

Report on an announced inspection of

HMP Morton Hall

19 – 23 November 2007

by HM Chief Inspector of Prisons

Crown copyright 2008

Printed and published by:
Her Majesty's Inspectorate of Prisons
1st Floor, Ashley House
Monck Street
London SW1P 2BQ
England

Contents

	Introduction	5
	Fact page	7
	Healthy prison summary	9
1	Arrival in custody	
	Courts, escorts and transfers	17
	First days in custody	17
2	Environment and relationships	
	Residential units	21
	Staff-prisoner relationships	23
	Personal officers	24
3	Duty of care	
	Bullying and violence reduction	27
	Self-harm and suicide	29
	Diversity	31
	Race equality	33
	Foreign national prisoners	35
	Contact with the outside world	38
	Applications and complaints	40
	Legal rights	41
	Substance use	42
4	Health services	45
5	Activities	
	Learning and skills and work activities	51
	Physical education and health promotion	54
	Faith and religious activity	55
	Time out of cell	56
6	Good order	
	Security and rules	57
	Discipline	59
	Incentives and earned privileges	61

7	Services	
	Catering	63
	Prison shop	64
8	Resettlement	
	Strategic management of resettlement	65
	Offender management and planning	67
	Resettlement pathways	69
9	Recommendations, housekeeping points and good practice	77
	Appendices	
	I Inspection team	89
	II Prison population profile	90
	III Summary of prisoner questionnaires and interviews	93

Introduction

Morton Hall is a semi-open women's prison and designated foreign national centre on the outskirts of Lincoln. This full announced inspection found the prison to be a safe and relaxed place, providing plenty of purposeful activity. Staff tried hard to meet the diverse needs of the population, although more work was still needed to provide adequate resettlement services to address the very different issues facing women returning to other countries and those returning to the local community in England.

Morton Hall provided a safe, well-controlled and relaxed environment, with a focus on dynamic security that required only limited recourse to disciplinary procedures. While first night and induction arrangements were satisfactory, the reception facility was inadequate and – as we have recommended previously – needed to be replaced. There was little bullying and few instances of self-harm. Those with substance misuse problems received appropriate support.

Relationships between staff and prisoners were generally good, but it was a challenge for some of the largely white, local staff to manage sensitively the array of issues posed by a population made up largely of foreign nationals from many different cultures. Since our last visit, the personal officer scheme had improved and the management of race and diversity continued to be effective. However, there was a need for improved coordination and further development of work to address the needs of foreign nationals, particularly to ensure better advice on immigration matters and find more innovative and less costly methods for women to communicate with their families in home countries. Healthcare was generally satisfactory, but there were gaps in provision, including a lack of primary mental health care.

Women had plenty of time out of their rooms and were able to undertake a range of purposeful activity. Learning and skills opportunities were good, but needed to be developed further to ensure skills acquired at work were recognised and recorded. Library access was generally adequate and physical education facilities were good.

Morton Hall's resettlement strategy needed to be revised to ensure that the very different needs within the population were properly addressed and coordinated. Offender management had been successfully introduced and sentence planning arrangements were sound. Inevitably, reintegration services tended to focus on support for women resettling locally, but more could and should be done to make links with organisations and services for foreign national women returning to their home countries, and those resettling elsewhere in the UK. A new resettlement unit had been established in the old intermittent custody facility immediately outside the prison, but it was in its infancy and it had some way to go to realise its potential.

Managers and staff at Morton Hall are to be commended for continuing to provide a very safe and purposeful environment for the diverse population held in the prison. However, this diversity requires the establishment to continue to review and develop its services, so that all prisoners, wherever they resettle, are as well equipped as possible to be able to avoid returning to custody.

Anne Owers
HM Chief Inspector of Prisons

March 2008

Fact page

Task of establishment

Semi-open women's prison with a resettlement unit attached.

Area organisation

East Midlands

Number held

355 on 19 November 2007

Certified normal accommodation

392

Operational capacity

392

Last full inspection

7 February 2003 (short follow-up in September 2005)

Brief history

Built originally as 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. Two more residential units were added in July 2002. An intermittent custody centre opened in January 2004 but this was converted to a resettlement unit following the demise of the intermittent custody pilot. The prison is a designated centre for foreign nationals, who comprise 75% of the population.

Description of residential units

All rooms are single occupancy. At the time of inspection, the induction/quiet unit (Torr) had 43 women in ground floor accommodation, two enhanced units (Fry and Windsor) held 68 and 75 women over two floors. Windsor's accommodation included a 20-bed voluntary testing spur. Two further general units (Johnson and Sharman) held 71 and 70 women in ground floor accommodation and a resettlement unit outside the prison boundary (Seacole) offered a two-storey fully open facility with 23 women on it.

Healthy prison summary

Introduction

- HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:
- | | |
|----------------------------|---|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners 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 National Offender Management Service.
- ... performing well against this healthy prison test.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- ... performing reasonably well against this healthy prison test.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.
- ... not performing sufficiently well against this healthy prison test.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- ... performing poorly against this healthy prison test.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Safety

- HP3 Morton Hall was a safe and relaxed place. The reception building was unsatisfactory and needed replacement. First night and induction arrangements were satisfactory. There was little bullying and low levels of self-harm, with good support for vulnerable

women. There was little use of force or segregation. The prison was virtually drug free. The prison was performing well against this healthy prison test.

- HP4 Some women prisoners had long journeys to the prison without breaks and found vans uncomfortable. Some said they had felt unsafe. Property did not always arrive with women.
- HP5 The reception building was clean and welcoming but too small, with no private space for confidential interviews. A new building was needed. All women were strip-searched on arrival without a risk assessment, which was unnecessary. Prisoner interpreters were used rather than a telephone interpreting service for new arrivals who could not speak English, which compromised confidentiality. The cramped conditions made it difficult to operate effectively and women told us that reception staff were sometimes curt and disrespectful. We saw one example of this, but mostly staff were professional and caring.
- HP6 Most women could make a telephone call once they reached the induction unit. Some who arrived on Fridays had to wait until Monday afternoon because of delays with activating telephone accounts. Most basic first night needs were met and women generally felt safe. A system for induction staff to identify women who were vulnerable but not at risk of self-harm was underused. Induction provided all key information in a variety of formats and staff were helpful and respectful. Women who did not understand English did not receive such good induction despite the use of prisoner interpreters.
- HP7 Acts of violence were very rare, but good attention was paid to dealing with potential bullying incidents under the violence reduction strategy. Alleged incidents were well investigated and often resolved through mediation, but there was a need for continued monitoring in some cases. Staff were vigilant about the potential for coercion within some national groups.
- HP8 Levels of self-harm were low and most assessment, care in custody and teamwork (ACCT) documents were opened because of staff concern. Most ACCTs were well completed, with specific responsibilities ascribed, and evidenced good engagement and support. Often just officers were involved in reviews and there were few post-closure reviews. Safer custody meetings were well attended but there was little in-depth discussion. There was a well-equipped observation room. The gated cell in the segregation unit had occasionally been used for women at risk. Listeners felt well supported but some women were unaware of the service.
- HP9 Good relationships contributed to positive dynamic security, with active use of the security information report (SIR) system. Some actions arising from SIRs needed to be dealt with more quickly. A good daily operational briefing gave staff relevant information. There was too much strip-searching without a risk assessment. The rules were made clear to women, but many complained that they were applied inconsistently. We saw an unacceptable example of a collective unofficial punishment on one landing, which involved restricting women's access to the toilet that had been dirtied.
- HP10 The segregation unit was not used frequently, but was clean and provided a satisfactory regime. The exercise area was poor. The rate of adjudications was not high, although numbers had begun to increase recently. Adjudications were well conducted, but the use of three officer escorts was excessive. Inconsistent

punishments were sometimes applied for similar offences without explanation. There was little use of force, with only 18 to date in 2007 and most to prevent self-harm.

- HP11 Women were able to continue methadone maintenance at Morton Hall and were well supported. A specialist substance misuse nurse was due to be appointed, which would enhance the service. Substance users with complex needs were able to use primary mental health services, but the counselling service was overstretched. The random positive mandatory drug test rate was zero. Women said there were few drugs about and it appeared that the prison was as near drug-free as possible.

Respect

- HP12 Relationships between staff and prisoners were mostly positive but prisoners said some individual staff were unhelpful. Personal officer work had developed well. Accommodation was mostly good and the grounds were well kept. Good attention was paid to diversity and race relations. Meeting the needs of foreign national women was seen as core business, but there was little immigration advice and little use of professional interpretation services. The food was good. The chaplaincy provided very good support to women. Health services were satisfactory, but more mental health provision was needed. The prison was performing reasonably well against this healthy prison test.

- HP13 Women in groups gave a mixed picture about relationships with staff. Some said they were generally poor apart from a few helpful staff and that communication with prisoners was ineffective. Others were more positive and said most staff were supportive. Fewer in our survey compared to other open and semi-open prisons believed they were treated with respect. Despite this, all the interactions we saw were good and respectful. It was difficult for staff to relate to women from so many different cultures and nationalities and it was likely that this accounted for some of the problems women described.

- HP14 All women knew their personal officers, who completed good initial assessments. Entries in history sheets were regular and showed that personal officers introduced themselves and spoke regularly to the women. Some entries just noted problems rather than indicating that personal officers made an effort to sort them out.

- HP15 The grounds were well maintained and residential units were generally clean and well equipped, although there were no cooking facilities. All women had single rooms, many with en suite showers. Recent population pressures meant some women had been allocated rooms where the showers did not work and had to share inadequate bathroom facilities. Some of the communal showers needed refurbishing. There was good accommodation for prisoners with disabilities. Arrangements for receiving parcels and exchanging property were too restrictive.

- HP16 A good range of material was displayed on notice boards. Although this was mostly in English, key information was also available in other languages.

- HP17 The central dining hall was clean, but institutional and unwelcoming. Women had to queue outside for meals, even in bad weather. Although women in groups were generally negative about food, about a half in our survey said it was good or very good, which was commendable in an establishment catering for so many different

cultures. The meals we sampled were good quality and portions were reasonable. The shop provided a wide range of products to cater for many diverse needs.

- HP18 A disability policy included good guidance and information for staff, but work on wider diversity issues such as sexual orientation was underdeveloped. A full-time diversity senior officer has just been appointed and race relations representatives also carried out some diversity duties. Not all women with disabilities were identified, but some good care was provided. Older women were encouraged to be active.
- HP19 Black and minority ethnic women formed almost 60% of the population and race and diversity matters were given a high priority. The team was well resourced and included prisoner representatives who had been involved in training with staff. Prisoners were regularly consulted. Detailed monitoring was undertaken and some issues about access to resettlement opportunities had been identified. Racist incidents were thoroughly investigated, with learning points communicated to staff and prisoners. Racial diversity was well promoted and prisoners had confidence in the diversity and race team.
- HP20 Seventy-five per cent of the population were from overseas, with over 50 nationalities represented. There was a policy for managing foreign nationals, but there was no full-time lead as managing foreign national prisoners was seen as the core function of the prison. Offender supervisors were expected to deal with the specific issues about foreign national status, however this individual approach was not wholly successful and meant that common issues were not always identified to ensure the distinct needs of foreign national women were met. Immigration status caused a lot of uncertainty and anxiety and better communication with the Border and Immigration Agency (BIA) and access to independent immigration advice were needed. There was an over-reliance on stretched Hibiscus services for resettlement matters. With high telephone costs, contact with family and friends in other countries was a major problem and more imaginative solutions such as use of email and internet were needed. There was good use of translated information and of prisoner interpreters, but very little use of telephone or professional interpretation services for confidential matters.
- HP21 The chaplaincy was actively involved in the life of the prison and much valued by prisoners. A wide range of faiths was catered for. Chaplains made good inputs to all sentence plan, release on temporary licence and multi-agency public protection boards and provided good support to women through counselling and victim awareness courses.
- HP22 Women had good access to the applications and complaints process, which was explained in many languages. Women said they often had to chase up applications, but responses were not adequately logged to allow this to be checked and monitored. Many complaints were about property and good efforts had been made at senior level to deal with the reasons for this. Complaints were mostly responded to respectfully and monitored by the senior management team monthly, but not for ongoing trends. Legal services provision was inadequate.
- HP23 The incentives and earned privileges (IEP) scheme was clear and effective. Warnings remained in effect too long and it was possible to be demoted to basic on the basis of a single act rather than a pattern of behaviour.

HP24 The healthcare centre was accessible, bright and clean. Staff were well trained and approachable and women in our survey were generally positive about healthcare. A recent substantial increase in the number of prisoners with chronic conditions meant the latest health needs assessment did not reflect current healthcare needs. There was a need to develop primary mental health services. There was an effective nurse triaging system, but it was not well explained and some women thought they were prevented from seeing the doctor. There was a GP clinic each day, but the only woman GP was about to leave. There was little use of telephone interpretation. There was a good basic dental service. However, there were some communication problems between the dentist, who did not speak much English, and prisoners. An innovative trial of a dispensing machine for simple medications was underway.

Purposeful activity

HP25 Women had a good amount of time out of their rooms. Learning and skills provision was effective, with some good teaching and achievements. There were enough activity places for all women with some good training and some jobs that provided a decent income, which many foreign national women needed. More recognition of skills acquired at work was needed. Access to the library was good, but not for those on the Seacole resettlement unit. Physical education facilities were good. The prison was performing well against this healthy prison test

HP26 Women were able to spend a good amount of time out of their rooms, generally about 15 hours a day, with few restrictions. There were reasonable association facilities on each of the houses.

HP27 Education provision was very positive with some good classes. There was the potential for up to 140 to participate in education and training, with 20 full-time places and 60 part-time places, both morning and afternoon. With a high population, classes ran at near capacity, but the priority was to fill contract workshops. Women were positive about their involvement in education. Most women were allocated to education after an eight-week sentence plan review, but earlier allocation was possible if there was an identified need. Some courses have fixed start dates, which made it more difficult for those with only a short time to serve to participate in them, but basic skills classes were flexible. There was not enough provision of literacy and English for speakers of other languages and more education outreach was needed in the workshops.

HP28 Overall achievement and standards of work in education were good and reflected good standards of teaching. There was some outstanding work in art. Hairdressing provided some particularly good training. Attendance at most classes was good, as were retention rates on courses.

HP29 There were enough work places to meet the needs of the population and women could obtain some effective work training, with good skills development in the workshops and the farm. However, there was little acknowledgement or recording of the skills they acquired. Although not a priority for many of the foreign national women, formal accreditation had been slow to develop. Areas such as catering had good resources and good standards of work that made them ripe for the introduction of national vocational qualifications.

- HP30 Access to the library was good and almost all the women were enrolled as library members. The small open study area was well used for research with four computers, but no internet access. The library was well stocked with a range of books for different abilities and in a range of languages. There were also CDs and tapes. Seacole unit had some, mostly fiction, books, but women there did not have access to the main library. Appropriate legal materials and Prison Service Orders were available, but only in English
- HP31 Physical education (PE) facilities were good and well used during the evenings and at weekends for recreational PE. Only some low-level courses were run during the day and take-up was low so the gym was under-utilised. Healthy living was promoted through a course run by PE staff.

Resettlement

- HP32 The resettlement strategy was not based on clearly identified needs of what were essentially two entirely different populations of foreign national and British women. A resettlement unit had been established outside the fence, but needed further development and few women were working out. Sentence plans were up to date and of a good standard. Those with short sentences had basic assessments. There were good reintegration services for women released to the UK. There was very good family support, but not for most foreign nationals who relied on stretched Hibiscus services for many needs and found contacting families expensive. Drug services met most needs. The prison was performing reasonably well against this healthy prison test.
- HP33 The overall resettlement strategy did not clearly describe the needs of the two different populations of foreign national women who would be released abroad and the smaller group of women who would remain in the UK. Nevertheless, the offender management policy was linked effectively to sentence planning, the personal officer scheme and the IEP scheme. The resettlement policy was out of date and not based on a comprehensive needs analysis.
- HP34 A range of interventions was delivered to help reduce reoffending and assist in successful resettlement, but practical opportunities for non-EU foreign national women were limited. This was not helped by late decisions from the immigration authorities. The offender management policy committee oversaw strategic development of resettlement and there was a good focus on developing the work along the resettlement pathways, including the additional two for women. The recently-established resettlement unit in the former intermittent custody building needed further development to offer more effective resettlement opportunities.
- HP35 All prisoners serving over 12 months were allocated one of seven offender supervisors and had an offender assessment system (OASys) sentence plan completed. OASys were up to date other than on five of the 14 prisoners who were officially in scope for offender management. Some prisoners convicted of immigration offences did not have a police national computer number so staff completed handwritten assessments for them. The quality of OASys assessments was good, with timescales and responsibilities for relevant targets clearly identified. Sentence planning boards were multidisciplinary, well conducted and respectful, but health services were not always represented even when there were significant health issues.

- HP36 Reintegration services were pragmatically aimed mostly at meeting the needs of those who would be released to the UK. Help with accommodation and tenancy issues was provided through the Lincolnshire Action Trust. There was no central source of advice on finance and debt and only one course in financial literacy was run each year. Advice was provided on benefits issues weekly.
- HP37 There were few structured links to employers. Very few women went out to work and none to education in the community. There was little formalised careers advice and no employability pre-release programme. However, good employability skills were acquired that could help many women, including foreign national women, gain employment after release.
- HP38 A range of interventions designed to address attitudes, thinking and behaviour was available, but some women were hampered from engagement because of a lack of proficiency in English. There was an effective arrangement with HMP Drake Hall to transfer temporarily prisoners who needed to complete the enhanced thinking skills booster. Good use of release on licence was used to allow one woman to complete the Think First programme in the community.
- HP39 All women were seen by healthcare shortly before release and provided with a summary letter for their doctor of the care they had received and a list of medications used. Women prescribed medications were given at least seven days supply and in some cases up to six months.
- HP40 Public transport to the prison was poor and no prison transport was provided. A basic visitors' centre did not provide any advice or services for families, but visitors said they were well treated at the prison. Only women on the enhanced level were able to have a weekly visit. The visits hall space was limited, but pre-booked spaces were often not used, denying other women the opportunity. Good family visits ran every two months and a helpful social services initiative provided visits for children in local authority care. A family support worker provided a very good service to British mothers, but there was no similar support for foreign national women.
- HP41 The drugs strategy was out of date. The counselling, assessment, referral, advice and throughcare (CARAT) team provided a good and comprehensive service. A key performance target of 60 initial assessments was unrealistic and unnecessary. CARAT staff had a quite high active caseload of 43, only eight of whom were foreign national women, reflecting the lack of prevalence of substance use problems among that group. Relatively few women were released into the community, but efforts were made to establish links with community services, including for a woman returning to South Africa.
- HP42 Voluntary drug testing (VDT) operated effectively and was open to all. One identified VDT landing gave good additional support.

Main recommendations

- HP43 A new reception building should be provided that meets the needs of women prisoners at Morton Hall with suitable privacy and sufficient space to store and manage property efficiently.

- HP44 Border and Immigration Agency officials with sufficient experience should be based at the prison to identify, explain and progress prisoners' immigration queries and ensure that decisions are made in time to allow effective preparation for release.
- HP45 The prison should carry out a full needs analysis of the foreign national population to inform the development of a more comprehensive foreign national policy that addresses language needs and supports contact with families. A senior manager should lead the policy and coordinate regular forums with foreign national women to ensure that issues are dealt with effectively and up to date information given.
- HP46 A full range of mental health services that meets the needs of women at Morton Hall should be provided.
- HP47 All employability skills learned in prison work activities should be recognised and recorded and the range of accredited vocational opportunities expanded.
- HP48 An overarching resettlement strategy based on comprehensive assessments of needs, including those of women from different countries, should be agreed to direct the delivery of relevant services.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement prisoners' individual needs are recognised and given proper attention.

- | | |
|-----|--|
| 1.1 | Women were told where they were going before leaving for Morton Hall, but their journeys there were often uncomfortable and without breaks. White women said escort staff were mostly respectful, but those from black and minority ethnic groups were less positive. Property did not always arrive with women. |
|-----|--|
- 1.2 Women knew in advance that they were coming to Morton Hall and all arrived before 8pm. Most found the vans uncomfortable and some said they had not felt safe on the journey. Women were usually offered a drink and snack, but not a comfort break. In our survey, most women said escort staff had treated them well, but black and minority ethnic and foreign national women were less positive. Reception staff said women occasionally arrived in cuffs in a cellular vehicle, which was unacceptable for a transfer to a semi-open prison. Escort vans arriving just before or during lunch usually had to wait at the gate until after lunch.
- 1.3 Property frequently did not arrive with prisoners and many women complained about missing items (see section on applications and complaints). Escort staff mostly arrived with relevant information, but the prison had not been told that one new arrival had recently had a stroke.
- 1.4 There were few moves to court, but women could get appropriate clothes from their property for this purpose. There was no evidence of delays in court appearances.

Recommendations

- 1.5 Women's property should arrive with them on transfer from other prisons.
- 1.6 Women should be given comfort breaks on all journeys longer than 2.5 hours.
- 1.7 Women moving to Morton Hall should not be transported in handcuffs.
- 1.8 Reception should be staffed over lunchtime when a van is due to arrive.
- 1.9 Sending prisons should inform other prisons in advance when transferring prisoners with special health needs.

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During

a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

- 1.10 Reception did not provide enough space or privacy to deal with individuals respectfully or meet their needs. Women were routinely strip-searched on arrival. Most women felt safe on their first night. Induction was comprehensive and covered key information in a range of formats. Staff were helpful and respectful, although prisoners with little or no English did not receive such a good induction despite the use of prisoner interpreters.

