



Report on an unannounced inspection of

Morton Hall

Immigration Removal Centre

21 – 25 November 2016

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by HM Chief Inspector of Prisons

21–25 November 2016

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Introduction

Morton Hall is an immigration removal centre (IRC) near Lincoln that holds up to 392 men. It is operated by HM Prison Service on behalf of the Home Office. The establishment had previously been a women's prison until May 2011, when it was re-roled to become an IRC. The last inspection was in March 2013.

This IRC was generally well run; we found good provision of activities for the detainees and an impressive focus on welfare and preparing the men for release. The quality of this work was high, and was particularly impressive given the very high levels of frustration felt by many of the detainees. Their frustration was fuelled by the fact that many of them had spent a considerable time in detention, and for many there was no clear pathway towards release. As is too often the case, there were delays in casework that created some of the frustration. In these circumstances, it was to the credit of the leadership and staff at Morton Hall that relationships between staff and detainees remained generally strong.

However, there had been a significant decline in the area of safety since the last inspection. Levels of violence and antisocial behaviour had risen; self-harm had risen threefold. In our survey, 38% said that they felt unsafe in the centre. There did not appear to be a clear understanding of why this had happened. I was repeatedly invited to ascribe this rise in violence and other disruptive behaviour to the change in the profile of the detainee population since the last inspection. Some 50% of the detainees were now ex-prisoners. Members of staff suggested to me that this has had a negative impact on the safety of the centre, but the evidence for this assertion was not available without more research and analysis. Other IRCs have also had similar changes in population but have not suffered similar declines in safety. A detailed understanding of the drivers and incidence of violence would enable the centre to take a more active approach to violence reduction. The response of the IRC to violence was through the use of procedural and physical security measures, supported by a punitive rewards system. This approach was clearly not working.

Morton Hall had also suffered the impact of new psychoactive substances (NPS) becoming available to detainees. Here too there needed to be a sharper focus on understanding the supply routes, the individuals and groups concerned, the opportunities for intervention and partnership working, and the use of intelligence analysis to strengthen the supply reduction strategy and enhance proactivity. This could then complement the work being done on developing a centre-wide approach to this problem. It should be remembered that security measures which, in the absence of analysed intelligence, might be judged to be disproportionate can become entirely justifiable if there is clear intelligence to support their use.

A further concern for the handling of safety issues at the IRC has been the response to our recommendations from the last inspection. We made 20 recommendations on the subject of safety, two of which were our only main recommendations. Of these, five had been achieved, five partially achieved and 10 not achieved, including both the main recommendations. Perhaps we should not be surprised that the safety of the centre has declined.

Partly as a result of its history, this IRC does look and feel very like a prison, and this is clearly noticed by the detainees. The fear of concerted indiscipline means that the extensive grounds are still divided into zones that can be secured, and there is a great deal of razor wire in evidence to prevent access to roof areas. Because of the significant amount of disruptive behaviour by detainees, it might not be feasible to change all of this in the immediate future, but it should certainly be a longer-term aspiration so that the physical environment at Morton Hall can more properly reflect the principles of immigration detention.

The very real challenges faced by this IRC should not, however, be allowed to overshadow the commitment and skill of the staff who clearly had the interests of the detainees at the forefront of

their minds. We saw many examples of extremely positive interactions between staff and detainees, professional de-escalation of potentially violent incidents and creditable patience in the face of the anger and frustration of the detainees.

The challenge for Morton Hall is to halt the decline in safety and secure the investment needed to prevent any further deterioration in the condition of the residential units. The inevitable wear and tear of ageing facilities had been exacerbated in many places by vandalism and graffiti. Poor physical conditions will do nothing to lessen the frustration felt by many of the detainees when faced, in many cases, with indeterminate uncertainty about their future.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

January 2017

Fact page

Task of the establishment

To detain men subject to immigration control.

Location

East Midlands

Name of contractor

Home Office

Number held

14.11.16: 363

Certified normal accommodation

392

Operational capacity

392

Last inspection

4-8 March 2013

Brief history

Originally an RAF base, Morton Hall was reopened as a prison in 1985. New accommodation was added in 1996 and it was refitted in 2001 to provide facilities for women prisoners. Two more residential units were added in July 2002. In March 2009, Morton Hall was redesignated from a semi-open to a closed prison, with a specialist role in managing foreign nationals, who comprised most of the population. In 2011, the prison was re-roled to an immigration removal centre to remain in the public sector.

Name of centre manager

Karen Head

Escort provider

Tascor

Short description of residential units

Morton Hall has six units, all with single rooms.

- | | | |
|---------------------|---|--|
| Fry and Windsor | - | 160 residents over two floors; each room has a toilet and shower. Each unit has one spur that is non-smoking. |
| Johnson and Sharman | - | 145 residents in ground-floor accommodation with communal toilets and shower. Sharman has a purpose-built room for any individual with reduced mobility. |
| Torr | - | 48 residents in ground-floor accommodation with communal toilets and showers; it is the no smoking unit. |
| Seacole | - | induction unit within its own perimeter fence area, holding up to 39 residents over two floors. |

Health service provider

Nottinghamshire Healthcare NHS Foundation Trust

Learning and skills provider

Lincoln College

Independent Monitoring Board chair

Michael Worth

About this inspection and report

- A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.
- A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- A3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy establishment. The four tests of a healthy establishment are:
- | | |
|--|--|
| Safety | that detainees are held in safety and with due regard to the insecurity of their position |
| Respect | that detainees are treated with respect for their human dignity and the circumstances of their detention |
| Activities | that the centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees |
| Preparation for removal and release | that detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their country of origin and be prepared for their release, transfer or removal. Detainees are able to retain or recover their property. |
- A4 Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the Home Office.
- **outcomes for detainees are good against this healthy establishment test.**
There is no evidence that outcomes for detainees are being adversely affected in any significant areas.
 - **outcomes for detainees are reasonably good against this healthy establishment test.**
There is evidence of adverse outcomes for detainees in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
 - **outcomes for detainees are not sufficiently good against this healthy establishment test.**
There is evidence that outcomes for detainees are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of detainees. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- **outcomes for detainees are poor against this healthy establishment test.** There is evidence that the outcomes for detainees are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for detainees. Immediate remedial action is required.

A5 Although this was a custodial establishment, we were mindful that detainees were not held because they had been charged with a criminal offence and had not been detained through normal judicial processes. In addition to our own independent *Expectations*, the inspection was conducted against the background of the Detention Centre Rules 2001, the statutory instrument that applies to the running of immigration removal centres. Rule 3 sets out the purpose of centres (now immigration removal centres) as being to provide for the secure but humane accommodation of detainees:

- in a relaxed regime
- with as much freedom of movement and association as possible consistent with maintaining a safe and secure environment
- to encourage and assist detainees to make the most productive use of their time
- respecting in particular their dignity and the right to individual expression.

A6 The statutory instrument also states that due recognition will be given at immigration removal centres to the need for awareness of:

- the particular anxieties to which detainees may be subject and
- the sensitivity that this will require, especially when handling issues of cultural diversity.

A7 Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for detainees.

A8 Five key sources of evidence are used by inspectors: observation; detainee surveys; discussions with detainees; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

A9 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.

A10 All inspections of immigration removal centres are conducted jointly with Ofsted or Education Scotland, the Care Quality Commission and the General Pharmaceutical Council (GPhC). This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A11 This explanation of our approach is followed by a summary of our inspection findings against the four healthy establishment tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the conditions for and treatment of immigration detainees*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A12 Details of the inspection team and the detainee population profile can be found in Appendices I and III respectively.
- A13 Findings from the survey of detainees and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

S1 *Escort arrangements continued to be weak. Reception, first night and induction processes were generally good, with some significant exceptions. Violence and antisocial behaviour had significantly increased. The violence reduction strategy was underdeveloped. Self-harm had risen substantially, although at-risk detainees were reasonably well supported. Safeguarding procedures did not reflect the Home Office's new guidance. Dynamic security was good but some security procedures were disproportionate and physical security was excessive. The punitive rewards scheme was inappropriate for an immigration detainee population. Use of force had risen but governance was good. Detainees who were separated were kept for a shorter time than previously. Detainees had reasonable access to legal advice surgeries, but many did not have ongoing legal representation. A significant number of detainees had been detained for excessively long periods; two men had been detained on three separate occasions for a total of more than three years. Rule 35² procedures were generally good, but recent guidance on the definition of torture had not been implemented.*

Outcomes for detainees were not sufficiently good against this healthy establishment test.

S2 *At the last inspection in March 2013 we found that outcomes for detainees in Morton Hall were reasonably good against this healthy establishment test. We made 20 recommendations in the area of safety. At this follow-up inspection we found that six of the recommendations had been achieved, four had been partially achieved and 10 had not been achieved.*

S3 Some detainees arrived without knowing that they were coming to Morton Hall and with little advice or guidance on immigration detention. Some detainees had experienced multiple journeys around the detention estate and many continued to arrive in the early hours of the morning, including from other detention centres. Detainees were not always given sufficient notice before their transfer to other places of detention.

S4 The reception area remained cramped and too small for purpose. Reception screening of new arrivals was thorough and the first night interviews we observed were conducted well. Concerns about recent escapes and attempted escapes by Albanian detainees had led to a disproportionate temporary blanket ban on all Albanians residing on the induction unit, regardless of individual risk. This discriminatory policy was lifted during the inspection. Detainees on the induction unit had reduced access to services in other parts of the centre, particularly when there were no staff to escort them. Induction covered key issues reasonably well but new arrivals not located on the induction unit were not always given a prompt induction. Those on the unit were still locked in their rooms at night, which was not appropriate.

S5 There was a tense atmosphere on most residential units and many detainees, especially those detained for the longest periods, were extremely frustrated. Many cited the uncertainty of their immigration cases and the prison-like environment. Antisocial behaviour was not uncommon. Violence was generally low level, but the number of detainee-on-detainee assaults was higher than in other centres. Assaults on staff were relatively infrequent but they experienced considerable verbal abuse. The weekly safer detention meeting was a good innovation and violent incidents were investigated adequately. However, violence reduction

² Rule 35 of Detention Centre Rules requires notification to Home Office Immigration and Enforcement if a detainee's health is likely to be injuriously affected by detention, including if they may have been the victim of torture.

work was reactive and insufficiently strategic; the violence reduction strategy was not based on a holistic understanding of the causes and possible responses to violence.

- S6 Half the detainees in our survey said they had problems with feeling depressed or suicidal on arrival. There had been a three-fold increase in incidents of self-harm since the previous inspection. During the previous year, four detainees had narrowly escaped fatal or serious injuries as a result of self-harm. The causes of self-harm had not been sufficiently analysed and there was no strategy to reduce it. There had been one self-inflicted death since the previous inspection; most subsequent recommendations by the Prisons and Probation Ombudsman and coroner had been achieved, but there was no up-to-date action plan. We saw good support for at-risk detainees subject to assessment, care in detention and teamwork (ACDT) case management, and case reviews were multidisciplinary. ACDT documents generally demonstrated reasonable staff engagement with detainees but some care plans and risk assessments were poor.
- S7 There were developing links between centre managers and the local safeguarding adults board. The new Home Office adults at risk policy was not yet widely understood. We obtained a list of 69 detainees identified as being at risk of harm under the new policy, with professional evidence that 23 of them were at risk. However, neither local Home Office nor custodial staff had been aware of the identity of all these detainees, and so they received no systematic support or monitoring. Vulnerable adult care plans were a welcome development but not always robust.
- S8 Procedures to identify detainees who were a risk to children were sound, but were not always properly implemented; some visits staff were unable to identify detainees posing a risk to children when asked. At least three children had been held in the previous year and some of these detentions were prolonged as a result of wrangling between different local authorities over responsibility for assessing age. In one case, an incorrect Home Office age assessment led to the detention of a child for 36 days before social services confirmed that the boy was 16 years old. There had been no inter-agency review to learn safeguarding lessons.
- S9 Physical security was excessive for an immigration removal centre (IRC) and the principles of proportionate immigration detention were not properly embedded. Some aspects of procedural security, such as locking some detainees in cells overnight, were disproportionate. Management of intelligence was very good, and security-led meetings were effective. Risk management systems had improved and a centre-wide strategy was developing to deal with the serious increase in the availability and use of new psychoactive substances (NPS)³. There was no education on the consequences of NPS use. Most risk assessments on the use of restraints on detainees for external escorts were good, but not all justified their use. There had been 14 strip searches in the previous six months, which were justified by the identified risks.
- S10 The punitive prison-style rewards scheme was wholly inappropriate for a detainee population. It included reduced access to the gym and internet hub, and there was no evidence that it had a positive effect on behaviour. Use of force had increased since the previous inspection and was high. Paperwork was not always complete, but supervision and governance were generally good. Batons had been drawn and used; this equipment was inappropriate for an IRC population. The number of separated detainees was similar to the last inspection, but average length of stay had reduced. Reintegration planning was effective and reviews were comprehensive. Governance of separation had improved and was good.

³ New drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

- S11 Detainees had reasonable access to legal advice surgeries, but many did not have ongoing legal representation. Bail for Immigration Detainees attended the centre once a month and its handbook was available in the library. The internet suite provided good access to relevant websites, and we found no legal or support organisation sites blocked.
- S12 Too many detainees were held for prolonged periods; 31 had been held for over a year, including three who had been detained for two years, and an additional two men had been detained on separate occasions totalling more than three years. The average length of detention was also high at over three months. Caseworking inefficiencies prolonged detention in some cases; for example, an asylum application had taken seven months to be resolved, and one man was still in detention over three weeks after it was confirmed that there were no further impediments to his removal. Bail summaries were served on time. Rule 35 reports were good, and in the previous six months a third had led to release. However, no action had yet been taken to respond to a recent court injunction against using a narrow interpretation of torture,⁴ and some detainees had therefore been assessed using inappropriate criteria. Home Office induction interviews were reasonably good.

Respect

- S13 *The cleanliness and condition of the accommodation, especially showers, had deteriorated. Staff engaged effectively with some very frustrated detainees and maintained good relationships overall. The needs of detainees with protected characteristics were not always met. Faith provision was generally good. Complaints were well managed. The quality of food was adequate but the 'cultural kitchen' was very underused. Health services were good. **Outcomes for detainees were reasonably good against this healthy establishment test.***
- S14 *At the last inspection in March 2013 we found that outcomes for detainees in Morton Hall were good against this healthy establishment test. We made 17 recommendations in the area of respect. At this follow-up inspection we found that five of the recommendations had been achieved, eight had been partially achieved and four had not been achieved.*

- S15 Residential units were reasonably spacious and all detainees were in single cells. Cell furniture was in good condition and all detainees had privacy keys. However, levels of cleanliness had deteriorated since the previous inspection. Showers and many toilets were in an especially poor condition, and vandalism and graffiti had become significant problems on some units. The centre looked and felt like a prison, and this was a major issue for detainees. Access to personal cleaning equipment and association areas was good, but too many areas had little activity equipment. Clothing, bedding and laundry arrangements were good.
- S16 In our survey, 81% of detainees said most staff treated them with respect, and we observed many positive interactions. Staff often showed considerable patience and skill in deescalating tense situations with frustrated detainees.
- S17 Strategic management of equality work was reasonable and relevant departments presented a range of data at quarterly equality meetings. However, subsequent actions were piecemeal and did not effectively address all identified concerns. There was insufficient attention to protected characteristics, other than ethnicity, religion and age. For example, we met detainees with disabilities who had received little support. Discrimination incident reports

⁴ Heard by Justice Duncan Ouseley, 21.11.16.

were answered appropriately. Professional interpreting was used well for sensitive matters and at times when accuracy was particularly important.

