Written evidence from the Independent Monitoring Boards (IMBs) (ppp0059)

Introduction

Every prison is monitored by an independent Board appointed by the Secretary of State from members of the community in which the prison is situated. Boards are charged with satisfying themselves that those held in custody receive humane and just treatment, and that the programmes preparing them for release are adequate. Each Board produces an annual report to the Secretary of State but will promptly inform him or her of any pressing concerns.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison and also to the prison’s records.

The IMBs do not therefore monitor the prison estate, or the operation of the Prison Service. This submission therefore does not directly address issues of legislation, or national policies or procedures. However, Boards’ observations on outcomes in individual prisons provide a powerful picture of the impact of those laws, policies and procedures and the way they are implemented.

Prison population

The impact of a rising prison population, at a time when staffing has been significantly reduced, is well documented in nearly all IMBs’ reports. This has affected all the areas monitored: prisons have become noticeably less safe, and less capable of providing a decent environment, purposeful activity and progress towards resettlement and rehabilitation. These aspects are inter-related. More recently, IMBs have noted the arrival of new staff, but with the caveat that in too many prisons this means that there is a significant proportion of staff with under one or two years’ experience, who may lack the confidence to challenge or properly support prisoners. The situation therefore remains fragile, as evidenced in the recent annual reports of many IMBs.

It is therefore welcome that the Committee is inquiring into the other side of the equation: the factors that drive the prison population, and that should influence planning going forward. Recent relaxation in the requirements for home detention curfew (HDC) have been helpful, but this does not address the wider issues.

IMB reports have noted a number of factors that impact on the prison population, as well as on the experience of those in prisons. There are three that recur frequently: the impact of indeterminate sentences for public protection (IPPs); the inappropriate use of prison because of the absence of appropriate provision in the community, particularly in relation to mental illness, and for women and some older prisoners; and the failure of resettlement services to provide support and accommodation.

Indeterminate sentences for public protection (IPPs)

It is well recognised that one of the drivers of the prison population is the number of prisoners serving IPP sentences who stay in prison many years, even a decade or more, beyond their tariff date and beyond any determinate sentence they might have been given before or since. IMB reports have repeatedly raised these concerns.

86% of [IPP prisoners] are over tariff and of those two thirds were sentenced to four years or less. These prisoners don't know when, or indeed if, they will be released....Far from the prison being able to progress these prisoners to reduce their
future risk and enable release, most of them appear ‘stuck’ in the system and comprise the most disruptive and mentally troubled group of men (for instance, they are more than twice as likely to self-harm)….The Board urges the Minister to find robust and lasting solutions to hasten the progression of such men as a matter of urgency.
IMB Gartree (2016-17, pp5,21)

Of the current IPP prisoners, 24 (80%) are over tariff….the Board notes that there is little evidence that the recommendations of HM Inspectorate of Prisons (Unintended consequences, 2016) have been acted upon within Full Sutton.
IMB Full Sutton (2017, pp21-2)

The Board…has been appalled by the length of time [IPP] prisoners have been incarcerated beyond their original tariff….the uncertain position of these prisoners inevitably results in deteriorating mental health and behaviour which in turn reduces the chance of parole. The downward spiral is obvious.
IMB Exeter (2016-17, p5)

The Board continued to be frustrated that prisoners held under IPP sentences has been noted as a concern in their Annual Report since 2011….In the last reporting period, 6/7% of the population in custody at HMP Stafford were IPP prisoners, of which 88% were post tariff.
IMB StaffFord (2017-18, p24)

In July 2018, there are still 23 IPP prisoners who have served an additional 160 years between them. Two prisoners have each served an additional 10 years.
IMB Coldingley (2017-18, p5)

In addition to long periods spent post-tariff before being released on parole, IPP prisoners are also liable to be recalled after release, also adding to the prison population.

The report of the IMB at Warren Hill, shortly to be released, points to a positive approach within the prison system to preparing long-serving IPP prisoners for parole. Warren Hill has developed a pioneering Progression Regime to prepare for release both life and IPP prisoners, many of whom have experienced setbacks in their rehabilitation journey towards parole: often either judged unsuitable for, or having failed in, open conditions. This has met with considerable success and is now being adopted in other prisons. However, the Board’s report also strongly advocates the need for a staged preparation for release for prisoners who will have served many years in prison, to reduce the necessity for recall. This report and its recommendations will be passed on to the Committee once published.

