



UK NPM Conference Note

29 – 30 April 2026, Manchester

Day 1

Welcome

Outgoing Chair Sherry Ralph opened the event by acknowledging the breadth of expertise that the UK NPM brings together and emphasising the importance of coming together as a collective mechanism. Sherry gave an overview of the current state of detention in the UK, noting that detention settings remain under sustained pressure, but stated that NPM achievements in 2025/26 demonstrated collective impact and visibility. Sherry also formally welcomed Rachel Lindsay as the new NPM Chair.

NPM Annual Business Meeting

Martin Kettle opened the NPM Annual Business Meeting by confirming the UK NPM's collective acceptance of Rachel Lindsay as Chair. **Rachel Lindsay was officially and unanimously appointed as Chair of the UK NPM.** Martin then took the room through the proposed changes to the UK NPM's Constitution, as agreed by the Steering Group, which were **approved and agreed by all NPM bodies present.**

Martin presented the UK NPM's Business Plan for 2026/27, and reflected on the 2025/26 Business Plan, noting key achievements. **The Business Plan for 2026/27 was approved.** The Secretariat Team discussed specific areas of the Business Plan:

Jane Kilpatrick presented initial findings from the Self-Evaluation and Peer Review project and discussed the ongoing thematic work on solitary confinement.

Sarah Rennie gave an update on the UK NPM's Reporting Dashboard, noting the progress made since the last Annual Conference and providing information on the direction of the dashboard over 2026/27.

Chelsea Keenan discussed the 2026/27 Communications Plan, explaining that the UK NPM Secretariat is hoping to move towards a more educational and advisory approach to communications.

Rachel Lindsay gave an update on the Northern Ireland Subgroup activities during 2025/26, noting meetings with senior officials after the publication of the UK NPM's Annual Report. Other key areas of focus included the availability of children's bail accommodation, personality disorder in prisons, with an upcoming expert roundtable in June 2026, and inconsistencies in legislation across the UK leaving some foreign national offenders facing indeterminate detention. The NPM's placement student Margaux Bottin conducted research on the latter issue, and the Subgroup will make recommendations for a review of legislation

Rosemary Agnew gave an update on the Scotland Subgroup, recognising that entrenched issues are emerging through other areas – especially staffing and data. Rosemary noted the Subgroup's aim to influence policymakers from a rights-based focus.

Questions and discussion

There was recognition that NPM covers a wide range of settings of deprivation of liberty, and also has the expertise needed to identify where someone might be deprived of their liberty in non-typical settings. However, despite the breadth and proactiveness of monitoring, there are still some gaps where someone might be deprived of their liberty with no independent scrutiny, as well as overlaps between NPM organisations.

Solitary confinement was raised as a key area of concern, stemming from discussion on the ongoing thematic work, and there was interest in obtaining a UK-wide approach to this practice. Reflections from England noted that previous solitary confinement work in 2015-17 brought about changes in law – we can build on the impact of previous NPM work.

Other areas of concern discussed were repeated recommendations which demonstrate deep-rooted cultural and structural issues. It was mentioned that the UK NPM could connect with decision-makers to save repeated recommendations being made across bodies.

Another issue raised was the need for more support to lay bodies and volunteers, and the difficulty in recruiting volunteers. Bodies offered to share their resources and information on recruitment processes.

Keynote Address: Dr. Alan Mitchell (President, Committee for the Prevention of Torture)

Alan Mitchell discussed the composition and history of the Council of Europe and the Committee for the Prevention of Torture (CPT), noting its preventive function and how its work complements that of the European Court of Human Rights. Dr Mitchell also discussed the CPT's visit methodology and shared that it undertakes 15 to 20 visits a year, having carried out 560 visits over 37 years. Key areas of focus for the CPT in each deprivation of liberty setting were also explored.

Looking at the UK specifically, Dr Mitchell raised the issue of inappropriate placements for those with poor mental health, using the example of people in immigration detention when they should be in hospital. This was a repeated area of focus in the 2021 periodic visit, as well as follow-up ad hoc visits. Dr Mitchell noted that the UK has more developed legal oversight mechanisms than some other European countries, but there are persistent gaps with implementation and delays in mental health care.