Reception

- 1.11 The reception building was not fit for purpose. There was a small waiting area, one holding room with six chairs, no interview room and only limited property storage space. The reception desk area was cramped and there was no privacy. There were no facilities to make a hot drink. Women normally arrived in groups of four to six, but there had been as many as 12 on one van. In the previous week, the prison had received 25 women, but the average was usually 13. Most women spent up to three hours in reception, although this could be longer if numbers were high or when there were communication problems.
- 1.12 The area was clean and had welcome notices and a limited amount of other information, including how to access help and support, in a range of languages. The waiting and holding rooms contained televisions, but little reading material.
- 1.13 Reception staff were unaware of the prison's vulnerability strategy (concern, advise, review, empower or CARE) to identify women who needed extra support. Since its introduction in October 2006, only 20 prisoners had been subject to CARE and four of these had immediately been moved on to an assessment, care in custody and teamwork (ACCT) document. Only one woman was on an active CARE protocol, but we met a number who met the criteria.
- 1.14 Women were given basic toiletries, sheets, a duvet cover and a towel. Some complained that they had not received any shampoo. Prison clothing was also provided, but women did not have to wear it. Women could choose from a range of packages of telephone credit and smoker's or non-smoker's packs, with the cost repaid at 50 pence a week.
- 1.15 All new arrivals were routinely strip-searched and in our survey significantly fewer than the comparator said they had been searched in a sensitive and understanding way.
- 1.16 Women in groups said reception staff were often curt and in our survey significantly fewer than the comparator said there were treated well in reception. This was particularly so among black and minority ethnic and foreign national women. We observed staff were mostly professional and caring, but the women's negative perceptions were likely to have been exacerbated by the cramped environment and rushed procedures. Neither reception nor induction staff wore name badges. Prisoner interpreters rather than a professional telephone service were used for women with little or no English. This compromised confidentiality.
- 1.17 New arrivals were not offered a free telephone call, but could use the telephones on the induction unit if their personal identification numbers and monies had been transferred from their sending establishment. This happened on the first day for all the women who arrived during the inspection, but could take 24 hours and women arriving on a Friday sometimes had to wait until after the weekend. In our survey, significantly more than the comparator said they had experienced problems contacting their family when they first arrived.

- 1.18 Most support services were provided once women were on the induction unit, although they were asked in reception whether they needed urgent access to legal advice. Immediate referrals were made to the legal services officer when necessary.

First night

- 1.19 Women were escorted from reception to the first night and induction unit on Torr unit by an Insider who later took them to the dining hall and explained the routines. Prisoners spent about a week on Torr before moving to Sharman or Johnson units.
- 1.20 There was no written first night strategy. Most women said they had felt safe on their first night and that their basic needs were met. Those who had not felt safe said this was due to experiences at other prisons and taking time to adjust to Morton Hall. In our survey, significantly fewer women who reported having a disability said they felt safe on their first night.
- 1.21 Women were interviewed in private by healthcare staff and by officers who completed a first night assessment. The assessment aimed to identify child care issues, learning, sight, hearing or communication difficulties and any self-harm concerns. These officers were aware of and had used the CARE strategy.

Induction

- 1.22 On the day after arrival, prisoners saw the doctor in healthcare and a residential manager and were given a tour of the prison by a prisoner Insider. An officer gave an induction presentation, including slides, which took up to two hours. It provided all the key information and women said they found it helpful. Women with little or no English could sit next to another prisoner to interpret during the talk, but we saw little interpreting taking place. Women were also given written information about unit rules, prisoner compacts, the timetable, tackling violence, harm reduction, voluntary drug testing, disability, telephones and visits. Laminated folders in each room contained further details about personal officers, the chaplaincy, the library, helplines, Listeners, anti-bullying, smoking areas, fire safety and the Independent Monitoring Board (IMB). Some of this information was available in languages other than English and some was also included on a dedicated induction television channel, although in English only.
- 1.23 The induction programme lasted a week and included sessions with representatives from education, the IMB, the chaplaincy, the counselling, assessment, referral, advice and throughcare (CARAT) service, the library, physical education, the race equality officer, a Listener and offender supervisors. An education assessment was completed and prisoners could be added to waiting lists for courses.
- 1.24 Prisoners for Seacole (the separate open resettlement unit) were initially assessed for disability issues and underwent a further induction specific to the unit.
- 1.25 Women were not introduced to their personal officers until they were moved to their units.

Recommendations

- 1.26 The professional telephone interpreting service should be used initially to assess the vulnerability, health issues and other private matters of women with little or no English.

- 1.27 The vulnerability strategy should specifically address how risks are identified and managed on arrival and the CARE protocol should be used for all women who meet its criteria.
- 1.28 Reading material in a range of languages should be provided in reception.
- 1.29 Women arriving at Morton Hall should not be strip searched routinely.
- 1.30 All women should be able to make a free telephone call on their first night.
- 1.31 Agreed first night procedures should be written up to ensure consistent and appropriate treatment.
- 1.32 Checks should be made and documented to ensure that women who do not speak and understand English well receive all essential information at induction in a language they understand.
- 1.33 Reception kit and toiletries should meet women's basic needs.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

- 2.1 Residential units were generally clean and well equipped and the grounds were well maintained. Provision for women with disabilities was good. Some showers were in poor condition and there were no cooking facilities on units. Access to property was restrictive.
- 2.2 There were five residential units (see fact page) and a separate fully-open resettlement unit (Seacole) located outside the prison boundary. Women said they felt safe on the residential units. All rooms were single occupancy. There was one constant observation room on Fry unit, while Sharman and Seacole units contained adapted rooms for women with disabilities.
- 2.3 There were evacuation procedures for women with disabilities and staff were aware of these. Permanent ramps were in place throughout the prison allowing full wheelchair access. An allocated nurse was responsible for older prisoners and could authorise physical adaptations as required. A woman with disabilities occupied the adapted room on Sharman unit. She had a prisoner carer and her physical needs were being met, including the provision of suitable crockery and cutlery.
- 2.4 All residential units were generally well equipped and presented. Fry, Windsor and Seacole units had in-room kettles and unit fridges. Women on Johnson, Sharman and Torr units had 24-hour access to a communal boiler. Each unit had reasonable association facilities and all women on the standard or enhanced regime were able to have a television. Each room had an emergency call bell and these were responded to promptly. Women had keys to their rooms. Observation panels on doors had an external hinged cover that allowed some privacy. Meals were eaten in a communal dining hall in the main prison and also communally on Seacole. There were no cooking facilities on any of the units.
- 2.5 A good range of material, mainly in English, was displayed on all notice boards apart from on Seacole, where additional information was also available in other languages in folders. Wing representatives attended monthly consultation meetings, where issues about the running of the units could be raised and dealt with. The minutes of these meetings were not always displayed on wing notice boards and those we found were out of date.
- 2.6 Women could associate outside until it got dark or until 8.20pm in the summer, after which they were locked on their spurs (see also section on time out of cell).

Hygiene

- 2.7 Residential units were generally clean and grounds were well maintained. Enough cleaning materials were provided for women to keep their rooms clean.
- 2.8 Women could have private baths or showers at least daily. Fry, Windsor and Seacole had en suite shower and toilet facilities, while those on Johnson, Sharman and Torr had 24-hour

access to communal showers and toilets. Some communal showers were in poor condition. A recent sudden increase in the women prisoner population had placed Morton Hall under pressure to fill vacant rooms. Rooms that had previously been unoccupied because the showers were broken were filled. As a result, 10 women on Fry unit had to share a bathroom in the 30 minutes between unlock at 8am and leaving for work at 8.30am.

- 2.9 Women could have sufficient items of personal toiletries and cosmetics.
- 2.10 Fresh bedding was given to all new arrivals and a mattress exchange system operated well. Duvets and curtains were routinely provided to all women.

Clothing and possessions

- 2.11 A facilities list on all residential units set out what women were allowed. Access to property was restrictive and a big source of frustration. Women were allowed a reception parcel by post or from visitors within six weeks of arrival. After this, they could access their property, order new property or have property sent or bought in only once every six months and by application. Any property that arrived outside of the allocated time period and without an application was sent away at the prisoners' expense. There was little flexibility for urgent requests or to replace broken items. One woman who had not got her winter clothes at her last property change in September 2007 said she was very cold, but could not exchange her clothes until February 2008.
- 2.12 All women could wear their own clothes. Women could apply, but only once every six months, for donated clothing held in reception, although the range of styles and sizes was limited. Each unit had its own laundry operated by one of the women. Each woman could have two loads washed each week.
- 2.13 Women being discharged who did not have a bag to put their property in were given the choice of buying a small or large hold-all for £5.50 or £7.50 or using a black bin liner.

Recommendations

- 2.14 Women should have more access to their property and visitors should be allowed to bring in items at least monthly.
- 2.15 Showers should be in working order and maintained, clean and fit for purpose.
- 2.16 Basic cooking facilities should be provided on residential units so that women can prepare meals together.
- 2.17 A wider selection of non-uniform clothing should be provided in the full range of sizes.
- 2.18 Women should be provided with a suitable free bag for their possessions on discharge.

Housekeeping point

- 2.19 Up to date prisoner consultation meeting minutes should be displayed on wing notice boards.

Good practice

- 2.20 *The needs of the woman with disabilities on Sharman unit were being met through a prisoner carer and the provision of crockery and cutlery that she found easier to use.*

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by all staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

2.21 Significantly fewer than the comparator in our survey said most staff treated them with respect. Although most had a member of staff they could turn to for help, this was still lower than the comparator. Women in groups gave a mixed account of their relationships with staff, but the interactions we saw were mostly respectful and there was a positive staff culture. Cultural difficulties associated with relating to an overwhelmingly foreign national population from over 50 nationalities made it difficult for officers to gain the trust of women prisoners.

2.22 In our survey, only 64% of women, against an open and semi-open prison comparator of 79%, said most staff treated them with respect. Black and minority ethnic women were less positive, but responses from foreign national women were not significantly different. Eighty-four per cent, but still significantly lower than the comparator, said they had a member of staff they could turn to for help, but responses from black and minority ethnic, foreign national and Muslim women were less positive.

2.23 Some women in groups said their relationships with most staff were poor due to lack of communication and that good individual staff were in the minority. Others were more positive and said most staff were fine, but some staff treated prisoners inconsistently. In our survey, significantly more women against both comparators said they had been victimised by staff.

2.24 Results of a recent measuring the quality of prison life (MQPL) survey (July 2007) were also relatively negative about staff. Most written comments related to staff and only 13 of the 64 comments made were positive. Comments included concerns that some officers victimised prisoners, talked down to them, were unwilling to help and treated prisoners inconsistently. In MQPL groups, some prisoners said the prison needed to be more sensitive to the needs of individuals and those from different cultures. Negative scores in the MQPL included for relationships with staff, inclusion and fairness.

2.25 Staff appeared willing to help and personal officer work was relatively positive (see section on personal officers), but waited for approaches from women rather than proactively interacting with them. The residential staff groups was relatively small, but only 18% of women in our survey, against an open and semi-open prison comparator of 31%, said staff spoke to them most of time during association. There were no real differences in this between white, black and minority ethnic, foreign national and British women.

- 2.26 Almost all the interactions we observed were good and respectful. Women were invariably called by their first name or title and surname and, other than one minor incident in reception, staff were courteous in their day-to-day dealings with prisoners and spoke respectfully about them. There were good consultation arrangements with prisoners and it was hard to understand how the MQPL score for relationships could be lower than in many of the other prisons we have visited. We considered that cultural misunderstandings might have affected perceptions and it was difficult for staff always to know how to deal with the culturally diverse population. The high number of foreign national women likely to be deported at the end of sentence and who had difficulties establishing their exact immigration status and maintaining regular contact with their families may have caused tensions and negatively impacted on relationships. A higher proportion than in other women's prisons were in prison for the first time, which might also have affected relationships as many had no previous criminal history and resented staff treating them with distrust.

Recommendation

- 2.27 Managers should develop a strategy to improve relationships between staff and prisoners to include regular open forums with prisoners to identify what improvements could be made, with regular feedback to all staff and prisoners.

Personal officers

Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.28 Most women knew their personal officers and most found them helpful. Personal officer entries in wing files were regular and demonstrated good engagement with prisoners, but some officers did not always actively pursue matters for prisoners.
- 2.29 All women were allocated personal officers by room and each personal officer had a back up officer to cover absences. The personal officer policy set out reasonable basic guidance. There had been no specific training, but all personal officers were clear about the role. They were required as a minimum to introduce themselves to prisoners and write initial assessments, fortnightly entries in history sheets and a more detailed monthly report.
- 2.30 In our survey, 53% of women, against a women's prison comparator of 29%, said they had met their personal officer in their first week. All women in groups said they knew their personal officer and history sheet entries indicated that almost all officers had introduced themselves to women shortly after arrival. Fifty-nine per cent of women found their personal officer helpful. This was not as good as in other women's open and semi-open prisons and was likely due to the high number of foreign national women who found it difficult to clarify their immigration status, which personal officers could do little to help with.
- 2.31 Personal officers actively engaged with prisoners. The files we examined included personal officers' initial assessments obtained from talking to the woman and reviewing her records. Some took the opportunity of introductory chats to sort out any initial problems, many of which involved property. Regular fortnightly entries from personal officers on all files showed that they tried to speak to women rather than simply making comments based on remote

observations. Entries also showed that substitute officers engaged with prisoners when the personal officer was not available.

- 2.32 Entries in wing files were good and a number referred to sentence plan targets, family issues and to the personal officer providing reports for sentence plan boards. Personal officers also completed a separate monthly report that was held in the record, but these often simply repeated the fortnightly entries. The quality of personal officer entries varied considerably and a number still merely recorded 'no concerns or issues'. The records indicated that some personal officers reported a woman's problems rather than actively seeking to resolve them.

Recommendation

- 2.33 All personal officers should actively try to resolve issues that women prisoners bring to their attention and record what they have done on history sheets.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 The prison was largely safe and there were few incidents of violence. Bullying was not a significant problem and most issues were resolved using conflict resolution, but further monitoring was necessary in some cases. Violence reduction staff were skilled and knowledgeable. The mix of nationalities and conflict within groups sometimes presented problems, but staff were vigilant to this. Prisoners were widely consulted about bullying issues and supported by violence reduction representatives, but had a negative perception about the behaviour of some staff.
- 3.2 The violence reduction policy had been reviewed in August 2007. This detailed policy included definitions of bullying and guidance for staff about issues such as vulnerability, self-harm and the management of incidents. The local guidance placed appropriate emphasis on the particular needs of women at Morton Hall and their diverse backgrounds. The strategy also focused on links with the race and diversity team, which was also relevant to the population.
- 3.3 The safer custody team, which covered bullying, violence reduction and suicide and self-harm issues, met monthly. Minutes showed reasonably good attendance that included some prisoner representatives. Issues were analysed for trends, and bullying incidents were examined by location and ethnic background. Some attention was paid to issues between different nationalities, but there was also an underlying assumption that most bullying was a result of tension between groups, which was not always the case. There was also a need for more analysis; for example, a rise in adjudication numbers was noted, but not discussed. Action points were not always clearly attributed to individuals to follow up. Otherwise, the meetings were used well to identify trends and discuss issues of concern.
- 3.4 An exit survey had been designed by the psychology department and was collected from all prisoners, but was only in English. This highlighted particular areas of concern, but violence reduction staff were not clear about what happened to specific issues raised. A detailed bullying survey had also been undertaken focusing particularly on the cultural backgrounds of the recipients and the impact this had on behaviour. The survey comprised a questionnaire and semi-structured interviews and the results were used to inform staff training on promoting pro-social behaviour. The survey indicated that some cultural groups formed a hierarchy based on age and cultural affiliations and that staff needed to intervene early to prevent escalation. One example given by staff was that women lower in the hierarchy had been told to carry out retribution for others. Staff were vigilant to this as part of the violence reduction strategy and some groups of women had been spoken to formally by senior managers to raise awareness. The prison had also invited a social anthropologist into the prison to talk to staff about cultural issues.

- 3.5 Prisoners signed a behaviour compact on induction. Notice boards around the prison and on house units displayed the prison's anti-bullying policy statement and information advising victims where to go for advice. Photographs of the violence reduction prisoner and staff representatives were not displayed.
- 3.6 Violence reduction was managed by a senior officer supported by four trained violence reduction officers, some of whom were also assistant race equality officers and worked in the segregation unit. This placed them in a strong position to act in key roles within the prison and promote awareness. Although not given daily facility time, the posts were flexible and the under-occupancy of the segregation unit meant that staff working there could use their time on violence reduction tasks. Four prisoners had been identified as violence reduction representatives and had been issued with distinctive blue T-shirts.
- 3.7 In our survey, significantly more than the comparator said they had felt unsafe in the prison at some point, although the same proportion as other open and semi-open prison said they felt unsafe at the moment. Significantly more said they had been victimised by other prisoners and by staff, including because of their race or ethnic origin. Twice as many as the comparator said they had been threatened or intimidated by a member of staff. These findings were reflected in some, but not all, of our groups, with some women telling us that some staff were unhelpful and abused their positions. Black and minority ethnic women generally felt less safe than white prisoners, foreign national women reported more feelings of intimidation by staff, but not by other prisoners and Muslim women were more likely to report feeling threatened by other prisoners. Poor perceptions about staff behaviour had also been reflected in the MQPL survey (see section on staff-prisoner relationships).
- 3.8 During the inspection, the writer in residence facilitated a forum on bullying where women were encouraged to express their views. The results were to be fed back to the safer custody meeting. Women were frank and open and gave examples of what they considered negative staff behaviour. Prisoner consultation as a whole was good and the use of prisoner representatives in key areas such as violence reduction encouraged feedback. Prisoner representatives met with the violence reduction senior officer monthly before the safer custody meeting to pass on their reports.
- 3.9 The prison had recently replaced the anti-bullying scheme with reports of conflict. Conflict resolution was strongly promoted and seen as the key to resolving and preventing escalation of violence and problem behaviour. Key staff were trained in conflict resolution. Seventy-five incidents of bullying had been logged in 2007 and 17 investigations had been completed under the new model. These were carried out promptly and there was good information-sharing between areas such as security and race relations. There were several examples where information had been passed from security to be followed up and reported following a racial complaint. An anti-bullying register was kept on the shared computer drive and was accessible to staff.
- 3.10 Incidents were investigated in some detail. All parties were interviewed by two members of staff, including one violence reduction officer. The use of residential staff was promoted in order to share good practice and skills with non-specialist staff. Incidents of actual violence were rare. There had been five assaults in the previous six months, one of which was on staff. One woman had been segregated following staff concerns about threats of assault. Most reports resulted in staff and prisoners meeting to discuss the issues and resolve behavioural problems. These meetings were well conducted.
- 3.11 A small number of cases gave cause for some concern. In one incident, a woman had been pushed against the hotplate, but the assailant had not been placed on report in sufficient time

and no further action was taken. In another incident, it was not clear whether anything had been done after a woman stated that she was buying canteen products for other women who 'keep her safe'. A few other incidents would have merited continued monitoring of the individuals concerned, but this was not recommended. Professional interpreters were not used, which risked compromising confidentiality. There was a lack of interventions to challenge bullying behaviour when conflict resolution was not the most appropriate option.

- 3.12 Prisoners had confidence in the system, with 20% of women in our survey, against a comparator of 12%, saying they would report any victimisation. In addition to the prisoner representatives, a form called 'Hear Me' was placed on the units and sometimes directly under room doors inviting women to share any issues about bullying or behaviour. The safer custody meeting had raised a concern that these forms were not used properly, but had not specified what could be done about this.

Recommendations

- 3.13 Prisoners and staff participating in conflict resolution should be asked for formal feedback and this should be fed into the safer custody meetings.
- 3.14 The violence reduction strategy should include interventions for individuals who demonstrate anti-social or violent behaviour if conflict resolution is not appropriate or does not work.
- 3.15 The violence reduction strategy should include monitoring arrangements for those who cause concern to the violence reduction team after conflict resolution has been conducted.

Housekeeping point

- 3.16 Action points arising from safer custody meetings should be clearly identified to an individual and followed up.
- 3.17 The violence reduction team should be more widely publicised on the residential units.