- S18 The chaplaincy was visible and proactive, and detainees had good access to faith facilities. However, the washing facilities were poor and there was inadequate access to prayer mats except on Fridays.
- S19 The vast majority of detainee concerns were appropriately dealt with by informal resolution. The formal complaints system was very well managed, providing detainees with consistently prompt, polite and relevant responses. Complaints boxes and forms were not sufficiently prominent on residential units.
- S20 Detainees we spoke to were mostly negative about access to and the quality of health services. However, waiting times for primary care clinics were short overall, and primary health services remained good. Testing for blood-borne viruses had been introduced, which was an excellent initiative. Medications management was good, although a lack of officer supervision during administration of medications contributed to poor queue management and insufficient privacy. Dental services were good. Mental health provision had improved significantly and was good. The demand for clinical prescribing for drug and alcohol dependence had increased and detainees were given appropriate support. Psychosocial support was developing. Arrangements to ensure continuity of care before release or transfer were adequate.
- S21 Despite extensive consultation by the catering team, only 19% of detainees in our survey said the food was good, worse than the comparator of 31%. The quality of food was mostly reasonable and detainees could eat together in the central dining room. A separate kitchen where detainees could cook their own food was good but greatly underused, with restrictions on the number of detainees allowed to attend and poor opening times. The shop was open daily and sold a range of items to meet the needs of the population.

Activities

S22 *Detainees had reasonable access to activities and facilities were good. There was a range of education provision, and teaching and learning were good. There was enough work for the population and no waiting lists, although security clearance could be slow. The library provided a well-used service. Fitness provision was good. **Outcomes for detainees were good against this healthy establishment test.***

S23 *At the last inspection in March 2013 we found that outcomes for detainees in Morton Hall were good against this healthy establishment test. We made three recommendations in the area of activities. At this follow-up inspection we found that two had been achieved and one not achieved.*

S24 There were sufficient education and work places for the population and no waiting lists. A range of activities was available in the evenings. The provision was well promoted on all wings, but most information and guidance was in English only. The quality of resources on wings also varied considerably, and the speed of repairs to damaged equipment was slow. In our survey, about half of detainees said there was enough activity to fill their time.

S25 Detainees had access to a range of education and work activities, including accredited and vocational learning and certificates in employability skills. The quality of observed teaching and learning was good. Managers used data and listened to the views of detainees and staff to monitor the quality of provision, making changes where necessary. Quality assurance

activities focused mainly on process and procedures, and not enough on the quality of teaching, learning and assessment. This had been recognised and managers were implementing new observation procedures.

- S26 Most work for detainees was full time and the application process was straightforward. However, security and background checks could significantly delay access to paid work, which particularly affected detainees in the centre for short periods. The Home Office inappropriately restricted detainees' access to paid work, interfering with the centre's ability to manage the population.
- S27 Detainees could visit the library regularly and it was well used. It contained an appropriate range of books in the most commonly spoken languages. A wide range of easy reading materials and DVDs was available. Experienced staff ensured that the library was well stocked and updated regularly, based on reading habits and population profile.
- S28 Detainees had good access to well-equipped gyms and sporting activities. Links between health care and gym staff were effective and ensured that detainees took part in suitable activities. Gym staff were suitably qualified. An appropriate range of sporting events and competitions was regularly available.

Preparation for removal and release

S29 *Welfare staff provided a valuable service. Visits provision and family support work were good. Mobile phone reception remained a problem. Detainees had reasonable access to the internet. Removal and release work was better than we usually see. **Outcomes for detainees were good against this healthy establishment test.***

S30 *At the last inspection in March 2013 we found that outcomes for detainees in Morton Hall were good against this healthy establishment test. We made eight recommendations in the area of preparation for removal and release. At this follow-up inspection we found that three of the recommendations had been achieved, two had been partially achieved and three had not been achieved.*

- S31 The immediate welfare needs of detainees were checked on their reception and the induction unit, and they were regularly signposted to welfare services. Children's Links, a national charity providing services for children, young people and families, provided a good and well-used welfare service, and dealt competently with a wide range of basic and complex issues. However, too much of their time was taken up with immigration and legal issues that would have been better dealt with by the local contact team. Some detainees were unable to access the welfare service promptly because of the level of demand.
- S32 Children's Links continued to provide excellent support to help detainees maintain contact with their families. Visiting arrangements had further improved and were very flexible and well developed. The visits hall was comfortable and welcoming. Ongoing disagreements between centre managers and the local detainee visitors' group had limited the support the group could give detainees.
- S33 Detainee access to telephone contact was hampered by inconsistent mobile phone reception throughout the centre. Incoming and outgoing mail and fax facilities were good. Detainees had reasonably good access to the internet but were inappropriately prohibited from using video calling and social media sites.

- S34 The new 'Resettlement, removal and reintegration' service provided good support before release or removal, although workers did not systematically see all detainees before discharge. Welfare staff had good working relationships with partner organisations in the community, such as local refugee support groups, and community engagement events were a good initiative. Centre and Home Office staff were clear on their respective roles and responsibilities in explaining licence conditions to relevant detainees and informing authorities of the release of detainees presenting public protection concerns. Children's Links assisted a number of detainees to apply for discretionary funding from the Home Office to ensure they could reach their final destination safely from the airport.

Main concerns and recommendations

- S35 Concern: There was a tense atmosphere on most residential units and many detainees, especially those detained for the longest periods, were extremely frustrated. Antisocial behaviour was not uncommon and the number of detainee-on-detainee assaults was higher than in other centres. Violence reduction work was reactive and insufficiently strategic.

Recommendation: There should be robust strategic action to reduce violence and make the centre safer. The violence reduction strategy should be informed by comprehensive analysis of long-term trends to determine the reasons for the violence and set clear priorities.

- S36 Concern: There had been a three-fold increase in incidents of self-harm since the previous inspection. The causes of self-harm had not been sufficiently analysed and there was no strategy to reduce it. Four detainees had narrowly escaped fatal or serious injuries as a result of self-harm during the previous year and subsequent investigations sometimes lacked rigour.

Recommendation: The reasons for the increased levels of self-harm should be thoroughly investigated and inform a comprehensive strategic action plan to reduce self-harm. Local investigations into serious acts of self-harm should be robust, and all resulting learning points should inform the suicide and self-harm strategy.

- S37 Concern: Some security measures and practices were disproportionate for a detainee population. Most men were still locked in cells at night from about 8.30pm and the centre looked and felt like a prison, exacerbating discontent and frustration among detainees.

Recommendation: The living environment should be more open and less prison-like, and security measures should be proportionate for a detainee population. Physical restrictions, such as razor wire and zone fencing, should be reviewed very regularly and lifted as soon as risks have abated.

- S38 Concern: Too many detainees were held for prolonged periods; 31 men had been held for over a year, including three who had been detained for two years. An additional two men had been detained on separate occasions totalling more than three years. Our casework analysis showed some substantial delays in immigration decision-making. Uncertainty about cases was one of the main reasons that detainees gave for their frustration in the centre.

Recommendation: All casework should be progressed promptly. The reasons for lengthy detentions should be analysed and appropriate remedial action taken.

Section 1. Safety

Escort vehicles and transfers

Expected outcomes:

Detainees travelling to and from the centre are treated safely, decently and efficiently.

- 1.1 Some arriving detainees we spoke to did not know they were coming to Morton Hall or what was going to happen next. In our survey, only 30%, against the comparator of 41% and 54% at the previous inspection, said they received written information before they arrived about what would happen to them in a language they understood.
- 1.2 In our survey, 58% of detainees said they were well treated by escort staff, which was below the comparator of 66%. The person escort records (PERs) we looked at were completed well but showed some multiple journeys and inter-centre transfers around the estate. Many detainees were still being transferred in the early hours of the morning, often to and from other immigration removal centres (IRCs): during September and October 2016, there were 173 arrivals and 31 discharges from the centre between 10pm and 6am. The centre often received little notice from escorts of arrival and pick-up times; some detainees were woken at 4.30am to be told they were leaving the centre at 6am, which was unacceptable.
- 1.3 Staff brought new arrivals into reception waiting rooms to avoid them waiting for long periods outside on the escort vans. There was no routine handcuffing of detainees from vans into the centre, and handcuffing for external appointments was subject to risk assessment (see paragraph 1.38).

Recommendations

- 1.4 **Detainees should receive written information about the centre before they arrive in a language they understand, and be told what is going to happen next.**
- 1.5 **Detainees should not be subjected to excessive or overnight transfers around the detention estate.** (Repeated recommendation 1.5)

Early days in detention

Expected outcomes:

On arrival, detainees are treated with respect and care and are able to receive information about the centre in a language and format that they understand.

- 1.6 Reception was open 24 hours a day, seven days a week, and was a busy area with an average of 312 new arrivals a month in the previous three months. It remained cramped during busy periods. New arrivals received a basic search, but this was still done in a small public area in front of the reception desk. A range of microwave meals was available, and detainees could help themselves to hot drinks. Health care staff screened all new arrivals, whatever time they arrived.
- 1.7 Reception screening was thorough; an officer interviewed each new arrival in private, asking them about their well-being, any disability, language needs and immediate welfare concerns. This information was recorded on the IT system and shared with staff on the induction wing. Arrivals were offered a telephone call and also given a mobile phone if needed. Most were

escorted to the induction unit (Seacole). Temporarily, all Albanians had been banned from the unit, regardless of individual risk, following concerns about recent escapes and attempted escapes by Albanian detainees. This discriminatory policy was lifted during the inspection.

- 1.8** All new arrivals received first night checks wherever they were located. Rooms on the induction unit were cleaned and prepared for new arrivals, and had integral showers and toilets. However, detainees were still locked in their rooms at night, which was not appropriate.
- 1.9** Induction was delivered the day after arrival. Induction staff were welcoming and a peer mentor was present. An officer went through a checklist of essential information with each new arrival and checked their understanding; the information was available in a range of languages and detainees could keep a copy for reference. However, we were not assured that new arrivals on units other than Seacole had a prompt induction.
- 1.10** As the induction unit was separate from the rest of the centre, detainees had to rely on staff to escort them to facilities in the main centre and, consequently, most had reduced access to them, particularly when there were no staff for escorts. (See recommendation 1.42.)

Recommendations

- 1.11 All new arrivals should be searched in private.**
- 1.12 All new arrivals, wherever they are located, should receive a timely induction.**

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation. Detainees at risk or subject to victimisation are protected through active and fair systems known to staff and detainees.

- 1.13** There had been an increase in violence in the centre; the number of violent incidents had risen by two-thirds since our last inspection (from 29 to 49 in the previous six months). There had been 38 detainee-on-detainee assaults in the previous six months, which was far higher than we usually see in IRCs. There had been 11 assaults on staff during the same period, but we saw much verbal abuse directed at officers, and staff told us that this was a constant problem. Most of the violence was low level and antisocial behaviour was common. There was a tense atmosphere on most residential units and many detainees, especially those held for the longest periods, were very frustrated. Many cited the uncertainty created by their immigration case, and the stress of living in a prison-like environment (see paragraph 1.33).
- 1.14** The strategy for violence reduction was underdeveloped, and the work was too reactive. Although there was good quality monthly data collection, the analysis of violent incidents was not sufficiently developed to detect long-term trends. Staff gave anecdotal reasons for the rise in violence, but these could not always be clearly evidenced. For example, a possible link between length of detention, associated frustration and violence had been considered but not yet examined, and staff were not monitoring patterns for the most serious incidents. The violence reduction strategy was not based on a holistic understanding of the causes of and possible responses to the increased violence. (See main recommendation S35.)

- I.15** Despite this, there was some good work to respond to the violence. Incidents were routinely recorded and investigated adequately. The weekly safer detention meeting was a good innovation to focus staff on both victims and perpetrators, for whom monitoring was consistent and well evidenced. There was a violence reduction peer supporter who was enthusiastic and well regarded by staff, although he had not yet been trained. There was a crisis hotline for detainees or their friends and relatives to report bullying, and a safer detention newsletter regularly updated staff.
- I.16** Sharing of information about violent incidents between the safer detention and security departments was improving but not yet embedded. Other than some informal mediation and referrals to the mental health team for anger management, there were no interventions to work with perpetrators. Staff relied on the incentives and rewards scheme, which was inappropriate

Self-harm and suicide prevention

Expected outcomes:

The centre provides a safe and secure environment that reduces the risk of self-harm and suicide. Detainees are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- I.17** In our survey, 49% of detainees said they had problems with feeling depressed or suicidal on arrival, which was significantly higher than the comparator. Incidents of self-harm had nearly tripled since our last visit (from 30 to 83 in the six months before the inspection), as had the number of individual detainees involved (up from 19 to 58), which were higher than we usually see in IRCs. There had been one self-inflicted death since the previous inspection, in 2014. During 2016, four detainees had narrowly escaped fatal or serious injuries as a result of tying ligatures before staff intervened.
- I.18** There was insufficient action to address the surge in self-harm. Monthly data were well monitored, but had not been sufficiently analysed to identify long-term trends and inform the centre's priorities. There was no current strategy to reduce self-harm. Although most recommendations from the Prisons and Probation Ombudsman (PPO) and the coroner following the death in 2014 had been achieved, there was no up-to-date action plan to measure progress. Some of the local investigations into serious self-harm incidents were insufficiently rigorous, and recommendations had not been integrated with other learning points. (See main recommendation S36.)
- I.19** There had been 25 food refusers in the previous six months. Detainees who missed meals were monitored well, and assessment, care in detention and teamwork (ACDT) case management for detainees at risk of suicide or self-harm was implemented appropriately when men were identified as refusing food.
- I.20** We saw good support for detainees on ACDT case management. Case reviews were usually held in the health care centre to improve multidisciplinary attendance. One man on an ACDT held in the separation unit was well cared for, and his separation while at risk of self-harm was appropriately justified. Another detainee subject to constant supervision was supported in a calm and comfortable environment.
- I.21** The ACDT documents we looked at generally demonstrated reasonable engagement with detainees, but some care plans were out of date or did not address the detainee's problems, and some risk information had been overlooked, leading to poor quality assessments. Quality assurance checks were often missing.

Recommendation

- I.22 Assessment, care in detention and teamwork (ACDT) processes should be improved, care plans should address all the detainee's issues and risk assessments should be evidence-based.**

Safeguarding (protection of adults at risk)

Expected outcomes:

The centre promotes the welfare of all detainees, particularly adults at risk, and protects them from all kinds of harm and neglect.⁵

- I.23** Centre managers were developing links with Lincolnshire County Council to safeguard detainees who left the centre, and the centre manager was due to sit on the local safeguarding adults board.
- I.24** The Home Office's new guidance on adults at risk in immigration detention was not widely understood by staff, and did not inform the centre's safeguarding policy. Home Office and custodial staff had not been trained in it and on-site contact staff could not readily identify at-risk adults. At our request, a central department in the Home Office produced a report that listed 69 such detainees - 47 had declared themselves to be at risk and 23 had professional or other documentary evidence to show they were at risk of harm. Neither the on-site Home Office contact management team nor custodial staff knew who all these detainees were, as there was no system to support and monitor them. The lack of information on these individuals meant that the impact of detention could not be communicated to Home Office caseworkers and managers reviewing their detention.
- I.25** Although the centre's safeguarding policy required staff to open 'vulnerable adult care plans for residents', which was a welcome initiative, the plans often lacked rigour, and case reviews were rarely multidisciplinary. All plans contained a section on the support that was needed, but this was left blank in some plans, which also did not record completed actions. In the previous six months, 87 plans had been opened, with six open during our inspection: three were for detainees with mental health problems and three for substance misuse problems.