International Panel

Livia Hadorn, Head of the Swiss NPM Secretariat, discussed monitoring in social care homes, particularly nursing homes, where residents are not able to leave without the consent of another person, and noted that some residents had a medical diagnosis of dementia, while others did not, raising questions about how deprivation of liberty is identified in practice. Livia discussed the UN Convention on the Rights of Persons with Disabilities (CRPD) and drew attention to the fact that it rejects the concept of mental capacity. Livia noted that the Swiss NPM has drawn attention to closed units (like nursing homes) as settings of deprivation of liberty, and that there are human rights standards applicable to them.

Kerstin Buchinger, of the Austrian Ombudsman Board, reflected on the challenge of prioritising issues where NPMs can feel “stuck” repeating the same recommendations over time. Kerstin pointed to broader, socially rooted issues that drive poor conditions, such as

housing pressures and staffing shortages, which mirror the UK context. The Austrian NPM is focusing particularly on environmental conditions. Kerstin noted, however, that the Austrian Ombudsman Board has a weekly TV show, demonstrating a commitment to transparency and public accountability, and helping to raise awareness of its findings.

Helga Fastrup Ervik, Head of the Norwegian NPM, discussed methodological improvements made by the Norwegian NPM. This includes refining techniques for interviewing children, which also strengthened interview practice more broadly across different populations, as well as training in restraint approaches including exercises where monitors experience the restraint techniques themselves.

Questions and discussion

A discussion followed on using ratings for hospitals and similar mental health or social care establishments. In Norway, the inspectorates do use rating systems, but there is hesitancy over sharing good practice where there may be a risk that the practice appears more positive on the surface than it is in reality. In Switzerland, oversight and practice can vary depending on jurisdictional arrangements, and this can affect how access, staffing and safeguards operate in practice. In Austria, supervision and standards can also vary by authority, highlighting a tension that can arise between national and international legal and human rights standards.

There was discussion on the composition of monitoring teams in the UK, that there is often a reliance on one type of professional over another depending on the team (for example, legal versus medical experts). Panellists reflected on the value of including staff with direct experience of working in places of deprivation of liberty, and the importance of a mix of expertise to challenge established ways of working – particularly where translating human rights standards into concrete medical or psychiatric practice can be complex.

The inclusion of individuals with lived experience was also discussed. In Norway, there is engagement with civil society through regular meetings. It was noted that diversity within monitoring approaches, including the use of lived experience expertise, could be improved in Switzerland. In Austria, there have been attempts to include persons with disabilities as experts and contributors to monitoring work.

It was noted that Austria applies CRPD principles across wider aspects of human rights work and described a broader core mandate in this respect than the UK model. In Switzerland, there has only been a national human rights body since 2023, with evolving approaches to CRPD application. The CRPD is referenced in reporting in Norway, including through the lens of Article 3 (ECHR) – this has helped broaden perspective and analysis.

It was noted that thematic reporting, alongside proactive communications and press, generates greater attention to issues of concern in Austria. Further, Austria uses thematic reporting to attach greater weight to repeated concerning findings. Reflections from Switzerland noted that thematic priorities evolve over time, and that patience is needed to sustain impact. In Norway, thematic reporting has allowed for deeper understandings of key issues, and better dialogue with stakeholders.

Alan Mitchell reflected on North Macedonia's funding from one stakeholder being dependent on implementation of its CPT recommendations.

Day 2**Opening address: Alex Ruck Keene KC**

Alex Ruck Keene KC challenged two common oversimplifications in mental health law: that the Mental Health Act 1983 (MHA) is purely about coercion, while the Mental Capacity Act 2005 (MCA) is only about empowerment, and that deprivation of liberty is mainly an institutional issue. He argued that restrictive practices can go unrecognised or unchallenged under the MCA, and that highly restrictive arrangements can also develop in community or domestic settings without being identified as deprivation of liberty.