Good practice

- 3.18 *The option of conflict resolution enabled parties to come together to discuss behaviour and issues and resolve them under the direction of violence reduction staff.*

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.19** Levels of self-harm were low and care for women at risk of self-harm was good, but reviews were not sufficiently multidisciplinary. The safer custody meeting was well attended and statistical analysis was detailed, although there was insufficient analysis of individual cases to identify learning points. Post-closure reviews were not always carried out. Listeners were well supported, but felt their work could be better promoted.
- 3.20** Levels of self-harm were low. In the previous six months there had been 30 incidents, one of which resulted in an escort to outside hospital. Eighty-three assessment, care in custody and teamwork (ACCT) forms had been opened in 2007, mostly as a result of staff concern. The longest anyone had spent on an ACCT was five weeks. The suicide and self-harm prevention policy was up to date and covered the aims of the policy and the prison's obligations. It included detailed descriptions of the roles and responsibilities of each department and function.
- 3.21** In April 2007, self-harm and violence reduction had been merged with safer custody under the leadership of the residential governor. Day-to-day management was the responsibility of a safer custody senior officer and an assistant (officer grade). The profile allowed 20 hours a week for safer custody duties, but an analysis of staff profiles in the previous five weeks indicated an average of five hours, with the maximum given in one week being 11 hours. No time was allocated in the inspection week, although no women were on open ACCTs.
- 3.22** Safer custody meetings were well attended and included some good statistical monitoring such as an analysis of ethnicity, location, time of day, type of incident and links to bullying issues. Individual cases were not analysed in sufficient detail. There had, for example, been an increase in self-harm in the summer months, but the reasons had not been discussed in depth or analysed. The only comment in the September meeting was that 'it is possible people think they will get their own way as a result of being on an ACCT'. This perception derived from an incident where a woman on the basic regime had had privileges restored following a self-harm attempt. This type of response was not helpful and did not shed any light on other factors that might have been involved.
- 3.23** In our survey, significantly more than the comparator said they had access to Listeners in the first 24 hours and that they could speak to a Listener at any time. A total of 128 staff, including workshop staff, had received the ACCT foundation training, 15 had completed the ACCT case managers training and 12, including two chaplains, were trained as foundation assessors. Fifteen, including the chaplaincy team and psychology staff, were trained in assessors training. All staff carried anti-ligature knives.
- 3.24** ACCT documentation was well completed and an accurate log of incidents was kept. One minor act of self-harm had not resulted in an ACCT. This had been identified during the standards audit, but was a rare event. The majority of ACCTs included detailed initial reviews of the reasons for concerns. Care maps routinely documented individuals and timescales focusing on things that would improve the prisoner's state of mind or offer support. Records of engagement with prisoners were detailed, with evidence of quality conversations. Most staff clearly had genuine concern for the women in their care. However, quality-checking of documents by managers did not appear to be standard practice and of 78 records due for a post-closure review, 33 had not taken place not including those transferred. There was little evidence that post-closure reviews had taken place other than in the most serious cases and reviews were not sufficiently multidisciplinary. The chaplaincy team was regularly involved, but there was limited involvement from healthcare other than in the most acute cases and many ACCTs were closed with just the prisoner, residential officer and safer custody officer present.

- 3.25 There was no care suite, however a room on Fry unit had been adapted and operated as a constant observation room. It was clean and well equipped, with a comfortable chair, bed, television, music player and some recreational equipment. There were detailed instructions about the use of the room, which was logged and reported to the safer custody meeting. The room was used on average twice a month. Staff encouraged women to get out during the day and walk around the wing or take part where possible in the regime. There was also a gated cell in the segregation unit that was used for prisoners at risk there. This had been used twice in 2007 when the room on Fry was occupied. This was documented in the segregation unit and the self-harm policy included a protocol on how it should be used.
- 3.26 Two mobile telephones with direct access to the Samaritans were kept on Fry unit. They were readily accessible, but reception was poor and women said this could be frustrating. Safer custody posters advertised six Listeners, but there were only three. They felt well supported by the officer designated as their liaison. They also met weekly with the Samaritans and attended safer custody meetings. Call outs were infrequent, but there were no problems with access. Listeners believed their work could be better promoted and this had also been raised at safer custody meetings. They did not meet new receptions shortly after arrival.
- 3.27 There was a protocol (CARE) for the management of vulnerable women (see section on first days in custody). Many staff were not aware of it and it was not discussed at the safer custody meetings.

Recommendations

- 3.28 Assessment, care in custody and teamwork (ACCT) reviews should be multidisciplinary and include personal officers, healthcare staff or other staff with knowledge of the individual prisoner.
- 3.29 Post-closure reviews should take place within two weeks of the assessment, care in custody and teamwork (ACCT) document being closed and identify any ongoing support requirements. This should be kept with ACCT documentation.
- 3.30 The protocol on the management of vulnerable offenders should be widely disseminated to staff and reviewed by the safer custody team.
- 3.31 The work of Listeners should be more widely promoted, including a scheduled opportunity to meet new receptions shortly after their arrival.
- 3.32 Telephones should be provided that give good access to the Samaritans.

Diversity

Expected outcomes: All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

- 3.33 An established disability policy described how the needs of prisoners with disabilities would be identified and met, but there was no wider diversity policy to cover the needs of minority groups. A full-time diversity manager was beginning to make some impact. Disability liaison

officers provided some support and received some dedicated time for the work. Care planning was in place for some, but not all, prisoners.

- 3.34 In our survey, no women described themselves as transsexual, but 13% described themselves as gay or bisexual. Fifteen per cent considered themselves to have a disability. Seven women were over the age of 60, with the oldest being 68.
- 3.35 Diversity was managed alongside race equality and the bi-monthly meeting of the diversity and race equality action team (DREAT) included prisoners' diversity issues. An equal opportunities and race relations diversity meeting for staff met monthly to discuss issues related to the prison in general. Diversity issues were given a high priority and a full-time diversity manager had recently been appointed.
- 3.36 Diversity issues were well promoted. In addition to the DREAT meetings, a small committee of practitioners had met for the first time. This group included race relations and disability staff and the equal opportunities officer. Staff representatives of gay and lesbian staff also attended and there were plans to develop this role to support prisoners. All staff representatives were included on the race and diversity posters distributed throughout the prison.
- 3.37 A disability policy statement had recently been reviewed and compiled using best practice from other establishments. It was very detailed and included the responsibilities of all staff, procedural arrangements, liaison between departments such as healthcare and guidelines about reasonable adjustments. There was no wider policy to cover issues such as sexual orientation and older prisoners.
- 3.38 The prison was not completely aware of the needs of prisoners. Official information suggested there were between three and five women with disabilities in the prison. There were others, but staff were unaware of them. There was some good support for individual women (see also section on residential units), but there was no central register of women with identified needs. There was no formal monitoring to ensure that prisoners from minority groups were not victimised or excluded from activity.
- 3.39 All prisoners were asked to declare any disabilities on induction and this information was passed to the disability liaison officer. A questionnaire had been designed as part of the new disability policy, but had not yet been fully implemented. No specific attention was paid to the needs of older women, although those we spoke to were able to work and felt fully included in the regime. Most of the prison was accessible, making it particularly suitable for older women and those with disabilities.
- 3.40 Although disability liaison officers liaised with healthcare, there were no protocols for joint work. Initial care plan assessments and reviews were carried out in isolation, with no formal involvement of healthcare or personal officers. A new diversity practitioners meeting had been set up to address these shortfalls, but healthcare staff were not involved.
- 3.41 As part of the race equality impact assessments, the diversity manager had held focus groups with women to discuss access to the gym, education, work and complaints. Some of these had raised issues about disability, but there had not been wider consultation with minority groups, such as those with a disability and older women.

Recommendations

- 3.42 There should be a diversity policy for prisoners that meets the requirements of anti-discrimination legislation and outlines how the needs of minority groups including older women will be met.
- 3.43 Women with disabilities should be involved in the development of a disability policy that includes the arrangements to help the establishment carry out its duties under the Disability Discrimination Act.
- 3.44 Individual care plans should be completed in conjunction with personal officers and healthcare.
- 3.45 Formal monitoring should take place to ensure that prisoners from minority groups are not victimised or excluded from any activity.
- 3.46 Disclosed information about disability and other needs should be held on a central register that is available to key staff.

Race equality

Expected outcomes:

All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

- 3.47 Approximately 60% of women were from black and minority ethnic backgrounds. They were widely consulted and the race equality team was well promoted and visible. A full-time race equality officer and team conducted good investigations into racist incidents and racial diversity was well promoted.
- 3.48 Almost 60% of women came from black and minority ethnic backgrounds, while a further 15% were from other white backgrounds including some South Africans and Eastern Europeans. Race equality was managed by a diversity and race equality action team (DREAT) headed by the governor (see section on diversity). The team was well resourced, with a full-time diversity manager, a full-time race equality officer and four assistant race equality officers. Additional hours were planned for race equality duties.
- 3.49 The DREAT was well attended, with representatives from the chaplaincy, equal opportunities officers, offender management and the Independent Monitoring Board. No representatives from healthcare or catering had attended the last meeting. External representatives included the diversity manager for Lincolnshire NHS. Other external agencies working with the DREAT included local community engagement staff, the voluntary sector and the Race Equality Council. A seconded writer in residence also attended and facilitated workshops on aspects of prison life, including race and diversity. Prisoner representatives regularly attended.
- 3.50 A community engagement meeting held in October 2007 had been used to discuss the feasibility of a networking event at the prison to forge new community links.
- 3.51 In our survey, black and minority ethnic prisoners were more negative than white prisoners about some of their experiences, including access to first night services, treatment in reception

and satisfaction with food, the shop and the complaints system. Significantly fewer said staff treated them with respect. Women we spoke to said issues of respect were not specific to race and that the prison did not have a problem with racist staff. However, they pointed to other issues of what they perceived as misuse of position (see section on anti-bullying and violence reduction). Most were positive about race equality staff and some cited the team as one of the best aspects of the prison.

- 3.52** Race equality issues were well promoted and photographs of the team were posted on all wings. The prison employed a prisoner as a full-time diversity and race relations representative who was based in the same offices as the race equality officer and race equality governor. There were also part-time prisoner representatives. These prisoners felt well supported by staff and met regularly with the race equality officer to prepare agenda items for the DREAT meeting. They facilitated weekly forums with prisoners and the results were fed back to the DREAT team. The DREAT team were located in the centre of the prison, operated an open-door policy, frequently talking to prisoners about issues other than race, and were well known.
- 3.53** Despite the diverse population, racial tensions between groups were minimal and staff were vigilant to possible areas of tension. One issue about racist language had been actively challenged by senior management. There were some areas of conflict such as tribal allegiances and it was not always easy to get prisoners to talk openly to staff about underlying problems. The prison was working hard to tackle this. A total of 78% of staff were trained in race and diversity and 13 were trained in DREAT duties, 12 of whom were current members. Two prisoners had been trained in race and diversity at a two-day exercise alongside staff. Only four staff were from black and minority ethnic backgrounds.
- 3.54** Eight out of 16 race impact assessments had been completed and a number of focus groups with women had been held to gain their views on areas including access to work, the complaints system and catering. One area, access to chaplaincy, had been given a 'green' quality assurance rating, but others were work in progress. The area race equality lead had been closely involved in the impact assessment process. A race equality action plan had recently been updated and contained details of completed assessments and those planned up to March 2008. Each impact assessment had a named lead manager and set dates for completion.
- 3.55** Racist incident report forms (RIRFs) were widely available and guidance on completing them was available in languages other than English. Seventy-five incidents had been reported in 2007. Response times varied between seven and 14 days depending on the complexities of the investigation. All investigations were carried out by the race equality officer or one of the assistants. Documentation was detailed and most investigations were carried out under 'simple enquiry' procedures with terms of reference written by the governor. Race equality officers regularly interviewed those involved and written records of these were included as evidence. Most complaints were not upheld, but many identified areas such as bullying or behaviour that were passed to violence reduction staff for conflict resolution (see section on anti-bullying and violence reduction). Upheld complaints were subject to continuing monitoring. No structured interventions were available for women whose behaviour was found to be racist, although one woman had been referred to the psychologist for one-to-one work. We were told that the external race equality action team member quality-checked RIRFs, but this was not documented. The race equality governor carried out regular quality assurance.
- 3.56** There was a well-maintained log of incidents and detailed responses from the governor who signed each RIRF. Prisoners were asked whether they were satisfied with how the issue had been dealt with. Staff were prompt in responding to serious issues. In one case, a woman who disclosed racist prejudices was returned to closed conditions.

- 3.57 Monitoring of race information was detailed and had identified key areas of inequitable access, including release on temporary licence and allocation to the resettlement unit. Some women believed that resettlement provision was available only to white British women. The DREAT had discussed this in depth and had recommended that the race equality officer attend home detention curfew and release on temporary licence boards. Allocation to the Seacole resettlement unit was hindered by immigration status and the lack of paid work, which many foreign national (who were predominantly black and minority ethnic) women relied on.
- 3.58 Race and diversity were well promoted as a core part of the DREAT business. Black history month had been celebrated in October 2007 and a carnival had been held to raise charity funds. Awareness days were held on Nigeria and South America and the kitchen organised regular cultural days.

Recommendations

- 3.59 Monitoring of the quality of completed racist incident report forms by the external representative should be provided in writing.
- 3.60 All staff should receive race equality and diversity training.
- 3.61 There should be structured interventions for those found guilty of racist misconduct.

Good practice

- 3.62 *The detailed investigation of racist incidents provided a thorough understanding of what happened and identified learning points.*
- 3.63 *The co-training of staff and prisoners in race and diversity encouraged team working and cohesion.*

Foreign national prisoners

Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

- 3.64 Foreign national women represented the majority of the population and were the prison's core business. A detailed policy covered key issues, but there was no senior lead on foreign national issues. Levels of staff awareness were good and all women had an offender supervisor. Frustrations were linked to family contact and deportation issues. Although the Border and Immigration Agency visited regularly, there were some conflicting messages between its departments. Access to legal services and independent advice was inadequate.
- 3.65 At the time of the inspection, 272 women (77%) of the population were foreign nationals from around 50 countries. Many were serving sentences for drug importation or passport offences and many were new to custody. The largest group was Nigerian women (78), although there were also high numbers of South Africans and Caribbean women. IS91 (intention to deport) documentation was held in 78 cases. Two women were held on immigration warrants pending

a move to an immigration removal centre. Ten detainees had been held between May and October 2007.

- 3.66 Management of foreign nationals came under offender management and was the key responsibility of a senior officer, although staff shortages meant that there was no dedicated liaison during the inspection. Morton Hall had made a policy decision to remove the foreign national liaison officer posts and pass on individual casework to individual offender supervisors. The arrangements meant that all women, including foreign nationals, had a nominated officer to deal with their casework and provide advice (see section on offender management and planning).
- 3.67 The foreign national policy was dated October 2007 and covered key areas such as the early release scheme, the facilitated release scheme, welfare and resettlement. It detailed the duties of offender supervisors, who were responsible for arranging and facilitating contact with embassies and dealing with paperwork.
- 3.68 In our survey, foreign national women were less positive than British women about many aspects of the prison, including communication with solicitors or legal representatives, treatment in reception, having a member of staff to turn to and feeling safe. They also reported more negatively about most aspects of resettlement provision.
- 3.69 Management of foreign national women was seen as core business. The prison had been a dedicated foreign national centre for some time and most staff we spoke to had a good awareness of women's concerns. Some women said they did not know where to go about issues such as access to resettlement services and release on temporary licence. Minutes of meetings of offender supervisors also indicated that some supervisors found the processes linked to foreign national status time-consuming and the individual approach made it difficult for common issues to be identified and inform the foreign national policy. The prison told us that because of the numbers of women liable to deportation, they were limited in what they could do in terms of access to resettlement, home detention curfew and other benefits that many would otherwise have been eligible for.
- 3.70 Staff from the local branch of the Border and Immigration Agency (BIA) visited at least once a week and were able to deal with some casework. Criminal Casework Directorate staff also held immigration surgeries every two months, but prison staff said poor communication between the different branches led to confusion. They cited a number of cases where an IS91 had been on a woman's case file during custody only for the BIA to give leave to remain immediately before release, leaving the prison no time to provide any resettlement service to often vulnerable women who had little external support in the country. Other women were served deportation notices very late, making it hard for the prison to target resettlement provision effectively (see section on resettlement pathways).
- 3.71 Resettlement and other support for foreign national women focused mainly on Hibiscus workers, who visited about six times a month seeing 16 women at a time. They focused predominantly on welfare issues such as contact with children and sending money home. Some women continued to be the main breadwinners for their families overseas despite being in prison. The Hibiscus service provided different language speakers at some sessions and workers felt well supported by the prison. Morton Hall's rural location meant the number of local groups able to work with foreign national women was limited.
- 3.72 Some foreign national women said their solicitors were unable or unwilling to visit them at Morton Hall. The offender management department had made contact with local solicitors prepared to take on immigration casework, but this remained an issue. There was no link with

the Immigration Advisory Service. Some links had been made with embassies and the Dutch embassy held regular surgeries. The prison was also involved in the international 'Prisoners Abroad' group.

- 3.73 The main issue for women we spoke to was the cost of telephone calls and family contact. Some women chose to work in the workshops because the wages were marginally better and they could buy more telephone credit. Several complained at the high cost of British Telecom calls and the lack of an alternative provider. There was no use of email or internet telephone services to help women stay in touch with families more cheaply. Women who did not receive visits were given a free five-minute telephone call each month and those on the enhanced regime were given an additional £5 a month to spend.
- 3.74 The early removal scheme (ERS) caused some frustration, with women who applied waiting beyond their date under the impression that the ERS date was the date of their deportation. Forty-six women were beyond their ERS date, but it was unclear how many were eligible for the scheme. Eighty-three women had been moved under ERS in the previous six months. We heard a number of women question staff about their flight details only to be told to be patient as the actual date was unknown.
- 3.75 Professional translation services were not widely used. The prison had recently acquired new translation software and was training the prisoner representatives in its use. There was a wide range of translated material in folders on the wings, but most of the information on notice boards was in English. Five members of staff were listed as interpreters and prisoners willing and able to interpret had been identified and were regularly used. They were paid for this work. Most departments did not use a professional telephone interpreting service and its use was not encouraged. The use of prisoner translators, particularly in areas such as reception and healthcare, compromised confidentiality.
- 3.76 There was no needs analysis of foreign national women and their specific needs were not cited as part of the resettlement survey. There was no central committee responsible for taking the lead on foreign national issues and no foreign national representatives, although the race and diversity prisoner representatives worked hard to address their concerns through prisoner forums.

Recommendations

- 3.77 Links should be made with independent advice services for those with immigration or deportation concerns.
- 3.78 Clear guidance on the use of prisoner interpreters and telephone translation services should be issued. Professional services should be used where there are matters of confidentiality, such as on arrival, during sentence planning and for healthcare appointments.
- 3.79 Alternative methods of contacting families abroad, such as the use of email and internet services, should be introduced.
- 3.80 Foreign national women should be given clear information about their eligibility for resettlement services and processes and encouraged to apply wherever possible. Guidance should also be issued to staff about the eligibility criteria.

- 3.81 Foreign national women with family abroad should receive a monthly free telephone call irrespective of whether they have received a visit.

Contact with the outside world

Expected outcomes:

Prisoners are encouraged to maintain contact with the outside world through regular access to mail, telephones and visits.

- 3.82 There were few problems with mail and reasonable access to telephones, although arrangements did not fully take into account the needs of foreign national women. The visitors' centre was welcoming, but there were no formal support services. Only women on the enhanced level were able to have weekly visits and inefficient booking arrangements meant women sometimes found it difficult to get a visit. The visits hall was welcoming, visitors were treated respectfully and neither visitors nor prisoners were kept waiting. Women were unnecessarily subject to random strip searching after visits.

Telephones and mail

- 3.83 There were sufficient telephones, all in private booths. Although women could use them up to 11pm, this restriction made it more difficult for women from the Caribbean to speak to their families in the evening. The cost of telephone calls was a major issue, particularly for foreign national women.
- 3.84 All women were given a second-class letter on reception and weekly after that. Two of these could be exchanged for an airmail letter, which was unfair to foreign national women writing abroad. There were no restrictions on how many letters women could receive or send at their own expense. Post went out either the same day or the next working day. Outgoing and incoming mail was subject to 5% random checks, but letters not written in English (about 20%) were not checked. The mail of prisoners subject to risk assessment and management procedures was checked by security. Staff censoring mail said they passed anything of concern to security. The privacy of legal mail was respected, although just over 20% in our survey said letters from legal representatives had been opened out of their presence.

Visits

- 3.85 There was no public transport directly to the prison, with the nearest station a 30-minute walk away and served by infrequent trains. Taxis from the nearest mainline stations of Newark and Lincoln cost up to £20 each way, making the journey expensive for visitors. No prison transport was provided. There were disabled parking spaces.
- 3.86 A visitors' centre outside the prison was clean and welcoming. It opened about an hour before visits, but was not open afterwards and there was no covered area to wait for taxis or lifts. Only visitors with their own telephones could organise return transport from the prison. The centre seated 11 and provided a relaxed and comfortable environment where visitors could use toilets, change babies and get a drink. There was also an unsupervised play area for children. The centre was easily accessible for wheelchairs and had an adapted toilet. It was staffed by Seacole unit prisoners, none of whom had received specific training. Apart from the assisted prison visits scheme, no support services were advertised or offered. Most of the information

displayed was in English only. Visitors who called the prison for information found staff helpful and friendly.

- 3.87 Women were informed about their visits entitlements during induction. There was no reception visit and women had to book through the normal procedures, which could take up to three weeks. In our survey, significantly fewer than the comparator said they had received a visit in their first week. Women were given only two visiting orders every 28 days, with those on the standard regime entitled to one additional privilege visit and those on enhanced regime two. Privilege visits took place on Thursdays and other visits at weekends. Visiting orders had to be submitted at least three working days before the planned visit.
- 3.88 Up to 17 women at a time could have a visit with up to three adults and no restriction on the number of children, except that children aged 14 and over were counted as adults. Visits lasted up to two hours, from 1.45pm to 3.45pm. There was an unsupervised play area for children. Tea, coffee and sweets were available to buy in the visits hall, served by a member of staff from St Barnabas, a local charity. A hearing aid loop was available. Limited information for visitors was displayed inside the prison, although copies of the visits policy were available in eight languages.
- 3.89 A new system allowed prisoners to book their own visits, but this had led to some women booking several slots before checking that their visitors could come and cancelling too late for others to take the time. As a result, several tables were usually vacant, even though women said it was difficult to book visits because they were full.
- 3.90 Visitors were processed quickly and were not kept waiting. Children were not searched and adults were searched sensitively. Guidance on searching religious articles such as headwear was included in a published policy and staff were aware of it. Visitors could enter the visits hall up to 30 minutes before the end of visits and had access to toilets, including adapted toilets, at all times. Women had to return to their unit to telephone a visitor who failed to arrive.
- 3.91 On leaving visits, 10% of women were routinely strip-searched, which was unnecessary for the category of prison. Visits staff were sensitive to the feelings of women who were often upset after a visit, particularly with children, and called the residential unit if they were concerned.
- 3.92 Women could be put on closed visits for three months. They were reviewed monthly, but reviews were not recorded. Only one prisoner was on closed visits. She had been informed in writing and was fully aware of the reasons for the decision. The closed visits room was not child-friendly and managers said they considered other options, such as closely supervised visits, when children were involved. Closed visits were limited to 30 minutes. Managers said they were flexible about this, but no records were kept.
- 3.93 There was no formal mechanism for visitors to give feedback about their experience of visits.
- 3.94 The resettlement team met monthly to discuss women who presented a raised level of risk, including women subject to safeguarding children procedures. Security held details on these women, but the information was limited, usually restricted to brief details such as 'no contact with any person under 18 years of age'. Visits staff checked this information before each visit and decided on any necessary measures to manage risk.
- 3.95 A volunteer visitor scheme operated through the chaplaincy and was open to all women.