Recommendation

- I.26 All staff should have effective training in the adults at risk in immigration detention guidance. Such detainees should be subject to effective multidisciplinary oversight, and the impact of detention on them should be monitored and communicated promptly to Home Office caseworkers.**

⁵ We define an adult at risk as a person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Safeguarding children

Expected outcomes:

The centre promotes the welfare of children and protects them from all kind of harm and neglect.

- I.27** The centre's procedures to identify detainees who were a risk to children were robust in theory but not always properly implemented. Details of the nine detainees held during our inspection who were a risk to children were not distributed on the daily briefing note. In theory visits staff were made aware of detainees who posed a risk to children, but one staff member could not tell us which detainees posed a risk. A detainee with convictions for offences against children and who had been held at the centre for several months was only added to the list during our inspection.
- I.28** In the previous year, three people who were subsequently confirmed to be children were held at the centre: one for 12 days, one for 36 days and one for 151 days. Some of these detentions were prolonged because of disagreements between local authorities over who was responsible for assessing the detainee's age. In one case, social workers began assessing a detainee's age but did not complete the assessment. They only returned 12 days later, concluding that the detainee was a child, and took him into their care. This delay was unacceptable.
- I.29** In another case, a young person who had been at Tinsley House IRC told staff that he was a child, but no social services assessment was carried out as a Home Office manager there believed he was significantly over the age of 18. It was only after the detainee was brought to Morton Hall and his solicitors obtained a court injunction that a social worker's assessment was arranged; he was then found to be 16 years old. He had been detained for 36 days, and no multiagency review of this safeguarding failure took place.
- I.30** Custodial staff opened care plans for young detainees awaiting an age assessment. They interviewed such young people and considered their opinions and individual risks before deciding where in the centre they should be held.

Recommendations

- I.31** **Procedures to identify detainees who pose a risk to children should be implemented robustly, and visits staff should be able to identify such detainees immediately.**
- I.32** **There should be multiagency reviews of the cases where children have been held in the centre in order to learn safeguarding lessons.**

Security

Expected outcomes:

Detainees feel secure in an unoppressive environment.

- I.33** We found no obvious weaknesses in the centre's physical security. There were daily checks and routine searches of perimeter fences, along with routine searches of communal areas and activities buildings. However, there was a heavy reliance on physical security features, such as fences and razor wire, that made the centre look and feel like a prison. As at the last inspection, all detainees were locked on to their landings by 8.30pm, and those on Windsor, Fry and Seacole units were locked into cells. During roll checks, in the middle of the day,

some detainees were locked on to their landings and some in their cells. (See main recommendation S37.)

- I.34** New detainees on Seacole unit had limited access to the centre amenities, such as the shop and internet suite, as locked security gates separated the unit from the main centre (see paragraph I.10).
- I.35** There had been a concerning number of security incidents at the centre in the previous six months. From May to October 2016, there had been several minor acts of organised indiscipline, 16 incidents where detainees had set fires in cells or in communal areas on residential units, and at least one escape attempt where a detainee managed to get through his cell window and into the grounds (he was captured at the perimeter fence). The number of violent incidents had also significantly increased, as well as threats to staff and acts of vandalism, such as smashing TVs and light fittings (see paragraph I.13). In the week of our inspection, there were over 60 general alarms, most of which were false and set off by detainees.
- I.36** During this inspection, we observed a clear tension and frustration among many detainees that was absent at the previous inspection, and many examples of poor general behaviour (see paragraph 2.8). Many men told us that this was caused by uncertainties about their immigration cases, and the prison-like environment (see paragraphs I.14 and 2.1).
- I.37** There was also strong evidence of a serious increase in the availability and use of new psychoactive substances (NPS).⁶ Illicitly brewed alcohol ('hooch') was also a problem but to a lesser extent. The significant number of drug finds (39 in the previous six months) indicated low-level availability of opiates and cannabis, but NPS was clearly the emerging problem - more than half the information reports received by the security department were about NPS or other drugs. The centre was developing a strategic approach to deal with these emerging issues.
- I.38** Systems for managing security intelligence, were good and relationships with local police teams were developing. Security and drug strategy meetings facilitated good communication between the different departments, but there was a lack of support for prisoners taking NPS or education about its effects (see recommendation 2.67).
- I.39** The security department received an average of about 240 information reports a month in the previous six months, compared with 140 at a similar period at the last inspection. The reports were processed and communicated to appropriate areas quickly.
- I.40** Security-led meetings were well attended and there were good links with other key departments, particularly safer custody, health care and drug service providers (see also paragraph 2.66). A weekly security tasking meeting was particularly effective and fed into nearly all decision-making processes in the centre.
- I.41** Risk assessment systems were generally good and incorporated use of information about detainees' recent custodial behaviour, as well as historic data to inform assessments. Information from prisons about detainees they had recently held was often helpful in identifying specific risks to security. Detainees were no longer required to be handcuffed routinely on escorts following formal risk assessments, and cell searching was intelligence driven. Although there had been 14 strip searches in the previous six months, they were appropriately justified by intelligence.

⁶ New drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

Recommendation

I.42 All detainees should have full access to the centre's amenities.

Rewards scheme

Expected outcomes:

Detainees understand the purpose of any rewards scheme and how to achieve incentives or rewards. Rewards schemes are not punitive.

- I.43** As at the last inspection, the centre operated a two-level incentives and rewards scheme that was, in practice, a system of sanctions with little emphasis on incentives to encourage good behaviour. At the time of inspection, most detainees (95%) were on the enhanced level of the scheme, with 5% on standard.
- I.44** The regime for detainees on standard was exclusively punitive – which was inappropriate and unusual to see in an IRC. Periods on standard usually lasted for 28 days, and during this time detainees were not permitted to work and had restricted access to the gym, internet suite and the centre shop, and their televisions were taken away for the first seven days. Reviews of detainees on standard were often cursory, and there was little evidence that progress in a detainee's behaviour or circumstances was monitored or acted on.
- I.45** There was no evidence that the scheme helped to reduce poor behaviour. Incidents of violence remained high and use of illicit drugs was an emerging problem (see also paragraphs I.13 and I.41).

Recommendation

I.46 The rewards scheme should focus on incentive and reward rather than punishment.

The use of force and single separation

Expected outcomes:

Force is only used as a last resort and for legitimate reasons. Detainees are placed in the separation unit on proper authority, for security and safety reasons only, and are held on the unit for the shortest possible period.

- I.47** In the previous six months, there had been 125 incidents where force was used against detainees, which was much higher than the 75 cases we found during a similar period before the last inspection. Managers told us that this was due to the higher number of violent incidents (see also paragraph I.13).
- I.48** The completed documentation and video recordings we examined suggested that incidents were usually managed appropriately and that minimum force was used for short periods. There were examples where de-escalation techniques had been used to good effect. However, we also found that important use of force paperwork was incomplete and important elements, such as written accounts from officers and accident reports from health care staff, were often missing. Batons had been drawn on five occasions in the previous six months and the available evidence did not show that these occurrences had been necessary

or effective. Batons are not carried in most IRCs and this equipment is inappropriate for an immigration detainee population.

- I.49** The overall management and monitoring of the use of force were generally good. Monthly information, including the nature of the incident, its location and the ethnicity of the detainees involved, was collated and presented at senior management team meetings, led by the centre manager. Trends were identified and appropriate action taken. All incidents were discussed, video records were scrutinised and a senior manager quality assured most associated documents.
- I.50** The separation unit was still in a discrete building within a secure compound in the main centre. Four cells were used to accommodate detainees under rule 40 (removal from association), one cell was designated for detainees segregated under rule 42 (temporary confinement) and there was one gated cell that was rarely used. The unit looked like a segregation unit in an old prison. The single corridor was narrow and dreary and, although rule 40 cells were clean and adequately furnished, the cell used for detainees separated under rule 42 was grim and reminiscent of special accommodation in a prison. It was unfurnished, apart from a slightly raised concrete plinth used as a bed. The exercise yard was a featureless cage.
- I.51** There had been 112 cases of separation in the previous six months, slightly higher than the 101 cases at the last inspection. The average length of separation had reduced and was just over a day, although a few detainees had been separated for about a week. Use of the rule 42 cell had also reduced and the average length of stay was appropriately short - usually for less than an hour. A daily regime programme included showers, exercise and periods of association following a risk assessment. Detainees were usually allowed their mobile phones while locked in their cells.
- I.52** Governance and management of separation were very good. It was authorised properly and we did not find examples where separation was used as punishment. Reviews were timely and planning to return detainees back to their residential units was very good.

Recommendations

- I.53** **Detainee custody officers should not carry batons.** (Repeated recommendation I.66)
- I.54** **Use of force documentation should be completed and kept together.**
- I.55** **The rule 42 cell should be refurbished and redecorated.**

Legal rights

Expected outcomes:

Detainees are fully aware of and understand their detention, following their arrival at the centre and on release. Detainees are supported by the centre staff to exercise their legal rights freely.

- I.56** The Legal Aid Agency (LAA) funded duty advice surgeries four days a week. Detainees had reasonable access, with 10 half-hour advice slots a day, and during our inspection they could get an appointment for the same week. In our survey, only 66% of detainees said they could contact their lawyer easily.

- I.57** Bail for Immigration Detainees attended the centre once a month to give advice on bail applications, and its helpful handbook was available in the library. Bail application and section 4 support forms⁷ were also available.
- I.58** Detainees had reasonably good access to the internet (see paragraph 4.13), and websites for support organisations, country of origin information and legal advice were not blocked. They could communicate with their lawyers through internet email accounts. Detainees could print legal documents with no restrictions on quantity.
- I.59** The library stocked a range of up-to-date legal textbooks, but they had to be requested from staff. Although notices promoted their availability, in our survey only 39% of detainees said it was easy to obtain legal books from the library, against 56% at our last inspection. Country of origin reports were not available in the library; staff said they would print copies on request or direct detainees to the internet suite, but again, few detainees were aware of this. Only 13% of detainees said they could access official information reports on their country of origin, against 28% at our last inspection. Detainees could not access the internet from the library but could work on two standalone PCs to write letters and statements. Notices in the centre promoted the work of the Office of the Immigration Service Commissioner and the Legal Ombudsman.
- I.60** Legal visits took place five mornings a week. There were two interview rooms. The large visits hall was used if more than two interviews were due at the same time, but staff told us that it was rare for more than three interviews to take place at once. Legal representatives could bring laptops into the centre.

Casework

Expected outcomes:

Decisions to detain are based on individual reasons that are clearly communicated and effectively reviewed. Detention is for the minimum period necessary and detainees are kept informed throughout the progress of their cases.

- I.61** Too many detainees were held for prolonged periods - 31 had been held for more than a year, including three held for two years.⁸ The average length of detention was high at just over three months. These figures did not include detainees who had been released and re-detained - for example, we found two detainees who had been detained on three separate occasions for a total of more than three years.
- I.62** Inefficiencies in casework prolonged some detention unnecessarily. For example, in one case the Home Office took more than seven months to decide an asylum application. In another, a detainee wanted to return voluntarily; after an emergency travel document had been obtained it took the Home Office another three weeks to set removal directions (see main recommendation S38).
- I.63** Some cases could not be progressed because detainees did not comply with the re-documentation process, or their nationality was disputed; the Home Office made concerted efforts to resolve nationality disputes. Material facts supporting release were omitted from one detention review. There was inertia by Home Office caseworkers in referring this same case for release; senior managers repeatedly said a release referral should be considered yet none was made.

⁷ Detainees without family or friends in the UK who can accommodate them on release can apply to the Home Office for Section 4 accommodation.

⁸ Not all those continuously detained for over a year had been held solely at Morton Hall.

- I.64** The Home Office contact management team inducted detainees who had not been held at other centres. Induction interviews were reasonably good: voluntary return was promoted but detainees were not given sufficient information about their bail rights. Interviews took place on chairs bolted to the floor, which was disproportionate. Bail summaries were served by 2pm the working day before the hearing.
- I.65** Detainees complained that they were not updated on their cases. The contact management team chased outstanding monthly progress reports from caseworkers, but about 20 were overdue at the start of our inspection. The team responded to paper and email applications promptly but had ceased running drop-in surgeries.
- I.66** There had been 162 rule 35⁹ reports submitted in the previous six months and a third had led to release. A revised report pro forma encouraged the author to provide more relevant information. We reviewed 10 reports and their responses, and as at our last inspection, the reports were good. All but one of the 10 reports related to torture. They were handwritten but legible. They included relevant observations and findings, together with an assessment of the consistency between scarring and the method of torture. In the cases we reviewed, half led to release, far higher than we normally see. In one case, the decision to maintain detention was insufficiently justified; the other nine were handled appropriately (see also paragraph 2.47).
- I.67** During our inspection, the Home Office's narrow definition of torture was challenged in the courts.¹⁰ As a result of the challenge, the Home Office announced it would use a broader definition of torture – one involving actions of non-state actors – while the case awaited conclusion. However, report writers were not aware of the changes and continued to assess detainees using the previous narrow definition.

Recommendation

- I.68 The contact management team should conduct comprehensive induction interviews of all detainees within 24 hours of their arrival, and detainees should know what is happening with their cases.**

⁹ Rule 35 of Detention Centre Rules requires notification to Home Office Immigration and Enforcement if a detainee's health is likely to be injuriously affected by detention, including if they may have been the victim of torture.

¹⁰ Heard by Justice Duncan Ouseley, 21.11.16.

Section 2. Respect

Residential units

Expected outcomes:

Detainees live in a safe, clean and decent environment. Detainees are aware of the rules, routines and facilities of the unit.

- 2.1** There were six residential units (see Fact page). The centre looked and felt like a prison with detainees locked in their cells during the night on Seacole, Windsor and Fry units, although they all had privacy keys for use during the day. While some of the grounds in the residential areas were landscaped, many parts of the centre were covered in razor wire to prevent detainees climbing on to them. The wire, as well as the fencing and gates, added to the prison-style feel of the environment, which many detainees found frustrating and was an underlying issue in some of the tensions that we observed. (See main recommendation S37.)
- 2.2** All accommodation was reasonably spacious and the cells were well equipped. However, many of the association and activity areas were in a poor state of repair, showed signs of vandalism and had items broken through wear and tear. Even where the association rooms had some equipment, much of the residential areas, particularly on Windsor and Fry units, were austere.
- 2.3** Cleanliness in the residential units had deteriorated since the previous inspection, particularly on Fry and Windsor units and in all the self-cook areas. The cells on Windsor and Fry was very dirty in places and there was much graffiti, including some that was racist. Many of the integral shower units on these units had ingrained dirt, and some of the communal showers and toilets across the centre were grubby, even though detainees had reasonable access to cleaning materials and some were used as paid cleaners.
- 2.4** Most detainees chose to wear their own clothes but items were provided if required, and there was good quality discharge clothing for those who needed it. Clothing was washed by a paid detainee on each unit daily if required, and bedding could be exchanged weekly. Mattresses and pillows were replaced when necessary. Basic toiletries were available free from communal areas. There was a cell call system. If the call was not answered promptly, the control room notified staff to check the cell to ensure the welfare of the detainee. Senior managers made regular checks of cell call records.
- 2.5** A detainee consultation group of detainee peer supporters, managers and Home Office representatives met regularly to discuss a range of issues. Meetings were minuted and there was evidence of actions taken and completed as a result of concerns raised.
- 2.6** Detainees were given a reference guide with some residential and centre rules during their induction, and this was available in several languages.