Three unresolved legal questions of direct relevance to NPM bodies were flagged. (1) Whether confinement in a person's own home, where the state is aware and does not intervene, constitutes a deprivation of liberty under OPCAT. (2) Whether OPCAT's treatment of individuals who cannot leave due to medical condition or lack of social support matches the UK approach under Article 5 ECHR. (3) How to treat cases where a person is confined but lacks capacity to consent to their situation, a question that is currently before the Supreme Court, heard in October 2025, with significant implications for monitoring frameworks under the MCA across England, Scotland, and Northern Ireland.

Panel: Mental health: settings, support, and scrutiny

Shaun Thomson (HMIP) presented concerning findings in the West Midlands: an unorthodox police approach to “Right Care Right Person” had resulted in acutely unwell detainees being remanded to HMP Birmingham and denied Mental Health Act assessments in custody. All 12 cases reviewed should have been diverted to a mental health hospital. Court custody inspections in London and Leicestershire also found systemic failures beyond individual staff control, with at least 7 acutely unwell individuals sent to HMP Lincoln in the 12 months before the inspection of Leicestershire courts. The longest-running crisis, however, is the delay in transferring prisoners to hospital. Of 39 inspection reports published in 2025/26, only one prison met the 28-day transfer guideline. At HMP Woodhill, wait times ranged from 75 to 508 days – the worst outcomes seen in recent inspection history. This represents hundreds of prisoners with acute mental health conditions left suffering unnecessarily, in a system where prisons absorb the consequences of failures elsewhere.

David Whalley (Lay Observers) reported a significant increase in detainees with mental health conditions in court custody since Covid-19. A series of cases involving autistic individuals illustrated systemic inconsistency: Examples were given of colouring pencils confiscated in one court, but permitted in another, depending on who happened to be present; a man with autism on remand moved between three different prisons in two weeks; and detainees with bipolar disorder arriving at court after two or three days without their medication. A snapshot of a single day at Cardiff Magistrates Court showed that of 13 detainees, almost all had mental health conditions on their files, but staff have virtually no training to respond. The Health and Liaison Diversion Service, designed to provide a national standard, was found to be highly inconsistent across courts.

Geoff Hince (Greater Manchester Police) described GMP's approach of persistent challenge and escalation. GMP has not authorised a section 136 detention solely in police custody in three years; of approximately 50 detainees held under section 136 each month, only one has been assessed in custody in recent months. The shortage of Section 12-approved doctors available on a 24/7 basis was identified as a critical systemic gap. Police custody cannot

become a clinical assessment unit, but where delays occur outside police control, human rights-based care under the ECHR continues to apply.

Richard Shuker (HMP Grendon) offered cautionary hope. HMP Grendon is the only prison in the UK operating entirely as a therapeutic community, meaning there is no segregation unit and there are prisoner-chaired wing meetings, mandatory reflective supervision for all staff, strong family inclusion, and a clear shared ethos. This generates a genuine sense of belonging and responsibility, and an opportunity for personal change. It was acknowledged that rolling out a full therapeutic community model is neither realistic nor straightforward, but transferable elements were identified, such as a clear and consistent ethos, structured opportunities for staff and prisoners to come together, and mandatory staff supervision as standard. Inspections at HMP Magilligan, for example, have demonstrated that strong leadership embedded at every level can produce something close to this culture in a conventional prison setting.

Kim Forrester (CQC) provided systemic context. The MHA 1983 was drafted when England had 100,000 mental health beds; today there are approximately 25,000, operating at around 91% capacity. The forensic sector, the primary destination for hospital transfers from prison, has fewer than 1,000 beds. Almost 454,000 people per month are now referred into mental health care in England. The CQC's inability to place individuals reflects a system overwhelmed at every point; its NPM role was identified as a valuable lever for sharpening the focus of providers and driving accountability.

