeterminacy not the tariff.

"It's not a long tariff, it's not unfair...the length of time I've done though.... that's completely different."

Jane

Pebs spoke of the indeterminate element as being a *"mind f**k."*

This sense of injustice was felt most profoundly when comparing themselves to other women on determinate sentences, either for similar crimes or graver offences, where the disproportionality of IPP was most apparent.

"I've met women who've been involved in killing their children who've been in and out before me." Jane

One, the victim of sexual abuse, pointed out the perpetrator served less time in custody than she has. *"I still get victim support letters under my door"* she noted, ironically.

The pain caused by the indeterminate detention way over tariff was palpable in all of the interviews.

There was a widespread sense of hopelessness, injustice and unfairness. "Frustrated" was a word that appeared most frequently:

"I feel anger, frustration, sadness, I've lost a lot during this time and I've lost myself." Jane

"Very angry, frustrated, I just feel let down by the system." Janet

[Having no end date] *"that's the most hopeless thing, it's awful. You're scared of everything."* Pebs

The distressing and destructive emotions experienced meant the women recognised they could sabotage their prospects of Parole:

"Sometimes it gets on top of me so much that I become quite bitter, become very anti-social...I kind of start feeling "What's the point?" I don't want to hurt people, it's not about that, I hurt myself more than anything." Jane

4.4.4 Abolition

Eight of the women expressed relief that the sentence had been abolished, for the sake of those coming through the courts after them. However, there were widespread feelings of compounded anger and disbelief that this had not been applied retrospectively - *"why have we still got it?"*, as Geri put it. This made the women feel particularly disenfranchised, frustrated and distressed:

"When they stopped giving the death penalty, they didn't then kill all the people that were awaiting death." Jane

4.5 Losses During Sentence

The women had all experienced significant losses during their sentences. Six of the 9 women have children, all of whom are in local authority care, apart from one who is with a family member. The majority felt that their children were better in care, and spoke openly of their own failings as mothers. One was relieved that her child being taken into care had broken a destructive chain of inter-generational criminality in her family, where crime was *"glamorised"*⁵¹. Only 2 of the women had annual letter box contact and only 1 had annual contact visits (and she had to transfer hundreds of miles to a prison in the North for this to happen). The one whose child has remained with family has regular contact and visits, but these are costly for the child:

"My daughter still struggles, like, when she leaves, my dad says she's all quiet." Janet

Many of the women had experienced significant bereavements and one had experienced a serious illness during their time in prison. Five of the women have lost close family members, including parents, and Janet's infant son tragically died: *"It was hard."* For Bessie, losing her father during her time in prison *"destroyed me"* and led to a suicide attempt.

Not all the women were permitted to attend funerals, and when they were given permission, it was a complex decision as to whether to attend or not. Bessie chose not to:

"I would have had to go to a completely different prison, be handcuffed to a complete stranger – most of my family didn't know I'm in prison." Bessie

⁵¹ She also spoke about the removal of her daughter leading her to *"a lot of self-hatred - I just really loathed myself"*, which contributed to her needing *"the approval of my dad"* and seeking it by committing her index offence.

All of these bereavements happened when the women were post-tariff. In these circumstances, it appeared potentially crushing for the women.

4.6 Mental Health Implications of Indeterminate Imprisonment

Describing the lived experience of an IPP sentence, the language used was universally stark, with the word “torture” being prevalent.

“Devastating. It’s death.” Geri

“Inhumane, because there’s no end to it.” Pebs

“Soul-destroying. A lot lonely. Hopelessness.” Kel

All of the women spoke about the adverse effect of the sentence on their mental health. The word “fear” arose repeatedly in interviews:

“My mental health has definitely declined...I’m afraid of being stuck here and I’m afraid of hoping and dreaming and I’m afraid of getting out. I’ve been out of the world so long that I fear it.” Jane

“You give up, because you think you’re never going to get out.” Collette

They highlighted self-isolating behaviours as a direct result of the pains of indeterminacy, which affected their ability to engage in interventions:

“I wouldn’t socialise, I’d be in a dark room all the time, I was...cutting up.” Bessie

“I’ve become, like, drawn into myself...I’m just miserable.... I just feel like I’ve got to be on my own.” Lucy

The women all reported that they had been open to the Mental Health In-Reach Team (MHIT) at various stages in their sentences, and had either primary or secondary mental health issues. Seven of the 9 reported they were currently open to the MHIT, with varying levels of contact. All of them had been on psychotropic medication at some point in their sentence, and the majority still were. They had a wide range of psychiatric diagnoses, including, most prevalently (6 of the 9), personality disorders, as well as bi-polar, complex PTSD, eating disorders, schizophrenia, anxiety and depression.

One was passionate about the advantage of talking therapies over medication, particularly for personality disorders:

“The only medication you need for EUPD is not physical tablets, it’s holistic medicine. So, you need people to listen to you...to help you if you stumble and belief and opportunity.” Pebs

Seven of the 9 women had been on ACCT⁵² books during their sentences, but only 1 was on an open ACCT at the time of interview. Six of the 9 had tried to commit suicide multiple times during their sentences, and one had experienced suicidal thoughts. These attempts were predominantly triggered by feelings of hopelessness around the sentence and deferred Parole Boards.

Jane has tied hundreds of ligatures in custody and Lucy has tried to take her own life over 30 times:

“Just give me the lethal injection. If they offered me the lethal injection I would take it. I don’t want to be in jail no more.” Lucy

4.7 The Psychological Significance of a Date

All felt strongly that their main internal barrier to progression was the indeterminacy of their sentence and that having a specific target date would remove pressure.

“I can’t see an end” Jane said, but having a specific date would *“most definitely”* make a difference, *“Because I’d have an end in sight that I could plan towards.”*

“Just give us a date... I can’t see my future, what’s there to look forward to?” Lucy

Pebs felt that extending sentences for the sake of doing necessary work was *“better than saying there’s no end to it.”*

All the participants wanted a fixed release date, as without one: *“There’s no light at the end of the tunnel.”* Kel

They felt strongly that a specified date would make a significant difference to their perceptions of fairness, mental health and ability to engage and plan. As one explained, when talking about a friend on a determinate sentence:

“Because she’s got a date of getting out on, she’s got a way of doing it.” Bessie

Another spoke about the sentence feeling meaningless and destructive:

⁵² Assessment, Care in Custody & Teamwork – the document which is opened, and the process under which the prisoner is then managed, when thoughts or intentions of self-harm and/or suicide are expressed.

"I think there is an initial period of custody where it is purposeful...but I feel there comes a point where it's too much, it's too long and it's not purposeful; there's only so much you can achieve." Jane

4.8 Accessing Interventions

There were some common complaints about poor access to or availability of offending behaviour programmes. One was unable to engage in any offending behaviour programmes because of a language barrier and cognitive defects. Her prospects of release are therefore exceedingly low. Those with sexual index offences (2 of the 9) spoke about the difficulties of addressing their offending behaviour, as all of the courses are designed for male sex offenders.