Mental illness

There is a significant number of prisoners whose underlying and fundamental problem is mental illness. In spite of the introduction of mental health teams into prison, it is clear from a large number of IMB reports that this does not meet either the extent or the scale of demand.
This indicates a need for better mental health provision outside prison: both primary care in the community to prevent deterioration and thus offending in the first place; and increased provision of secure NHS units for those with serious and potentially dangerous mental health concerns. The latter group not only contribute to a rising prison population, but also typically spend long periods in segregation, growing more and more ill, sometimes in conditions that over time become inhumane. The inappropriate placement of those with severe mental illness and the inability or delay to transferring them to more suitable secure mental health provision is one of the most common and repeated findings in IMB annual reports.

The work of the [segregation] unit has followed a now familiar pattern: coping with a population of long-staying men, typically with complex psychological problems or mental health needs, who often come on transfer from other segregation units within the dispersal system – and some of whom circulate for years within it.

IMB Long Lartin (2017-18, p10)

One prisoner was on the Brunel Unit and in Segregation for nearly 3 years (including 12 months on remand) due to his mental health and other difficulties (learning disability). ...delays in the transfer of mentally ill prisoners to high security facilities are common.’

IMB Bristol (2016-17, p23)

The process for referral to, and transfer of, a prisoner to a mental health hospital or other special unit is very lengthy and the outcome of the referral is frequently uncertain. As a result, prisoners with significant behavioural or mental health problems remain in the segregation unit for many months.

IMB Full Sutton (2017, p12)

Keeping boys with very severe mental health difficulties at Cookham Wood is inhumane: they cannot be properly supported here with insufficient appropriate specialist healthcare staffing....As an example, one such boy transferred to Cookham Wood in December. Despite constant pleas by the mental health team, he was not allocated a place in a mental hospital until early June. From early February to late May he lived segregated in the Phoenix Unit, much of the time in its constant watch cell.’

IMB Cookham Wood (2016-17, pp4,19)

Some prisoners awaiting transfer to mental health units are spending unacceptable lengths of time in segregation.

IMB Lowdham Grange, (2017-18, p16)

Referrals of men with very complex difficulties to secure mental hospitals are accompanied by very long waiting times. The demands on local staff and facilities are extreme and often distressing, making it difficult to maintain an appropriate level of care and causing visible deterioration in the prisoner’s condition.

IMB Whitemoor (2017-18, p13)

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1 As well as those quoted below, see annual reports from IMBs Altcourse, Bedford, Birmingham, Brinsford, Brixton, Bronzefield, Buckley Hall, Cardiff, Channings Wood, Elmley, Feltham, Fostom Hall, Gartree, Guys Marsh (2016-17); Exeter, Isis, Leeds (2017); Erlestoke, Lewes, Lincoln, Littlehey, New Hall, Northumberland, Norwich, Nottingham, Oakwood, Pentonville, Portland, Stoke Heath, The Mount, Wandsworth, Woodhill (2017-18).
There are too many prisoners with mental health problems and complex needs which are not appropriately dealt with in a prison. These women have their needs attended to by staff with no specialist qualifications. The work staff do is remarkable but these women should be in a specialist facility.
IMB Styal (2017-18, p4)

In a number of cases, IMBs have written directly to the Minister, or included a recommendation to the Minister or Prison Service in their Annual Report: for example:

The continued long stay in segregation of two complex prisoners is largely due to the limited provision of spaces for those prisoners who have personality disorders or similar conditions which mean that they are not suitable for a secure hospital place but which make them too dangerous to accommodate on normal location without specialist supervision. This has been an on-going issue for many years and these prisoners are being denied treatment and an opportunity to progress. The Minister is asked to look at increasing the provision for this type of prisoner.
IMB Rye Hill (2017-18, p4)

There is an unacceptable delay in placing those YP [young people] experiencing severe mental health problems in alternative more appropriate provision. This matter is raised annually and remains unresolved. What is being done to increase the provision for such YP?
IMB Wetherby YOI (2017-18, p6)

This represents the extreme end of the spectrum. What is less easy to define, but undoubtedly also adds to the pressure on the prison population, is the effect of inadequate provision in community mental health services for less acute mental health problems, which could prevent criminal or anti-social behaviour that leads to prison, and/or support those with underlying mental health problems or learning disabilities who leave prison, often to return there.

At the time of writing, there were 11 IPP prisoners at HMP Send, 10 of whom were beyond their tariff date; seven of these were at least four years over tariff; one was more than seven years over tariff.
IMB Send (2017-18, p14)

Women

Relatively few women in prison have committed serious violent offences and many are held at a considerable distance from their families. Seventy percent of women sentenced in 2016 were serving sentences of six months or less, and nearly half of all custodial sentences were for theft. The need to provide more alternative provision appears to be accepted in the recently published strategy for women offenders, though it is not clear what funding will be available, and from where, for increased community provision.