Recommendation

- 2.7 All parts of the centre should be kept clean and free of graffiti.**

Staff–detainee relationships

Expected outcomes:

Detainees are treated with respect by all staff, with proper regard for the uncertainty of their situation and their cultural backgrounds.

- 2.8** In our survey, 81% of respondents said that staff treated them with respect. We observed several instances where staff acted as positive role models, and they often showed considerable patience in dealing with detainees' issues and frustrations about their personal circumstances. Despite this, only 57% of detainees said they had a member of staff who they could turn to if they had a problem, which was worse than the 70% at the previous inspection and the comparator of 65%.
- 2.9** There was a personal officer scheme and staff we spoke to had a reasonable awareness of the issues facing the detainees they were responsible for. However, some detainees spent a short time at the centre and staff gave examples of detainees moving on quickly, which could affect the development of positive relationships. The quality of staff monthly case notes about detainees varied – some demonstrated a good knowledge of the detainee and evidence of steps to resolve issues, while others added little to outcomes for the individual.
- 2.10** All staff working directly with detainees attended training in detainee custody officer awareness before they took up post. However, apart from a basic online learning package, there was no additional or continuing training for staff to raise their awareness and knowledge of the diverse and complex needs of detainees in the centre.

Recommendation

- 2.11 Regular training about immigration detention and the particular circumstances and backgrounds of detainees should be delivered regularly to all staff.**

Equality and diversity

Expected outcomes:

The centre demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no detainee is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. At a minimum, the distinct needs of each protected characteristic¹¹ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

Strategic management

- 2.12** The strategic management of equality and diversity work was reasonable and supported by a wide-ranging policy that covered all the protected characteristics. The day-to-day management of diversity and equality work was now done largely by a single person, who had other operational duties, with some limited administrative support. This contrasted with the last inspection, when a more substantial team of people had delivered this work. This reduction had affected some areas of equality work, including protected characteristics and

¹¹ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

event planning. The promotion of the DEAT was limited to uninspiring notice boards with minimal information that did not take account of the diverse population or those who could not read English.

- 2.13** The DEAT meeting was chaired by the centre manager and met quarterly. The meeting was well attended with representation from all the key functions. It reviewed data on age, ethnicity, religion and nationality. There was evidence of some meaningful discussion about the data but there was insufficient analysis of trends, other than since the previous quarter. There was a local equality action plan, but not all actions identified by the DEAT were included, and the approach was piecemeal. Actions were often low level and, given the diverse population, did not do enough to identify and address detainee needs.
- 2.14** Peer support workers had some minor involvement in the DEAT. However, they had not received awareness training or guidance on equality and diversity. The DEAT had an annual schedule of events and there had been some success at embracing diversity, including a summer Olympic event, but the constraints on the time of the DEAT lead officer meant that some events were low key. The DEAT lead officer had links with an external organisation, 'Just Lincolnshire', which promoted equality and diversity in that county.
- 2.15** There had been 21 discrimination incident reports investigated during 2016; 17 were submitted by staff about detainees (mostly reporting discrimination by a detainee towards his peers) and four had been submitted by detainees. Eleven complaints, all submitted by staff, had been upheld, eight were not proven and two were recorded as no further action. All the reports were taken seriously with good investigation by managers and a robust response when required, although there was no independent scrutiny of investigation outcomes.

Recommendation

- 2.16** **The equality action plan should be comprehensive and fully implemented. It should include an objective to develop monitoring by nationality.**

Protected characteristics

- 2.17** Several forums for a range of groups had been held in the previous six months, usually in reaction to a particular concern raised in the DEAT or a wider centre issue. Managers were not fully aware of the number of detainees with specific protected characteristics and could not identify all those who might have required support. For example, in our survey about a fifth of detainees considered themselves to have a disability but the centre was only aware of three individuals.
- 2.18** Support was particularly poor for detainees with disabilities. There were personal emergency evacuation plans (PEEP) for three detainees, but these were not in date and not all staff were aware of their locations. Two low mobility cells were available and one was being used for a detainee who used a wheelchair. Other detainees helped to support this individual informally without staff involvement. Neither he nor any other detainee had an individual care plan, and he found it difficult to attend areas such as the internet hub and gym.
- 2.19** Professional telephone interpreting was used reasonably well, although some staff had reported problems accessing the service following a change in contract. A small number of staff could speak languages other than English and detainees often assisted with non-sensitive conversations. However, non-English speaking detainees who responded to our survey were more negative than English speakers across a range of indicators. For example, only 39%, against 63%, said they had a member of staff they could turn to for help with a problem and

42%, against 20%, said they had been victimised by other detainees. There was some translated written information in reception and the first night centre but little elsewhere.

- 2.20** Although there had been a recent and quickly resolved incident between two groups of detainee nationals, there was no evidence of significant tensions between detainees of different nationalities.
- 2.21** Residential staff had undertaken some good work to support a gay detainee, although the DEAT lead had not been made aware of this. One detainee had identified himself as gay at the time of inspection. There were some links with several relevant community support groups, but this was limited to a telephone number on notice boards and was under-promoted.
- 2.22** At the time of the inspection, around 7% of detainees were aged 18-21 and 8% were over 50. Age matters were discussed at the DEAT and data were analysed with conclusions drawn for each function in the centre. This had led to some positive changes, such as an over-50s gym class, but there were no regular groups for young adult or older detainees to discuss their specific needs.

Recommendations

- 2.23** **There should be specific forums for detainees from all protected characteristics groups to encourage information-sharing, support and confidence.**
- 2.24** **Detainees with disabilities should be systematically identified and, wherever necessary, supported with care plans and regularly reviewed personal emergency evacuation plans.**
- 2.25** **Support services for gay detainees and young adults should be developed and promoted.** (Repeated recommendation 2.31)

Faith and religious activity

Expected outcomes:

All detainees are able to practise their religion fully and in safety. The faith team plays a full part in the life of the centre and contributes to detainees' overall care, support and release plans.

- 2.26** In our survey, fewer detainees than the comparator said that their religious beliefs were respected. However, the chaplaincy was visible and integrated well within the centre, and there was a range of appropriate services and groups. A full-time Christian chaplain and Muslim chaplain were on site each day and supported by several sessional chaplains, including some from nearby prisons, to cater for all religions. Detainees were allowed free access to the faith centre during hours of unlock.
- 2.27** The multi-faith building was welcoming. The main multi-faith room could be divided to allow different faiths to pray at the same time, and this was well managed. However, the area was also used for other purposes, such as staff meetings, which had frustrated some Muslim detainees who could not access prayer mats outside of Friday prayers and had to use a room that staff had entered in shoes. The washing area was small and, despite efforts to keep it clean, was showing signs of deterioration.

Recommendation

2.28 Detainees should be able to use prayer mats at all times.

Complaints

Expected outcomes:

Effective complaints procedures are in place for detainees, which are easy to access and use and provide timely responses.

- 2.29** There had been 72 formal complaints from detainees in the previous six months, of which 8% were substantiated. An informal resolution approach was used well and had further developed since our last inspection. The vast majority of low-level detainee concerns were dealt with in this way, and resolutions were appropriately logged and monitored.
- 2.30** The formal complaints system was very well managed, giving detainees consistently prompt, polite and relevant responses. Staff used a well-designed template that detailed the appeals process. Responses were routinely checked for quality by a line manager. Monitoring of formal complaints was thorough and covered all protected characteristics. Complaints managers also ran a useful twice yearly consultation group with detainees.

Health services

Expected outcomes:

Health services assess and meet detainees' health needs while in detention and promote continuity of health and social care on release. Health services recognise the specific needs of detainees as displaced persons who may have experienced trauma. The standard of health service provided is equivalent to that which people expect to receive elsewhere in the community.

- 2.31** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹² and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Governance arrangements

- 2.32** NHS England (Health and Justice Midlands Region) had commissioned Nottinghamshire Healthcare NHS Foundation Trust to provide all health services since 1 April 2015. A 2016 health needs assessment and action plan informed service delivery. Various local and regional governance and quality improvement meetings covered all essential areas. Joint working between the health provider, centre and commissioner was effective. Learning from adverse incidents, audits and complaints informed service improvement. Health-specific detainee feedback was developing through a pictorial health comment card. Health staff attended the centre detainee consultation group, although there was no health forum.
- 2.33** Following prolonged shortages, health team staffing had improved recently, although staff sickness had once again placed significant strain on the small team. Staff shortages were

¹² CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

managed appropriately and service delivery was not significantly affected. An experienced nurse manager, supported by two matrons, provided excellent clinical leadership. Nursing staff were on site for 24 hours, and regular GPs provided daily clinics.

- 2.34** Health staff had regular performance reviews and supervision, and were in date with mandatory training. Clear training plans supported staff to develop essential skills, including long-term conditions management and emergency physical assessment training. New staff had not received torture awareness training, although this was planned for 2017. Staff had good access to an appropriate range of local health procedures and trust policies, including communicable disease management. Daily integrated staff handover meetings and written handovers supported effective communication in the team.
- 2.35** Health staff were easily identifiable and the interactions we observed were good. Professional telephone interpreting was used appropriately, although health staff reported problems with the new provider (see also paragraph 2.19). Consultations mostly took place in private. Electronic clinical records (SystemOne) had been introduced since the last inspection. Standards of record keeping were mostly good, and there were regular record keeping audits. Formal care planning was developing.
- 2.36** Health services were delivered from the health department. Regular infection control audits were completed. The waiting area resembled a community GP practice. The facilities were generally good, but the cleaning and some fixtures and fittings did not fully comply with infection control standards.
- 2.37** Health staff had access to appropriate well-checked emergency equipment across the establishment. Twenty-seven operational staff were first aid trained and 10 were defibrillator trained. However, first aid trained operational staff were not always on duty at night to support health staff in an emergency - this could be a problem on Seacole (induction) unit due to its distance from health care. An emergency code system was used to ensure health staff and ambulances were called promptly for medical emergencies, although this was not the standard colour coding, which could have caused confusion for staff transferred in from other establishments.
- 2.38** Detainees could complain through the centre system directly to NHS England or through the Trust's confidential concerns, compliments and complaints system. Concern forms and leaflets on how to complain were easily available but in English only. There had been five complaints and six concerns in the previous six months. The responses we sampled were respectful and addressed the issues raised, but were inappropriately included in the clinical records. One ongoing complaint was being investigated independently at the health care manager's request to reassure the detainee about the validity of the process.
- 2.39** Written information about health services was provided in several languages on reception, although some content was out of date. Regularly updated health promotion information in several languages was widely displayed. A senior nurse led on care for older detainees. Blood-borne virus testing had been routinely offered to new arrivals since September 2016 with a reasonable take up, which was an excellent initiative to improve detainee health. Detainees under 25 were offered chlamydia screening. Smoking cessation support was provided, and barrier protection was freely available.

Recommendations

- 2.40 Health care facilities should comply with all relevant infection control standards.**

2.41 There should be sufficient operational staff on duty who are first aid and defibrillator trained to ensure a prompt response to medical emergencies.

Good practice

2.42 *New arrivals were routinely offered blood-borne virus testing, which was a good initiative to improve detainee health.*

Delivery of care (physical health)

2.43 Nurses promptly completed a comprehensive assessment of all new arrivals and made appropriate referrals; liaison with community services was good.

2.44 Detainees requested access to health services from the receptionist. Some services were drop in, but detainees had to attend at a specific time on the day to request an appointment and might have to return another day if the clinic was full. This, combined with inadequate understanding of the benefits of nurse triage, created frustration for some detainees. There were no records of those turned away to identify the level of unmet need. Most detainees we spoke to were negative about the access to and quality of services.

2.45 Nurse triage appointments were available daily and detainees with urgent needs were seen promptly. The community out-of-hours GP service was used appropriately. A range of primary care clinics was provided in house, and waiting times were short. Those requiring physiotherapy were escorted to hospital, although the need for in-house provision was being assessed.

2.46 There were regular nurse-led, long-term condition clinics. Detainees with complex health needs were identified on a register, known to all health staff, and senior nurses reviewed their care needs regularly.

2.47 The demand for rule 35¹³ assessments had increased recently (see paragraph 1.65). Appointments were for 45 minute, which gave GPs sufficient time to complete a thorough assessment. Waiting times were monitored and extra clinics were added when waiting times increased. During the inspection, 11 of the 35 detainees awaiting an assessment had waited more than two weeks, which was too long.

2.48 Detainees were referred promptly for secondary health services and management of appointments, including medical hold, was good. Appointments were rarely cancelled due to insufficient escorts.

2.49 Detainees received a copy of their clinical records and all necessary medications on their release or removal.

Recommendation

2.50 Detainees requiring assessments under rule 35 should be seen promptly.

¹³ Rule 35 of Detention Centre Rules requires notification to Home Office Immigration and Enforcement if a detainee's health is likely to be injuriously affected by detention, including if they may have been the victim of torture.

Good practice

2.51 *Detainees with complex health needs were identified and supported effectively.*

Pharmacy

2.52 Well Pharmacy supplied named-patient medication promptly once daily, Monday to Saturday. Pharmacy technicians were on site Monday to Saturday and a pharmacist visited weekly, which supported good governance. There were appropriate current standard operating procedures and policies signed by staff. Medications were stored tidily and securely, and controlled drugs were managed correctly. Medication expiry dates and refrigerator temperatures were monitored regularly and documented. Pharmacy advice services were advertised in various languages and a pharmacy technician led on smoking cessation. A well-attended medicines and therapeutics committee discussed an appropriate agenda.

2.53 SystmOne was used for prescribing and administration. General medicines were administered at 8.30am, 1pm and 6pm, and controlled drugs, including methadone, at 9am from the pharmacy room. Night time medication was administered in detainees' rooms as required. We observed good interactions between health staff and patients, and safe administration practices. Photographic identification was checked before administration. Missed doses were followed up appropriately. Discipline staff were occasionally present when requested, but generally they were not and we observed crowding around the administration area, which affected privacy. Health staff said that they struggled to manage the queue, particularly when some detainees became agitated.

2.54 In-possession risk assessments were recorded on SystmOne in line with the in-date in-possession policy. During the inspection, 70% of detainees on medication had it in possession. Health staff could administer an adequate supply of medicines for minor ailments without a GP prescription. There was a satisfactory range of stock medicines.

Recommendation

2.55 **Detainee custody officers should supervise the drug administration queue to maintain order and ensure detainees have adequate privacy.**

Dentistry

2.56 Time for Teeth provided two dental sessions a week; the morning clinic was booked appointments and the afternoon was a drop-in assessment clinic. Waiting times were short at around one week. Most treatment was to manage acute pain, but ongoing treatment was provided for detainees likely to stay in the centre for more than a few weeks. Oral health promotion was effective. Comprehensive clinical records were completed on SystmOne. Appropriate governance processes ensured safe dental services were provided. The consultations we observed were good. The dental suite was small but adequate, although the flooring was worn and stained in places due to age. All dental instruments were decontaminated off site. Equipment was appropriately maintained and waste materials were disposed of correctly.