The greatest issue for the women was how emotionally costly it was to engage. The majority of the women found accessing interventions extremely difficult or impossible due to anxiety and past trauma:

"I can't sit in groups." Janet

"In groups I was panicking." Pebs

They all spoke about the difficulties of having therapy in prison due to the way the environment mirrored and re-triggered past abuse:

"I haven't dealt with the past, I don't think I'm ever going to especially in prison because I can link some of the things they're doing to me to what I've had done in the past." Jane

"Owning what happened to me as a kid and sharing with strangers... it used to leave me regularly shaking...The IPP sentence forces you to go through everything over and over and over." Pebs

When they did engage, processing issues raised in groups when locked in a cell (including, as Bessie said, *"taking on information about other people's crimes"*) was distressing: *"They open this can of worms and then they leave you...the key goes in the door."* Collette

One called prison a *"fake environment"* and spoke of the *"trauma"* of being in such an environment:

"It is a false setting, so when they say we've got to grow and that, there's only so much growing you can do in here." Kel

Another spoke about having to undergo an intervention where she was required to share a cell because of the location of the intervention. She ended up self-harming because she struggled sharing her living

space. She was anxious about transferring to another prison for specific courses without reassurances of a return:

"It makes me fear going there, because am I actually going to get back? I want to stay in this area."

Bessie

It was apparent that emotional demands were made of the women to engage in therapy that would never be considered reasonable or humane in a non-custodial environment, particularly in light of the fact that they would be sharing and hearing traumatic, re-triggering material and then locked in a cell.

Transfers for interventions were difficult, with one speaking about always *"feeling unsafe and unsettled"* when she transferred. All had been moved frequently, with a range from 3 to 10 transfers between prisons. Unwanted transfers were highly significant in terms of barriers to progress:

"There is lots of powerlessness...because of all the situations I had as a child, all the moving house going from care home to care home. So, emotions that I feel are not just emotions for now, it's everything.

This is the story of my life...just being chucked about like I'm nothing. I can't get stable." Jane

4.9 Parole Boards

Three of the women had mostly had paper hearings, despite being fully entitled to an oral hearing before the Parole Board⁵³. One said:

"I've asked for proper ones, they turned round and said, "Well because you haven't done the work, we'll just do it as a paper hearing." Bessie

Another had clearly accepted paper hearings the majority of the time as she felt oral hearings were useless:

"What's the point of even doing it?" Lucy

⁵³ Paper hearings are decisions made solely on the papers by one to three Parole Board members, and without the presence of the prisoner or professionals. Oral hearings take place before a Parole Board of two to three members, in the presence of the prisoner and her legal representative, if she chooses to be represented. Professionals will be called to give evidence and be questioned by the Parole Board. Oral hearings are inevitably a much fuller examination of the case than a decision made solely on the papers.

All of them had had paper hearings at the beginning of their post-tariff imprisonment, as they had perceived their tariffs were just too small to complete the necessary risk reduction work and therefore an oral hearing would have been pointless:

“He [the judge] wanted me to do all these courses and I thought well [they’re all years long] and in between you’ve got to be shifted prisons. I’m gonna go all over the country. I’m not gonna see my family. My mental health is gonna decline.” Collette.

11 years later (with a tariff of 5 years) Collette has *“just finished everything.”*

When asked to describe the IPP, Jane described it as *“stupid, it doesn’t make sense; when I was deemed to be serious of committing such harm that I was given a 21 month tariff.”*

They had all experienced substantial and repeated delays with Parole Board hearings, sometimes leading to suicide attempts. Although the delays were clearly significant, they all spoke about them quite resignedly. However, it affected their motivation and perceptions of due process. The immense stress of the Parole Board Hearing was clear in interviews: *“Your head just goes into Parole mode”* Collette.

The individual approach of specific Parole Boards, in particular their understanding of mental health issues, had a significant bearing on how easily the women felt able to engage. Kel suffers severe anxiety, self-harming and insomnia and had written, herself, to the then Minister for Prisons and Probation to highlight this before her Hearing and this was passed on to the Parole Board: *“From the moment I went in there I felt very at ease with them...they was just more caring.”* It is notable that she wrote to a Minister at the Ministry of Justice rather than the Parole Board directly. This highlights how little prisoners understand of how the Parole Board is an independent, arms-length, public body.

Kel’s most recent Parole Board experience was striking, because the initial hearing had to be adjourned, but the Board had taken the very unusual step of agreeing a new date, which they gave to her there and then. She was clearly very affected by this, saying that she wanted to find out the names of the Parole Board members (which she did not know) and write to thank them for the way they had treated her.

Bessie spoke about her last Parole Hearing as being overwhelming, describing herself as *“very nervous. Didn’t know what was going on. Very confused as to what was being said.”*

When asked about their risks, 6 of the 9 felt that their risks had changed due to interventions, stable mental health, plus drug and alcohol detoxes and recovery programmes. Two of them spoke specifically

about the weight of the index offence and being judged on it (for all of the women many years before) when in front of the Parole Board:

"I was a very dangerous person for a little while...if people were to see my early years on paperwork and not get to know me now, like, I wouldn't let me out!" Pebs

The women also spoke about their "risk" increasing when they transferred prisons, due to the de-stabilising effect of the transfer, or when they had finished interventions:

"When you come out of TC⁵⁴ all of your risk factors go up." Pebs

One spoke about how aggrieved she felt by, essentially, being assessed by a computer through C-Nomis and OASys:

"That's not you in a whole nutshell...I don't feel we should be tallied up against men, or someone who's out in society who's had a different upbringing... I think OASys needs to be based on the here and now, rather than what was, 'cos my crime was committed in 2007. I have come a long way, I'm a different person." Kel

Another felt that the pathway towards release involved her becoming "very robotic":

"I just feel like they want me to become some kind of a robot and that's not who I am." Jane

One spoke about being told in her last Parole decision that she needed to undergo more 1-1 psychology, but the psychology service that the prison uses has since told her there is no more they can offer, which "leaves me stuck." Geri

The progression to open was also perceived negatively by the women, in terms of moving away from existing support structures and relationships and into communal living:

"One of the hardest things is going to be... I've been in my own room for 11 years. I've had my own lock and I've got to go to a dorm of 8. I don't want to be in a dorm of 8." Collette.

Although anxious about open conditions, Collette had had substantial input into her licence conditions, which she clearly found motivating and empowering: *"I think that's an important thing for IPPers, because often the licence is where they trip up."*

⁵⁴ A Therapeutic Community – which is a participative, group-based approach to long-term mental illness, personality disorders and drug addiction.

4.10 Professional Support Networks

The women widely perceived that they currently had good support networks around them. The key amongst professionals was those that had time, were caring, would listen and whom they could trust. Two of the women singled out the specific support given by the chaplaincy team in the run-up to, and during, the Parole Hearing.

The women considered monthly appointments to provide a good level of support. The highest number of change of Offender Managers (Probation Officers outside the prison) was 7, whilst 2 of the women had had the same Offender Manager for the whole of their sentence. Kel, when she had been released, believed she had two Offender Managers from different areas who disagreed about her being recalled.

The women spoke resignedly about high numbers of Offender Supervisors inside prison, with sudden changes regarded as inevitable. None of them perceived their lack of progress to be due to current lack of support, but their expectations of the system were low. There was widespread agreement that more staff training would be beneficial:

“Maybe they could have some more awareness as what’s actually serious and detrimental to someone.”

Kel

Being given responsibility was also something that had brought meaning and progress for those that had experienced it:

“You need people to trust you. Being believed in was the most powerful thing that’s happened to me – you need people not to judge you, to help you.” Pebs

All of the women said that the interview was the first time they had spoken specifically about the lived experience of being on an IPP sentence, despite being in custody for between 9 and 13 years. They all agreed that professionals working with them should receive training on the pains of indeterminacy and the specific support needs of those on IPP.