IMB reports frequently refer to the vulnerability of the female prison population, which imprisonment can exacerbate. Women in prison are much more likely to have poor mental health than those in the general population; they account for around one in five incidents of self-harm in prisons.
The 2016-17 report from the Bronzefield IMB highlights these problems graphically. It also points to a more general problem: the increasing number of recalls to prison of short-sentenced prisoners who receive inadequate support in the community on release:

Under the Offender Rehabilitation Act (ORA) recalls to prison have increased dramatically and continue to climb. The majority of these recalls are for 2 weeks. It is insufficient time to resolve problems such as accommodation, mental health issues and drug addiction. The cost to the prison service and the prisoner is disproportionate. There are costs to the women as they are often the carers in the family; they may lose any employment, and possibly accommodation and personal possessions.

Many of the prisoners entering Bronzefield have short sentences of less than 3 months. There is insufficient time to make any real impact and work on their problems. ‘Through the Gate’ services provided by charities and outside support agencies typically need six weeks to set up. Finding accommodation, addressing drug problems and mental health issues all take time. The Board notes that the prison is trying to address this but it is a difficult task. This can lead to the ‘revolving door’ where prisoners come in for a short sentence or on recall, are released with the same problems, and then deteriorate further in the community, before coming back in again on another short sentence.

IMB Bronzefield (2016-17, p16)

Older prisoners

It is well documented that prisons hold an ageing population, partly due to longer sentences and partly due to historic or current sex offences. IMBs report that most prisons are ill prepared to meet these needs. Concerns include accommodation that is wholly unsuitable to their needs, the lack of purposeful activity, and accessibility problems, particularly for wheelchair users, who often experience a restricted regime. Overall, there are real issues of making prison accommodation, often in old Victorian buildings, more suitable for those with age-related disabilities.

More significantly for this inquiry, when older prisoners are or become very frail and seriously ill, or require social care, IMBs also report that, though prisons are ill-equipped to meet their needs, they experience considerable difficulty in moving prisoners to more suitable residential care in the community, or the social care support that is needed to facilitate their release.

Three older prisoners were moved to more appropriate long term residential care in the community, having spent a considerable time in [prison] inpatients (in one case for over three years.

IMB High Down (2017, p17)

The difficulty in securing a bed in Approved Premises and the virtual impossibility of finding a home area local authority who will accept their responsibility for this group (and thus make more feasible the possibility of establishing support networks prior to release) means that the prison gate serves as a revolving door for them.

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3 See annual reports of IMBs Bullingdon (2016-17, p20), Gartree (2016-17, p17)
IMB Portland (2017-18, p7)

IMBs are particularly concerned about the treatment of prisoners with degenerative brain diseases, such as dementia, and there is a consensus view that dementia patients cannot be well cared for in a prison environment.

Older and disabled prisoners are increasingly in evidence and their needs have posed challenges to the establishment. This is especially so for those with age-related dementia and sometimes for those with mobility restrictions which make it hard for them to function in prison.

IMB Nottingham (2017-18, p10)

Overall, IMB reports point to the need for much greater liaison and support arrangements in the community, and for alternative and suitable accommodation for those who are very frail either physically or mentally. The demands that this group of prisoners make on an already overstretched system, not designed for their needs, is considerable. Providing alternatives would not only provide a more decent and humane environment, but would reduce this pressure, and the overall prison numbers.

Accommodation

The inability of prisoners to find suitable, or indeed any, accommodation is a significant factor in the 'revolving door' that ensures that prisoners return to prison after release, thus increasing the prison population. This is particularly acute in London but is also the case in other areas.

The Board spoke to many prisoners being released and found that 50-60% were leaving as No Fixed Abode (NFA). Although a letter is given to local authorities, they do not see women coming out of prison as a priority. There is a desperate shortage of hostel and social housing. So many of these women could end up on the streets living rough and open to abuse. Many of these women are vulnerable with addiction problems, learning difficulties and mental health problems. Frequently these women end up back in prison in a worsened state. Many of these women also have children in care.....There are prisoners who are released back into abusive relationships and unsuitable accommodation as they have nowhere else to go.