Recommendations

- 3.96 There should be more flexibility in access to telephones to allow contact with families in different time zones.
- 3.97 Foreign national women should be given a reception airmail letter and one weekly thereafter.
- 3.98 The prison should provide transport for visitors to and from the main railway stations.
- 3.99 The visitors' centre should be open for at least an hour before and after visits and should provide information in relevant languages about useful support services.
- 3.100 All those working in the visitors' centre should receive training to help meet the needs of visitors.
- 3.101 All women should be offered a reception visit.
- 3.102 Visits booking procedures should be better managed to ensure that women can book with ease and have fair access.
- 3.103 All women should be allowed at least one visit of at least an hour each week irrespective of their incentives and earned privileges (IEP) status.
- 3.104 Women leaving visits should be searched only if there is specific intelligence to justify this.
- 3.105 Children under 18 should not be treated as adults for visits purposes.

Applications and complaints

Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 3.106 There was good access to applications and complaints. Complaints were well monitored and responded to satisfactorily, but there was no coherent monitoring of responses to applications.
- 3.107 Complaints boxes on all units were emptied daily. Details of how to make complaints and how to appeal were next to boxes in up to 20 languages. Most women said they would first discuss problems with staff and some would try to help. Staff sometimes helped prisoners who could not read or write English to complete forms, including complaints.
- 3.108 On average, 85 complaints were submitted each month. The main topic was property not coming with women from other prisons, particularly HMP Bronzefield. Senior managers had made efforts to resolve this problem. There were also many complaints about health services, food and bullying. Complaints were monitored routinely, specifically looking at diversity, religion and race. Monthly figures including trends were discussed by the senior management

team. However, the analysis was just by number rather than as a proportion of the groups, making it difficult to draw any meaning from it.

- 3.109 Responses to complaints were generally polite, gave sufficient information and were made within expected timeframes. Respondents signed and dated them. Senior managers monitored at least 10% of responses and some gave helpful feedback on how they could have been improved. A full race impact assessment of the complaints system was in progress.
- 3.110 Independent Monitoring Board and Ombudsman information and forms and routine applications were easily accessible on the units and available in different languages. All applications from each unit were logged in the unit office, but most responses were not recorded so it was not possible to track them. Some women in groups said applications often took a long time and sometimes were not responded to, but in our survey, significantly more than the comparator said applications were sorted out promptly, although black and minority ethnic women were not so positive.

Recommendations

- 3.111 Complaints data should be recorded to allow easy and meaningful comparisons to be made between different groups of prisoners based on race, religion and diversity.
- 3.112 Responses to applications should be logged and monitored for timeliness and quality.

Legal rights

Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

- 3.113 The only legal services officer was based in the separate resettlement unit with no allocated time for this work. Provision for foreign national women was poor. Legal visits were possible twice a week.
- 3.114 The legal services officer was based in Seacole resettlement unit away from the main prison and had recently received no allocated time for this work. Women had to apply to see the officer and many of the applications were awaiting an answer. Legal services were not covered at induction and there was little up to date information on the units. The library contained some legal materials, with a directory of legal advisers and an immigration law book.
- 3.115 There were no legal advice groups where women could get advice, help or support and there was no access to independent advice. Foreign national women found this particularly frustrating (see section on foreign nationals).
- 3.116 The lack of time given to the legal services officer meant that many offender supervisors had to pursue legal advice queries, which was difficult given the specialism required particularly when working with foreign national women. They had not received any formal training or advice.
- 3.117 Legal visits took place on Monday and Friday mornings and the visits room was comfortable.

Recommendations

- 3.118 A legal services session should be delivered at induction.
- 3.119 Women's legal services needs should be assessed and an action plan drawn up to meet the need.
- 3.120 Efforts should be made to improve foreign national women's access to independent legal advice.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

- 3.121 Women on methadone maintenance and reduction regimes received a good level of care, but the post of substance misuse nurse had been vacant since 2006. Women lacked privacy during methadone administration. Effective joint work between health services and counselling, assessment, referral, advice and throughcare (CARAT) staff facilitated good care coordination and few women thought they would have a drug or alcohol problem on discharge. There was very little evidence of illegal drugs in the prison.

Clinical management

- 3.122 Women had completed detoxification before arriving at Morton Hall, but those maintained on methadone could continue this treatment. During November 2007, five women were prescribed methadone and those who opted to reduce saw a named nurse every week for a treatment review. Women appreciated the flexibility of their reduction regime and the level of consultation.
- 3.123 There were appropriate clinical management protocols, but none of the clinical staff currently specialised in this area. The post of substance misuse lead nurse, which had been vacant since 2006, had been advertised and ad hoc GP specialist input was also planned. Healthcare staff were in regular contact with the national clinical adviser.
- 3.124 Methadone was administered in healthcare and consumption closely supervised. Women receiving methadone treatment mixed with others in the small waiting area and did not have appropriate privacy.
- 3.125 Women with complex needs could be referred to the primary mental health team, but the team's skills mix did not include dual-diagnosis expertise. The new substance misuse nurse was expected to be dual-qualified to fill this gap. Mental health nurses worked closely with the chaplaincy team, who offered a counselling service to the women. Demand was high and there were plans to expand provision and provide specialist sexual abuse counselling.
- 3.126 There was a good level of joint work between health services and counselling, assessment, referral, advice and throughcare (CARAT) staff. Attendance at healthcare and multi-agency

public protection meetings facilitated a multidisciplinary approach and care reviews of individual clients also took place.

Drug testing

- 3.127 Availability of illicit drugs appeared extremely low. In our survey, 9% of women (4% of foreign national women and no black and minority ethnic women) said it was easy to get hold of illegal drugs. The year-to-date random mandatory drug testing (MDT) rate stood at 0% against a target of 2.5%. An MDT coordinator and operations officers met the target of testing 10% of the population, including weekend tests. Information about the procedure was available in a wide range of languages, both in written format and CDs. The MDT suite was on Windsor unit. It did not have a wall-mounted mirror for indirect observation.
- 3.128 In the previous six months, 72 security information reports had been drug-related and most concerned the Seacole resettlement unit. Suspicion tests resulted in a 33% positive rate as intelligence reports could be vague. There had been three drug finds. Security measures included a dog handler with one active dog trained in detecting subutex and access to a passive dog when necessary. There were no banned visitors and only one closed visit had been imposed.
- 3.129 Alcohol testing took place on Seacole based on reasonable suspicion. Earlier in 2007, five women who had tested positive had been moved to closed conditions.
- 3.130 All 22 residents on the resettlement unit, women on release on temporary licence and women on work placements signed compliance testing compacts. These were clearly distinguished from voluntary drug testing. Only three positive tests had been returned since April 2007, all from women on the resettlement unit.

Recommendations

- 3.131 A substance misuse/dual diagnosis nurse should lead on the care coordination of substance dependent women.
- 3.132 Healthcare should ensure the privacy of women receiving methadone.

Section 4: Health services

Expected outcomes:

Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

4.1 Health services were commissioned and provided by Lincolnshire Primary Care Trust (PCT). The healthcare budget was not ring-fenced and not all of it had been used for prison services. A health needs assessment had been completed, but did not reflect the current needs of the population. There was no secondary mental health provision. The healthcare team was a reasonable size and the out-of-hours medical care worked well and had reduced hospital admissions. Most prisoners received their medication in possession. A new system of vending machine dispensers providing three types of medication was being piloted.

General

- 4.2 Health services were provided by Lincolnshire PCT. The health needs assessment (2006) did not reflect current needs. Since then, the prison had received a significant number of women with chronic conditions with acute exacerbation of illness, which led to a greater demand on health services and an increase in specialist clinics led by nurse practitioners/prescribers.
- 4.3 The prison partnership board met quarterly and the meetings were attended by the head of healthcare and other senior prison and PCT staff.
- 4.4 Equity of access to health services was not monitored, but there was good evidence that prisoners received a respectful, confidential and accessible service.
- 4.5 The healthcare centre was situated close to residential units. It was bright, clean and in a good state of repair. The waiting area was small and chairs were arranged in a regimented style. There were three consulting rooms, a dental suite, a wellbeing suite and a clinical examination room. There was no dedicated optician's room. The optician brought portable equipment with him and arranged for prisoners requiring further tests to be seen in the community. Other rooms included a nurses' station, several administrative offices and a room where medication was stored. Medication was issued through a good-sized hatch, providing a confidential environment to prisoners.
- 4.6 A lead nurse had responsibility for the care of older prisoners. Twenty-nine prisoners were over 50, with the oldest being 68. The nurse saw all older prisoners within a month of arrival and completed a further health screen specific to their care and needs. Mammography access was limited and only women with an identified risk factor were referred to the local general hospital. There was no obvious information promoting health services around the prison.
- 4.7 Provision for care of prisoners with a disability was impressive. The adapted cell was a fully-equipped en suite room with wheelchair access, an electric bed, adapted toilet and shower facilities and a remote control television. The occupant was a wheelchair user and felt fully integrated in the prison with access to all areas. She had a paid prisoner carer who had been trained by healthcare in her specific health needs.

- 4.8 A patient focus group was newly established and was due to meet monthly. It had met once to date.

Clinical governance

- 4.9 A clinical governance committee met quarterly at the PCT attended by the head of healthcare. All staff had annual appraisals and were actively encouraged to attend courses and clinical supervision and to obtain further qualifications relevant to prisoners' needs.
- 4.10 Healthcare's core day was between 7.45am and 6.30pm. Staffing levels were good. The head of healthcare was a registered general nurse (RGN) with a master's degree in clinical practice and nurse prescribing. She was a member of the senior management team of both the prison and the PCT and reported managerially to the PCT. Her deputy, the clinical manager, was a registered mental health nurse (RMN) and a nurse prescriber. There were a further seven RGNs, one RMN and three healthcare assistants (HCAs) who were also emergency medical technicians (EMTs), five administrative staff and one housekeeper/cleaner. Three GPs held clinics every morning on a rota basis. The only female doctor was leaving imminently. Evening and weekend out-of-hours cover was provided by the local GP deputising service. The HCAs were on duty from 6.30pm to 10pm and were supervised by a nurse practitioner. A nurse prescriber-led on-call service operated between 10pm and 7.45am.
- 4.11 Allied health professionals included a psychiatrist, dentist, optician and community physiotherapist. There was no chiropody service. Occupational therapy equipment was supplied by the local PCT.
- 4.12 There were two resuscitation kits and external defibrillators with one oxygen cylinder. A further resuscitation kit, defibrillator and oxygen cylinder were kept in Seacole unit. These were checked daily by the HCAs and this was recorded.
- 4.13 Clinical records were of an acceptable quality, legible and well ordered. An electronic patient information system was used effectively, although pharmacy records were not computerised. The electronic system was updated daily from the clinical records, which were kept securely in locked cabinets in one of the offices. The medical records of prisoners released into the community were archived, with access restricted to healthcare staff.
- 4.14 A food refusal policy came into effect within 72 hours of a prisoner refusing food, although healthcare staff were usually involved before this.
- 4.15 Staff-prisoner interaction was polite, respectful and helpful. There had been 59 complaints to date in 2007. These were usually dealt with within two days. Replies were clear and polite. All complaints and responses were copied in triplicate, sent to the PCT and filed in a complaints log in healthcare. There was no evidence that the NHS complaints process was explained or available in written form in languages other than English.
- 4.16 A communicable disease policy indicated the contact at the PCT. Healthcare staff had an information-sharing protocol, which was signed by prisoners on a needs basis and routinely on reception screening. Many prisoners did not speak English as their first language, but there was little translated material or use of professional interpreting services. A number of women said they found it difficult to communicate their needs and problems to healthcare staff and in one case the woman said this had delayed information reaching the immigration services. It was also an issue for patients with hospital appointments who did not know what had been decided about their condition or ongoing care. One woman said she had had to use a prisoner interpreter to speak to the doctor and had found this embarrassing.

Primary care

- 4.17 Reception screening of all prisoners took place on the induction unit. There was no identified healthcare room and health checks often took place in a room that doubled as a store room and nurses had to bring any equipment they were likely to need each time. Clinical needs were identified and referrals made as appropriate. A more extensive healthcare screen was completed in the healthcare centre within the first week and women were directed to the various nurse-led clinics or the GP if required. All prisoners were invited to attend a secondary health screen within their first week. Healthcare took part in induction, explaining the services and how to access them. All the information was given in English only.
- 4.18 Women wanting to see a member of healthcare posted a confidential healthcare application in a locked box outside the healthcare unit. The box was emptied daily. The application form contained tick-boxes to indicate who the prisoner wanted to see. Women could also speak to a nurse at treatment times. The nurse triaged the prisoner and referred her to the appropriate clinic or GP. This system was efficient, but the role of nurse practitioner was not clearly explained and some women did not understand why they had to see a nurse when they had asked to see a doctor. Many believed they were blocked from seeing the doctor and significantly fewer than the comparator in our survey said it was easy to a doctor.
- 4.19 Triage algorithms were not usually used by the nurse practitioners or prescribers, but they were available for less experienced staff. There were daily GP clinics where the doctor saw an average of 15 prisoners. Appointments were for 10 minutes, but could be longer if necessary. GPs and RMNs provided primary mental health services. The visiting psychiatrist attended the prison only once a month and some prisoners waited over two months to be seen.
- 4.20 A wide range of nurse-led clinics included those for relevant life-long conditions. Waiting times were not excessive. Prisoner details were computerised and automatic re-calls were made for treatments such as blood tests and cervical smears.
- 4.21 The availability of condoms and other barrier protection was not advertised in the prison and prisoners did not know they could be obtained from healthcare.
- 4.22 When necessary, a prisoner's GP and/or previous prison was contacted to provide information. This process was not applied consistently for prisoners whose previous medical records were overseas.
- 4.23 Antenatal services were provided by community midwives. The protocol for pregnant women (March 2007) in liaison with the PCT did not advise that the prison should have an emergency delivery kit. Any prisoners who went into labour was taken to accident and emergency by ambulance.

Pharmacy

- 4.24 Pharmacy services were provided by a local pharmacy. Supplies were made under a service level agreement between the pharmacy and the PCT. There was a full-time technician and a pharmacist who visited the prison for half a day each week.
- 4.25 Women were risk assessed for in possession medication by the nurses on arrival and then as required and most received their medication on a 28-day basis. Medication supplied not in possession was usually supplied as stock rather than patient-named. Scottish Prison Service

prescription forms were used, which were confusing and made it difficult to tell whether doses had been omitted or refused. There was no place to put dual labels to allow audit of stock dispensed. Items supplied under patient group directions (PGD) were clearly recorded.

- 4.26 The PCT attended the medicines and therapeutics committee. This was supposed to meet quarterly, but meetings had been cancelled when key personnel were unable to attend.
- 4.27 Medications were administered through a large gated hatch just off the main waiting area. Prisoners came up one at a time, which provided a reasonable degree of confidentiality. The room had a steel door and all medicines were securely stored in either locked metal cabinets or locked wooden drawers. Medicines were tidy and mostly segregated between patient-named and stock items. External and internal preparations were separated.
- 4.28 Out-of-hours there was a nurse prescriber on call. Keys to medication cupboards were available in a sealed pouch, but this allowed access to all medication and consequently audit was not possible.
- 4.29 New vending machines for supplying basic analgesia such as paracetamol, ibuprofen and an antacid were being piloted. Prisoners were issued with a key that allowed them to access this medication once a day. Records of who had obtained medication from the vending machine were used to update patient records and audit the use of the machines.

Dentistry

- 4.30 There were insufficient hand-held pieces in the dental surgery for the daily workload, and very few endodontic instruments. Appropriate use was made of some disposable items, but matrix bands were re-used and disposable local anaesthetic syringes were not available.
- 4.31 Infection control was unsatisfactory. The surgery was poorly laid out and surfaces and equipment were not thoroughly cleaned between patients. There were no designated clean/dirty areas. Patients were not given eye protection to wear during potentially dangerous procedures. Emergency oxygen and other resuscitation equipment were held in a separate room, to which the dental team did not have access as neither had keys. Communication between the patient and dental team was poor. Patients were not greeted on entering the surgery and there was little explanation of procedures and treatment. English was not the first language of the dentist or dental nurse and there appeared to be some difficulty with communication between the dental team and patients.
- 4.32 Record-keeping was unsatisfactory. There was no lockable cabinet for storage of records. No written consent to treatment was obtained. No recent radiographs could be found for an assessment of radiography standards, despite the dentist having carried out many treatments for which the taking of a relevant radiograph would be expected.
- 4.33 The full range of NHS dental care was not available. The dentist stated that he did not carry out any amalgam or root canal fillings.
- 4.34 There was no oral health promotion and no oral hygiene instruction or preventative advice was given to patients.
- 4.35 No records of any continuous professional development (CPD) for dentist or nurse were available. We were told that training in cardio-pulmonary resuscitation had taken place at the dental practice. The dental team were unaware of the emergency call procedures.

Secondary care

- 4.36 The healthcare administrator organised hospital and other external appointments. Up to two escorted appointments could be accommodated each weekday. Eight of the 129 escorted appointments in the previous three months had been cancelled due to staff shortages. Release on temporary licence was rarely used and not at all for foreign national women. Prisoners waiting for external medical appointments were placed on medical hold by the healthcare administrator.

Mental health

- 4.37 A mental health service proposal was being developed by Lincolnshire Partnership Trust (LPT) in conjunction with the local university. A final report was due in spring 2008. As an interim measure, healthcare and the chaplaincy department were developing a service to provide a joint counselling and support service to prisoners with primary mental health needs.
- 4.38 There was no mental health in-reach for severe and enduring mental illness. Although the demand for this was not great, there was still a need. There was no provision to offer any post-traumatic stress counselling for victims of torture or sexual abuse. There was no healthcare day care facility to support prisoners with mental health difficulties.

Recommendations

- 4.39 The health needs assessment should be updated to inform the development of service level agreements.
- 4.40 Women prisoners should have access to a woman doctor.
- 4.41 Appropriate professional interpreting services should be used to ensure effective communication between prisoners and healthcare staff.
- 4.42 The role of the nurse practitioners should be explained to prisoners.
- 4.43 Triage algorithms should be used to ensure consistency of advice and treatment to all prisoners.
- 4.44 Mammography services should be available to all women over the age of 50 every three years.
- 4.45 There should be nurses with specific training in supporting prisoners who have been victims of torture or sexual abuse.
- 4.46 Health screening on arrival should take place in an appropriate environment.
- 4.47 Information about the availability of all health services and the NHS complaints procedures should be produced in an appropriate range of languages.
- 4.48 A dual-labelling system of medication should be introduced.
- 4.49 A full range of dental treatment equivalent to the NHS should be provided.

- 4.50 A dental hygienist for clinical treatment and oral health promotion should be appointed.

Good practice

- 4.51 *Prisoners trained by healthcare staff to support a prisoner with disabilities provided an opportunity for paid employment and both the prisoner and carer felt valued. It also provided purposeful activity for the carer.*
- 4.52 *The vending machine for limited medicine supply enabled women to treat their own minor health complaints independently.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

- 5.1 Learning and skills and work provision was satisfactory and there was sufficient purposeful activity for all women. The teaching, standards of prisoners' work and achievement of qualifications were good. A third of prisoners were involved in accredited provision and all were involved simultaneously in purposeful activity. Literacy, numeracy and English for speakers of foreign languages support was insufficient, particularly for prisoners in work. Prisoners staying less than six weeks were not eligible to participate in education. There was a clear strategic vision for improvements, but implementation of some aspects had been slow. The library was well used.
- 5.2 Lincoln College was the OLASS contractor and was also responsible for the education, training and employment information, advice and guidance service. The head of learning and skills' role had increased to cover the workshops in March 2007.
- 5.3 Induction information was available in 11 languages. Although there were translation and interpretation services, most prisoners relied on untrained peers for support. Prisoners' literacy and numeracy abilities were assessed during induction unless their lack of English prevented this. Most were level 1 or below in literacy and numeracy. Information about prisoners' literacy, numeracy and language abilities was not sent to prison work areas. There was good information about qualifications and prison jobs. A new touch-screen information point had been installed in the library, but was useful only to prisoners who could read English.
- 5.4 An induction form with pictures and basic descriptions helped prisoners indicate their preferred activity. However, prisoners staying less than six weeks were not eligible for education provision. Those sentenced to less than 12 months did not have offender assessment system reports and sentence plans, and the use of sentence plan targets at the eight-week review to prioritise waiting lists did not help them. Sentence planning targets were sent to workplaces, but identified needs for education were not always given appropriate priority.
- 5.5 All women had allocated activity and part-time education and work could be combined effectively. Waiting lists were not always managed effectively and several months could pass without feedback to prisoners about start dates. Allocations did not meet all prisoners' needs and there was a need for cultural sensitivity in allocation to some activities.
- 5.6 Some women taking English for speakers of other languages (ESOL) classes were not literate in their first language and did not understand prison systems or how to use them. Information, advice and guidance (IAG) for prisoners with an ESOL need was inadequate. Only 45% of the ESOL need was being addressed.