4.11 Case Study

Bessie

Bessie's case highlights some particular issues around early intervention, missed opportunities and special needs.

Bessie presented as intensely vulnerable and described herself as a *"quiet, shy person"* who was *"picked on and bullied a lot"* at school. She was sent to a special school for secondary schooling but the promised 1-1 help never materialised. At 11, she was referred by her school for an autism screening, but her father did not pursue this due to his view that she would *"get over it"*. After school, she found employment, but got involved in a coercive relationship and then began drinking heavily. She turned to sex work to fund her alcoholism. Her mother died and soon after she became pregnant. Having given birth, she had no local family support and a lack of professional support and quickly became overwhelmed. She was on medication for depression. She attempted suicide, and was referred for specialist support, but as a single mother struggled to make the appointments due to having to get three different buses and finding care for her baby, so only went 3 or 4 times. So began the descent into chaos that led to her index offence.

Five years over her tariff, she became ill and had to go out for treatment, which challenged her institutionalisation: *"It wasn't until I started going out to hospital that I realised "Oh there is an outside here." Because...this was like the first car I'd been out in, I dunno, years, and going into the hospital and smelling the coffee. My mates warned me at first saying, "Oh you'll probably have children staring at you because you've got handcuffs", but it didn't bother me, it gave me a lift, like a buzzing feeling, like a happy feeling that there is an outside, there is chance of getting outside and then that made me talk when I was on the TC." [before I felt] "I don't want to go out, what's the point of going out?" but then, having seen the outside world, she felt "Yes, there is something going on out there which I could quite easily fit back in. So, it's completely opened me up and I think there's a difference there."*

Bessie shows how institutionalisation had affected her ability to engage with interventions. An additional barrier to progress for Bessie was her undiagnosed autism. This was finally diagnosed last year, 10 years into her sentence. She has since received some specific support from psychologists around understanding and expressing emotions and social interacting, but before this was unable to effectively access interventions, as her 7 years over tariff demonstrate.

4.12 Conclusion of Findings

The interviews highlighted a number of barriers to risk reduction, resettlement and release. Some of these were internal and complex, such as pre-existing, psychological barriers stemming from adverse childhood experiences which impeded the women's ability to engage with prison regime and risk reduction work. Others were external barriers which, on the face of it, would be more straightforward to address, such as delays with Parole Board hearings and lack of tailored support from professionals. We go on to consider the different barriers identified, and how they manifest themselves, in the next chapter.



Chapter 5: Analysis and discussion

This study sought to identify barriers to release and resettlement amongst women IPP prisoners using the narratives of prisoners with a lived experience of the IPP sentence. Analysis of the interviews revealed a number of internal/psychological and external/systemic barriers to release. Some of the internal barriers were pre-existing in the women before they came into the prison system due to adverse childhood experiences and mental health diagnoses. Others were a psychological response to the sentence itself and the deprived, oppressive prison environment in which they were being punished. The question of legitimacy began as an external, systemic barrier but also manifested as an internal barrier due to the way the illegitimacy of the sentence was perceived by the women, and their psychological reaction to this. There were some factors which were not barriers. Responsibility and remorse – which Parole Boards would examine - were widely expressed, with all of the women feeling that they deserved a custodial sentence for their index offence and that their tariff was just, even though all agreed that IPP was not.

5.1 Internal Barriers

The “poly victimisation” (Crewe et al 2017:1368) in the women’s pre-custodial lives was evident. All of them came into custody with pre-existing internal barriers, due to a variety of reasons:

- childhood trauma (leading to alcohol and substance abuse)
- learning disabilities
- language difficulties
- autism
- psychiatric diagnoses, including personality disorders

All of these factors had significant implications. Firstly, on how well the women were able to cope with a fundamentally anti-therapeutic prison environment (Malloch and Mclver 2013) without acting out on negative emotions and thus being transferred or sabotaging their parole prospects. Secondly, on how effectively they could engage in interventions, by which I include offending behaviour programmes, psychological work and 1-1 or group therapy. The women’s articulation of the re-traumatising effect of

the prison environment and how this counteracted the potential benefits of therapy was striking, echoing Moore and Scraton (2014). Progress made through interventions was undoubtedly emotionally costly, often leading to distress, and therefore slow. For those women who could not withstand the emotional pressure of sitting in groups, progress was more severely curtailed, due to the need to wait for individual therapy, where available, and the need to be assessed as suitable.

A common theme that emerged was missed opportunities and a failure on the part of the state to intervene before the index offence occurred. In particular, it was striking how many women spoke about seeking help from GPs, who made referrals on for specialist help which did not materialise in a timely manner, if at all. This highlighted the immense pressure on GP services and the lack of resourcing for community mental health services and specialist women's support services and centres. The 9 participants between them have now been in custody for 95 ½ years, at immense cost to the public purse⁵⁵.

It was clear that the women's expectations of the state were low. Lack of early intervention was spoken of in a resigned manner. An absence of any whole system approach, that was clearly needed to divert these women from offending behaviour, was accepted as par for the course; professionals that did want to help and signposted on for more specialised services were limited by resourcing in their capacity to deliver the care and intervention that was needed.

Peay's (2011) assertion that IPP would "catch" those with personality disorders due to issues of risk and worry intersecting was borne out by the sample, with a predominance of Emotionally Unstable Personality Disorder. This was particularly relevant in matters of sentence progression due to the affective dysregulation that EUPD causes (see The Royal College of Psychiatrists⁵⁶) which leads to unhealthy coping mechanisms and self-harming behaviours, which were seen as dysfunctional and disruptive in prison.

The mental health impact of the indeterminacy of the sentence on all of the women was undeniable. This had compounded pre-existing diagnoses, particularly in terms of anxiety and depression, and impacted motivation, ability to engage and make progress. A majority of the women were taking

⁵⁵ It is difficult to put a precise cost on this, but imprisoning female offenders is much more costly than male offenders due to the consequences for children (95% of whom have to leave the family home if their mother is imprisoned (Prison Reform Trust (2018)) and because most of them serve their sentences in more expensive, high security prisons due to the lack of spaces in female open prisons. Pryce (2013) puts the average cost at £56,000 a year. For this cohort of just 9 women we are therefore looking at a cost to the taxpayer of £5,348,000. By way of comparison, a women's centre in a London Borough can be run on an annual budget of £300,000-400,000. This enables holistic, gendered support for between 300-400 women per year. The average annual cost for services at such a centre thus equates to approximately £1,000 per woman. Further North, in Manchester, annual support service costs are approximately £500 per woman (Women in Prison (2017)).

⁵⁶ Source: <https://www.rcpsych.ac.uk/expertadvice/problemsdisorders/personalitydisorder.aspx>

psychotropic medication. Many fluctuated between being on and off open ACCT documents due to thoughts or actions of self-harm and suicidality. The “fear” that the sentence created, leading to a sense of hopelessness, was palpable, corroborating previous findings by HM Inspectorate of Prisons (Unintended Consequences 2016) and The Howard League for Penal Reform (2013). This had clearly impacted the women’s self-esteem, ability and impetus to plan for the future.