Delivery of care (mental health)

- 2.57** Joint working between operational staff, case workers and the mental health team was good. The team had trained 97 operational staff in mental health awareness, although training been suspended temporarily pending arrival of a new staff member.
- 2.58** Mental health provision had dipped due to staff shortages in 2015 and 2016, but had improved since April 2016 and was now good. A full-time matron, who was a registered learning disability nurse, and two full-time mental health nurses were developing a comprehensive service. A consultant psychiatrist held a weekly clinic. A replacement visiting psychologist was due to provide two clinics weekly from January 2017.
- 2.59** Detainees referred through the open referral system were seen promptly on the basis of clinical need. All those referred were seen within five days, and those with urgent needs were usually seen the same day. The team received around 60 referrals a month, but also routinely attended most assessment, care in detention and teamwork (ACDT) case management, constant watch and segregation reviews. During the inspection, the team was supporting 18 men - some were on vulnerable adult care plans and the mental health team attended the reviews, which ensured all centre staff knew how to support them effectively. The matron coordinated the care of those with severe and enduring mental illness, using the care programme approach as required.
- 2.60** All interventions were one-to-one, although group interventions were planned. Clinical record keeping and care planning were good. Detainees who did not attend their appointment were followed up to check their well-being, and this active approach had successfully drawn some hard-to-engage patients into the service.
- 2.61** One detainee had been transferred to mental health facilities under the Mental Health Act in the previous six months. Despite active efforts by the mental health team, external factors meant that the transfer had taken five weeks, which was too long.

Recommendation

- 2.62** **Detainees should be transferred to external mental health facilities within Department of Health target timescales.**

Substance misuse

Expected outcomes:

Detainees with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their detention.

- 2.63** All new arrivals received an assessment of their substance misuse needs, and all those requiring clinical treatment were seen by the GP the following day. Nurses could administer medication for alcohol withdrawal without a GP prescription if required, which ensured prompt treatment. Clinical observations during the night and day were instigated as required.
- 2.64** Prescribing for opiate dependence usually focused on reduction; however, prescribing remained flexible and patients were involved in treatment decisions. The demand for clinical support for substance misuse had increased since our last inspection. In the four months to October 2016, the service had supported 19 detainees on methadone, one on buprenorphine and three who required treatment for alcohol withdrawal.

- 2.65** One-to-one psychosocial support for all substances, including new psychoactive substances (NPS),¹⁴ had been introduced since our last inspection and the service had increased from a few sessions a week to a full-time worker in July 2016.
- 2.66** The centre's drug strategy was reviewed annually and now included more emphasis on treatment, but there was still insufficient focus on strategies to reduce demand, and it did not explicitly address NPS. In practice, there was a focus on the increasing NPS problems, including medical emergencies, although there were no NPS awareness sessions for detainees or staff (see paragraph I.37). Well-attended monthly substance misuse meetings discussed all key areas and created actions, although some were repeatedly carried over and not all were sufficiently strategic. Links with security were good.

Recommendation

- 2.67** **A comprehensive drug strategy should include awareness sessions in new psychoactive substances for staff and detainees.**

Services

Expected outcomes:

Detainees are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations. Detainees can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.

- 2.68** In our survey, only 19% said the food was good, against the comparator of 31%. Despite this, we found that the quality of the food, variety of menu choice and the portions offered were reasonable. We saw some meals that were bland and bread rolls that were stale. The catering team was aware of detainees' negative perceptions and had attempted to consult a high percentage of the population. There were also twice yearly food surveys, but despite their promotion, response rates were poor.
- 2.69** The menu was based on a four-week, five-option system, with hot meals available at both lunch and evening meals. Menus were published in advance and detainees did not have to order what they wanted beforehand. Most detainees could eat communally in the dining room. Detainees on the induction unit had their meals delivered and served from a kitchen there.
- 2.70** Detainees could do paid work in the kitchen and also gain some basic employability qualifications for food hygiene. The kitchen was of reasonable size with adequate equipment. However, several items had been damaged for a long time, in particular the industrial fridges, and the response to repair them had been needlessly slow.
- 2.71** A 'cultural kitchen' - a separate kitchen where detainees could cook their own food - was available, but not to detainees on the standard regime. The kitchen was well equipped and the catering team provided a generous range of ingredients. However, the facility was only available for four hours a day on two days a week; it was restricted to eight detainees at a time and not well promoted.

¹⁴ New drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

2.72 The centre shop sold a reasonable range of items, including culturally appropriate toiletries and food. Opening times were regular but evening opening was inappropriately limited to enhanced detainees only. All new arrivals were offered a shop pack or £5 credit to spend on the day they arrived. Regular staff worked in the facility, which assisted good relationships. Detainees could also shop from two catalogues and were able to check stock via the internet hub. Once the item was received, detainees could collect it reasonably promptly from reception.

Recommendations

2.73 Damaged catering equipment should be repaired or replaced promptly.

2.74 The opening hours of the 'cultural kitchen' and the numbers able to use it should be substantially increased; the facility should also be widely promoted among detainees.

Section 3. Activities

Expected outcomes:

The centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees.

- 3.1 The centre offered a broad range of activities that met the needs of detainees well. In our survey, more detainees than the comparators said they could access work, education and the library. At the time of the inspection, 22 detainees had restricted access to work, usually because of non-compliance with Home Office Immigration Enforcement. This was an inappropriate restriction on the centre managers' ability to manage the population.
- 3.2 Detainees could take part in education, work, social activities, exercise and fitness, library and cooking. They could also use computers with internet access and the centre's shop during all association times. Most work and education provision was scheduled for weekdays. Detainees who worked full time could use the library and gym in the evenings and at weekends.
- 3.3 Most residential units had an appropriate range of recreational equipment, such as games machines and pool tables. However, high levels of vandalism on two wings had meant fewer resources. Staff regularly organised competitions and events, such as pool and dominos, which detainees enjoyed, and they also had access to well-maintained gardens and grassed outdoor spaces.
- 3.4 New arrivals were given information on education and work in the induction unit, and education staff visited them to promote classes. There were up-to-date notices about activities and events on the units, and most had symbols to help non-English speakers recognise the subject or activity being promoted. Managers also used interpreting services to give detainees the information they needed, and as a result, participation in activities by non-English speaking detainees was good.
- 3.5 Managers actively sought the views of detainees and staff to help plan the provision of activities. They monitored attendance at education, work and events thoroughly to ensure provision met the needs of all detainees. Managers responded well to requests from detainees and worked to build positive relationships by facilitating events that involved both residents and staff, such as sporting competitions.

Recommendation

- 3.6 **Detainees should not be prevented from accessing education or paid work because of non-compliance with Home Office Immigration Enforcement.**

Learning and skills

- 3.7 Detainees could access a range of education provided by Lincoln College. Classes were offered in 10 subjects, including English for speakers of other languages (ESOL), mathematics and business studies, as well as more practical subjects, such as barbering and barista training. ESOL and barbering classes were available five days a week. In our survey, 34% of detainees said they were participating in education, which was double the comparator. However, attendance at lessons was too low and education classes were underused.

- 3.8** Learners could achieve units of qualifications in nearly all subjects, most of which were internally accredited. A few courses, such as business studies and information and communication technology (ICT), were externally accredited. Most courses were offered at entry level to level 2, with a few at level 3. Staff had developed very clear expectations for accreditation of internal certificates and most detainees passed.
- 3.9** Detainees could also participate in non-accredited activities, such as arts and crafts, and food preparation in the cultural kitchen (see paragraph 2.71). In art, detainees produced highly innovative sculptures out of everyday materials and recycled materials. In the cultural kitchen, detainees prepared food for religious and cultural events.
- 3.10** The quality of teaching and learning was good. Well-qualified and supportive staff worked effectively with all detainees during lessons. Teachers responded well to the wide range of ability levels and managed the ‘drop-in’ nature of the activities with ease. They ensured that learning activities were closely aligned to the learners’ educational needs and aspirations. Most teachers used effective questioning techniques to ensure learners made good progress, and gave constructive verbal feedback, which inspired learners to improve their work. As a result, learners developed new skills quickly, increased their confidence and achieved their qualifications. Too many teachers did not routinely correct learners’ spelling or punctuation, which affected their ability to improve.
- 3.11** The education rooms were calm, which helped learners settle into their studies quickly. Most classrooms were small but adequate with an average capacity of eight learners. They were well equipped, bright and well decorated. Examples of learners’ work were displayed on the walls and promoted the high standards teachers expected for learners to pass. Learners had access to up-to-date computers and digital media equipment, which they used well to produce work to high standards, such as professional-looking websites and posters.
- 3.12** Managers had a good understanding of the quality of provision. They were able to identify accurately the key strengths and areas for improvement. However, managers’ plans to improve the quality of provision lacked detail and did not indicate if the actions taken had been effective. Records of teacher observations and subsequent action plans were also too focused on process and procedures rather than the progress.

Recommendation

- 3.13** **Quality assurance arrangements should ensure that areas for improvement are clearly identified, and that the effectiveness of actions can be measured.**

Paid work

- 3.14** There were sufficient paid work opportunities for detainees in 22 work areas and no waiting lists. In our survey, more detainees than the comparator said they could get work if they wanted to. Most paid work was full time and in areas such as cleaning, catering, textiles and gardens, as well as orderly roles in education and the library. Detainees were paid £1 per hour, in line with the Home Office contract. All jobs had a job description, which gave clear expectations of the role and standards expected, and all detainees were given basic training when starting their job.
- 3.15** The application process for paid work was simple but, on average, detainees had to wait seven to 10 days before they received clearance to work, which was too long.

- 3.16** Detainees could achieve formal qualifications in subjects such as food hygiene and health and safety, depending on their roles. Staff from the education department also supported workers in the workplace to achieve non-accredited qualifications in employability skills, which focused on aspects such as timekeeping and working with others. Detainees told us that they valued these workplace visits and the skills they developed to help them gain employment in whichever country they settled.

Recommendation

- 3.17** **Vetting procedures should be undertaken and completed promptly so that detainees can start paid work without unnecessary delay.**

Library

- 3.18** The library, operated by Greenwich Leisure Limited, provided a good service. Experienced staff and orderlies managed the stock of over 5,000 books, as well as 800 DVDs and music CDs. Detainees had access to a wide range of fiction and non-fiction, and dictionaries in 43 languages. The library also stocked a reasonable range of easy-read titles in English, newspapers and magazines in the 10 most common languages, and up-to-date legal texts, although the easy readers were not displayed prominently. Detainees on the Seacole induction/first night centre had access to a small selection of books and were escorted to the main library on request.
- 3.19** The library was open six days and one evening a week, with shorter hours on Saturday. In our survey, 89% of detainees said it was easy to access the library, which was more than the comparator. Library staff responded well to the reading needs of detainees and regularly reviewed stock levels, based on demand. Staff kept detailed records of loans and returns of books and digital media, and used this information well to inform purchasing decisions.

Sport and physical activity

- 3.20** There was good provision of sport and physical activity. Detainees had access to indoor and outdoor sporting activities, including an outdoor gym, weights, a cardiovascular room, sports hall and an all-weather sports pitch. A team of qualified instructors regularly facilitated a range of activities and competitions, including cricket, football and badminton, with high levels of participation.
- 3.21** Detainees had good access to the gym, including at weekends. All new arrivals received an introduction to the gym, including information on how to exercise safely and the importance of hygiene following exercise. Gym users were asked to sign an agreement that detailed what was expected of them and what they could expect from staff. However, the agreement was poorly reproduced, making it difficult to read, and it was not readily available in languages other than English.
- 3.22** Health care and gym staff worked effectively together to ensure detainees were fit enough to exercise. Where detainees needed remedial exercise, PE staff helped to develop appropriate exercise programmes, which they monitored effectively.
- 3.23** PE staff accurately recorded and analysed attendance at the gym and sporting events to ensure different groups of detainees participated equally. When needed or requested, sporting activities were arranged to encourage greater participation by particular groups.

- 3.24** Detainees could collect sports kit and footwear during their induction, and they had good access to drinking water while exercising. Showers were available in the gym, but they did not have privacy screens. Gym and sports equipment was well maintained, and staff kept detailed records of service maintenance and inspections. Staff kept accurate records of accidents and injuries, and acted on them as appropriate.

Recommendation

- 3.25** The agreement for gym users should be available in a range of languages and be legible, so that detainees know what is expected of them and what they can expect from staff.

Section 4. Preparation for removal and release

Welfare

Expected outcomes:

Detainees are supported by welfare services during their time in detention and prepared for release, transfer or removal before leaving detention.

- 4.1** New arrivals were asked about their immediate welfare needs and were regularly directed to welfare services. A good welfare service was provided by Children's Links, a national charity providing services for children, young people and families. There were morning and afternoon drop-in sessions for detainees in a designated office on Torr unit, although it was a very noisy environment. Welfare staff also facilitated a lunch time session in the visitors' centre for families and attended Thursday evening visits.
- 4.2** The service was well used; from July to September 2016, welfare staff dealt with an average of 536 issues, ranging from property retrieval to support with contacting solicitors, closing bank accounts and housing applications. Children's Links provided detailed monthly reports, including case studies demonstrating the more complex nature of some of its welfare work. However, too much of staff time was taken up with immigration and legal issues that would have been better dealt with by the local Home Office contact team. As a result, some detainees were unable to access the service promptly because of the level of demand.

Recommendation

- 4.3** **The local Home Office contact team should deal with relevant immigration and legal issues, enabling detainees to have prompt access to the welfare support provided by Children's Links.**

Visits

Expected outcomes:

Detainees can easily maintain contact with the outside world. Visits take place in a clean, respectful and safe environment.

- 4.4** Children's Links continued to provide excellent support to help detainees maintain contact with their families. It ran the friendly visitors' centre, as well as the booking line, all welfare services and the Storybook Dads scheme (enabling detainees to record bedtime stories for their children). There were between eight and 10 family days a year. Welfare workers spent time in the visitors' centre every day and held surgeries for detainees inside Morton Hall, helping them to contact family members in the UK and also their country of origin.
- 4.5** Although the visit we saw was late starting, overall visiting arrangements had further improved and were very flexible and well developed. Visitors could arrive without booking if there was space in the hall. Following our last inspection, there was now an evening visit on Sundays. On Thursdays, visitors could stay in the hall for seven hours from lunchtime until mid-evening, and order a hot meal to eat with the detainee. During these visits, the welfare worker saw detainees and visitors together.

- 4.6** Visitors we spoke to were largely positive about their experience. One who lived a long way from the centre was able to visit her detained partner with their baby every day for a week. The centre provided a free taxi service from nearby towns. There was also a discretionary fund that visitors could apply to for financial support.
- 4.7** The visits hall was welcoming, with a coffee shop and children's play area run by Children's Links. The seating had been replaced with more appropriate and comfortable chairs. Male adult visitors still had to wear an identifying wrist band, but this was unobtrusive.
- 4.8** Ongoing disagreements between centre managers and the local detainee visitors' group had limited the support detainees had been able to receive from the group for over a year. Members of the group did not visit in a formal capacity, so it was impossible for the centre to tell us how many detainees used the service.

Recommendation

- 4.9 Detainees should have appropriate access to the services of a volunteer visitors' group.**

Communications

Expected outcomes:

Detainees can regularly maintain contact with the outside world using a full range of communications media.