Questions and discussion

There was discussion of whether reform of section 136 has had unintended consequences, with some evidence that people in mental health crisis are increasingly being arrested for criminal offences rather than referred for mental health assessment. Panellists were asked what achievable changes they would prioritise. Suggestions included: requiring any exceptional authorisation of custody detention to sit with the CPS as well as police; 24/7 availability of Section 12-approved doctors; and placing statutory detention powers on the NHS so that responsibility and accountability sit with health rather than policing. The forthcoming 28-day statutory transfer limit was welcomed, though concern was raised that an "exceptional circumstances" clause risks becoming routine justification for non-compliance given current bed shortages. The example of a Scottish mechanism, where a Mental Health Tribunal could declare a patient in excessive security and create a legally enforceable duty on the health board, with personal liability for directors, was raised as a potential model for driving service development under financial pressure.

Panel: Successes in inspection and monitoring

Sir Martyn Oliver (Ofsted) reported that secure children's homes generally provide good levels of care. However, care at young offender institutions (YOI) and secure training centres (STC) is significantly worse: since 2020, no YOI has been rated good for education, and children are spending less time out of their cells. Shaun Common HMI (Ofsted) described Ofsted's findings on separation, seclusion, and isolation, noting widespread lack of understanding of legislation, limited health professional oversight, and no consistent shared approach across providers. Enforcement action was taken in three children's homes where children were being separated inappropriately; upon re-inspection, practices had changed and children reported feeling more informed about their rights. The ripple effect extended further, and other providers proactively stopped inappropriate practices before being

inspected. Significant government investment is now underway in new and rebuilt secure children's homes, with a new 28-place unit due to open in November 2026.

Cathy Asante (SHRC) described the SHRC's project on the prolonged hospitalisation of people with learning disabilities and autism who no longer need hospital care. Rather than repeat existing recommendations, the SHRC applied a human rights measurement methodology to assess the Scottish Government's "Coming Home" action plan (2022–2024) against CRPD-aligned indicators. The findings, published in the report "Tick Tock" in January 2025, were telling: the number of people in hospital was essentially unchanged; a £20 million financial commitment was largely unspent with no evidence linking expenditure to outcomes; and there was significant legal risk that ECHR rights were not being upheld. The SHRC worked in parallel with people with lived experience, generating media coverage, a dedicated parliamentary evidence session, and genuine government engagement. This resulted in a new action plan, changes to Independent Living Fund allocation, and a commitment to shift investment to the community.

Wendy McGregor (RQIA) described how formal enforcement powers drove transformation at a psychiatric intensive care unit in Northern Ireland. From 2015, RQIA had escalated serious concerns about Ward 27, including its outdated physical environment, mixed care model, inadequate psychiatric intensive care unit provision, and significant discharge delays, without sufficient progress through routine inspection. In May 2021, RQIA issued an Improvement Notice, creating legally binding requirements with strict timelines and board-level accountability. The trust built a new purpose-built facility, which opened in 2023; all patients have since been resettled in the community and continue to thrive.

Jane Kilpatrick (UK NPM) outlined changes to the Secretariat's approach following the Self-Evaluation and Peer Review process: organising work around thematic priorities, using the NPM Reporting Dashboard as the starting point for all reports and proposals, building lived experience input into individual business plan projects, and developing setting-based forums for the coming year.

Chelsea Keenan (UK NPM) presented an update from the AI Task and Finish Group. A survey of group members found one third use AI daily in their roles, with most NPM bodies not yet scrutinising duty bearers' use of AI. The Ministry of Justice's 2025 AI Action Plan announced a prison systems AI prediction tool using age and prior violence history to predict risk; concerns were raised about the opacity of such tools and the challenges in smaller jurisdictions where training data is limited. The group is developing a simpler version of the Council of Europe's AI impact assessment tool, aligned to the preventive mandate.

Rachel Lindsay, as incoming Chair of the UK NPM, closed the conference thanking Sherry Ralph for her commitment as outgoing NPM Chair, and thanked all participants for their attention and commitment to the joint work of the UK NPM.

Thank you for attending the UK NPM 2026 Annual Conference!