As one participant stated:

“I don’t see a future.” Lucy

(Lucy has never progressed to open conditions)

The lack of direction with which they lived, and insignificance they therefore felt (reflecting Van zyl Smit’s findings around indeterminacy and human dignity (2001)) was obvious. The repeated use of the word “fear” reflected the ‘Chronophobia’ first coined by Russo (1943) - a panic that occurs when the prisoner is beyond the distractions of the early phase of the sentence. Most life-sentenced prisoners offset this fear by then working towards the halfway point, or single figures (as discussed by Crewe *et al* (2016)). The lack of these psychological markers, and therefore the often crippling Chronophobia, was evident in the emotional terminology the women used to describe the lived experience of the sentence. The profound dichotomy that the women found themselves in was seemingly unresolvable – a sentence which affected their mental health so negatively, that they were unable to progress through it.

With 5 of the 9 women on short tariffs, Creighton’s assertion (2007) that this group is least likely to be released is borne out (compared to those on longer tariffs and male lifers). Creighton bases this assertion on the fact that the prison estate is poorly equipped to deal with female lifers.

It was also evident that tariffs were too short to identify offending behaviour needs and complete the necessary programmes in relevant timescales (a point also made by Creighton (2007)). This compounded perceptions of injustice and illegitimacy: the “creaking system” (Padfield 2016:10) simply did not have the resources to enable the women to discharge the heavy burden of risk reduction, which is firmly placed upon them.

All of the women had the emotional capacity to show empathy on behalf of those coming through the system after them; there was widespread relief that they no longer faced the prospect of IPP. The fact that all the women agreed they should have received a custodial sentence and did not disagree with their tariff, in terms of proportionate punishment, was also notable. However, the women raised valid questions around fairness and justice in light of the non-retrospective application of the abolition. The

IPP does indeed have “a long tail.”⁵⁷ As Annison and Condry state (2018) there is an “incongruence” between the 2012 legislation and the “refusal to pursue this to its logical conclusion, caus[ing] families anger and confusion” (2018:3). Issues of injustice were particularly acute in light of the fact that they would all have been released automatically at the halfway point of a determinate sentence without the additional barrier of the Parole Board.

Perceptions of procedural injustice are connected to wider perceptions of legitimacy (Tyler 2003). The widely acknowledged, inherent injustice of IPP underlies IPP prisoners’ entire experience, and in this way makes their pains of imprisonment unique.

The pains of the indeterminate, post-tariff period were most pronounced when the women identified significant bereavements, most of which were experienced on top of the loss of relationships with children, which Walker and Worrall (2000) and Hairston (1991) identify as highly traumatic for women. The anti-therapeutic environment made the grieving process almost unbearable, particularly where funerals had not been attended. The grief, in one woman’s words, “*set me back quite a lot*” (Bessie) through the way it affected the women’s ability to engage in interventions. This then had negative implications for Parole Hearings.

Arguably the most troubling internal barriers identified, however, were those that arose from learning disabilities, language barriers and autism - troubling, because these are factors which the women cannot change. Therefore, the onus for reasonable provision and support must lie with the state. It is very difficult to learn a foreign language if you have a cognitive defect and it is hard, if not impossible, to demonstrate risk reduction if you cannot engage with interventions due to cognitive and language impairments. Negotiating an IPP with autism is also deeply problematic, particularly due to social and communication difficulties, and, for risk considerations, below average empathising. Progress is dependent on proper and timely diagnosis and then robust provision post-diagnosis to enable effective engagement with interventions.

Autism is often mis-diagnosed as personality disorder, leading to ineffective treatment and management. As a recent piece of Public Library of Science (2018) research states: “*Correct clinical diagnosis is important, as the existing relatively small amount of evidence, especially as regards adult autism, suggests that different intervention approaches might be effective in the two conditions. For example, self-harm in Autistic Spectrum Conditions has been found to be strongly associated with sensory overload, while in Borderline Personality Disorder it tends to occur in the context of interpersonal*

⁵⁷ HM Inspectorate of Prisons and HM Inspectorate of Probation (2008) *The indeterminate sentence for public protection: A thematic review*. London: HMIP (2008:4)

*conflict and emotional dysregulation. Thus, in ASC it may seem reasonable to manage it by reducing activities causing sensory overload, while in BPD there is evidence for the efficacy of psychological interventions that reduce emotional dysregulation or prompt 'mentalizing'.*⁵⁸

Diagnostic services within the prison system are extremely patchy, as Bessie's diagnosis 9 years into her sentence demonstrates. A diagnosis is only then meaningful if all relevant professionals are made aware and robust provision is then put in place.

In Bessie's case, the psychologists in the prison where she was held had done some highly effective work with her around naming and understanding emotions and this had enabled her to engage with interventions (and, indeed, with this research) in a new way. She was also receiving monthly support from a Learning Disability Nurse.

However, not all Mental Health In-Reach teams are resourced to be able to provide this kind of highly specialist care, and the provision is a lottery, resulting in discrimination. The human rights issues raised around these areas are pressing for those on IPP, as Juliet Lyons identified a decade ago in 2008 "They are, in effect, serving a longer sentence because of a disability."⁵⁹

5.2 External Barriers

The women in this study corroborated earlier research on perceptions of legitimacy. These are highly significant in the prison environment, with perceived injustices creating disengagement, resistance and distress (Digard 2010). Tyler speaks of legitimacy being a psychological property of an authority that "leaves those connected to it to believe that it is appropriate, proper and just" (2006:375). Findings from the participants about the lack of information around IPP at the beginning of their sentence echoed Addicott's (2011) conclusions that much information was drawn from other prisoners rather than professionals.

Questions of legitimacy came most prominently to the fore when comparing themselves to other women for similar, or graver, offences. Systemic unfairness arising disproportionately in sentencing through IPP was evident – a key component of Fassin's "shock of prison" (2017:103). The women

⁵⁸ Dudas, Robert B., Lovejoy, C., Cassidy S., Allison C., Baron-Cohen, S., "The overlap between autistic spectrum conditions and borderline personality disorder" (2018) Published 8 September 2017 available online at: <https://doi.org/10.1371/journal.pone.0184447>

⁵⁹ Juliet Lyons, evidence to Ministry of Justice, 2008:66 and also see Prison Reform Trust Report 2010

articulated that the IPP sentence essentially meant “Two people who commit the same crime can end up getting very different punishments” (David Cameron, then Prime Minister - House of Commons Briefing Paper 2016:12). The patent injustice led to a profound lack of confidence in the system and exacerbated destructive and distressing feelings of frustration, anger and hopelessness.

Also relevant to questions of legitimacy were the commonplace delays, deferrals and adjournments in the parole process. These are often an unacceptable “abuse of power” (Padfield (2017:50)). The destabilising effect of ever-shifting Parole Board dates, as recognised recently in *Bate v Parole Board*⁶⁰, had clearly impacted their mental health, with suicide attempts in extreme cases after postponements, adjournments and deferrals. It was clear from the interviews that the power and responsibilities of the Parole Board have outgrown the available resourcing and this urgently needs to be looked at.

The women mostly perceived fault to lie with the Parole Board members themselves, but in many instances the deferrals and adjournments were due to unavailability of professionals, inadequate reporting and risk management planning on the part of offender supervisors and managers, which the women were then, effectively, punished for – they are indeed “pawns” in the system (Padfield (2017:37)).