- 5.7 A third of women were involved in accredited education and vocational training. There were 20 full-time and 120 substantial part-time (five half days) places each week in education and training. There was insufficient outreach work for prisoners in work who had literacy, numeracy or language support needs.
- 5.8 Teaching was good and sessions were well planned and paced. Good initial and diagnostic assessments were used well to identify learning needs and establish realistic starting points. Good individual learning plans (ILPs) and daily learning records were used to record progress. Groups with prisoners of different levels and abilities were well managed, using extension activities to challenge faster or more able learners. Relevant resources and activities reflected cultural diversity. Work was marked promptly, but monthly reviews were not frequent enough to review progress sufficiently well. ESOL teachers were developing a new ILP using visual cues for non-readers. Achievement of most levels of literacy, numeracy and ESOL awards was good. A few classes were operating below capacity, waiting for vacancies to be filled or because of poor attendance. Punctuality at evening classes was poor.
- 5.9 Some prisoners' art work was outstanding, with good achievement of qualifications at levels 1 to 3. Morton Hall had won the national 'Women in Prison' art competition for the previous three years.
- 5.10 The hairdressing provision was good. The prison salon operated to good commercial hairdressing and customer care standards. It had many clients and offered treatments for diverse hair types. Prisoners' skills developed fast and most completed NVQ level 2 qualifications in less than nine months. These prisoners also achieved key skills awards.
- 5.11 Call centre, financial literacy and travel and tourism qualifications were successful and popular. Participation was restricted as these were only offered on rotation, at fixed start dates and there were waiting lists. Achievements of information technology (IT) qualifications were good.
- 5.12 There were 289 work places, mostly off the house units in nine workshops, farms and gardens, catering, cleaning and as orderlies.
- 5.13 There was good waste management provision. Facilities included a wormery and food digester that processed all the kitchen waste including meat and compost. All the output was used effectively on the farm and gardens and produced a good range of vegetables that were used in the prison kitchen or sold in the farm shop.
- 5.14 Resources in catering, cleaning and the farms and gardens were underused to provide accredited vocational training, although the international Holiday Inn hotel group had recently started training 10 prisoners in commis-chef skills and one woman had the possibility of employment with the group on release.
- 5.15 The good skills development by prisoners in the textiles workshops was not formally recorded or recognised. Occupationally specific, personal development and social integration skills in all work areas useful for resettlement were not formally recorded or discussed with prisoners to aid resettlement planning.
- 5.16 Sixty prisoners were involved in needlework, managed by the 'Fine Cell' charity. Expert volunteers taught needlework techniques and skills from basic stitching to advanced skills. Twelve prisoners were working at the high standard required for work to be sold to the public for the charity. There were no records or photographs of prisoners' progress or achievements and no accreditation was gained.

- 5.17 The development of the learning and skills strategy had been hampered by the lack of a cohesive framework across the prison. For example, the revised pay policy aimed at greater financial incentives for participating in accredited activities had not been implemented. There was also slow progress with staff gaining the required assessor awards, which prohibited the development of more accredited provision. The prison did not fully analyse the needs of different groups to inform education, vocational training and employment developments.

Library

- 5.18 The library was managed by Lincolnshire County Council Library Service and staffed by a full-time qualified librarian and a part-time library and information adviser. The library orderly position was vacant and did not provide accreditation despite training in library systems.
- 5.19 The library was housed in a separate single-storey building close to house units and access was good. It was open throughout the year Monday to Saturday and on two evenings a week. About 94% of women were library members. Library usage had increased significantly over the last five years, with about 800 library visits a month and nearly 17,000 issues in 2006-07. The library had a small open learning study area and four computers, but there was no internet access. There were good links with education and good ranges of books to support particular subjects such as art and hairdressing. These classes regularly used the library to research their work.
- 5.20 Loan items included over 6,000 fiction and non-fiction books, a few periodicals, CDs and taped material. There was a good range of different reading levels, including easy readers and 'quick reads'. Black and minority ethnic writers were well represented and there was a good range of foreign language fiction and non-fiction books. In our survey, a significantly higher proportion of foreign national women compared to British women said they visited the library at least once a week. Newspapers were not supplied in the library. Library stock included all appropriate legal materials and Prison Service Orders, but these were in English only.
- 5.21 The librarian had promoted reading for enjoyment through a monthly reading group. The prison's first writer in residence had been appointed in 2006 and had introduced a Storybook Mums programme.
- 5.22 The Seacole unit contained 600 books that were refreshed every two to three weeks, but no careers information. Seacole prisoners could not use the prison library and were not enrolled at any local libraries.

Recommendations

- 5.23 Accredited vocational training opportunities should be introduced in catering and cleaning.
- 5.24 The allocations process should be reviewed to meet the needs of prisoners, especially those without English communication skills.
- 5.25 The pay policy should be reviewed to encourage prisoners to participate in accredited activities.
- 5.26 A new library orderly should be appointed and accredited training provided.
- 5.27 Internet access should be provided in the library.

5.28 Prisoners in Seacole should have access to full library facilities.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 5.29 Physical education (PE) facilities were good and well used during the evenings and at weekends. Only low-level courses were run during the day when the gym was under-utilised. PE staff promoted healthy living.
- 5.30 PE facilities were good and included a cardio-vascular (CV) room, a sports hall, a resistance room, an outside all-weather pitch and a classroom area. The Seacole resettlement unit had a room with CV equipment and PE staff provided training one evening a week. Healthy living was promoted through a course run by PE staff.
- 5.31 Access to the gym was good, inclusive and fair. In our survey, significantly more than the comparator said they went to the gym at least twice a week. Women had open access to recreational PE in the gym four evenings a week and all day at weekends.
- 5.32 Information about PE provision was advertised at induction, on PE notice boards and using the television information channel. Women with high body mass index scores were recommended a 12-week fitness programmes or joining the healthy living courses. All prisoners attending sessions were given kit, which they washed on the house units. Prisoners could wear their own kit if it was suitable to the activity.
- 5.33 The shower facilities were satisfactory and well maintained, but most preferred to shower on their unit after recreational PE.
- 5.34 PE staff all had or were working towards a formal teaching qualification. Accredited courses and remedial PE took place during the day, with a varied annual programme of accredited courses and activities used to gain certificates at levels 1 and 2. Achievement of qualifications was high on first aid at work, community sports leader and healthy living courses. Access to NVQs was limited as the PE senior officer was the only qualified assessor and verifier. In the previous year, just three women had completed the NVQ level 1 in PE.
- 5.35 The gym facilities were under-utilised during the working day and staff found it difficult to recruit women onto longer-term vocational training courses.
- 5.36 Accidents were recorded in the PE diary and accident book. Paperwork was also sent to the healthcare centre for monitoring purposes, sometimes leading to a review of risk assessments or practices.

Recommendations

- 5.37 More physical education staff should gain the NVQ assessors award.

- 5.38 The need for and the operation of longer and higher-level vocational training courses should be reviewed to increase participation in accredited activities.
- 5.39 More use should be made of the physical education facilities in the daytime.

Faith and religious activity

Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall, care, support and resettlement.

5.40 The chaplaincy was actively involved in prison life and much valued by the women. There was a comprehensive weekly programme catering for a diverse range of faiths, but the Muslim chaplain had little allocated time. The chaplaincy participated well in resettlement issues, including providing counselling and victim awareness courses.

5.41 The chapel and multi-faith room were easily accessible. All women were seen at induction and encouraged to take part in worship by attending a service, joining a group session or simply dropping in. A weekly programme was displayed in the prison. In our survey, significantly more than the comparator said their religious beliefs were respected and that they could see a religious leader in private. Women in the segregation unit were visited daily and could attend weekly service.

5.42 Over 100 women attended Sunday services and around 25 attended Muslim prayers on a Friday. Muslim women also met on Saturday mornings. Only four hours a week had been allocated to a Muslim chaplain, which was insufficient. Prayer sessions were offered every weekday evening and volunteers came in on Tuesdays and Thursdays to lead prayer and music groups. The Alpha course was delivered twice a year and there were good links with the local community.

5.43 There were excellent links to resettlement. A member of the chaplaincy team attended weekly sentence plan and release on temporary licence boards and monthly multi-agency public protection boards where their input was highly valued. The chaplaincy also provided counselling sessions to women identified through probation or the offender assessment system as having a need for further support. The chaplains ran a victim awareness course that involved restorative justice three times a year. Links with all wings and other areas were very good and the chaplains were a central part of daily life.

Recommendation

- 5.44 The Muslim chaplain should be given sufficient hours to ensure that the needs of Muslim women are fully met.

Good practice

- 5.45 *The chaplain involvement in sentence plan boards provided added dimension and offered different options for high-risk women.*

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 5.46 Time out cell was very good, with at least 15 hours daily. Activities during the week were plentiful and all women were kept busy. Outside areas were accessible daily to all women. Staff were visible and women associated freely and safely.
- 5.47 All units were unlocked between 8am until 11pm. The published regime was the same every day including weekends except that there were no workshops or education then. The regime was consistent, adhered to and cancellations were rare. Prisoners were encouraged to participate in activities and following induction all women worked or were engaged with learning or both. Segregated women were offered at least one hour out of their cell.
- 5.48 Women could associate in the open areas between the units and those on Fry and Windsor could use the small areas behind the unit equipped with benches. All women could use the Hope garden area and the grounds were very clean, but there were too few benches. Staff were visible and supervised association, but significantly fewer women than the comparator in our survey said staff spoke to them most of the time during association. Association facilities were satisfactory. Women without waterproof clothing could apply for some to be issued.

Recommendations

- 5.49 More benches should be provided in the outside areas.
- 5.50 Officers should actively engage with women prisoners during association periods.

Section 6: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

- 6.1 The security department was well organised with good systems. Intelligence objectives were appropriate and collation of evidence was thorough, but not all staff were trained in the security information report system. There was good communication through a daily staff briefing. Too many women were strip-searched without risk assessment. The rules were clear and available in a range of languages, although some women said they were not always fairly applied. Categorisation was well managed and all women were reviewed within the sentence planning process.
- 6.2 The security department was a well managed and resourced department, although security staff were not sufficiently well trained in the security information report (SIR) system. Important areas were discussed at a minuted monthly operations meeting for security staff and a daily operational staff briefing contained useful information.
- 6.3 The security committee met monthly. It was chaired by the deputy governor and generally well attended by different departments. The agenda was comprehensive and reports were descriptive. Previous action points were re-visited. SIRs were analysed and thoroughly scrutinised and emerging patterns from the previous month were highlighted in the security report.
- 6.4 A good system of nominal objectives and scoring had been developed by the security department. The system allowed totals to be monitored and compared to the previous month and year. This gave a clear indication of threats to the security objectives and allowed effective objectives to be set each month. Information gathering from adjudications and bullying analysis was not sufficiently clear.
- 6.5 Physical security was reasonable, with a standard fence around the relatively large site apart from Seacole unit. There were no obvious weaknesses in the physical or procedural elements. A recent standards audit had resulted in a very good outcome for security. Security did not intrude unnecessarily or restrict movement around the prison.
- 6.6 On average, 70 SIRs were received each month from all areas. The figure had doubled to 140 in September 2007 in response to increased intelligence about drugs. SIRs were examined by a collator and passed to the security manager to assess and the duty governor to comment on actions and ensure they were appropriate. Many had not been dealt with within 72 hours and did not make clear how actions had been authorised. Who had been informed of the desired outcome was also unclear and the security department found it difficult to ensure that actions from SIRs had been completed. When a target search was required, there was an effective

system to record when this was done and the outcome, but this was not the case for other issues.

- 6.7 Women were unnecessarily strip-searched without risk assessment in reception, during cell searches, on arrival in the segregation unit and potentially after visits. Escorts supervised by Morton Hall staff were risk assessed and the decision to strip-search was based on security intelligence.
- 6.8 There was a closed visits policy and all closed and non-contact visits were reviewed accordingly by the security committee. The closed visits policy was not published in the visits area.

Rules

- 6.9 Women signed a compact containing the local rules, which were also displayed in a number of different languages in women's rooms and on residential units. A number of women said rules were not always applied fairly or consistently. Women on one unit were unfairly subject to a collective punishment restricting access to the toilet because some were not cleaning it properly after use.

Categorisation

- 6.10 All women were assessed for categorisation at their sentence plan board within eight weeks of arrival. Those serving less than four years or subject to multi-agency public protection arrangements were assessed every six months and those serving four or more years every 12 months. Prisoners were involved and progress towards targets was considered.
- 6.11 The prison was trying to fill places in the Seacole resettlement unit, which could hold up to 30 women, but had not been full in the previous six months. Twenty-three women were in Seacole. This included two foreign national women, although few had been assessed as suitable in the previous year as it was difficult to get any worthwhile risk assessment from the Border and Immigration Agency (BIA) on individual women. The work to allocate women to Seacole meant several women were being assessed every three months or after sentence plan targets had been achieved and their risk had reduced. These boards were separate to sentence plan boards, but had good contributions from relevant areas.
- 6.12 Re-categorisation boards considered women for open conditions at HMP Askham Grange. Women were also transferred to other prisons to complete sentence plan targets. Some had recently transferred to HMP Drake Hall to complete an enhanced thinking skills programme. Decisions about re-categorisation were given verbally, usually by an officer on the wing, and it was difficult for women to challenge decisions or appeal. A written explanation was introduced during the inspection.

Recommendations

- 6.13 Security senior officers should be trained in the management of security information reports.
- 6.14 Security information reports should be dealt with within 72 hours and security should be satisfied that all outcomes have been actioned.

- 6.15 Adjudications and bullying analysis should be clearly evidenced when assessed by the security committee.
- 6.16 Women should not be subject to strip searching without a risk assessment.
- 6.17 The closed visits policy should be published in visits.
- 6.18 All staff should be made aware that the use of collective punishments is unacceptable.
- 6.19 Managers should ensure that staff interpret the rules fairly and exert their authority properly and consistently.
- 6.20 Risk assessments relating to re-categorisation from the Border and Immigration Agency should be timely and useful.

Good practice

- 6.21 *The daily operational staff briefing contained a large amount of shared relevant information providing good detail of individual prisoners.*
- 6.22 *The tracking chart for identifying development/prominent nominals was simple, but effective, in raising awareness and plotting the rise of these prisoners.*
- 6.23 *All women had their category reviewed in good time at their sentence plan and this ensured that contributions were thorough and relevant.*
- 6.24 *Women could transfer to other prisons to complete sentence plan targets, ensuring that sentence plan targets were seamless and effective.*

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

6.25 A recent increase in adjudications was being monitored appropriately. Adjudications were reasonably well conducted, but there were too many staff present and inconsistent punishments were sometimes applied without explanation. Use of force was rarely used and usually to prevent self-harm. De-escalation was clearly evident in many cases. Segregation was clean and a good regime was provided, but the exercise yard was poor.

6.26 There had been 115 adjudications in the previous six months, 77 of which had been in the previous three months. Thirteen had been dismissed, but this nevertheless represented a significant increase. Senior managers had responded by identifying, examining and responding to trends and patterns at the quarterly standardisation meeting. Adjudications were monitored by ethnicity, charges laid and punishments given. Recent rises included charges for unauthorised possession of items and failing to comply with a rule or regulation. An emerging trend was body piercing, which had resulted in action to raise women's awareness of the dangers of this on arrival. One woman had five separate charges laid during the last audited

month of October 2007. The response from senior managers was thorough and considered and minuted in the standardisation meeting.

- 6.27 Some adjudication punishments differed when the same charge was considered. The written records did not always include an explanation of why a charge had been proven, whether mitigation had been considered and to what level and therefore it was difficult to see whether the discrepancies were justified. The standardisation meeting did not record quality checks of adjudication paperwork. There was little guidance on the impact of mitigation on punishments.
- 6.28 The adjudications we observed were conducted fairly and properly, although prisoners were not given a pen and paper. The adjudication room was clean and well decorated, but stark. There were explanations of the process and paperwork relating to charges in languages other than English. Hearings were conducted in English. Staff said a telephone interpreting service was used when required, but papers from a number of adjudications showed that prisoners' language needs were not routinely recorded or interpreting services offered.
- 6.29 At least three officers and usually the reporting officer were present at adjudications, which was unnecessary and oppressive given the nature of many charges and the prisoners concerned. Prisoners played an active role and were given enough time to prepare. The independent adjudicator saw all serious charges within a month of the opening of the hearing.

Use of force

- 6.30 Force was used sparingly and just 18 times in the 10 months to October 2007. Issues were discussed as an agenda point at the security meeting, but it was unclear whether there was any in-depth analysis of why it had been used, if its use was appropriate and whether the completed paperwork had been quality assured.
- 6.31 When force was used, de-escalation techniques were recorded in most cases and the officers gave good accounts. In many cases, force was simply a hand or arm to separate angry prisoners. In half of the cases, force had been used to prevent self-harm. Ratchet cuffs had been used only once and the evidence indicated that this had been justified.
- 6.32 Prisoners were seen by healthcare after force had been used, but injury to prisoner forms were not always available to check so it was difficult to assess whether aftercare had been appropriate. Complete documentation was certified by the orderly officer (a senior officer) who had sometimes been involved in the incident. Forms were not quality-checked by a senior manager.
- 6.33 Women were not deprived of their own clothes and were not placed in special cells. Women who had been restrained to prevent self-harm attempts and needed constant support and observation went to the safer custody cell on Fry unit. A furnished constant observation cell in the segregation unit was occasionally used if the cell on Fry was occupied.

Segregation unit

- 6.34 The segregation unit contained five cells and one observation cell that was used only occasionally. The design and build were suitable. The unit was clean and well decorated and cells were fresh and free of any graffiti. The exercise yard was a reasonable size, but stark and unwelcoming.

- 6.35 The unit was not used often or for long periods. No women were held there during the inspection. It had been used six times in October 2007 and five in September, mostly as a result of adjudication punishments. The maximum stay was four days. All safety algorithms were done within two hours and women were given reasons for their separation, although only in English. History sheets were well completed and observations were thoughtful and considered.
- 6.36 Women had daily access to chaplains and could attend their worship weekly. In cell education and work were available and offending behaviour programmes could be completed. The daily regime also allowed for a shower and exercise. There was a small selection of books, but in English only. Radios were available and women had access to a telephone.
- 6.37 All women who were segregated were routinely strip-searched. Two staff were on duty during the day and one in the evening. All regular staff had been selected by senior managers and there was a useful guide for staff who did not regularly work in the unit.

Recommendations

- 6.38 Adjudicators should explain and record why charges have been proved and the reasons for punishments that differ from the guidance.
- 6.39 Adjudicators should ensure that all prisoners facing charges understand English well enough before proceeding.
- 6.40 The number of escorting officers at adjudications should be reduced.
- 6.41 Report of injury to a prisoner (F213) should be placed with the completed use of force forms.
- 6.42 Managers involved in use of force incidents should not certify completed forms. Senior managers should review who quality checks use of force forms.
- 6.43 Improvements should be made to the environment of the segregation unit exercise area.

Housekeeping point

- 6.44 A pen and paper should be provided to prisoners at adjudications.

Incentives and earned privileges

Expected outcomes:

Incentives and earned privileges schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 6.45 The incentives and earned privileges scheme was clear, effective, understood by women and took into consideration most aspects of daily life. Reviews were weekly and included women on basic level. Sensible flexible decisions were taken and properly recorded. Warnings stayed

on file for three months, which prevented women being considered for enhanced at an earlier stage. Women could be moved to basic for a single act.

- 6.46 The incentives and earned privileges (IEP) policy had been reviewed and re-published in July 2007. It was only available in English. The policy was clear and comprehensive and covered the local aims and objectives, earnable privileges, regime criteria and scheme management. It also included a guide for staff when considering standards of expected behaviour. Prisoners and staff understood the scheme and staff used it sensibly. Wing history sheets contained regular entries about behaviour that directly related to the scheme. Personal officers commented fortnightly on progression and entries were usually insightful and considered.
- 6.47 The policy encouraged good behaviour and set out the different levels and facilities available. Women had to be at Morton Hall for eight weeks before being considered for enhanced status. New receptions were put on standard level unless there was evidence that they had been enhanced at their previous establishment. Anyone demoted from enhanced had to wait 12 weeks to be considered for reinstatement and then only if she had not received any warning in that time. Women had to apply to be considered for promotion, but consideration for downgrading was automatic if women received three warnings in 12 weeks. Women were also put forward to the weekly IEP review board following a proven adjudication for a serious offence, such as assault, breach of licence, a positive mandatory drug test or non-compliance with the sentence plan. An individual act could lead to downgrading to basic.
- 6.48 The weekly review boards were chaired by a residential senior officer, usually accompanied by a unit officer. They were well conducted and women were encouraged to attend. Poor behaviour was challenged and good behaviour praised. In one case, an interpreter was used. Reviews were recorded and decisions communicated to relevant staff and areas.
- 6.49 Only five women were on basic level. All could work, shower and use the telephone daily. They associated less in the evening, but otherwise had a reasonable regime.

Recommendations

- 6.50 Women should not have to wait 12 weeks before being considered for enhanced status after receiving a warning.
- 6.51 One individual act should not lead to a downgrade to basic.
- 6.52 Reviews to be upgraded to enhanced should be automatic and not by application.

Good practice

- 6.53 *The weekly review boards included support from personal officers for the women involved and the contributions from a number of areas ensured that reviews were worthwhile and relevant.*

Section 7: Services

Catering

Expected outcomes:

Prisoners 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.