IMB Bronzefield (2016-17, p16)

The IMB at HMP Thameside also carried out a review of resettlement provision in the prison. Of the 49 prisoners who provided evidence about their accommodation, 25 said that they had no accommodation organised. The Board’s review concluded:

The evidence gathered in this study indicates that a majority of the men who had accommodation needs on their release were not supported into accommodation and that the system as operated often failed these prisoners. Homelessness too often appeared to be their inevitable destination, and at least one man in the survey had re-offended previously with the sole purpose of regaining prison shelter.

Where requests for accommodation were passed to the local authorities, there was frequently none available. There is a well-known need for more affordable accommodation in the London area. However, this shortage is not the immediate problem for many prisoners on release because they leave prison in no position to afford even affordable housing.
The more urgent requirement in the IMB’s view, both to avoid homelessness and to provide prisoners on release with an improved chance on the outside, is for inexpensive hostel accommodation that can give them a base from which to start re-engaging with civil society (apply for employment, register for benefits if entitled to do so, etc.). Such accommodation does exist, but from the evidence of this IMB project not in sufficient numbers.

The IMB at HMP Cardiff carried out a similar study in 2017 and found that, out of 22 prisoners who responded to their survey, seven had no accommodation and two only temporary accommodation. They concluded:

The data we gathered from the monitoring activity suggests that housing is the most significant resettlement area with which people require assistance.

Anecdotal cases were captured by IMB members when interviewing prisoners, including a case of a man released after a short sentence (apparently not long enough to qualify for the £46 release money) and who left with a travel warrant to Coventry, 44 pence, and no place to stay. While this example may be extreme, there are many other cases of people going out with no place to stay on the first night of release.

The prison statistics also suggest that only 65% of the released prison population within Wales are currently leaving with accommodation plans in place (defined as somewhere to stay for 12 weeks or more). BASS hostel accommodation within Wales currently has no vacancies, only a waiting list available.

Substance use

Many of those entering prisons have underlying drug or alcohol issues. There is a clear connection to mental health problems, both as cause and effect: either as self-medication for an underlying mental health condition, or as causing or contributing to such a condition.

The large number of prisoners whose offences are related to drug or alcohol abuse form a huge proportion of the ‘revolving door’ cohort of men and women who are in and out of prison on relatively short sentences. For them, prison is little more than a first aid station, which at best can temporarily stabilise them, and at worst adds to their problems by putting them in the way of illicit drugs and therefore ongoing debt to those supplying them.

Many of the women….have substance misuse problems ranging from years of chronic usage resulting in significant health needs to those more lightly exposed to drug and alcohol misuse. This is one of the underlying causes of ‘revolving door’ prisoners. IMB Eastwood Park (2016-17, p20)

...men have become so affected by drugs and resultant debt issues that they feel that their only option is ‘to take refuge’ in the Care and Separation Unit IMB Berwyn (2017-18, p7)⁴

⁴ See also IMBs Deerbolt (2017-18), Coldingley (2017-18), Portland (2017-18), Swaleside (2017-18), Bedford (2016-17)
Services within prisons to help prisoners overcome dependency and therefore reduce reoffending are struggling to meet demand. IMBs have also reported a lack of coordination between mental health and substance abuse services.\textsuperscript{5}

This is an area which requires effective liaison and coordination with Community Rehabilitation Companies (CRCs). However, Board reports indicate where this falls down:

\textit{It is difficult for CRC workers to identify precisely who will supervise a released prisoner in the community. Resource constraints have means that there are no resettlement boards, where input from, for example, offender supervisors, accommodation providers, healthcare (particularly mental health services), drug services and other relevant agencies can be coordinated and gaps in provision identified and addressed.}

IMB Pentonville (2017-18, p26)

\textit{The Board has not been able to find any meaningful data about what is effective in terms of resettlement preparation and reducing reoffending, particularly with regard to NPS prisoners...the uncoordinated network of providers and agencies involved makes any accountability or outcome measurement difficult. The Board suggests....a proper review involving all the resettlement delivery agencies.}

IMB Bristol (2016-17, p27)

\textbf{Conclusion}

It is clear from all the above examples that we believe that planning for the prison population, and for reducing it, should also involve a strategy for investing in ‘not prison’: i.e. those services in the community that can prevent or provide an alternative to imprisonment, or ensure effective support afterwards. This includes: mental health provision both in secure accommodation and in the community; drug and alcohol programmes and support; social care provision and environments; suitable housing accommodation; and effective community supervision and mentoring, both as an alternative to prison and to provide post-release support. Without this, prison will continue to be the default setting for those whose underlying issues have not been addressed.

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\textsuperscript{5} See for example IMBs Featherstone (2016-17, p26), Moorland (2017-18, p18), Foston Hall (2016-17, p9)