It was evident from Kel’s interview that she believed Parole Board members do not take deferrals or adjournments lightly, recognising the huge cost that is then borne by the applicant, but they are often left with no choice. This reflects the lack of muscle and statutory power that Parole Boards have to enforce directions – there are no consequences for professionals or prisons who act unprofessionally and the Parole Board do not have the power of a court to summons witnesses.

In addition, there may be issues around the role of the Public Protection Casework Section (the role of which has never been studied). The PPCS delivers a range of casework functions on behalf of the Secretary of State, including the progression of cases through the indeterminate parole process. Their disclosure of documentation and efficient administration is crucial, and yet the Parole Board – let alone the prisoners themselves - has no leverage over them. Padfield’s suggestion that “the Board should actively manage cases from the moment they are initiated” (2017:50) is something to be welcomed and further explored⁶¹ as it could potentially ease the barrier of the Parole Board for IPP prisoners.

The lack of family visits to the women was distressing, particularly in light of the wide body of literature showing how important family ties are for support, progress and desistance (for example, Maruna

⁶⁰ Ibid at n. 34

⁶¹ Also see the same point by the Lord Chief Justice in *R v Vowles*[2015] EWCA Crim 45

(1997) and Ministry of Justice, Lord Farmer Report (2017)). In Addicott's (2011) research, one of the participants spoke of withdrawing from family support completely as a self-defence mechanism because his family did not understand how the sentence worked. The women interviewed in this research echoed something of this around failed Parole Hearings, when their family's misunderstanding of the sentence made contact painful and distressing. This resonates with Annison and Condry's findings that IPP families report being "unprepared for – or simply not informed about – parole hearings" (2018:8).

However, it was clear that they craved contact, even from formerly abusive fathers. The lack of visits was largely not due to inadequate families – most had quite regular telephone and postal contact – but due to practical considerations, particularly the distance from family and home links. Eight of the 9 were from impoverished backgrounds and the costs of public transport were prohibitive. In addition, there was the aggregating issue of aging parents, due to how long the women had been in custody. They simply could not make complex journeys via public transport. Three of the women had parents who had died since they had been imprisoned.

Peb's case was one of the exceptions, with her parents being less than two hundred miles from the prison where she is held, able to drive and fit enough to make monthly visits. This had been highly significant for her in terms of re-building the previously turbulent relationship with her father:

"We are so close now...and that's been done through talking with each other, family days... My dad apologised this year: "I'm sorry for how I was when I was younger and I know I wasn't the best dad".

Like, I cried my eyes out, literally, it was the most cathartic feeling." Pebs

The lack of visits from family also contributed to the women lacking any outside-based identity and therefore being at risk of institutionalisation. It was clear that face-to-face contact was what was most beneficial for the women and their families, particularly with children. This corroborates a wide body of literature on the superiority of face-to-face contact – see for example Oregon Health and Science University (2015)⁶².

Institutionalisation was clearly a significant barrier to progress with a number of the women, who both longed for and feared release simultaneously. The two participants who had received IPPs at 18 years of age had spent their entire adult lives, and key formative years, in prison. It was noteworthy that those who expressed fear about being released did not raise the life licence as an issue, (in contrast to Addicott's research where discussions about the life licence were "heated" (Addicott 2011:73)) but

⁶² Teo, Alan M.D., M.S. Does Mode of Contact with Different Types of Social Relationships Predict Depression Among Older Adults? Evidence from a Nationally Representative Survey. *Journal of the American Geriatrics Society*, October 2015

simply had crippling doubts about their ability to cope in the community after so long in prison. Bessie's hospital trips clearly, but totally inadvertently, helped to overcome the institutionalised mind-set she had up to that point, giving her fresh hope and purpose. She had not progressed to open status, but this taste of the outside world enabled her to see a place and life for herself beyond prison. This raises questions about the merit of ROTLs⁶³ *before* the women are held in open conditions, or recategorised by the Parole Board to open status – as a *means* of progress rather than an *outcome* of progress, facilitating outside-based identities. This could help to counteract two identified barriers to release: hopelessness and institutionalisation.

One spoke passionately and hopefully about the job she had been promised in the community with a charity she was working with in the prison:

“Properly headed paper, a proper job offer.” Pebs

ROTLs facilitated to a place of work which then had the possibility of becoming permanent on release would not only motivate the prisoner in custody, but provide a rich source of community stability and support, which it is crucial to demonstrate to the Parole Board before they will consider the risk test to be satisfied.

The almost inevitable requirement for the women to be “tested” in open conditions frustrated the women and exacerbated the pains of their imprisonment. It added yet more time over tariff, and did not, in any event, mirror the circumstances they would be finding themselves in outside and therefore failed to prepare them adequately for life in the community. Open conditions, particularly living in dormitories, create living conditions that most adults, even those without trauma-histories, would struggle to cope with. It also transferred them onto a new set of professionals, and particularly a new Offender Supervisor, who would be significant in terms of community planning.

Being returned from open to closed conditions compounded their sense of failure and set them back disproportionately, as one said (who has returned three times from open):

*“Everyone knew I'd been taken to open, I didn't want to go back to “You've been to open and you're back here, are you ****ing stupid?” I didn't want to go back and face that.”* Jane

Open conditions also do little to overcome institutionalisation. As HM Inspectorate of Prisons recommended in 2016, NOMs and (now) HMPPS “should consider whether spending time in open

⁶³ Release on Temporary Licence when the prisoner is able to leave the prison for the day and visit the community or a place of work.

conditions is beneficial in terms of prisoners achieving positive outcomes” (2016:13)⁶⁴. In light of how destabilising transfers are to the women, and how little time they are funded for in Approved Premises, this raises questions around resource management. It would arguably be more effective for IPP women (and, surely, also from the Parole Board’s risk management perspective⁶⁵) for funding to be invested in a longer stay in Approved Premises and, indeed, more local female Approved Premises. (It is worth noting that there are only 6 Approved Premises for women in England, with none in London and, as with women’s prisons, none in Wales⁶⁶ so women are often placed on release a long way from local connections and support. The Supreme Court in 2017 found this distribution to be discriminatory⁶⁷). This would allow for an extended period of supported community re-integration, overcoming institutionalisation and allowing the family to slowly adapt to having their loved one out of prison.

The progression regime at HMP Warren Hill is often held up as a comparative success story (see HM Inspectorate of Prisons (2016)) for the male estate in terms of managing and progressing IPPs with complex needs, but there is no equivalent progression regime in the female estate. The lack of gender-specific offence provision for the women was arguably most problematic for the two women convicted of sexual offences. Their lack of progression reflected the reality of programmes developed for male offenders not meeting the needs of female offenders, as identified by Barry and McIvor (2010) and echoing findings by Martin, Kautt and Gelsthorpe (2009) about ineffective use of non-gendered interventions. The question for the criminal justice system of quite what to do with female sex offenders remains outstanding and reflects the lack of gendered formulations about offending risk. This discrimination urgently needs addressing, most pressingly for IPP offenders on short tariffs.

The barrier of the Parole Hearing⁶⁸ was obviously highly significant and a consistent frustration for the women, echoing findings by Addicott (2011). The support the women received in the run-up to parole, and in the hearing itself, made a significant difference to their ability to cope with the pressure and engage in the process. The chaplaincy support provided in one of the prisons before parole and for the hearing was clearly valued by women who had used it. This chimed with Padfield’s assertion that “it is important that the system provides them with advocates, mentors and champions” (2017:49).