- | | |
|-----|---|
| 7.1 | The kitchen was clean and well managed. The menu was varied and catered for many different cultures. The food was reasonably good, but the dining room was large and institutional and women had to queue outside in all weathers. Women working in the kitchen could not study for NVQs. Good links had been made with a national supermarket chain. |
|-----|---|
- 7.2 Breakfast packs were provided and milk was collected daily. Lunch was served at noon and the evening meal between 5pm and 6pm. Women ate in a large, airy, but institutionalised dining room supervised by two officers. There was only one servery and it was not unusual for women to have to queue outside for 10 minutes with no protection from the wind and rain. A wing rota system operated for the evening meal, which eased the pressure of numbers in the queue.
- 7.3 The kitchen was clean and staff and prisoners were appropriately dressed and trained to complete the required tasks. All prisoners completed health and hygiene training. The catering area manager visited regularly and was generally satisfied with standards. He had highlighted some storage issues and had set an action plan to ensure these were addressed before his next meeting.
- 7.4 The kitchen could employ up to 20 women. Staff had previously been trained to deliver NVQ level 1 in catering and hospitality, but the kitchen had lost its internal verification status. Plans to regain it were in place and staff were training to become NVQ assessors (see section on learning and skills and work activities).
- 7.5 Food preparation areas were properly equipped, clean and well managed. Religious and cultural requirements were observed for serving utensils and food. The prison had recently moved to a four-week menu and choices were varied. Five portions of fruit and vegetables were offered daily. The menu was available in 12 languages and displayed on the wings. The manager intended to produce a pictorial menu and display images of all the options in the corridor beside the servery. The manager attended the consultation meetings regularly and said women's suggestions were acted on. A food survey had not been done for over 12 months. In our survey, half of all women said the food was good or very good, which was commendable in a prison catering for such a diverse population. Although black and minority ethnic women were less positive about the food, there was no appreciable difference in the views of foreign national women. Some women complained of small portions, but the portions we saw were reasonable. Some said the food could be too spicy and some of the choices we tried were.
- 7.6 The catering manager had recently met with Sainsbury's and arranged to accept food close to the expiry of its display date, but perfectly edible. The food we saw delivered from Sainsbury's was in good condition and the agreement saved money and waste.

- 7.7 All food waste was de-watered to reduce its bulk and given to the farm for compost.

Recommendations

- 7.8 Women should not have to queue outside for their meals.
- 7.9 A pictorial menu should be created.
- 7.10 Food surveys should be completed at least annually.

Good practice

- 7.11 *The link to Sainsburys provided a wider food choice and possible financial savings that could be used to enhance catering provision.*

Prison shop

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.

- 7.12 The shop offered a wide range of goods and women were routinely consulted about products.

- 7.13 The canteen service was contracted out to Aramark. New receptions could wait over a week for their first canteen order.
- 7.14 The canteen list was substantial and significantly more women than the comparator in our survey said the range of products met their needs. Although the figures for black and minority ethnic and foreign national women were not quite so positive, they were still higher than the comparator. Women were routinely consulted about what goods were stocked and the list had recently been updated. Women said it was easy to get accurate and up to date records of their finances and they were able to order items through catalogues at no additional charge.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 8.1 There resettlement strategy was out of date and there had been no robust analysis of resettlement need. Offender management arrangements were good. Partnership arrangements were effective, but principally for British nationals. Effective resettlement was severely hampered by distance from home, particularly for the high number of foreign national prisoners and by late decisions by the Border and Immigration Agency.
- 8.2 The overall resettlement strategy was out of date, but a revision was underway. Three documents appeared to be in use simultaneously to inform the strategic management of resettlement and this caused some confusion. In addition to the resettlement strategy, a comprehensive offender management policy communicated a strong vision and gave explicit guidance on roles and responsibilities, interventions, record-keeping and the role of personal officers. Also, a detailed reoffending action plan focused on each of the pathways, including public protection, domestic violence and sexual abuse. Offender management was closely linked to sentence planning, the personal officer scheme and incentives and earned privileges (IEP).
- 8.3 The resettlement strategy was not based on a comprehensive needs analysis. The most recent prisoner survey (November 2006) had relied solely on self report and there had been no interrogation of any clinical data such as from offender assessment system (OASys) plans. The response rate to the survey had been just 24%, a third of which had been received from British nationals. The needs of different nationalities had not been analysed. Respondents to the survey had identified needing more help for foreign national prisoners and with immigration issues. However, the conclusions tended to report existing practice rather than recommending changes in provision.
- 8.4 The strategy was overseen by the offender management policy committee. This committee met quarterly and was chaired by the head of offender management, but only the last two sets of minutes were available. These showed that work to develop the pathways was ongoing and required clarity in terms of responsibility for leadership. Some action points from the policy committee remained outstanding and it was not clear how they were followed up.
- 8.5 Prison staff worked together with statutory agencies such as the national probation directorate and non-statutory agencies such as Lincolnshire Action Trust, the counselling, assessment, referral, advice and throughcare (CARAT) service and Hibiscus. Those we spoke to were aware of the resources available and advised prisoners accordingly.
- 8.6 A range of interventions to reduce reoffending and assist successful resettlement was delivered, but opportunities for non-EU foreign national women were more limited. The frequent practice of women being served with an immigration detention authority (IS91) that was then rescinded immediately before release made effective preparation for release difficult. In two files reviewed, this had prevented women from being considered for home detention

curfew (HDC) and child care resettlement leave. Interventions were prioritised according to need identified in sentence plans and on the basis of risk levels. Waiting lists for interventions such as assertiveness and decision-making and victim work indicated sufficient provision. However, low numbers had meant that anger management had not been delivered for the previous two years and two women were on the waiting list for this programme.

- 8.7 On average, 15 prisoners a month were released on temporary licence (ROTL). Most were released from the resettlement unit for community service (with the local probation directorate) or for paid or voluntary community work. About six women a month were released on ROTL from the main prison, but most were white British, and black and minority ethnic women accounted for only 18% of such releases. These figures were low for the category of prison.
- 8.8 Effective resettlement work was hampered by the fact that only 21 women (6% of the total population; 25% of the British national population) were within 50 miles of their home address. There was no exit survey to ascertain prisoners' views of the resettlement services received while at Morton Hall.
- 8.9 The Seacole resettlement unit was located outside the prison gate. Twenty-three women were held there, two of whom were foreign nationals. They found the regime overly restrictive and we agreed that women were not given sufficient trust and responsibility. There were no cooking facilities or other help to prepare for independent living. There were too few opportunities for paid work placements, with only two women in paid work and 10 in voluntary work. The role of the unit needed further development as part of an effective resettlement strategy.

Recommendations

- 8.10 Decisions on whether or not to proceed to deportation or removal, and separately whether or not to detain for that purpose, should be made as early as possible, at least six months before date of release, in order to avoid undermining resettlement work.
- 8.11 The quality and outcomes of resettlement services should be monitored and this should include ascertaining the views of key stakeholders.
- 8.12 The role of the Seacole unit should be further developed to make it a more effective resettlement facility. Cooking facilities should be provided together with support for personal and household budgeting and money management for independent or family living.

Housekeeping point

- 8.13 Action points from the strategic management meetings should be specific, measurable and time bound.

Good practice

- 8.14 *Offender management was closely linked to sentence planning, the personal officer scheme and incentives and earned privileges (IEP), which made it the driving force of a woman's sentence and ensured a good focus on resettlement needs.*

Offender management and planning

Expected outcomes:

All prisoners have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody.

Prisoners, together with all relevant staff, are involved with drawing up and reviewing plans.

- 8.15 Offender management work was well established and all prisoners, including those serving less than 12 months, had an offender supervisor. Most offender assessment system (OASys) sentence plans were up to date, but there were difficulties in getting external offender managers to engage with women in scope. The quality of completed OASys assessments was good. Public protection arrangements were sound.
- 8.16 Separate information leaflets explained the offender management service to staff and prisoners, but the language used made it difficult for some women, particularly those with little English, to understand. It was only available in English.
- 8.17 All prisoners serving over 12 months were allocated an offender supervisor and had an OASys assessment completed. All assessments were up to date other than on five of the 14 prisoners in scope for offender management. The prison had experienced some difficulty in getting outside probation offender managers to complete OASys assessments. Video conferencing facilities had been made available, but were not taken up. Local offender management supervision reviews were held, attended by the offender supervisor, probation, the personal officer, psychology, the chaplaincy and the prisoner and were run along the lines of a sentence planning board for prisoners in scope. Targets were set and sent to the offender manager for approval.
- 8.18 Staff handwrote OASys assessments for any prisoners who did not have a police national computer number, ensuring that they had an up to date sentence plan.
- 8.19 Women serving less than 12 months were also allocated an offender supervisor. They did not have a full OASys assessment, but had the same resettlement interview on arrival as other prisoners with their offender supervisor. Identified needs were followed up with appropriate action such as a referral for housing advice.
- 8.20 OASys assessments were completed by seven offender supervisors, all prison officers. Probation staff did not write assessments, but were involved in risk assessment work, such as for home detention curfew (HDC) and release on temporary licence (ROTL). The quality of the OASys reviewed was very good. Targets were relevant to reducing reoffending and assisting in successful reintegration into the community and mostly related to the whole sentence rather than to what was available at Morton Hall. Timescales and responsibilities for targets were clearly identified and there was evidence of good management checks.
- 8.21 Sentence planning was well integrated into the personal officer scheme and the rest of the prison. This was supported by the practice of routinely circulating copies of sentence planning targets to personal officers, the work place and the labour allocation board after sentence planning boards. History sheets showed that personal officers introduced themselves to prisoners at an early stage and had regular meetings to review progress. All prisoners asked could identify their personal officers (see section on personal officers).

- 8.22 Sentence planning boards were scheduled efficiently and a list was circulated to all relevant departments in advance to enable appropriate contributions. The two sentence planning boards we observed were multidisciplinary, well conducted and respectful and with adequate checks of the prisoner's understanding. Healthcare did not attend even though the women involved had significant health concerns. One board involved a woman returning to Nigeria. Good attention was paid to her resettlement needs, particularly in regard to training for employment relevant to returning home and seeking assistance from Hibiscus in finding accommodation. There was also, within the constraints of the regulations, a good focus on family ties, with a target set for her to apply for accumulated visits to see members of her family who were legally resident in another part of the UK. The other board involved a British woman. The targets set were relevant, but insufficient attention was paid to her need to maintain contact with her child and the possibility of a transfer was not considered. The HDC process and eligibility dates were explained and one of her targets related to accommodation to try to facilitate this.
- 8.23 Files reviewed showed sentence planning generally to be of a high standard, although families were not invited to attend or contribute to the process.
- 8.24 Recalled prisoners were identified by the orderly officer on the night of their reception and an OASys and sentence planning board completed within the normal timeframe of eight weeks. Reference was made to previous licence revocations where relevant.
- 8.25 Public protection procedures were appropriate and detailed in the public protection plan. Prisoners were correctly identified on reception, their history sheet was marked accordingly and the prisoner advised. Avenues for challenging such identification were given as part of the notification. There were stringent procedures in place to ensure the protection of child visitors.
- 8.26 An interdepartmental risk assessment management panel (IRAMP) was held monthly. These were regularly attended by staff from probation, resettlement, the chaplaincy, security, police liaison, CARATs, healthcare, residential staff and Lincolnshire action trust. The standing agenda included a review of new prisoners who posed a risk to children, were priority prolific offenders (PPOs) or subject to multi-agency public protection arrangements (MAPPA) as well as a review of cell-sharing risk assessments. Each meeting also reviewed a number of individual cases. All applications for ROTL and HDC were discussed, as well as those who had been granted parole. Prisoners about whom there were particular concerns were also discussed.
- 8.27 Morton Hall did not run the enhanced thinking skills (ETS) course, but had an effective arrangement with HMP Drake Hall to enable prisoners to transfer to meet this sentence planning target. The assessment for suitability was undertaken before transfer to ensure prisoners were not moved unnecessarily. The same arrangements applied for the cognitive skills booster programme. Women who wanted to return to Morton Hall could do so and the course review was held at Morton Hall to shorten the length of time they were away. Support was also offered for them to complete their post-course objective work. Prisoners eligible for ROTL could undertake Think First, the community version of ETS, at the local probation office.

Recommendations

- 8.28 The desirability of women maintaining family ties should be reflected in sentence planning targets.

- 8.29 With the consent of individual prisoners, families should where possible be invited to attend or contribute to sentence planning.

Housekeeping point

- 8.30 The content of information leaflets explaining the offender management service to prisoners should be simplified and offered in a range of languages.

Good practice

- 8.31 *Staff handwrote the OASys of prisoners who did not have a police national computer number, ensuring that they had an up to date sentence plan.*
- 8.32 *Prisoners serving less than 12 months were allocated an offender supervisor, which gave them a point of reference to seek assistance during their time at Morton Hall.*
- 8.33 *The development of local offender management supervision reviews compensated for the lack of involvement of offender managers.*
- 8.34 *The inclusion of discussions about home detention curfew during the sentence planning boards at an early stage facilitated the securing of appropriate accommodation.*
- 8.35 *The use of release on temporary licence enabled prisoners to attend offending behaviour programmes in the community.*

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

Reintegration

- 8.36 Few British nationals were released to without accommodation, but there was a lack of housing advice for foreign national women. The prison had no data on how many foreign national women had no accommodation to go to in their home country. Prisoners acquired a range of employment skills, but these were not sufficiently well recorded and there was too little accredited vocational provision. Personal finance advice was limited, but a benefits adviser attended regularly. Good support with healthcare needs was provided.

Accommodation

- 8.37 A full-time Lincolnshire Action Trust worker interviewed all women on induction. She offered to help close down existing rental/housing agreements, resolve overpayments of housing benefits and occasionally dealt with mortgage arrears to prevent a build-up of debt. She could give

advice and support in securing accommodation only to prisoners settling in the UK. These prisoners were helped to register with accommodation providers such as local authorities and housing associations. On request, specific referrals to accommodation such as for home detention curfew and hostels in liaison with the national probation directorate were made close to release. Specialist accommodation such as drug rehabilitation and sheltered housing was also sought. Information on rent deposit schemes was available. Few UK nationals were released without accommodation.

- 8.38 Hibiscus was able to provide only limited accommodation help and support for some foreign national women. Hibiscus was contracted to provide eight days a month for Jamaican and Nigerian women and one day a month for Spanish and Portuguese women. We spoke to women with no accommodation to go to in their home country, but the prison did not have data on the total numbers in this position. In our survey, significantly fewer than the comparator said they knew how to get help with accommodation.

Education, training and employment

- 8.39 The prison's OLASS contractor offered good, successful and relevant vocational training programmes, but there were too few places available.
- 8.40 Information, advice and guidance pre-release by the Lincolnshire Action Trust was effective only for the 30% of women released to the U.K. There were poor links with employers, local training providers and the local college to support prisoners in continuing with useful learning opportunities in preparation for successful resettlement. The pre-release self-learning pack was insufficient to support post-release planning and there was no pre-release course.
- 8.41 There were not enough links between prison learning and skills and resettlement provision to map progression routes to further education, training or related employment. Too few prisoners went out to work and no one was attending further education or training in the local community, although the local college held the OLASS contract.
- 8.42 Careers advice was not formalised and prisoners in Seacole unit were not members of local libraries so could not access information using local facilities.

Finance, benefit and debt

- 8.43 Only one financial literacy course, accredited by the Open College Network, had been run by education in 2007. This consisted of 75 hours and included managing an account and debt. There was no individual help for prisoners with finance and debt problems. A benefits adviser from the job centre attended the prison weekly and helped prisoners being released to the UK. In our survey, significantly fewer than the comparator said they knew how to get help with finances in preparation for release.
- 8.44 Other than women in paid employment on the Seacole unit, prisoners were not allowed to have a bank account and were not helped to open one before release.

Mental and physical health

- 8.45 A member of the healthcare team saw all prisoners in the week before their release. All were given a letter summarising their care and, when relevant, a list of current medication. Prisoners were usually given a week's worth of medication. Some prisoners, including one woman with

HIV returning to her home country without provision there for immediate ongoing treatment, could be given supplies lasting up to six months.

- 8.46 Prisoners settling in the UK with special needs or with a physical condition requiring follow-up were linked with external agencies by the specialist nurse overseeing their care. Prisoners with mental health needs usually had no follow-up arrangements due to lack of provision. As an in-reach service was unavailable, patients with severe and enduring mental illness were not subject to the provisions of the care programme approach aftercare.
- 8.47 There was a palliative care policy and care was linked directly with the services available in the community. Any prisoner needing 24-hour healthcare was transferred to the nearest prison with this facility.

Recommendations

- 8.48 Accommodation advice and referrals for foreign national women should be introduced where possible.
- 8.49 Effective links should be made and promoted between prison education, training and work and resettlement planning.
- 8.50 Pre-release courses should be introduced to meet the needs of British and foreign national women.
- 8.51 Women in the resettlement unit should have access to local library and careers services.
- 8.52 Women with finance and debt problems should be provided with individual support services.
- 8.53 Women should be helped to open a bank account before release.
- 8.54 There should be a single multidisciplinary assessment of all prisoners before release to ensure that contact is made with all relevant external agencies to achieve the best possible outcome in terms of support and or aftercare.
- 8.55 Women with severe and enduring mental illness should be subject to the provisions of the care programme approach aftercare.
- 8.56 Women with a mental health need should be identified, made known to the community mental health team and allocated a community psychiatric nurse before discharge.

Drugs and alcohol

- 8.57 The substance misuse reduction strategy was not based on a recent comprehensive needs analysis and some targets were out of date. The CARAT assessment key performance target was unrealistic for the population. CARAT staff were well integrated and casework was good quality, but the service was unable to provide individual support for women with alcohol problems. Women could take part in voluntary drug testing independent of location.

- 8.58 The substance misuse reduction strategy had recently been reviewed, but key performance targets and details of service provision were out of date and it did not contain an action plan or performance measures. The policy included alcohol services and an alcohol testing protocol. The needs analysis, conducted every six months, focused only on voluntary drug testing (VDT). There had been no comprehensive assessment of the population's needs relating to drug and alcohol services. Drug strategy meetings took place quarterly, but had lacked consistent leadership. Attendance was poor and no senior officer or other member of staff had been nominated to assist the head of residence in implementing and coordinating the strategy. Links with the local drug action team had not been developed.
- 8.59 CARAT services were provided by an acting manager and a worker from ADAPT. They saw all prisoners individually at induction and again pre-release. Information about CARAT services, harm reduction and relapse prevention was available in several languages. The service struggled to meet the triage assessment key performance target of 60 a year and managed this only by including primary alcohol users. The active caseload stood at 43, only eight of whom were foreign national women.
- 8.60 Structured one-to-one work included in-cell workbooks. Casework was good quality, but the CARAT contract excluded ongoing one-to-one sessions with primary alcohol users. Validated group work modules were available, but only one alcohol awareness course had been run in 2007 due to lack of demand. Women could access auricular acupuncture and CARAT service gym sessions, which were provided on a one-to-one basis.
- 8.61 The CARAT service was well integrated into the establishment, represented at relevant multidisciplinary meetings and contributed to sentence plans, home detention curfew, release on temporary licence and release plans. A comprehensive range of joint working protocols had been developed. CARAT staff shared an office with probation and psychology, which caused some issues of client confidentiality. Workers liaised with a wide range of drug intervention programme teams. Effective throughcare was in place for women released on methadone, but it could be difficult to identify community resources for women wanting support in remaining abstinent.
- 8.62 Women could take part in VDT independent of location. In November 2007, 111 compacts had been signed against a target of 100. Forty-two of these were voluntary and the rest were compliance testing compacts. A 20-bed landing on Windsor had recently become the prison's VDT unit. The VDT coordinator, in consultation with the women, was developing support services such as complimentary therapies. A separate unit compact was in place, which was not linked to the IEP scheme.
- 8.63 A dedicated testing suite was available. Testing took place with the required frequency and procedures were satisfactory.

Recommendations

- 8.64 The substance misuse reduction strategy should be updated and include action plans and performance measures and be based on a comprehensive population needs analysis.
- 8.65 An additional member of staff should be identified to implement and monitor the substance misuse reduction strategy.

- 8.66 The CARAT service's key performance target for substance misuse triage assessments should be reduced to reflect better the population and allow resources to be targeted more effectively.
- 8.67 CARAT staff should have offices that do not compromise patient confidentiality.

Children and families of offenders

- 8.68 Good support was given to British national families, particularly by the family support worker, but support for foreign national families was poor. Overseas telephone calls were very expensive and prevented family contact. The recently-introduced children's visits and social services visits were good. Limited use was made of the video links to maintain family contact.
- 8.69 A full-time family support worker was employed by Lincolnshire Action Trust and funded by the Lloyds TSB foundation. She saw all British women with children on arrival and provided a good service, but was not funded to support foreign national women.
- 8.70 Families were not invited to take part in sentence planning boards (see section on offender management and planning) and mothers were not given additional free letters or telephone calls to maintain links with their family. Information on the assisted prison visits scheme and the family support worker was available in the visitors' centre, but mainly in English. There were no parenting programmes, although there were plans to introduce these.
- 8.71 Children's visits took place every two months for up to 32 children (aged 16 or under) and 17 prisoners. Visits lasted from 9.30am to 3pm and a buffet lunch was available for £1. Staff could take photographs for families at a cost of 50 pence each. The support worker and Children's Links (a charity in Lincolnshire) helped to organise these visits, but women played an active part. A range of activities was organised to entertain children and help mothers engage with them. A play worker from Lincolnshire Action Trust helped with these visits. A family visit specifically for women whose children were in social services care had been held recently. About 10 women were in this position. There were plans to hold four such events each year.
- 8.72 British women who did not receive a visit in any one-month period could apply for £2 to be added to their account, but not all were aware of this. Foreign national women who did not receive a visit in the previous month automatically had their account credited with the cost of a five-minute call home, although they did not have to use the money for telephone calls. Telephone calls, particularly for foreign national women, were expensive and made it difficult for women to maintain contact with family abroad, particularly children.
- 8.73 Prisoners could have one inter-prison telephone call a month by applying to the senior officer. Women could also apply for an inter-prison visit instead of a visiting order, but only to a close relative. They could save up visits and apply for accumulated visits. Women had to prove the relationship and were told at induction that this required documents like birth and marriage certificates. However, the residential principal officer showed examples of where the resettlement team had helped women to prove a relationship when such documents were not available. Four inter-prison visits had taken place since January 2007 plus one where the visitor had come to Morton Hall and one accumulated visit in August. Population pressure in London prisons often prevented women from taking advantage of inter-prison and accumulated visits. The video link had been used only five times since August 2007, three for family visits, one for a solicitor and one for parole.