- 4.10** Detainees could use mobile phones without cameras or internet connections. Those without a suitable phone were given one on arrival, which they returned on departure from the centre. Detainees could purchase telephone credit on arrival or were given £5 credit to be repaid. They could also copy numbers from their old phones or, if compatible, transfer their SIM cards to the loan phone. This good access to mobile phones was hampered by inconsistent phone reception throughout the centre, and not all detainees could call from their cells. Although a mobile phone signal booster had been installed, this had not completely resolved the problem. In our survey, only 57% of respondents said that it was easy to use the phone, fewer than the 70% at our last inspection. The shop sold SIM credit from a wide range of companies, including those providing cheap international calls. Detainees without a mobile phone could apply to have a telephone account similar to the system used in prisons, but in practice this option was rarely used. Payphones were available on the units.
- 4.11** Arrangements for incoming and outgoing faxes were good. During office hours, faxes that arrived in the administration office were sealed in envelopes and taken to units for staff to give to detainees; delivery was aimed to be within four hours. Out of hours, the fax line was diverted to reception, where they were also processed with the aim of delivery to detainees within four hours. There were fax machines on all units and in the library. Frequently used numbers were on speed dial, and there were no restrictions on how many faxes detainees could send or receive, including international ones, free of charge.
- 4.12** Incoming and outgoing mail arrangements were also good. All incoming mail was x-rayed and delivered to the detainee in person or put under their cell door unopened. Detainees had to sign for recorded delivery mail. All outgoing mail was collected at 1.30pm and sent free of charge.

- 4.13** Detainees had good access to the internet suite, which was open every morning, afternoon and evening. Appointments were not necessary and detainees could drop in and were given a 50-minute session. The speed of the connection when we tested it was reasonably fast. Detainees could access online email accounts but not social media sites. There were no video-calling facilities to help them maintain contact with families. A software programme blocked inappropriate sites but arrangements could be made to unblock approved sites reasonably quickly.

Recommendation

- 4.14** **Detainees should only be prevented from accessing social networking and video-calling sites on the basis of an individual risk assessment.**

Removal and release

Expected outcomes:

Detainees leaving detention are prepared for their release, transfer, or removal.

Detainees are treated sensitively and humanely and are able to retain or recover their property.

- 4.15** In the previous six months, 293 detainees had been removed, 553 had been released and 1,317 had been transferred to other places of detention.
- 4.16** Since October 2016, a Children's Links welfare officer had been delivering a new 'Resettlement, removal and reintegration' service for detainees who had been issued with removal directions, granted bail/immediate release or had a pressing family issue. The worker liaised with the Home Office, reception and induction staff as necessary. Services provided included helpful information packs on destination countries, one-to-one advice to detainees being released, and liaison with agencies, including the British Red Cross, Refugee Action and the Home Office, to assist with return issues. The worker also helped detainees who needed clothing and bags, facilitated final visits for family and friends, and had sometimes organised couriers to collect property from detainees' homes. The welfare officer had good working relationships with partner organisations in the community, such as local visitor groups and refugee support groups. One shortcoming was that welfare staff did not see all detainees systematically before their discharge.
- 4.17** Children's Links also facilitated community engagement events in the centre, attended by duty solicitors, local immigration firms and support organisations, which were a good initiative. Detainees could attend on a drop-in basis.
- 4.18** Reception staff were responsible for explaining licence conditions to relevant detainees on release. Some of the security team were designated to contact relevant authorities if a detainee who was a public protection risk was released; they had access to the violent and sexual offenders register (ViSOR), and monitored the release of multi-agency public protection arrangements (MAPPA) cases and made the necessary contact with offender managers if needed.
- 4.19** Children's Links assisted detainees in applying for discretionary funding from the Home Office to ensure they could reach their final destination safely from the airport where they landed. However, funds were limited and not available to all who needed them.

- 4.20** The removal of detainees with more complex needs was discussed in a multidisciplinary strategy meeting. If allegations of assault were made during removal, supported by medical evidence, the removal was not delayed pending police investigation. It was not Home Office policy to do so.

Recommendations

- 4.21** **Welfare staff should systematically assess all detainees before release or removal to ensure that their needs have been met.** (Repeated recommendation 4.22)
- 4.22** **If allegations of assault are made during removal, supported by medical evidence, the removal should be delayed pending the police investigation.** (Repeated recommendation 4.25)

Good practice

- 4.23** *Children's Links provided a wide range of information and welfare support to detainees being removed or released, or to those with pressing family issues. The group had good links with a range of external groups and facilitated useful community engagement events in the centre.*

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendation

To the Home Office

- 5.1** All casework should be progressed promptly. The reasons for lengthy detentions should be analysed and appropriate remedial action taken. (S38)

Main recommendations

To the centre manager

- 5.2** There should be robust strategic action to reduce violence and make the centre safer. The violence reduction strategy should be informed by comprehensive analysis of long-term trends to determine the reasons for the violence and set clear priorities. (S35)
- 5.3** The reasons for the increased levels of self-harm should be thoroughly investigated and inform a comprehensive strategic action plan to reduce self-harm. Local investigations into serious acts of self-harm should be robust, and all resulting learning points should inform the suicide and self-harm strategy. (S36)
- 5.4** The living environment should be more open and less prison-like, and security measures should be proportionate for a detainee population. Physical restrictions, such as razor wire and zone fencing, should be reviewed very regularly and lifted as soon as risks have abated. (S37)

Recommendations

To the Home Office

Escort vehicles and transfers

- 5.5** Detainees should receive written information about the centre before they arrive in a language they understand, and be told what is going to happen next. (1.4)

Casework

- 5.6** The contact management team should conduct comprehensive induction interviews of all detainees within 24 hours of their arrival, and detainees should know what is happening with their cases. (1.68)

Activities

- 5.7** Detainees should not be prevented from accessing education or paid work because of non-compliance with Home Office Immigration Enforcement. (3.6)

Welfare

- 5.8** The local Home Office contact team should deal with relevant immigration and legal issues, enabling detainees to have prompter access to the welfare support provided by Children's Links. (4.3)

Recommendations To the Home Office and centre manager

Safeguarding (protection of adults at risk)

- 5.9** All staff should have effective training in the adults at risk in immigration detention guidance. Such detainees should be subject to effective multidisciplinary oversight, and the impact of detention on them should be monitored and communicated promptly to Home Office caseworkers. (1.26)

Staff–detainee relationships

- 5.10** Regular training about immigration detention and the particular circumstances and backgrounds of detainees should be delivered regularly to all staff. (2.11)

Delivery of care (mental health)

- 5.11** Detainees should be transferred to external mental health facilities within Department of Health target timescales. (2.62)

Recommendation To the Home Office and escort contractors

Escort vehicles and transfers

- 5.12** Detainees should not be subjected to excessive or overnight transfers around the detention estate. (1.5, repeated recommendation 1.5)

Recommendations To the centre manager

Early days in detention

- 5.13** All new arrivals should be searched in private. (1.11)
- 5.14** All new arrivals, wherever they are located, should receive a timely induction. (1.12)

Self-harm and suicide prevention

- 5.15** Assessment, care in detention and teamwork (ACDT) processes should be improved, care plans should address all the detainee's issues and risk assessments should be evidence-based. (1.22)

Safeguarding children

- 5.16** Procedures to identify detainees who pose a risk to children should be implemented robustly, and visits staff should be able to identify such detainees immediately. (1.31)
- 5.17** There should be multiagency reviews of the cases where children have been held in the centre in order to learn safeguarding lessons. (1.32)

Security

- 5.18** All detainees should have full access to the centre's amenities. (1.42)

Rewards scheme

- 5.19** The rewards scheme should focus on incentive and reward rather than punishment. (1.46)

The use of force and single separation

- 5.20** Detainee custody officers should not carry batons. (1.53, repeated recommendation 1.66)
- 5.21** Use of force documentation should be completed and kept together. (1.54)
- 5.22** The rule 42 cell should be refurbished and redecorated. (1.55)

Residential units

- 5.23** All parts of the centre should be kept clean and free of graffiti. (2.7)

Equality and diversity

- 5.24** The equality action plan should be comprehensive and fully implemented. It should include an objective to develop monitoring by nationality. (2.16)
- 5.25** There should be specific forums for detainees from all protected characteristics groups to encourage information-sharing, support and confidence. (2.23)
- 5.26** Detainees with disabilities should be systematically identified and, wherever necessary, supported with care plans and regularly reviewed personal emergency evacuation plans. (2.24)
- 5.27** Support services for gay detainees and young adults should be developed and promoted. (2.25, repeated recommendation 2.31)

Faith and religious activity

- 5.28** Detainees should be able to use prayer mats at all times. (2.28)

Health services

- 5.29** Health care facilities should comply with all relevant infection control standards. (2.40)
- 5.30** There should be sufficient operational staff on duty who are first aid and defibrillator trained to ensure a prompt response to medical emergencies. (2.41)

5.31 Detainees requiring assessments under rule 35 should be seen promptly. (2.50)

5.32 Detainee custody officers should supervise the drug administration queue to maintain order and ensure detainees have adequate privacy. (2.55)

Substance misuse

5.33 A comprehensive drug strategy should include awareness sessions in new psychoactive substances for staff and detainees. (2.67)

Services

5.34 Damaged catering equipment should be repaired or replaced promptly. (2.73)

5.35 The opening hours of the 'cultural kitchen' and the numbers able to use it should be substantially increased; the facility should also be widely promoted among detainees. (2.74)

Learning and skills

5.36 Quality assurance arrangements should ensure that areas for improvement are clearly identified, and that the effectiveness of actions can be measured. (3.13)

Paid work

5.37 Vetting procedures should be undertaken and completed promptly so that detainees can start paid work without unnecessary delay. (3.17)

Sport and physical activity

5.38 The agreement for gym users should be available in a range of languages and be legible, so that detainees know what is expected of them and what they can expect from staff. (3.25)

Visits

5.39 Detainees should have appropriate access to the services of a volunteer visitors' group. (4.9)

Communications

5.40 Detainees should only be prevented from accessing social networking and video-calling sites on the basis of an individual risk assessment. (4.14)

Removal and release

5.41 Welfare staff should systematically assess all detainees before release or removal to ensure that their needs have been met. (4.21, repeated recommendation 4.22)

5.42 If allegations of assault are made during removal, supported by medical evidence, the removal should be delayed pending the police investigation. (4.22, repeated recommendation 4.25)

Examples of good practice

- 5.43** New arrivals were routinely offered blood-borne virus testing, which was a good initiative to improve detainee health. (2.42)
- 5.44** Detainees with complex health needs were identified and supported effectively. (2.51)
- 5.45** Children's Links provided a wide range of information and welfare support to detainees being removed or released, or to those with pressing family issues. The group had good links with a range of external groups and facilitated useful community engagement events in the centre. (4.23)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Hindpal Singh Bhui	Team leader
Beverley Alden	Inspector
Colin Carroll	Inspector
Ian Dickens	Inspector
Gordon Riach	Inspector
Jonathan Tickner	Inspector
Majella Pearce	Health care inspector
Noor Mohammed	Pharmacy Inspector
Matthew Tedstone	Care Quality Commission inspector
Gary Turner	Care Quality Commission inspector
Shane Langthorne	Ofsted inspector
Natalie-Anne Hall	Researcher
Alissa Redmond	Researcher
Emma Seymour	Researcher
Patricia Taflan	Researcher

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy establishment. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Detainees are held in safety and with due regard to the insecurity of their position.

At the last inspection, in March 2013, detainee feedback on escorts was generally positive but too many detainees were transferred overnight and they were routinely handcuffed for external appointments. Induction was effective and the induction unit was welcoming. Security was well managed but there were some over-restrictive practices. On the whole, force had been used proportionately and separation was not used often or for long periods. Detainees reported positively on feelings of safety and those at risk of self-harm were well cared for. There were insufficient legal advice surgeries to meet the need. The quality of Rule 35 initial reports was good, leading to release in some cases. We saw some very long detentions and some cases that should have been progressed more quickly. Outcomes for detainees against this healthy establishment test were reasonably good.

Main recommendations

Detainees should not be locked into cells and should not be restricted to units in the early evening. (HE.41)

Not achieved

All casework should be progressed promptly. The UK Border Agency (UKBA) should take proactive action when detainees cannot be removed because of their failure to comply with redocumentation, either prosecuting them or releasing them if there is no realistic prospect of removal. (HE.42)

Not achieved

Recommendations

Restraints should not be used during escorts to outside medical or dental facilities unless identified as necessary, following an individual risk assessment. (1.9)

Partially achieved

Separation should only be authorised following a full examination of the facts of the case by the authorising manager. (1.68)

Achieved

Detainees should have their bail rights explained, be given a bail application form and have the facilitated return/assisted voluntary return schemes explained during UKBA induction interviews. (1.87)

Partially achieved

UKBA should investigate why attendance at the drop-in surgery has dropped and act on the findings. (1.89)

Not achieved

The issue of fitness for detention should be fundamental in all UKBA responses to Rule 35 reports. (1.90)

Achieved

Detainees should not be subjected to excessive or overnight transfers around the detention estate. (1.8)

Not achieved (recommendation repeated 1.5)

Case owners should make clear the basis of their risk assessments relating to ex-prisoners, and UKBA should investigate with the National Offender Management Service how detainees could reduce this risk while in detention. (1.86)

Not achieved

Detainees who require one should be allowed a toilet stop on long journeys. (1.7)

Achieved

Detainees should not be kept waiting on escort vans or in reception for long periods. (1.17)

Partially achieved

The violence reduction strategy should be fully implemented and overseen by well-attended violence reduction meetings that consider all forms of violence. (1.28)

Partially achieved

Safeguarding procedures and staff training should be developed, and links made with the local authority adult safeguarding board. (1.38)

Achieved

All detainees claiming to be minors should undergo a Merton compliant assessment by social services. Assessment should be timely and release should follow promptly if the detainee is confirmed as a minor. (1.43)

Not achieved

All staff who may come into contact with minors should undertake child protection training. (1.44)

Achieved

The rewards scheme should focus on incentive and reward rather than on penalising non-compliance. (1.56)

Not achieved

Detainee custody officers should not carry batons. (1.66)

Not achieved (recommendation repeated, 1.53)

The rule 42 cell should be refurbished and redecorated. (1.67)

Not achieved

Detainees should be able to obtain legal advice promptly and well in advance of removal dates. (1.75)

Achieved

Monthly progress reports should summarise key developments in detainees' cases and, along with written reasons for detention, be provided in a language the detainee understands. (1.88)

Not achieved

Respect

Detainees are treated with respect for their human dignity and the circumstances of their detention.

At the last inspection, in March 2013, the accommodation was of a reasonable standard and the centre was generally clean. Staff–detainee relationships were good but personal officer work was inconsistent. Professional interpreting was well used across the centre. The needs of diverse groups were generally well met but there was little focus on young people, and detainees with disabilities were under-identified. Faith provision was good. Complaints were dealt with thoroughly. Health services met individual needs well and provided an excellent overall service. Food was the cause of much complaint. Outcomes for detainees against this healthy establishment test were good.