It is also, surely, relevant to managing mental health and risk in the event of a negative parole decision, when the women themselves have said they withdraw from family support. However, the uncertainty of

⁶⁴ HM Inspectorate of Prisons (2016) Unintended Consequences: A Thematic Review of the IPP

⁶⁵ I am grateful to Ms Lucy Gampell of the Parole Board for raising this with me at a recent IPP forum.

⁶⁶ Source: <https://www.justiceinspectors.gov.uk/hmiprobation/wp-content/uploads/sites/5/2017/07/Probation-Hostels-2017-infographic-final.pdf> accessed 18.10.2018

⁶⁷ *R (on the application of Coll) (Appellant) v. Secretary of State for Justice (Respondent)* [2017] UKSC 40

the sentence – with no release date – means that often IPPs do not fit the remit for support, particularly from third sector organisations, when they arguably need it the most.

Also pertinent to parole, was the women’s perception that they were being judged too heavily on the index offence and risk assessed by computers – they verbalised the dehumanising weight of the “penal avatar” coined by Crewe (2011). Toch quotes long-term prisoners feeling themselves to be substantially different from the person they were at the point they committed their index offence “I am not now who I used to be then” (2010:4). Padfield (2017) has previously raised practical questions around the design of the dossier in encouraging the index offence to have undue weight in decision-making. Parole Boards examine multifarious factors in a relational way, particularly through oral hearings, but the women themselves did not seem to appreciate this. None of them articulated how important, for example, the relationship with their Offender Manager was in terms of a strong rapport increasing their prospects of release.

Certain, easily addressed factors made a huge difference to the women’s perception of the board, their ability to engage and due process, in particular:

- How the board engaged with the women, and particularly the understanding they showed of mental health issues;
- How the board handled adjournments and deferrals and the impact they had on the women.

It is also important for Parole Boards to be able to see robust risk management planning for beyond the first 3 months⁶⁸ in an Approved Premises. Few of the women knew what was available to them beyond the short-term Approved Premises provision if they were not able to return to live with family. Their options would be severely limited because of the dire situation regarding suitable accommodation⁶⁹ and therefore their risks of recall and re-offending would escalate.

It was troubling to see how many of the women had accepted paper hearings for the majority of their time in custody, even when they had wanted oral hearings. They resigned themselves to the view of the professionals around them that they had not done enough offending behaviour work and that an oral

⁶⁸ It is worth noting Padfield’s point that the route some years ago for those on life sentences was much more robust and standardised with 2 years in open conditions, alongside ROTLs, and then 18 months in Approved Premises (Padfield (2017)) but funding considerations have changed this substantially. Families of IPP prisoners have also made the point that staying in Approved Premises feels like additional punishment (for both the licensee and the family). This was raised by a family member in a discussion I attended around Annison and Condry’s 2018 research.

⁶⁹ See for example, Women in Prison and Prison Reform Trust (September 2016) Home Truths - Joint Report available at: <https://www.womeninprison.org.uk/perch/resources/final-report-by-prt-and-wip-home-truths.pdf> accessed 18.10.2018

hearing would be pointless. This raises profound and urgent questions about the quality of the support and advice they are receiving from both legal representatives and Offender Supervisors, as their human rights had clearly been denigrated. The IPP prisoner will always have a legitimate interest in participating in the parole decision making process, and has the right to an oral hearing as a matter of fairness.⁷⁰

There was a distinct lack of transparent pathways and robust, regularly reviewed sentence planning for the women. Although arguably all of them should have qualified for some form of enhanced offender management casework, it was unclear whether this was happening. A lack of overall management and guidance has been recognised as having an adverse effect on mental health and wellbeing (see Peay 2011:71), so, effectively, creates a double barrier to progress.

Most of the women said they felt well supported by professionals, and that lack of professional support was not a barrier to progress. However, upon drilling down on this, once monthly support sessions seemed to constitute a good level of support in their minds. A number had a new Offender Supervisor who they hardly knew (and vice versa). This was concerning given how far over tariff they all were, but entirely standard for them, and reflected the low expectations amongst prisoners and how vulnerable they are to poor relationships (Padfield (2017)). It also showed poor resourcing and low professional standards for robust, consistent, regular case management, clear communication and support of women with complex needs. It was evident from the interviews, and the amount by which they were all substantially over tariff, that the majority of women were being managed, rather than proactively and collaboratively progressed.

In some instances, such as the one participant with learning and language difficulties, it was clear from triangulation with other documentation that professionals were doing what they could to bring progression, but their options were severely limited, particularly as just basic communication with the woman was fraught with difficulties. The prognosis here for future release was troublingly bleak.

All of the women interviewed had had two or more post-tariff parole reviews, but had not “progressed”, and therefore would have been eligible for psychology-led case reviews by HMPPS. However, only one of the women interviewed seemed aware of such a review taking place – she spoke positively of it and did feel it had made a difference to her recent Parole outcome. Of course, the reviews may well have happened, but the women seemed unaware if they had and this raises questions around

⁷⁰ See *Osborne & others v. Parole Board* [2013] UKSC 61

communication and support. Knowing that a review was taking place at a national level would, arguably, mitigate against often overwhelming feelings of worthlessness and being lost in the system.

The over-riding message from the women that simply “having a date” would make the most difference deserves to be heard and seriously considered by policy-makers. A Parole Board date - which is so unreliable, in any event, and brings no guarantee of progress - simply is not enough. Indeterminacy undoubtedly affects the women, but also the professionals working around them – excluding sources of support which are only available for those with a release date and arguably removing any sense of urgency in terms of offender progression.

Removing uncertainty is, of course, possible, with changes to the underlying legislative framework, with conversion of IPP to determinate sentences. Sunset clauses, providing that all or some post-tariff prisoners must be released by a certain date, could also be examined. Consideration should also be given to executive release for those IPP prisoners who have now served more than the current maximum tariff for their sentence. I would also agree with Padfield’s assertion that in post-tariff detention, the burden of proof should be reversed and “placed explicitly on the state to prove the necessity of detention, and the evidence of danger if the prisoner is released” (2017:41). The state’s resources are limited, but there is no question that they are not as limited as the IPP prisoner’s.

Barriers to release should undeniably be “legitimate, clearly articulated and fair” (Padfield 2016:20). It is clear, at the moment, they are not and this should raise cause for concern and strong grounds for re-evaluation.

I finish with one participant’s sobering words:

“What’s there to look forward to? Nothing.” Lucy

Chapter 6: Conclusion and Recommendations

“Hope deferred makes the heart sick.”

Proverbs 13 v. 12

In conclusion, I return to Jane’s comments, which I quoted at the start of this report:

“I’m doing this because it’s not just about me, there have been several women that have taken their own lives because of this sentence...So, it’s not just about benefitting me, it’s about changing the whole system because it’s not fair.” Jane

This study provides evidence that women on IPP sentences suffer injustice and the system that manages them needs to change.