- 8.74 Women who were the sole carer of children were eligible to apply for care and resettlement release on temporary licence every eight weeks (after two town visits). Three women from the main prison and one from Seacole were doing this regularly.
- 8.75 A trained senior officer acted as family liaison officer and often worked with the assistant chaplain in carrying out related duties.

Recommendations

- 8.76 An alternative supplier should be found to ensure that foreign national women can make cheaper telephone calls to their families.
- 8.77 The family support service should be extended to foreign national women and their families.
- 8.78 Parenting programmes should be available.

Housekeeping point

- 8.79 Additional letters and telephone calls should be given to primary carers to help them maintain links with their families.

Good practice

- 8.80 *Social services visits for children in care encouraged the development of relationships between mothers and children that would not otherwise have taken place.*

Attitudes, thinking and behaviour

- 8.81 Some interventions were delivered, but provision was not informed by a needs analysis.
- 8.82 Provision of programmes and interventions was not informed by a needs analysis. A trainee psychologist planned to deliver a 10 half-day assertiveness and decision-making (ADM) course accredited by the Open College Network. No such courses had been run since March 2007. The ADM course was suitable for those denying their offences. There were plans to develop a drug importer course, but the rationale for this was unclear as relevant women could participate in the ADM course. The chaplaincy ran an accredited face-to-face victim awareness programme. Staff were aware of the courses run and the topics covered. There were good arrangements to transfer prisoners to undertake the enhanced thinking skills course (see section on offender management and planning).
- 8.83 The trainee psychologist also offered one-to-one individual cognitive behavioural offending behaviour work. Prisoners were prioritised for this according to risk and consultation at the IRAMP meetings. Probation was working individually with a woman convicted of serious sexual offences in consultation with the Lucy Faithful foundation.
- 8.84 The most significant barrier to accessing interventions was proficiency in English. Women with little or no English were referred to English for speakers of other languages classes and then

to basic literacy classes through education. However, they often had too little time left to complete offending behaviour work.

Recommendation

- 8.85 A needs analysis should be undertaken to determine what programmes and interventions are necessary for women at Morton Hall.

Section 9: Recommendations, housekeeping points and good practice

The following is a listing of 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.

Main recommendation

To UKBA

- 9.1 Border and Immigration Agency (now UKBA) officials with sufficient experience should be based at the prison to identify, explain and progress prisoners' immigration queries and ensure that decisions are made in time to allow effective preparation for release. (HP44)

Main recommendations

To the governor

- 9.2 A new reception building should be provided that meets the needs of women prisoners at Morton Hall with suitable privacy and sufficient space to store and manage property efficiently. (HP43)
- 9.3 The prison should carry out a full needs analysis of the foreign national population to inform the development of a more comprehensive foreign national policy that addresses language needs and supports contact with families. A senior manager should lead the policy and coordinate regular forums with foreign national women to ensure that issues are dealt with effectively and up to date information given. (HP45)
- 9.4 A full range of mental health services that meets the needs of women at Morton Hall should be provided. (HP46)
- 9.5 All employability skills learned in prison work activities should be recognised and recorded and the range of accredited vocational opportunities expanded. (HP47)
- 9.6 An overarching resettlement strategy based on comprehensive assessments of needs, including those of women from different countries, should be agreed to direct the delivery of relevant resettlement services. (HP48)

Recommendations

To NOMS

Courts, escorts and transfers

- 9.7 Women's property should arrive with them on transfer from other prisons. (1.5)
- 9.8 Women should be given comfort breaks on all journeys longer than 2.5 hours. (1.6)
- 9.9 Women moving to Morton Hall should not be transported in handcuffs. (1.7)
- 9.10 Sending prisons should inform other prisons in advance when transferring prisoners with special health needs. (1.9)

Recommendations

To UKBA

Security and rules

- 9.11 Risk assessments relating to re-categorisation from the Border and Immigration Agency should be timely and useful. (6.20)

Strategic management of resettlement

- 9.12 Decisions on whether or not to proceed to deportation or removal, and separately whether or not to detain for that purpose, should be made as early as possible, at least six months before date of release, in order to avoid undermining resettlement work. (8.10)

Recommendation

To the Area Manager

Resettlement pathways

- 9.13 The CARAT service's key performance target for substance misuse triage assessments should be reduced to reflect better the population and allow resources to be targeted more effectively. (8.66)

Recommendations

To the governor

Courts, escorts and transfers

- 9.14 Reception should be staffed over lunchtime when a van is due to arrive. (1.8)

First days in custody

- 9.15 The professional telephone interpreting service should be used initially to assess the vulnerability, health issues and other private matters of women with little or no English. (1.26)
- 9.16 The vulnerability strategy should specifically address how risks are identified and managed on arrival and the CARE protocol should be used for all women who meet its criteria. (1.27)
- 9.17 Reading material in a range of languages should be provided in reception. (1.28)
- 9.18 Women arriving at Morton Hall should not be strip searched routinely. (1.29)
- 9.19 All women should be able to make a free telephone call on their first night. (1.30)
- 9.20 Agreed first night procedures should be written up to ensure consistent and appropriate treatment. (1.31)
- 9.21 Checks should be made and documented to ensure that women who do not speak and understand English well receive all essential information at induction in a language they understand. (1.32)
- 9.22 Reception kit and toiletries should meet women's basic needs. (1.33)

Residential units

- 9.23 Women should have more access to their property and visitors should be allowed to bring in items at least monthly. (2.14)
- 9.24 Showers should be in working order and maintained, clean and fit for purpose. (2.15)
- 9.25 Basic cooking facilities should be provided on residential units so that women can prepare meals together. (2.16)
- 9.26 A wider selection of non-uniform clothing should be provided in the full range of sizes. (2.17)
- 9.27 Women should be provided with a suitable free bag for their possessions on discharge. (2.18)

Staff-prisoner relationships

- 9.28 Managers should develop a strategy to improve relationships between staff and prisoners to include regular open forums with prisoners to identify what improvements could be made, with regular feedback to all staff and prisoners. (2.27)

Personal officers

- 9.29 All personal officers should actively try to resolve issues that women prisoners bring to their attention and record what they have done on history sheets. (2.33)

Bullying and violence reduction

- 9.30 Prisoners and staff participating in conflict resolution should be asked for formal feedback and this should be fed into the safer custody meetings. (3.13)
- 9.31 The violence reduction strategy should include interventions for individuals who demonstrate anti-social or violent behaviour if conflict resolution is not appropriate or does not work. (3.14)
- 9.32 The violence reduction strategy should include monitoring arrangements for those who cause concern to the violence reduction team after conflict resolution has been conducted. (3.15)

Self-harm and suicide

- 9.33 Assessment, care in custody and teamwork (ACCT) reviews should be multidisciplinary and include personal officers, healthcare staff or other staff with knowledge of the individual prisoner. (3.28)
- 9.34 Post-closure reviews should take place within two weeks of the assessment, care in custody and teamwork (ACCT) document being closed and identify any ongoing support requirements. This should be kept with ACCT documentation. (3.29)
- 9.35 The protocol on the management of vulnerable offenders should be widely disseminated to staff and reviewed by the safer custody team. (3.30)

- 9.36 The work of Listeners should be more widely promoted, including a scheduled opportunity to meet new receptions shortly after their arrival. (3.31)
- 9.37 Telephones should be provided that give good access to the Samaritans. (3.32)

Diversity

- 9.38 There should be a diversity policy for prisoners that meets the requirements of anti-discrimination legislation and outlines how the needs of minority groups including older women will be met. (3.42)
- 9.39 Women with disabilities should be involved in the development of a disability policy that includes the arrangements to help the establishment carry out its duties under the Disability Discrimination Act. (3.43)
- 9.40 Individual care plans should be completed in conjunction with personal officers and healthcare. (3.44)
- 9.41 Formal monitoring should take place to ensure that prisoners from minority groups are not victimised or excluded from any activity. (3.45)
- 9.42 Disclosed information about disability and other needs should be held on a central register that is available to key staff. (3.46)

Race equality

- 9.43 Monitoring of the quality of completed racist incident report forms by the external representative should be provided in writing. (3.59)
- 9.44 All staff should receive race equality and diversity training. (3.60)
- 9.45 There should be structured interventions for those found guilty of racist misconduct. (3.61)

Foreign national prisoners

- 9.46 Links should be made with independent advice services for those with immigration or deportation concerns. (3.77)
- 9.47 Clear guidance on the use of prisoner interpreters and telephone translation services should be issued. Professional services should be used where there are matters of confidentiality, such as on arrival, during sentence planning and for healthcare appointments. (3.78)
- 9.48 Alternative methods of contacting families abroad, such as the use of email and internet services, should be introduced. (3.79)
- 9.49 Foreign national women should be given clear information about their eligibility for resettlement services and processes and encouraged to apply wherever possible. Guidance should also be issued to staff about the eligibility criteria. (3.80)
- 9.50 Foreign national women with family abroad should receive a monthly free telephone call irrespective of whether they have received a visit. (3.81)

Contact with the outside world

- 9.51 There should be more flexibility in access to telephones to allow contact with families in different time zones. (3.96)
- 9.52 Foreign national women should be given a reception airmail letter and one weekly thereafter. (3.97)
- 9.53 The prison should provide transport for visitors to and from the main railway stations. (3.98)
- 9.54 The visitors' centre should be open for at least an hour before and after visits and should provide information in relevant languages about useful support services. (3.99)
- 9.55 All those working in the visitors' centre should receive training to help meet the needs of visitors. (3.100)
- 9.56 All women should be offered a reception visit. (3.101)
- 9.57 Visits booking procedures should be better managed to ensure that women can book with ease and have fair access. (3.102)
- 9.58 All women should be allowed at least one visit of at least an hour each week irrespective of their incentives and earned privileges (IEP) status. (3.103)
- 9.59 Women leaving visits should be searched only if there is specific intelligence to justify this. (3.104)
- 9.60 Children under 18 should not be treated as adults for visits purposes. (3.105)

Applications and complaints

- 9.61 Complaints data should be recorded to allow easy and meaningful comparisons to be made between different groups of prisoners based on race, religion and diversity. (3.111)
- 9.62 Responses to applications should be logged and monitored for timeliness and quality. (3.112)

Legal rights

- 9.63 A legal services session should be delivered at induction. (3.118)
- 9.64 Women's legal services needs should be assessed and an action plan drawn up to meet the need. (3.119)
- 9.65 Efforts should be made to improve foreign national women's access to independent legal advice. (3.120)

Substance use

- 9.66 A substance misuse/dual diagnosis nurse should lead on the care coordination of substance dependent women. (3.131)

- 9.67 Healthcare should ensure the privacy of women receiving methadone. (3.132)

Health services

- 9.68 The health needs assessment should be updated to inform the development of service level agreements. (4.39)
- 9.69 Women prisoners should have access to a woman doctor. (4.40)
- 9.70 Appropriate professional interpreting services should be used to ensure effective communication between prisoners and healthcare staff. (4.41)
- 9.71 The role of the nurse practitioners should be explained to prisoners. (4.42)
- 9.72 Triage algorithms should be used to ensure consistency of advice and treatment to all prisoners. (4.43)
- 9.73 Mammography services should be available to all women over the age of 50 every three years. (4.44)
- 9.74 There should be nurses with specific training in supporting prisoners who have been victims of torture or sexual abuse. (4.45)
- 9.75 Health screening on arrival should take place in an appropriate environment. (4.46)
- 9.76 Information about the availability of all health services and the NHS complaints procedures should be produced in an appropriate range of languages. (4.47)
- 9.77 A dual-labelling system of medication should be introduced. (4.48)
- 9.78 A full range of dental treatment equivalent to the NHS should be provided. (4.49)
- 9.79 A dental hygienist for clinical treatment and oral health promotion should be appointed. (4.50)

Learning and skills and work activities

- 9.80 Accredited vocational training opportunities should be introduced in catering and cleaning. (5.23)
- 9.81 The allocations process should be reviewed to meet the needs of prisoners, especially those without English communication skills. (5.24)
- 9.82 The pay policy should be reviewed to encourage prisoners to participate in accredited activities. (5.25)
- 9.83 A new library orderly should be appointed and accredited training provided. (5.26)
- 9.84 Internet access should be provided in the library. (5.27)
- 9.85 Prisoners in Seacole should have access to full library facilities. (5.28)

Physical education and health promotion

- 9.86 More physical education staff should gain the NVQ assessors award. (5.37)
- 9.87 The need for and the operation of longer and higher-level vocational training courses should be reviewed to increase participation in accredited activities. (5.38)
- 9.88 More use should be made of the physical education facilities in the daytime. (5.39)

Faith and religious activity

- 9.89 The Muslim chaplain should be given sufficient hours to ensure that the needs of Muslim women are fully met. (5.44)

Time out of cell

- 9.90 More benches should be provided in the outside areas. (5.49)
- 9.91 Officers should actively engage with women prisoners during association periods. (5.50)

Security and rules

- 9.92 Security senior officers should be trained in the management of security information reports. (6.13)
- 9.93 Security information reports should be dealt with within 72 hours and security should be satisfied that all outcomes have been actioned. (6.14)
- 9.94 Adjudications and bullying analysis should be clearly evidenced when assessed by the security committee. (6.15)
- 9.95 Women should not be subject to strip searching without a risk assessment. (6.16)
- 9.96 The closed visits policy should be published in visits. (6.17)
- 9.97 All staff should be made aware that the use of collective punishments is unacceptable. (6.18)
- 9.98 Managers should ensure that staff interpret the rules fairly and exert their authority properly and consistently. (6.19)

Discipline

- 9.99 Adjudicators should explain and record why charges have been proved and the reasons for punishments that differ from the guidance. (6.38)
- 9.100 Adjudicators should ensure that all prisoners facing charges understand English well enough before proceeding. (6.39)
- 9.101 The number of escorting officers at adjudications should be reduced. (6.40)

- 9.102 Report of injury to a prisoner (F213) should be placed with the completed use of force forms. (6.41)
- 9.103 Managers involved in use of force incidents should not certify completed forms. Senior managers should review who quality checks use of force forms. (6.42)
- 9.104 Improvements should be made to the environment of the segregation unit exercise area. (6.43)

Incentives and earned privileges

- 9.105 Women should not have to wait 12 weeks before being considered for enhanced status after receiving a warning. (6.50)
- 9.106 One individual act should not lead to a downgrade to basic. (6.51)
- 9.107 Reviews to be upgraded to enhanced should be automatic and not by application. (6.52)

Catering

- 9.108 Women should not have to queue outside for their meals. (7.8)
- 9.109 A pictorial menu should be created. (7.9)
- 9.110 Food surveys should be completed at least annually. (7.10)

Strategic management of resettlement

- 9.111 The quality and outcomes of resettlement services should be monitored and this should include ascertaining the views of key stakeholders. (8.11)
- 9.112 The role of the Seacole unit should be further developed to make it a more effective resettlement facility. Cooking facilities should be provided together with support for personal and household budgeting and money management for independent or family living. (8.12)

Offender management and planning

- 9.113 The desirability of women maintaining family ties should be reflected in sentence planning targets. (8.28)
- 9.114 With the consent of individual prisoners, families should where possible be invited to attend or contribute to sentence planning. (8.29)

Resettlement pathways

- 9.115 Accommodation advice and referrals for foreign national women should be introduced where possible. (8.48)
- 9.116 Effective links should be made and promoted between prison education, training and work and resettlement planning. (8.49)

- 9.117 Pre-release courses should be introduced to meet the needs of British and foreign national women. (8.50)
- 9.118 Women in the resettlement unit should have access to local library and careers services. (8.51)
- 9.119 Women with finance and debt problems should be provided with individual support services. (8.52)
- 9.120 Women should be helped to open a bank account before release. (8.53)
- 9.121 There should be a single multidisciplinary assessment of all prisoners before release to ensure that contact is made with all relevant external agencies to achieve the best possible outcome in terms of support and or aftercare. (8.54)
- 9.122 Women with severe and enduring mental illness should be subject to the provisions of the care programme approach aftercare. (8.55)
- 9.123 Women with a mental health need should be identified, made known to the community mental health team and allocated a community psychiatric nurse before discharge. (8.56)
- 9.124 The substance misuse reduction strategy should be updated and include action plans and performance measures and be based on a comprehensive population needs analysis. (8.64)
- 9.125 An additional member of staff should be identified to implement and monitor the substance misuse reduction strategy. (8.65)
- 9.126 CARAT staff should have offices that do not compromise patient confidentiality. (8.67)
- 9.127 An alternative supplier should be found to ensure that foreign national women can make cheaper telephone calls to their families. (8.76)
- 9.128 The family support service should be extended to foreign national women and their families. (8.77)
- 9.129 Parenting programmes should available. (8.78)
- 9.130 A needs analysis should be undertaken to determine what programmes and interventions are necessary for women at Morton Hall. (8.85)

Housekeeping points

Residential units

- 9.131 Up to date prisoner consultation meeting minutes should be displayed on wing notice boards. (2.19)

Bullying and violence reduction

- 9.132 Action points arising from safer custody meetings should be clearly identified to an individual and followed up. (3.16)
- 9.133 The violence reduction team should be more widely publicised on the residential units. (3.17)

Discipline

- 9.134 A pen and paper should be provided to prisoners at adjudications. (6.44)

Strategic management of resettlement

- 9.135 Action points from the strategic management meetings should be specific, measurable and time bound. (8.13)

Offender management and planning

- 9.136 The content of information leaflets explaining the offender management service to prisoners should be simplified and offered in a range of languages. (8.30)

Resettlement pathways

- 9.137 Additional letters and telephone calls should be given to primary carers to help them maintain links with their families. (8.79)

Good practice

Residential units

- 9.138 The needs of the woman with disabilities on Sharman unit were being met through a prisoner carer and the provision of crockery and cutlery that she found easier to use. (2.20)

Bullying and violence reduction

- 9.139 The option of conflict resolution enabled parties to come together to discuss behaviour and issues and resolve them under the direction of violence reduction staff. (3.18)

Race equality

- 9.140 The detailed investigation of racist incidents provided a thorough understanding of what happened and identified learning points. (3.62)
- 9.141 The co-training of staff and prisoners in race and diversity encouraged team working and cohesion. (3.63)

Health services

- 9.142 Prisoners trained by healthcare staff to support a prisoner with disabilities provided an opportunity for paid employment and both the prisoner and carer felt valued. It also provided purposeful activity for the carer. (4.51)
- 9.143 The vending machine for limited medicine supply enabled women to treat their own minor health complaints independently. (4.52)

Faith and religious activity

- 9.144 The chaplain involvement in sentence plan boards provided added dimension and offered different options for high-risk women. (5.45)

Security and rules

- 9.145 The daily operational staff briefing contained a large amount of shared relevant information providing good detail of individual prisoners. (6.21)
- 9.146 The tracking chart for identifying development/prominent nominals was simple, but effective in raising awareness and plotting the rise of these prisoners. (6.22)
- 9.147 All women had their category reviewed in good time at their sentence plan and this ensured that contributions were thorough and relevant. (6.23)
- 9.148 Women could transfer to other prisons to complete sentence plan targets, ensuring that sentence plan targets were seamless and effective. (6.24)

Incentives and earned privileges

- 9.149 The weekly review boards included support from personal officers for the women involved and the contributions from a number of areas ensured that reviews were worthwhile and relevant. (6.53)

Catering

- 9.150 The link to Sainsburys provided a wider food choice and possible financial savings that could be used to enhance catering provision. (7.11)

Strategic management of resettlement

- 9.151 Offender management was closely linked to sentence planning, the personal officer scheme and incentives and earned privileges (IEP), which made it the driving force of a woman's' sentence and ensured a good focus on resettlement needs. (8.14)

Offender management and planning

- 9.152 Staff handwrote the OASys of prisoners who did not have a police national computer number, ensuring that they had an up to date sentence plan. (8.31)
- 9.153 Prisoners serving less than 12 months were allocated an offender supervisor, which gave them a point of reference to seek assistance during their time at Morton Hall. (8.32)
- 9.154 The development of local offender management supervision reviews compensated for the lack of involvement of offender managers. (8.33)
- 9.155 The inclusion of discussions about home detention curfew during the sentence planning boards at an early stage facilitated the securing of appropriate accommodation. (8.34)
- 9.156 The use of release on temporary licence enabled prisoners to attend offending behaviour programmes in the community. (8.35)

Resettlement pathways

- 9.157 Social services visits for children in care encouraged the development of relationships between mothers and children that would not otherwise have taken place. (8.80)