Recommendations

Detainees should be able to access their property promptly. (2.7)

Achieved

The immigration detention training package should be delivered regularly to all staff and developed further. (2.15)

Partially achieved

Personal officers should provide a consistent and high-quality service to detainees. (2.16)

Partially achieved

Monitoring should be developed by nationality and used to identify long-term trends. (2.22)

Not achieved

There should be regular support and information groups for detainees with protected characteristics, which include interpretation for non-English speakers where necessary. (2.23)

Not achieved

Identification of detainees with disabilities should be improved. Care plans should be implemented to provide support, and personal emergency evacuation plans should be reviewed regularly. (2.30)

Not achieved

Support services for gay detainees and young adults should be developed and promoted. (2.31)

Not achieved (recommendation repeated, 2.25)

The needs of young adults should be systematically identified and met. (2.32)

Partially achieved

There should be provision for all detainees, including Sikhs, to practise their faith. (2.38)

Achieved

The multi-faith room should provide adequate space for worship and associated activity. (2.39)

Achieved

The centre manager should coordinate strategies for the training and deployment of detention staff to ensure a rapid appropriate response to medical emergencies. (2.51)

Partially achieved

The dental team should consult and record in the detainee core clinical record. (2.65)

Achieved

Custodial staff should have the appropriate training to recognise mental health problems and take appropriate action. (2.68)

Partially achieved

Patients should have access to a full range of timely support for mental health problems, including counselling, clinical psychology and group therapies. (2.69)

Partially achieved

Suitable drug and alcohol support that meets the assessed needs of detainees should be introduced. (2.74)

Partially achieved

The range and quality of food should be improved, and should be of consistent quality whenever detainees eat. (2.82)

Partially achieved

Detainees should have increased access to a shop with a wider range of items. (2.83)

Achieved

Activities

The centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees.

At the last inspection, in March 2013, there was a reasonable range of recreational activities. Most detainees said that they could fill their time while at the centre. Education provision and vocational training were good. There was a wide range of work available. PE facilities were good and staff were well trained. The library provided an effective service. Outcomes for detainees against this healthy establishment test were good.

Recommendations

The centre should investigate the reasons for low take-up of education classes and work vacancies, and act on the results. (3.7)

Achieved

Detainees should not be prevented from taking up jobs because of non-compliance with UKBA. (3.20)

Not achieved

The library should effectively monitor stock and analyse the popularity of books by language to inform purchasing decisions. (3.23)

Achieved

Preparation for removal and release

Detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their country of origin and be prepared for their release transfer or removal. Detainees are able to retain or recover their property.

At the last inspection, in March 2013, the visitors' centre and the visits hall were welcoming, but visits were too short at weekends. The welfare team and the voluntary sector agency, Children's Links, provided good support and complex welfare needs could be met. Pre-removal assessment was not systematic. There was generally good access to various means of communication, although there was scope to improve this further. Outcomes for detainees against this healthy establishment test were good.

Recommendations

Extended visits should be available at weekends. (4.12)

Achieved

Detainees should not be required to sit in different coloured seating and visitors should not have to wear identifying bands. (4.13)

Partially achieved

Detainees should have access to payphones and to discounted telephone cards for cheaper international mobile calls. (4.17)

Achieved

Detainees should only be prevented from accessing social networking sites and skype on the basis of an individual risk assessment. (4.18)

Not achieved

Welfare staff should systematically assess all detainees before release or removal to ensure that their needs have been met. (4.22)

Not achieved (recommendation repeated, 4.21)

Detainees should be provided with the means to reach a safe final destination. (4.23)

Partially achieved

Planning for complex removals of vulnerable detainees should be multidisciplinary, with input from all relevant departments. (4.24)

Achieved

If allegations of assault are made during removal, supported by medical evidence, the removal should be delayed pending the police investigation. (4.25)

Not achieved (recommendation repeated, 4.22)

Appendix III: Photographs

Main gate



Residential unit



Shower cubicle



Association room



Residential unit



Appendix IV: Detainee population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

(i) Age	No. of men	%
18 years to 21 years	24	6.6
22 years to 29 years	115	31.8
30 years to 39 years	135	37.3
40 years to 49 years	60	16.6
50 years to 59 years	24	6.6
60 years to 69 years	4	1.1
Total	362	100

(ii) Nationality Please add further categories if necessary	No. of men	%
Afghanistan	12	3.3
Albania	11	3.0
Algeria	7	1.9
Angola	3	0.8
Bangladesh	15	4.1
China	10	2.8
Colombia	1	0.3
Estonia	1	0.3
Ghana	6	1.7
India	39	10.8
Iran	10	2.8
Iraq	16	4.4
Jamaica	9	2.5
Kenya	1	0.3
Latvia	8	2.2
Liberian	2	0.6
Lithuania	11	3.0
Malaysia	1	0.3
Nigeria	11	3.0
Pakistan	35	9.7
Russia	3	0.8
Sierra Leone	3	0.8
Sri Lanka	1	0.3
Trinidad and Tobago	2	0.6
Turkey	2	0.6
Ukraine	1	0.3
Vietnam	11	3.0
Zimbabwe	8	2.2
Not stated	2	0.6
Brazilian	1	0.3
Burundian	2	0.6
Czech	6	1.7
Congolese	4	0.6
Egyptian	5	1.4
Eritrean	3	0.8
French	1	0.3

Gambian	3	0.8
Italian	1	0.3
Libyan	1	0.3
Malawian	2	0.6
Moroccan	3	0.8
Palestinian	2	0.6
Polish	34	9.4
Portuguese	10	2.8
Romanian	9	2.5
Saint Lucian	1	0.3
Senegalese	1	0.3
Slovak	11	3.0
Somalian	6	1.7
Sudanese	7	1.9
Syrian	3	0.8
Tunisian	1	0.3
Ugandan	3	0.8
Total	362	100

(iii) Religion/belief	No. of men	%
Buddhist	9	2.5
Roman Catholic	59	16.3
Orthodox	1	0.3
Other Christian religion	79	21.8
Hindu	8	2.2
Muslim	134	37.0
Sikh	30	8.3
Agnostic/atheist	37	10.2
Unknown	1	0.3
Eastern Orthodox	3	0.8
Rastafarian	1	0.3
Total	362	100

(iv) Length of time in detention in this centre	No. of men	%
Less than 1 week	46	12.7
1 to 2 weeks	47	13.0
2 to 4 weeks	64	17.7
1 to 2 months	100	27.6
2 to 4 months	45	12.4
4 to 6 months	12	3.3
6 to 8 months	16	4.4
8 to 10 months	7	1.9
More than 10 months (longest length of time)	15+	3.3
	13	3.6
Total	362	100

(v) Detainees' last location before detention in this centre	No. of men	%
Another IRC	329	90.9
Police station	32	8.8
Prison	1	0.3
Total	362	100

Appendix V: Summary of detainee survey responses

A voluntary, confidential and anonymous survey of the detainee population was carried out for this inspection. The results of this survey formed part of the evidence-base for the inspection.

Sampling

The detainee survey was conducted on a representative sample of the population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the centre¹⁵. Respondents were then randomly selected from a detainee population printout using a stratified systematic sampling method.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 14 November 2016, the detainee population at Morton Hall immigration removal centre (IRC) was 355. Using the method described above, questionnaires were distributed to a sample of 197 detainees.

We received a total of 89 completed questionnaires, a response rate of 45%. This included two questionnaires completed via interview. Twenty-three respondents refused to complete a questionnaire and 85 questionnaires were not returned.

Returned language	Number of completed survey returns
English	51 (57%)
Polish	7 (8%)
Arabic	5 (6%)
Bengali	4 (5%)
Urdu	4 (5%)
Chinese	3 (3%)
Kurdish Sorani	3 (3%)
Punjabi	3 (3%)
Vietnamese	3 (3%)

¹⁵ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Farsi	2 (2%)
French	1 (1%)
Hindi	1 (1%)
Portuguese	1 (1%)
Russian	1 (1%)
Total	89 (100%)

Presentation of survey results and analyses

Over the following pages we present the survey results for Morton Hall IRC.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant¹⁶ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in detainees' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from Morton Hall in 2016 compared with responses from detainees surveyed in all other detention centres. This comparator is based on all responses from detainee surveys carried out in eight detention centres since April 2014.
- The current survey responses from Morton Hall in 2016 compared with the responses of detainees surveyed at Morton Hall IRC in 2013.
- A comparison within the 2016 survey between the responses of non-English speaking detainees with English speaking detainees.
- A comparison within the 2016 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability.

¹⁶ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1	Are you male or female?	
	Male	83 (97%)
	Female	3 (3%)
Q2	What is your age?	
	Under 18	1 (1%)
	18-21	4 (4%)
	22-29	26 (29%)
	30-39	34 (38%)
	40-49	20 (22%)
	50-59	3 (3%)
	60-69	1 (1%)
	70 or over	0 (0%)
Q3	What region are you from? (Please tick only one.)	
	Africa	24 (29%)
	North America	0 (0%)
	South America	1 (1%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	22 (27%)
	China	3 (4%)
	Other Asia	7 (8%)
	Caribbean	3 (4%)
	Europe	22 (27%)
	Middle East	1 (1%)
Q4	Do you understand spoken English?	
	Yes	59 (69%)
	No	26 (31%)
Q5	Do you understand written English?	
	Yes	56 (65%)
	No	30 (35%)
Q6	What would you classify, if any, as your religious group?	
	None	7 (9%)
	Church of England	3 (4%)
	Catholic	17 (21%)
	Protestant	1 (1%)
	Other Christian denomination	10 (12%)
	Buddhist	3 (4%)
	Hindu	1 (1%)
	Jewish	0 (0%)
	Muslim	33 (41%)
	Sikh	6 (7%)
Q7	Do you have a disability?	
	Yes	18 (22%)
	No	64 (78%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	57 (67%)
	No	28 (33%)
Q9	Including this centre, how many places have you been held in as an immigration detainee since being detained (including police stations, airport detention rooms, removal centres, and prison following end of sentence)?	
	One to two	44 (54%)
	Three to five	33 (40%)
	Six or more	5 (6%)
Q10	How long have you been detained in this centre?	
	Less than 1 week	8 (9%)
	More than 1 week less than 1 month	19 (22%)
	More than 1 month less than 3 months	29 (34%)
	More than 3 months less than 6 months	10 (12%)
	More than 6 months less than 9 months	7 (8%)
	More than 9 months less than 12 months	3 (4%)
	More than 12 months	9 (11%)

Section 3: Transfers and escorts

Q11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	
	Yes	25 (30%)
	No	49 (58%)
	Do not remember	10 (12%)
Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour	3 (4%)
	One to two hours	22 (26%)
	Two to four hours	24 (29%)
	More than four hours	28 (33%)
	Do not remember	7 (8%)
Q13	How did you feel you were treated by the escort staff?	
	Very well	23 (26%)
	Well	27 (31%)
	Neither	26 (30%)
	Badly	5 (6%)
	Very badly	4 (5%)
	Do not remember	2 (2%)

Section 4: Reception and first night

Q14	Were you seen by a member of health care staff in reception?	
	Yes	76 (88%)
	No	8 (9%)
	Do not remember	2 (2%)

Q15	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	58 (70%)
	No	18 (22%)
	Do not remember/ Not applicable	7 (8%)
Q16	Overall, how well did you feel you were treated by staff in reception?	
	Very well	20 (24%)
	Well	34 (40%)
	Neither	22 (26%)
	Badly	4 (5%)
	Very badly	4 (5%)
	Do not remember	0 (0%)
Q17	On your day of arrival did you receive information about what was going to happen to you?	
	Yes	28 (33%)
	No	53 (62%)
	Do not remember	5 (6%)
Q18	On your day of arrival did you receive information about what support was available to you in this centre?	
	Yes	31 (38%)
	No	43 (52%)
	Do not remember	8 (10%)
Q19	Was any of this information given to you in a translated form?	
	Do not need translated material	21 (26%)
	Yes	17 (21%)
	No	43 (53%)
Q20	On your day of arrival did you get the opportunity to change into clean clothing?	
	Yes	65 (77%)
	No	15 (18%)
	Do not remember	4 (5%)
Q21	Did you feel safe on your first night here?	
	Yes	48 (55%)
	No	35 (40%)
	Do not remember	5 (6%)
Q22	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Not had any problems	23 (29%)
	Loss of property	5 (6%)
	Contacting family	13 (16%)
	Access to legal advice	16 (20%)
	Feeling depressed or suicidal	39 (49%)
	Health problems	26 (33%)
Q23	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	Not had any problems	23 (30%)
	Yes	15 (19%)
	No	39 (51%)

Section 5: Legal rights and immigration

Q24	Do you have a lawyer?	
	<i>Do not need one</i>	3 (3%)
	Yes	57 (66%)
	No	26 (30%)
Q25	Do you get free legal advice?	
	<i>Do not need legal advice</i>	5 (6%)
	Yes	31 (39%)
	No	44 (55%)
Q26	Can you contact your lawyer easily?	
	Yes	37 (44%)
	No	19 (22%)
	<i>Do not know/ Not applicable</i>	29 (34%)
Q27	Have you had a visit from your lawyer?	
	<i>Do not have one</i>	29 (34%)
	Yes	23 (27%)
	No	34 (40%)
Q28	Can you get legal books in the library?	
	Yes	32 (39%)
	No	24 (29%)
	<i>Do not know/ Not applicable</i>	26 (32%)
Q29	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	4 (5%)
	<i>Easy</i>	20 (25%)
	<i>Neither</i>	18 (23%)
	<i>Difficult</i>	14 (18%)
	<i>Very difficult</i>	19 (24%)
	<i>Not applicable</i>	4 (5%)
Q30	Can you get access to official information reports on your country?	
	Yes	10 (13%)
	No	47 (59%)
	<i>Do not know/ Not applicable</i>	23 (29%)
Q31	How easy or difficult is it to see the centre's immigration staff when you want?	
	<i>Do not know/ have not tried</i>	24 (28%)
	<i>Very easy</i>	8 (9%)
	<i>Easy</i>	14 (16%)
	<i>Neither</i>	7 (8%)
	<i>Difficult</i>	13 (15%)
	<i>Very difficult</i>	19 (22%)

Section 6: Respectful detention

Q32	Can you clean your clothes easily?	
	Yes	74 (87%)
	No	11 (13%)

Q33	Are you normally able to have a shower every day?	
	Yes	82 (96%)
	No	3 (4%)
Q34	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	48 (56%)
	No	37 (44%)
Q35	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	41 (48%)
	No	18 (21%)
	Do not know	26 (31%)
Q36	What is the food like here?	
	Very good	7 (8%)
	Good	9 (11%)
	Neither	29 (35%)
	Bad	21 (25%)
	Very bad	17 (20%)
Q37	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet	7 (8%)
	Yes	32 (39%)
	No	44 (53%)
Q38	Do you feel that your religious beliefs are respected?	
	Yes	58 (70%)
	No	13 (16%)
	Not applicable	12 (14%)
Q39	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	31 (37%)
	No	14 (17%)
	Do not know/ Not applicable	38 (46%)
Q40	How easy or difficult is it to get a complaint form?	
	Very easy	8 (10%)
	Easy	19 (23%)
	Neither	9 (11%)
	Difficult	7 (9%)
	Very difficult	5 (6%)
	Do not know	34 (41%)
Q41	Have you made a complaint since you have been at this centre?	
	Yes	20 (24%)
	No	56 (67%)
	Do not know how to	8 (10%)
Q42	If yes, do you feel complaints are sorted out fairly?	
	Yes	2 (2%)
	No	16 (20%)
	Not made a complaint	64 (78%)

Section 7: Staff

Q43	Do you have a member of staff at the centre that you can turn to for help if you have a problem?	
	Yes	46 (57%)
	No	35 (43%)
Q44	Do most staff at the centre treat you with respect?	
	Yes	66 (81%)
	No	15 (19%)
Q45	Have any members of staff physically restrained you (C and R) in the last six months?	
	Yes	11 (14%)
	No	67 (86%)
Q46	Have you spent a night in the separation/isolation unit in the last six months?	
	Yes	11 (14%)
	No	67 (86%)