The most significant change has to come through revising the legislative framework of IPP through Parliament, but in the interim I conclude and recommend the following:

- **Each prison should have a designated IPP Caseworker, with a protected caseload solely of IPP prisoners, in recognition of the complex needs and peculiar pains of this group of prisoners.** They could be employed through the Offender Management Unit, or a third sector organisation, to provide specialist, meaningful support to IPP prisoners, liaise with Offender Managers in overseeing sentence progression, consider the use of ROTLs and act as a named liaison point around IPP for the Mental Health In-Reach Team and family members. This would ensure that IPP prisoners fitted a specific remit for support from a dedicated professional, whereas often they are not eligible for extra support because of their lack of a release date.
- **Professionals who work with IPP prisoners should talk with IPP women specifically about the lived reality of serving an IPP sentence and consider their feelings and experiences in their casework.** This study has shown there is great value, both ways, in simply asking and listening. IPP prisoners deserve to be heard, having experienced the “deep injustice” (Annison and Condry 2018:3) of IPP which they so often feel is ignored.
- **Specific training for professionals supporting IPP prisoners around the pains of indeterminacy, and the importance for sentence progression of being given positions of trust and**

responsibility, should be developed in collaboration with IPP prisoners and their families to raise awareness and sharpen expertise.

- **The development of specific materials and programmes to address female sex offending behaviour and facilitate risk reduction.**
- **The expectations of the prisoners interviewed were low, particularly in terms of the consistency and proactivity of professional support around them.** Expectations of Offender Managers and Supervisors working with IPP prisoners should be strengthened to hold them accountable for exploring avenues of progression and support in a timely manner.
- **The Parole Board, in the interest of fairness, should monitor the number of IPP prisoners choosing paper parole decisions,** in light of the findings that three of the women had had a majority of paper hearings and ensure they are receiving strong advice that is in their best interests.
- **HMPPS should ensure that IPP women over tariff who have been reviewed at national level are informed of this fact and updated about progress and additional reviews.** In particular, support and sentence planning to be examined of those IPP women over tariff with diagnoses of autism or learning disabilities and specialist provision from Mental Health In-Reach teams to be funded and put in place to guard against discrimination.
- **Other avenues of robust support should be investigated by prisons in recognition that Offending Behaviour Programmes may not necessarily, or solely, remove barriers to release.** Closer, more tailored support, through third sector agencies or chaplaincy teams could increase prisoners' engagement, progression and prospects of success at parole. In particular, there is excellent potential support available in the specialist women's sector. Where women know the area they intend to return to, resources should be made available to enable women to rebuild community connections in advance of release through, for example, a women's centre worker visiting once a month.
- **Mental health and offending risk needs should be integrated into programmes of help that can be evaluated and rolled out in joint work between Her Majesty's Prison & Probation Service and health providers in prisons.** There should no longer be a split between offending risk and mental health.

For Parliament I recommend consideration of the following policy options and legislative changes:

- **Conversion clauses** – Convert all or some IPP sentences to a fixed term sentence with a definite sentence end date, recognising the resounding message of the women interviewed to give them a date.
- **Sunset Clause** – Make provision for all or some post-tariff prisoners to be released no later than a certain date.
- **Risk Test Reversal** - Place the burden of proof on the Parole Board to demonstrate that IPP prisoners continue to pose a serious risk of harm to the public which must be managed in custody.
- **Executive Release** – Use existing powers to release IPP prisoners who have now served more than the current maximum tariff for their offence.
- **Recalls** – End the IPP sentence once the Parole Board has ordered release, limit licence lengths and deal with further offences under normal sentencing provisions.
- **AP and ROTL** – Make greater use of ROTL and AP support for IPP prisoners through increased funding. Recognise that ROTL use is key for overcoming institutionalisation, building hope and increasing confidence. ROTLs out to supportive places of work and women’s centres should be investigated more proactively and used more widely.

6.1 Recommendations for further research:

As outlined in the methodology section, I had to abandon my initial intention to interview women on IPP on licence in the community. An area for further research would be to interview women from this cohort, looking at how they successfully achieved release and the realities of living in the community on a life licence. There is an additional group linked to this, which also merits further consideration - women on IPP who have been released, but subsequently been recalled to custody.

Another recommendation for further research would be women on IPP who have bounced back multiple times from open conditions to closed conditions to understand more about setbacks and lack of progress, looking longitudinally at their sentence and pinpointing where key decision-making has

affected their sentence progression. Linked to this, research addressing the role of transfers in sentence progression and whether they raise, or overcome, barriers to release would be timely and useful.

Further recommended research including, but not limited to, IPP women, would be an investigation into the nature and motives for female violence to others, especially children, and development of appropriate risk reduction strategies that do not solely focus on trauma.

Finally, the role of the PPCS in managing the parole process merits further scrutiny, in light of the fact that so much unnecessary distress continues to be caused to IPP prisoners by delays, deferrals and adjournments in the parole process, as has also previously been reported on by Padfield (2017).



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Appendix 1: Semi-structured interview schedule**IPP Women Prisoners Semi-Structured Interview Questions**

You will be completely anonymous in the final report, but so you can identify yourself in any quotes I use or references I make, what name would you like to go by?.....

The interview is broadly structured around past, present and future. As you know, my research is trying to understand what it's like serving an IPP sentence, and why women on IPPs succeed, or don't succeed, in their Parole applications. I want to understand some of the barriers that you face.

Do you mind starting by telling me a bit about yourself? How old are you? How would you describe your ethnicity?

Past

Could you tell me a little bit about your education (Follow up: Have you ever been diagnosed with a Learning Difficulty)?

Do you mind telling me what your index offence was? Do you feel this label fits what actually happened? Do you feel your sentence was fair?

Have you met other women on determinate sentences who had the same index offence as you? How did it feel when they were released?

If you're comfortable, could you tell me a little bit about the circumstances leading up to the offence and what was happening in your life?

At the time of the offence, were you under the care of a CMHT or receiving any professional support (e.g. for drug or alcohol abuse)?

Were you taking any regular medication at the time? (Follow-up: Was it perhaps difficult to regularly take your medication? Do you mind telling me why it was a struggle?)

How long was your tariff? So, how far over it are you now? How does this make you feel?

Could you give me a quick account of how many prisons you have been held in on this sentence? Have the transfers been helpful or unhelpful?

What courses/interventions/psychological input have you been offered? Have you found engaging with them difficult or easy? Do you mind telling me why that was?

Are you on an open ACCT at the moment? Have you ever been?

Have you ever tried to, or thought of, taking your life whilst being in custody? Do you mind telling me what led to this?

Having professionals who know you and understand your case is important. How many Probation Officers (Offender Supervisors) have you had since you were first sentenced?

How many Parole Hearings have you had? (Follow-up: Can you describe them? Was the panel sympathetic? Were you surprised by the decision?)

In terms of legal representation, have you had different solicitors? Why have they changed? Do you think it's important to have a solicitor with you at a Parole hearing?

Present:

How would you explain what an IPP sentence is to someone who'd never heard of it before?

How do you actually feel about being on an IPP sentence, in light of the fact it has been abolished? How do you find yourself expressing these feelings?

Do you feel you have genuine support networks, either personal or professional?

Do you feel professionals working with you understand the significance of being on an IPP? (Follow-up: Have you ever had a conversation with a professional specifically about your IPP? How do you think this could be changed/improved and staff could be trained?)

Do you have a current sentence plan setting out aims for progress? How would you describe your relationship with your caseworker (Offender Supervisor)?

Have you had any contact with the MHIT during your sentence? How would you describe your relationship with them?

If you were struggling, would you find it difficult to ask for help from the MHIT?

Are you currently on any medication for your mental health?

Do you think this is the right prison for you? How might it be different, or allow you more progress?

Do you think your risks – thought processes and/or behaviours likely to lead to harm to others- have changed since you were first sentenced? How?