Section 8: Safety

Q47	Do you feel unsafe in this centre?	
	Yes	31 (37%)
	No	52 (63%)
Q48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	
	Yes	22 (26%)
	No	63 (74%)
		If No, go to question 50
Q49	If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that apply to you.)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	7 (8%)
	<i>Because of your nationality</i>	6 (7%)
	<i>Having your property taken</i>	3 (4%)
	<i>Drugs</i>	4 (5%)
	<i>Because you have a disability</i>	1 (1%)
	<i>Because of your religion/religious beliefs</i>	2 (2%)
Q50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	
	Yes	14 (17%)
	No	67 (83%)
Q51	If you have felt victimised by a member of staff/group of staff, what did the incident(s) involve? (Please tick all that apply to you.)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	3 (4%)
	<i>Because of your nationality</i>	7 (9%)
	<i>Drugs</i>	2 (2%)
	<i>Because you have a disability</i>	1 (1%)
	<i>Because of your religion/religious beliefs</i>	0 (0%)

Q52	If you have been victimised by detainees or staff, did you report it?	
	Yes	7 (9%)
	No	13 (17%)
	Not been victimised	57 (74%)
Q53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	Yes	15 (19%)
	No	63 (81%)
Q54	Have you ever felt threatened or intimidated by a member of staff in here?	
	Yes	10 (13%)
	No	66 (87%)

Section 9: Health care

Q56	Is health information available in your own language?	
	Yes	33 (40%)
	No	27 (33%)
	Do not know	22 (27%)
Q57	Is a qualified interpreter available if you need one during healthcare assessments?	
	Do not need an interpreter/ Do not know	31 (41%)
	Yes	24 (32%)
	No	20 (27%)
Q58	Are you currently taking medication?	
	Yes	42 (52%)
	No	39 (48%)
Q59	What do you think of the overall quality of the health care here?	
	Have not been to health care	9 (11%)
	Very good	11 (14%)
	Good	19 (24%)
	Neither	15 (19%)
	Bad	11 (14%)
	Very bad	15 (19%)

Section 10: Activities

Q60	Are you doing any education here?	
	Yes	27 (34%)
	No	52 (66%)
Q61	Is the education helpful?	
	Not doing any education	52 (67%)
	Yes	23 (29%)
	No	3 (4%)
Q62	Can you work here if you want to?	
	Do not want to work	15 (19%)
	Yes	50 (65%)
	No	12 (16%)

Q63	Is there enough to do here to fill your time?	
	Yes	38 (49%)
	No	39 (51%)
Q64	How easy or difficult is it to go to the library?	
	<i>Do not know/ Do not want to go</i>	3 (4%)
	Very easy	46 (58%)
	Easy	24 (30%)
	Neither	5 (6%)
	Difficult	1 (1%)
	Very difficult	0 (0%)
Q65	How easy or difficult is it to go to the gym?	
	<i>Do not know/ Do not want to go</i>	10 (13%)
	Very easy	34 (44%)
	Easy	23 (29%)
	Neither	5 (6%)
	Difficult	5 (6%)
	Very difficult	1 (1%)

Section 11: Keeping in touch with family and friends

Q66	How easy or difficult is it to use the phone?	
	<i>Do not know/ Have not tried</i>	3 (4%)
	Very easy	21 (27%)
	Easy	23 (30%)
	Neither	6 (8%)
	Difficult	13 (17%)
	Very difficult	11 (14%)
Q67	Have you had any problems with sending or receiving mail?	
	Yes	24 (30%)
	No	34 (43%)
	<i>Do not know</i>	22 (28%)
Q68	Have you had a visit since you have been here from your family or friends?	
	Yes	31 (39%)
	No	48 (61%)
Q69	How did staff in the visits area treat you?	
	<i>Not had any visits</i>	34 (45%)
	Very well	9 (12%)
	Well	16 (21%)
	Neither	13 (17%)
	Badly	2 (3%)
	Very badly	1 (1%)

Section 12: Resettlement

Q70	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	8 (11%)
	No	68 (89%)

Main comparator and comparator to last time



Detainee survey responses: Morton Hall IRC 2016

Detainee survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Morton Hall IRC 2016	IRC comparator	Morton Hall IRC 2016	Morton Hall IRC 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		89	1,167	89	142
SECTION 1: General information					
1	Are you male?	97%	87%	97%	100%
2	Are you aged 21 years or under?	6%	8%	6%	11%
4	Do you understand spoken English?	69%	79%	69%	75%
5	Do you understand written English?	65%	74%	65%	72%
6	Are you Muslim?	41%	42%	41%	54%
7	Do you have a disability?	22%	14%	22%	19%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	67%	78%	67%	79%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	6%	7%	6%	5%
10	Have you been detained in this centre for more than one month?	68%	55%	68%	63%
SECTION 3: Transfers and escorts					
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	30%	41%	30%	54%
12	Did you spend more than four hours in the escort van to get to this centre?	33%	30%	33%	24%
13	Were you treated well/very well by the escort staff?	58%	66%	58%	64%
SECTION 4: Reception and first night					
14	Were you seen by a member of health care staff in reception?	88%	89%	88%	86%
15	When you were searched in reception was this carried out in a sensitive way?	70%	63%	70%	60%
16	Were you treated well/very well by staff in reception?	64%	65%	64%	68%
17	Did you receive information about what was going to happen to you on your day of arrival?	33%	37%	33%	41%
18	Did you receive information about what support was available to you in this centre on your day of arrival?	38%	45%	38%	59%
For those who required information in a translated form:					
19	Was any of this information provided in a translated form?	28%	25%	28%	48%
20	Did you get the opportunity to change into clean clothing on your day of arrival?	77%	62%	77%	77%
21	Did you feel safe on your first night here?	55%	51%	55%	64%
22a	Did you have any problems when you first arrived?	71%	70%	71%	60%
22b	Did you have any problems with loss of transferred property when you first arrived?	6%	11%	6%	9%
22c	Did you have any problems contacting family when you first arrived?	16%	16%	16%	6%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Morton Hall IRC 2016	IRC comparator	Morton Hall IRC 2016	Morton Hall IRC 2013
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 4: Reception and first night continued					
22d	Did you have any problems accessing legal advice when you first arrived?	20%	16%	20%	15%
22e	Did you have any problems with feeling depressed or suicidal when you first arrived?	49%	38%	49%	30%
22f	Did you have any health problems when you first arrived?	33%	35%	33%	26%
For those who had problems on arrival:					
23	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	28%	31%	28%	56%
SECTION 5: Legal rights and immigration					
24	Do you have a lawyer?	66%	69%	66%	65%
For those who have a lawyer:					
26	Can you contact your lawyer easily?	66%	76%	66%	81%
27	Have you had a visit from your lawyer?	40%	37%	40%	45%
25	Do you get free legal advice?	39%	40%	39%	46%
28	Can you get legal books in the library?	39%	43%	39%	56%
29	Is it easy/very easy for you to obtain bail information?	31%	30%	31%	38%
30	Can you get access to official information reports on your country?	13%	20%	13%	28%
31	Is it easy/very easy to see this centre's immigration staff when you want?	26%	25%	26%	29%
SECTION 6: Respectful detention					
32	Can you clean your clothes easily?	87%	75%	87%	83%
33	Are you normally able to have a shower every day?	97%	93%	97%	91%
34	Is it normally quiet enough for you to be able to sleep in your room at night?	57%	63%	57%	72%
35	Can you normally get access to your property held by staff at the centre, if you need to?	48%	46%	48%	60%
36	Is the food good/very good?	19%	31%	19%	29%
37	Does the shop sell a wide enough range of goods to meet your needs?	39%	45%	39%	44%
38	Do you feel that your religious beliefs are respected?	70%	80%	70%	71%
39	Are you able to speak to a religious leader of your own faith if you want to?	38%	55%	38%	59%
40	Is it easy/very easy to get a complaint form?	33%	56%	33%	60%
41	Have you made a complaint since you have been at this centre?	24%	24%	24%	21%
For those who have made a complaint:					
42	Do you feel complaints are sorted out fairly?	11%	21%	11%	29%

Main comparator and comparator to last time

Key to tables

		Morton Hall IRC 2016	IRC comparator	Morton Hall IRC 2016	Morton Hall IRC 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Staff					
43	Do you have a member of staff you can turn to for help if you have a problem?	57%	65%	57%	70%
44	Do most staff treat you with respect?	81%	75%	81%	77%
45	Have any members of staff physically restrained you in the last six months?	14%	10%	14%	14%
46	Have you spent a night in the segregation unit in the last six months?	14%	12%	14%	17%
SECTION 8: Safety					
47	Do you feel unsafe in this centre?	38%	36%	38%	29%
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	26%	21%	26%	25%
49a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	8%	6%	8%	5%
49b	Have you been victimised because of your nationality since you have been here? (By detainees)	7%	5%	7%	5%
49c	Have you ever had your property taken since you have been here? (By detainees)	4%	3%	4%	2%
49d	Have you been victimised because of drugs since you have been here? (By detainees)	5%	2%	5%	0%
49e	Have you ever been victimised here because you have a disability? (By detainees)	1%	1%	1%	2%
49f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	2%	2%	2%	7%
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	17%	17%	17%	22%
51a	Have you been hit, kicked or assaulted since you have been here? (By staff)	4%	3%	4%	3%
51b	Have you been victimised because of your nationality since you have been here? (By staff)	9%	6%	9%	5%
51c	Have you been victimised because of drugs since you have been here? (By staff)	3%	2%	3%	0%
51d	Have you ever been victimised here because you have a disability? (By staff)	1%	1%	1%	2%
51e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	0%	2%	0%	7%
For those who have been victimised by detainees or staff:					
52	Did you report it?	35%	37%	35%	71%
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	19%	14%	19%	14%
54	Have you ever felt threatened or intimidated by a member of staff in here?	13%	12%	13%	15%

Main comparator and comparator to last time

Key to tables

		Morton Hall IRC 2016	IRC comparator	Morton Hall IRC 2016	Morton Hall IRC 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
56	Is health information available in your own language?	40%	32%	40%	52%
57	Is a qualified interpreter available if you need one during health care assessments?	32%	18%	32%	28%
58	Are you currently taking medication?	52%	43%	52%	51%
For those who have been to health care:					
59	Do you think the overall quality of health care in this centre is good/very good?	42%	34%	42%	66%
SECTION 10: Activities					
60	Are you doing any education here?	34%	17%	34%	33%
For those doing education here:					
61	Is the education helpful?	89%	97%	89%	92%
62	Can you work here if you want to?	65%	56%	65%	68%
63	Is there enough to do here to fill your time?	49%	51%	49%	69%
64	Is it easy/very easy to go to the library?	89%	76%	89%	83%
65	Is it easy/very easy to go to the gym?	73%	67%	73%	74%
SECTION 11: Keeping in touch with family and friends					
66	Is it easy/very easy to use the phone?	57%	63%	57%	70%
67	Have you had any problems with sending or receiving mail?	30%	23%	30%	20%
68	Have you had a visit since you have been in here from your family or friends?	39%	42%	39%	49%
For those who have had visits:					
69	Do you feel you are treated well/very well by staff in the visits area?	61%	75%	61%	67%
SECTION 12: Resettlement					
70	Has any member of staff helped you to prepare for your release?	11%	15%	11%	



Key questions (non-English speakers) Morton Hall IRC 2016

Detainee survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		59	26
8	When being detained, were you told the reasons why in a language you could understand?	40%	79%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	9%	6%
10	Have you been in this centre for more than one month?	69%	69%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	8%	40%
13	Were you treated well/very well by the escort staff?	52%	57%
16	Were you treated well/very well by staff in reception?	54%	67%
17	Did you receive information about what was going to happen to you on your day of arrival?	28%	35%
18	Did you receive information about what support was available to you on your day of arrival?	22%	42%
21	Did you feel safe on your first night here?	46%	55%
22	Did you have any problems when you first arrived?	73%	71%
24	Do you have a lawyer?	60%	70%
31	Is it easy/very easy to see the centre's immigration staff when you want?	24%	27%
32	Can you clean your clothes easily?	92%	84%
33	Are you normally able to have a shower every day?	96%	96%
40	Is it easy/very easy to get a complaint form?	12%	44%
41	Have you made a complaint since you have been at this centre?	12%	31%
43	Do you have a member of staff you can turn to for help if you have a problem?	39%	63%
44	Do most staff treat you with respect?	88%	77%
47	Do you feel unsafe in this centre?	35%	42%
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	42%	20%

Key to tables

	Any percentage highlighted in green is significantly better	Non-English speakers	English speakers
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	23%	16%
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	12%	24%
54	Have you ever felt threatened or intimidated by a member of staff in here?	8%	16%
56	Is health information available in your own language?	28%	47%
57	Is a qualified interpreter available if you need one during health care assessments?	41%	22%
60	Are you doing any education here?	30%	37%
62	Can you work here if you want to?	65%	66%
63	Is there enough to do here to fill your time?	36%	52%
64	Is it easy/very easy to go to the library?	83%	91%
65	Is it easy/very easy to go to the gym?	73%	72%
66	Is it easy/very easy to use the phone?	59%	53%
67	Have you had any problems with sending or receiving mail?	17%	38%
68	Have you had a visit since you have been in here from your family or friends?	29%	45%
70	Has any member of staff helped you to prepare for your release?	0%	14%



Diversity analysis - Disability

Key question responses (disability analysis) Morton Hall IRC 2016

Detainee survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		18	64
4	Do you understand spoken English?	59%	74%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	12%	5%
10	Have you been in this centre for more than one month?	88%	65%
13	Were you treated well/very well by the escort staff?	39%	62%
14	Were you seen by a member of health care staff in reception?	88%	89%
15	When you were searched in reception was this carried out in a sensitive way?	59%	70%
16	Were you treated well/very well by staff in reception?	53%	65%
21	Did you feel safe on your first night here?	28%	62%
22a	Did you have any problems when you first arrived?	94%	63%
22f	Did you have any health problems when you first arrived?	67%	23%
24	Do you have a lawyer?	67%	66%
31	Is it easy/very easy to see this centre's immigration staff when you want?	18%	28%
32	Can you clean your clothes easily?	94%	85%
33	Are you normally able to have a shower every day?	94%	98%
40	Is it easy/very easy to get a complaint form?	28%	34%
41	Have you made a complaint since you have been at this centre?	35%	23%
43	Do you have a member of staff you can turn to for help if you have a problem?	44%	63%
44	Do most staff treat you with respect?	82%	83%
45	Have any members of staff physically restrained you in the last six months?	13%	16%
46	Have you spent a night in the segregation unit in the last six months?	6%	18%

Diversity analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
47	Do you feel unsafe in this centre?	53%	34%
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	39%	23%
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	28%	16%
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	19%	19%
54	Have you ever felt threatened or intimidated by a member of staff in here?	19%	13%
57	Is a qualified interpreter available if you need one during health care assessments?	40%	28%
58	Are you currently taking medication?	67%	48%
60	Are you doing any education here?	28%	38%
63	Is there enough to do here to fill your time?	35%	54%
64	Is it easy/very easy to go to the library?	89%	88%
65	Is it easy/very easy to go to the gym?	82%	68%
66	Is it easy/very easy to use the phone?	56%	59%
67	Have you had any problems with sending or receiving mail?	24%	30%
68	Have you had a visit since you have been in here from your family or friends?	35%	43%
70	Has any member of staff helped you to prepare for your release?	6%	13%



HM Inspectorate of Prisons is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.