I know the IPP can be very difficult for families because there is no set end date, how has your sentence affected family relationships? (Follow-up: Do you have any regular contact or visits with your family? What factors make contact difficult?)

What coping strategies do you have for getting through your sentence?

Future

How do you feel about your next Parole Hearing?

What hopes do you have for the future?

If you could improve the system, what would you do?

For those interviewed in the community

How many times had you had a Parole Hearing before you were released? What factors led to you being successful at Parole?

How has the transition been from custody to community?

How do you feel about being on licence for at least another 10 years?



Appendix 2: Participant's information sheet

Griffins Society Research: Female IPP Prisoners – 2017/2018 – Exploring the Barriers to Sentence Progression and Release

The National Offender Management Service have agreed that I may interview a number of women Imprisoned for Public Protection (IPP sentences), and run focus groups with IPP women in HMP Bronzefield. I am a Mental Health Professional and lawyer, working in the Mental Health In-Reach Team at HMP Bronzefield, for Women in Prison. This research aims to hear the experiences and voices of women on IPP sentences through narrative interviews and focus groups. This should raise the profile of this particular group of prisoners and ultimately help to inform policy makers.

Interviews

As part of my research, I shall be asking IPP Prisoners if I might interview them about their experiences. I would not expect any interview to last longer than 90 minutes. I will be asking women if I can record the interviews in order to make it much easier for me to analyse responses. I will be the only person with access to these recordings and I will record them via an encrypted dictaphone and store them on an encrypted USB stick. Quotations from interviews will be used to illustrate the research findings, but no interviewee will be identified or identifiable. I am only too well aware that the IPP sentence is particularly distressing and I will encourage any distressed interviewees to seek extra support by supplying contact information specific to the prison they are held in and with a generic signposting leaflet and I will ensure that no participant is left openly distressed at the end of an interview, but that any immediate upset has been de-escalated before I leave and that a PCO has been spoken to an alerted afterwards.

Answers to possible questions from prisoners:

Do I have to take part in the study?

No, your participation is completely voluntary. If you don't want to take part this will not disadvantage you in any way.

Are there any risks involved in taking part?

During an interview, you will be asked questions about various aspects of you background, your experiences of the sentence, sentence progression and the parole process. However, you do not have to answer any questions you do not want to, and time will always be given to discuss anything you have found difficult. If you find the interview distressing, you can stop at any time and I will advise you on who in the prison you can talk to about your feelings and where to seek extra support.

Are there any benefits to taking part?

I cannot pay you for participating in the study. Taking part will not affect your privilege level or any decision about your parole or release. I hope you will, however, feel that talking about your experiences of being on an IPP sentence and being listened to is useful to you and helpful to other IPP sentenced prisoners, once the research is published. You will also be making a valuable contribution to academic and policy-makers' understanding of the process and experience of being on an IPP.

Will what I say be kept confidential?

The information you share in the interview will normally be kept completely confidential and you will not be identifiable through the research. However, I am obliged to pass on to a member of prison staff any information regarding:

- A breach of prison security;
- Any further offences you admit to that you have not yet been convicted for;
- Any breach of prison rules that occurs during the interview;
- Anything you say that implies a threat or risk to yourself or others.

The information you provide will be stored securely, for an indefinite period. I am the only person who will have access to your interview.

Will my contribution remain anonymous?

If you agree to me using quotes from the interviews, this will be done in such a way that you cannot be identified. I will change any details about your life which would make you identifiable and give away who you are.

How do I agree to take part in the study?

If you agree to take part – and it is entirely your choice – you will be asked to complete a consent form confirming that you understand what the study involves and have had a chance to discuss any questions with me. For interviews, you will also be asked to state whether you are happy for the interview to be recorded.

What if I want to withdraw from the study?

You are free to stop an interview, refuse to answer a question or take part in any further interviews at any stage during the research process. You do not have to explain why you want to stop, this is entirely your choice. You can also insist that the content of your interview is excluded from the study without having to explain why. You may make this decision at any point up to 1st June 2018 when I will be writing up the research findings. If you take this decision, I will destroy your interview recording and any associated material. Making this decision will not be held against you or disadvantage you in any way.

What will happen to the results of the study?

Your interview may contribute to various publications that I will write about the issue of IPP. In particular, my findings will be published on the Griffins Society website and disseminated through the Griffins Society at their fellows meetings. In addition, a media company called Spider Media have expressed an interest in publicising the research findings to interested media parties. All presentations, interviews and publications that arise from the research would always be done in such a way that you could not be personally identified.

What if I want more information about the study, or want to complain about some aspect of it?

Further information about the study can be obtained from me or from the Griffins Society. If you want to contact me you should do so via the Griffins Society:

The Griffins Society, 27 Tooting Bec Gardens, Streatham, London SW16 1QY

Thank you for your time and attention in reading this information. If you have any further questions at any stage of the research please do not hesitate to contact me.

Sarah Smart

Appendix 3: Consent form



Project title: IPP Sentenced Prisoners – Exploring the Barriers to Release

Researcher: Sarah Smart, University of Cambridge and The Griffins Society

Please tick the boxes if you agree with the following three statements.

- | | YES |
|---|--------------------------|
| 1. I have read and understood the Information Sheet for the study, and have had the chance to ask questions. | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary, that I do not have to answer any of the researcher’s questions if I do not wish to, and that I can withdraw at any time, without giving reasons, until 31 July 2018 | <input type="checkbox"/> |
| 3. I agree to take part in the study, which means my interview or the focus group I attend with Sarah Smart will be recorded. I also agree that she may with my consent talk to my Offender Manager and/or my Offender Supervisor and the Mental Health In-Reach Team or CMHT. I understand they may give her full access to relevant reports on my case, including OASys Reports, Psychological and Psychiatric Reports and mental health referrals. | <input type="checkbox"/> |

Please answer **YES** or **NO** to the following two statements by ticking the appropriate box.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 4. I agree to my interview being recorded. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I agree to let the researcher use quotes from our interview, as long as this is done in such a way that I cannot be identified. | <input type="checkbox"/> | <input type="checkbox"/> |

Name of participant: _____

Date: _____

Signature: _____

Sarah Smart c/o The Griffins Society, 27 Tooting Bec Gardens, Streatham, London SW16 1QY

Work Mobile Number: 07823 412104 or 01784 425690 ext. 3584

Appendix 4: Covering letter to participants



The Griffins Society
c/o 27 Tooting Bec Gardens,
Streatham,
London SW16 1QY

Dear

I am writing to you because I understand, from the Governor.....that you are serving an IPP sentence at HMP.....

My name is Sarah Smart and I am carrying out research, through the Griffins Society, and the University of Cambridge, into women who are on IPP sentences. There has never been a study specifically carried out into females serving IPP sentences and I would like to invite you to take part. **Your participation is entirely voluntary and you can pull out at any time**, even if you decide initially that you would like to take part.

Enclosed is a sheet with full details for you to read, so you understand what the research involves.

I have permission to carry out four, 1-1 interviews at HMP..... and I will offer them on a first come first served basis. So, if you would like to take part, please let me know as soon as possible, and **at the latest by the end of May**, by signing the attached form and posting it back to me in the enclosed stamped addressed envelope. I will then be in touch with details of when and where.....your interview would take place.

Thank you so much for taking the time to read this.

Kind regards,

Sarah Smart
The Griffins Society

ENDS