Appendix 1: Inspection team

Nigel Newcomen	Deputy Chief Inspector of Prisons
Michael Loughlin	Team leader
Susan Fenwick	Inspector
Hayley Folland	Inspector
Gerry O'Donoghue	Inspector
Hazel Elliott	Inspector
Margot Nelson-Owen	Healthcare inspector
Sigrid Engelen	Substance use inspector
Sue Melvin	Pharmacy inspector
Stephanie Twidale	Dentistry inspector

OFSTED team

Olivia Adams	Researcher
Sherrelle Parks	Researcher

Appendix 2: Prison population profile

Population breakdown by:

(i) Status	Nº of Women	%
Sentenced	355	100
Convicted but unsentenced		
Remand		
Civil prisoners		
Detainees (single power status)		
Detainees (dual power status)		
Total	355	100

(ii) Sentence	Nº of Sentenced Women	%
Less than 6 months	4	1.12
6months to less than 12 months	38	10.7
12 months to less than 2 years	56	15.77
2 years to less than 4 years	39	10.98
4 years to less than 6 years	98	27.6
6 years to less than 8 years	78	21.97
8 years to less than 10 years	15	4.22
10 years and over (less than life)	27	7.6
Life	0	
Total	355	100

(iii) Length of stay (all prisoners last 329 discharges)	Nº of Women	%
Less than 1 month	38	10.7
1 month to 3 months	106	29.86
3 months to 6 months	72	20.28
6 months to 1 year	52	14.64
1 year to 2 years	71	20
2 years to 4 years	15	4.22
4 years or more	1	0.28
Total	355	100

(iv) Main Offence	Nº of Women	%
Violence against the person	11	3.09
Sexual offences	4	1.12
Burglary	6	1.69
Robbery	10	2.81
Theft & handling	13	3.66
Fraud and forgery	16	4.50
Drugs offences	217	61.12
Other offences	78	21.97
Civil offences		
Offence not recorded/holding warrant		
Total	355	100

(v) Age	N° of Women	%
18 years to 20 years	0	0
21 years to 29 years	111	31.26
30 years to 39 years	107	30.14
40 years to 49 years	85	23.94
50 years to 59 years	45	12.67
60 years to 69 years	7	1.97
70 plus years		
Please state maximum age	69	
Not recorded		
Total	355	99.98

(vi) Home address	N° of Women	%
Within 50 miles of the prison	21	5.91
Between 50 and 100 miles of the prison		
Over 100 miles from the prison	Information unavailable	
Overseas		
NFA		
Total		

(vii) Nationality	N° of Women	%
British	83	23
Foreign National	272	77
Total	355	100

(viii) Ethnic Group	N° of Women	%
White		
British	63	17.74
Irish		
Other White	55	15.49
Mixed		
White and Black Caribbean	6	1.69
White and Black African	1	0.28
White and Asian	2	0.56
Other mixed	6	1.69
Asian or Asian British		
Indian	4	1.12
Pakistani	1	0.28
Bangladeshi		
Other Asian	7	1.97
Black or Black British		
Caribbean	58	16.33
African	116	32.67
Other Black	19	2.4
Chinese or other ethnic group		
Chinese	10	2.81
Other ethnic group	7	1.97
Total	355	100

(ix) Religion	N° of Women	%
Baptist	7	1.97
Church of England	71	20.03
Roman Catholic	81	22.81
Other Christian denominations	73	20.56
Muslim	33	9.29
Sikh		
Hindu	2	0.56
Buddhist	13	3.66
Jewish		
Other	43	12.11
No religion	32	9.61
Total	355	100

Appendix 3: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 30 October 2007, the prisoner population at HMP Morton Hall was 347. The baseline sample size was 100. Overall, this represented 29% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. No respondents refused to complete a questionnaire. Interviews were carried out with any respondents with literacy difficulties. Three respondents were interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent individually. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable
- seal the questionnaire in the envelope provided and leave it in their room for collection

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 97 respondents completed and returned their questionnaires. This represented 28% of the prison population. The response rate was 82%. Twenty-one questionnaires were either not returned or returned blank.

Comparisons

The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment. Presented alongside the results from this survey are the comparator figures for all prisoners surveyed in three female open prisons. This comparator is based on all responses from prisoner surveys carried out in female open prisons since March 2004.

In addition, two further comparative documents are attached. Statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown, alongside statistically significant differences between those who are British nationals and those who are foreign nationals, and also alongside statistically significant differences between Muslim and non-Muslim prisoners. The second comparator document compares those who are registered disabled with those who are not.

In all the above documents, statistical significance merely indicates whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading.



Prisoner Survey Responses HMP Morton Hall 2007

Prisoner Survey Responses (Missing data has 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

	Any percent highlighted in green are significantly better than the women open prisons comparator.		
	Any percent highlighted in blue are significantly worse than the women open prisons comparator.		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the women open prisons comparator.		
		HMP Morton Hall	Women open prisons comparator
SECTION 1: General Information (not tested for significance)			
1	Number of completed questionnaires returned	97	244
2	Are you under 21 years of age?	1%	5%
3	Are you transgender or transsexual?	0%	0%
4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	1%
5	If you are sentenced, are you on recall?	10%	3%
6	Is your sentence less than 12 months?	15%	5%
7	Do you have less than six months to serve?	47%	0%
8	Have you been in this prison less than a month?	6%	13%
9	Are you a foreign national?	55%	21%
10	Is English your first language?	64%	84%
11	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	52%	34%
12	Are you Muslim?	10%	11%
13	Are you gay or bisexual?	13%	17%
14	Do you consider yourself to have a disability?	15%	13%
15	Is this your first time in prison?	82%	71%
16	Do you have any children?	57%	60%
SECTION 2: Transfers and Escorts			
17a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	54%	40%
17b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	61%	50%
17c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	19%	18%
17d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	44%	30%
17e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	17%	13%
18	Did you spend more than four hours in the van?	10%	8%
19	Were you treated well/very well by the escort staff?	69%	71%
20a	Did you know where you were going when you left court or when transferred from another establishment?	76%	83%
20b	Before you arrived here did you receive any written information about what would happen to you?	26%	16%
20c	When you first arrived here did your property arrive at the same time as you?	78%	89%

Key to tables

	Any percent highlighted in green are significantly better than the women open prisons comparator.		
	Any percent highlighted in blue are significantly worse than the women open prisons comparator.		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the women open prisons comparator.		
		HMP Morton Hall	Women open prisons comparator
SECTION 3: Reception, first night and induction			
22a	Did you have any problems when you first arrived?	66%	56%
22b	Did you have any problems with loss of transferred property when you first arrived?	13%	7%
22c	Did you have any housing problems when you first arrived?	9%	14%
22d	Did you have any problems contacting employers when you first arrived?	3%	1%
22e	Did you have any problems contacting family when you first arrived?	30%	20%
22f	Did you have any problems ensuring dependents were being looked after when you first arrived?	6%	4%
22g	Did you have any money worries when you first arrived?	18%	23%
22h	Did you have any problems with feeling depressed or suicidal when you first arrived?	20%	14%
22i	Did you have any drug problems when you first arrived?	6%	7%
22j	Did you have any alcohol problems when you first arrived?	4%	2%
22k	Did you have any health problems when you first arrived?	21%	12%
22l	Did you have any problems with needing protection from other prisoners when you first arrived?	4%	1%
23a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	29%	18%
23b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	23%	32%
23c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	19%	11%
23d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	34%	67%
23e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	21%	28%
23f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	27%	23%
23g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	49%	37%
23h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	35%	34%
23i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	34%	22%
23j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	58%	45%
23k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	31%	22%
24a	Please answer the following question about reception: were you seen by a member of healthcare staff?	89%	96%
24b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	73%	83%
25	Were you treated well/very well in reception?	62%	84%
26a	Did you receive a reception pack on your day of arrival?	83%	61%
26b	Did you receive information about what was going to happen here on your day of arrival?	49%	50%
26c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	43%	42%
26d	Did you have the opportunity to have a shower on your day of arrival?	60%	64%

Key to tables

	Any percent highlighted in green are significantly better than the women open prisons comparator.		
	Any percent highlighted in blue are significantly worse than the women open prisons comparator.		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the women open prisons comparator.		
		HMP Morton Hall	Women open prisons comparator
SECTION 3: Reception, first night and induction continued			
26e	Did you get the opportunity to have a free telephone call on your day of arrival?	32%	63%
26f	Did you get information about routine requests on your day of arrival?	41%	43%
26g	Did you get something to eat on your day of arrival?	65%	77%
26h	Did you get information about visits on your day of arrival?	44%	46%
27a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	58%	64%
27b	Did you have access to someone from healthcare within the first 24 hours?	87%	90%
27c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	52%	32%
27d	Did you have access to the prison shop/canteen within the first 24 hours?	29%	29%
28	Did you feel safe on your first night here?	82%	83%
29	Did you go on an induction course within the first week?	98%	87%
30	Did the induction course cover everything you needed to know about the prison?	81%	51%
31	Did you receive a 'basic skills' assessment within the first week?	86%	73%
SECTION 4: Legal Rights and Respectful Custody			
33a	Is it very easy/easy to communicate with your solicitor or legal representative?	49%	49%
33b	Is it very easy/easy for you to attend legal visits?	53%	42%
34	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	21%	24%
35a	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	97%	97%
35b	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	95%	53%
35c	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	83%	69%
35d	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	76%	60%
35e	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	50%	49%
36	Can you normally get access to free sanitary products whenever you need them?	95%	90%
37	Is the food in this prison good/very good?	50%	55%
38a	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	37%
38b	Is it easy/very easy to get a complaints form?	92%	90%
39a	Is it easy/very easy to get an application form?	94%	93%
39b	Do you feel applications are sorted out fairly?	56%	54%
39c	Do you feel your applications are sorted out promptly?	66%	50%
39d	Do you feel complaints are sorted out fairly?	27%	31%
39e	Do you feel complaints are sorted out promptly?	40%	33%
40	Are you given information about how to make an appeal?	44%	31%
41	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	12%	11%
42	Do you know how to apply to the Prisons and Probation Ombudsman?	34%	41%

Key to tables

	Any percent highlighted in green are significantly better than the women open prisons comparator.		
	Any percent highlighted in blue are significantly worse than the women open prisons comparator.		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the women open prisons comparator.		
		HMP Morton Hall	Women open prisons comparator
SECTION 4: Legal Rights and Respectful Custody continued			
43a	Is it easy/very easy to contact the Independent Monitoring Board?	76%	59%
43b	Do you feel your religious beliefs are respected?	77%	58%
44	Are you able to speak to a religious leader of your faith in private if you want to?	72%	57%
45a	Are you able to speak to a Listener at any time, if you want to?	77%	65%
45b	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	84%	90%
46b	Do most staff, in this prison, treat you with respect?	64%	79%
SECTION 5: Safety			
48	Have you ever felt unsafe in this prison?	31%	22%
50	Do you feel unsafe in this establishment at the moment?	7%	7%
51a	Have you been victimised (insulted or assaulted) by another prisoner?	27%	21%
51b	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	14%	16%
51c	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	3%	2%
51d	Have you been sexually abused since you have been here? (By prisoners)	1%	0%
51e	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	3%
51f	Have you been victimised because of drugs since you have been here? (By prisoners)	2%	2%
51g	Have you ever had your canteen/property taken since you have been here? (By prisoners)	3%	1%
51h	Have you ever been victimised because you were new here? (By prisoners)	4%	2%
51i	Have you ever been victimised because of your sexuality? (By prisoners)	2%	3%
51j	Have you ever been victimised because you have a disability? (By prisoners)	1%	1%
51k	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
52	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	8%	2%
53a	Have you been victimised (insulted or assaulted) by a member of staff?	29%	10%
53b	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	6%	5%
53c	Have you been hit, kicked or assaulted since you have been here? (By staff)	1%	0%
53d	Have you been sexually abused since you have been here? (By staff)	1%	0%
53e	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	1%
53f	Have you been victimised because of drugs since you have been here? (By staff)	1%	2%
53g	Have you ever been victimised because you were new here? (By staff)	10%	1%
53h	Have you ever been victimised because of your sexuality? (By staff)	2%	2%
53i	Have you ever been victimised because you have a disability? (By staff)	0%	1%
54i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	2%	0%

Key to tables

	Any percent highlighted in green are significantly better than the women open prisons comparator.		
	Any percent highlighted in blue are significantly worse than the women open prisons comparator.		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the women open prisons comparator.		
		HMP Morton Hall	Women open prisons comparator
SECTION 5: Safety continued			
54	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	10%	2%
55	Did you report any victimisation that you have experienced?	20%	15%
56	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	25%	23%
57	Have you ever felt threatened or intimidated by a member of staff in here?	31%	16%
58	Is it very easy/easy to get illegal drugs in this prison?	9%	28%
SECTION 6: Healthcare			
60a	Do you think the overall quality of the healthcare is good/very good?	59%	61%
60b	Is it very easy/easy to see the doctor?	54%	75%
60c	Is it very easy/easy to see the nurse?	83%	87%
60d	Is it very easy/easy to see the dentist?	20%	19%
60e	Is it very easy/easy to see the optician?	20%	21%
61a	Is it very easy/easy to see the pharmacist?	71%	25%
61b	Do you think the quality of healthcare from the doctor is good/very good?	63%	68%
61c	Do you think the quality of healthcare from the nurse is good/very good?	75%	73%
61d	Do you think the quality of healthcare from the dentist is good/very good?	49%	33%
61e	Do you think the quality of healthcare from the optician is good/very good?	41%	26%
62	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	74%	23%
63	Are you currently taking medication?	56%	69%
64	Are you allowed to keep possession of your medication in your own cell?	53%	52%
SECTION 7: Purposeful Activity			
65b	Do you feel your job will help you on release?	51%	47%
65c	Do you feel your vocational or skills training will help you on release?	46%	54%
65d	Do you feel your education (including basic skills) will help you on release?	62%	71%
65e	Do you feel your offending behaviour programmes will help you on release?	33%	49%
66	Do you feel your drug or alcohol programmes will help you on release?	28%	39%
67	Do you go to the library at least once a week?	66%	61%
68	Can you get access to a newspaper every day?	23%	68%
69	On average, do you go to the gym at least twice a week?	62%	42%
70	On average, do you go outside for exercise three or more times a week?	47%	50%
71	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	32%	56%
72	On average, do you go on association more than five times each week?	56%	70%
73	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	18%	31%

Key to tables

	Any percent highlighted in green are significantly better than the women open prisons comparator.		
	Any percent highlighted in blue are significantly worse than the women open prisons comparator.		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the women open prisons comparator.		
		HMP Morton Hall	Women open prisons comparator
SECTION 8: Resettlement			
75	Did you first meet your personal officer in the first week?	53%	50%
76	Do you think your personal officer is helpful/very helpful?	59%	69%
77	Do you have a sentence plan?	68%	76%
78	Were you involved/very involved in the development of your sentence plan?	47%	52%
79	Can you achieve all or some of your sentence plan targets in this prison?	56%	55%
80	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	22%	13%
81	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	47%	49%
82	Do you feel that any member of staff has helped you to prepare for release?	29%	32%
83	Have you had any problems with sending or receiving mail?	27%	24%
84	Have you had any problems getting access to the telephones?	17%	15%
85	Did you have a visit in the first week that you were here?	24%	41%
86	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	69%	80%
87a	Did you receive five or more visits in the last week?	1%	0%
87b	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	22%	19%
87c	Do you think you will have a problem with finding a job following your release from this prison?	50%	42%
87d	Do you think you will have a problem with finding accommodation following your release from this prison?	33%	37%
87e	Do you think you will have a problem with money and finances following your release from this prison?	48%	50%
87f	Do you think you will have a problem with claiming benefits following your release from this prison?	29%	28%
87g	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	31%	24%
87h	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	9%	6%
87i	Do you think you will have a problem with accessing healthcare services following your release from this prison?	15%	12%
88i	Do you think you will have a problem with opening a bank account following your release from this prison?	30%	31%

Key to tables

	Any percent highlighted in green are significantly better than the women open prisons comparator.		
	Any percent highlighted in blue are significantly worse than the women open prisons comparator.		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the women open prisons comparator.		
SECTION 8: Resettlement continued		HMP Morton Hall	Women open prisons comparator
88b	Do you think you will have a problem with drugs when you leave this prison?	1%	3%
89a	Do you think you will have a problem with alcohol when you leave this prison?	1%	2%
89b	Do you know who to contact, within this prison, to get help with finding a job on release?	49%	64%
89c	Do you know who to contact, within this prison, to get help with finding accommodation on release?	53%	75%
89d	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	35%	49%
89e	Do you know who to contact, within this prison, to get help with claiming benefits on release?	38%	62%
89f	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	43%	64%
89g	Do you know who to contact within this prison to get help with external drugs courses etc	48%	61%
89h	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	43%	56%
90a	Do you know who to contact, within this prison, to get help with opening a bank account on release?	37%	51%
91a	Have you been provided with information on: ROTL (temporary release)	38%	72%
90b	Have you been provided with information on: Facility Licence (outside work, education)	23%	64%
90c	Have you been provided with information on: Resettlement Licence (other outside activities such as arranging accommodation, work, family visits)	32%	52%
90d	Have you been provided with information on: Earned Community Visits (Town visits)	29%	61%
91a	Have you had access to: ROTL (temporary release)	14%	56%
91b	Have you had access to: Facility Licence (outside work, education)	11%	40%
91c	Have you had access to: Resettlement Licence (other outside activities such as arranging accommodation, work, family visits)	13%	41%
91d	Have you had access to: Earned Community Visits (Town visits)	14%	42%
92a	Please answer the following questions on resettlement: Were you given up to date information about this prison before you came here?	23%	10%
92b	Please answer the following questions on resettlement: Were you helped to prepare for open conditions before you came here (increased responsibility, freedom etc)	21%	18%
92c	Please answer the following questions on resettlement: Do you feel you have been given greater responsibility here than when you were in closed conditions?	53%	68%
92d	Please answer the following questions on resettlement: Have you been on a preparation for release course?	16%	3%
92e	Please answer the following questions on resettlement: Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	50%	50%
92f	Please answer the following questions on resettlement: Is this prison near your home area or intended release address?	18%	39%



Key Question Responses (Ethnicity, Nationality and Religion) HMP Morton Hall 2007

Prisoner Survey Responses (Missing data has 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

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		50	46	53	44	10	87
9	Are you a foreign national? (Not tested for significance)	76%	30%			81%	52%
10	Is English your first language? (Not tested for significance)	60%	67%	45%	87%	40%	67%
11	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories. (Not tested for significance)			73%	27%	100%	46%
12	Are you Muslim? (Not tested for significance)	20%	0%	15%	5%		
16	Is this your first time in prison? (Not tested for significance)	89%	73%	89%	72%	100%	80%
20	Were you treated well/very well by the escort staff?	57%	81%	63%	75%	60%	69%
21a	Did you know where you were going when you left court or when transferred from another establishment?	61%	93%	66%	88%	31%	82%
23	Did you have any problems when you first arrived?	71%	59%	65%	67%	56%	67%
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	84%	93%	89%	89%	89%	88%
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	66%	83%	67%	80%	81%	72%
26	Were you treated well/very well in reception?	51%	76%	55%	70%	50%	64%
29	Did you feel safe on your first night here?	82%	84%	80%	84%	69%	83%
30	Did you go on an induction course within the first week?	98%	98%	100%	96%	100%	98%
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	44%	54%	36%	63%	60%	47%
36a	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	96%	98%	96%	98%	100%	97%
37	Is the food in this prison good/very good?	44%	59%	47%	54%	40%	52%
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	67%	44%	66%	40%	56%
39a	Is it easy/very easy to get a complaints form?	84%	100%	89%	96%	89%	92%
39b	Is it easy/very easy to get an application form?	88%	100%	90%	97%	100%	93%
40a	Do you feel applications are sorted out fairly?	46%	68%	54%	57%	69%	54%
40c	Do you feel complaints are sorted out fairly?	20%	36%	23%	32%	31%	27%
44a	Do you feel your religious beliefs are respected?	81%	73%	86%	67%	100%	75%

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners		Foreign National prisoners	British National Prisoners		Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in blue is significantly worse								
	Percentages which are not highlighted show there is no significant difference								
44b	Are you able to speak to a religious leader of your faith in private if you want to?	75%	68%		75%	66%		86%	70%
46a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	76%	93%		75%	95%		50%	87%
46b	Do most staff, in this prison, treat you with respect?	51%	78%		63%	65%		75%	63%
48	Have you ever felt unsafe in this prison?	32%	29%		30%	32%		31%	31%
49	Do you feel unsafe in this establishment at the moment?	12%	0%		12%	3%		11%	7%
51	Have you been victimised (insulted or assaulted) by another prisoner?	26%	26%		30%	23%		40%	25%
52d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	9%		10%	5%		0%	8%
52j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	0%		0%	0%		0%	0%
53	Have you been victimised (insulted or assaulted) by a member of staff?	30%	26%		28%	31%		31%	29%
54d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	2%		12%	0%		11%	6%
54i	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	0%		4%	0%		0%	2%
56	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	26%	21%		29%	19%		40%	22%
57	Have you ever felt threatened or intimidated by a member of staff in here?	35%	25%		37%	25%		22%	32%
58	Is it very easy/easy to get illegal drugs in this prison?	0%	16%		4%	14%		0%	10%
60	Do you think the overall quality of the healthcare is good/very good?	62%	56%		60%	57%		66%	58%
61a	Is it very easy/easy to see the doctor?	45%	66%		52%	57%		44%	56%
61b	Is it very easy/easy to see the nurse?	77%	89%		88%	77%		88%	82%
66a	Do you feel your job will help you on release?	51%	51%		47%	56%		67%	49%
66b	Do you feel your vocational or skills training will help you on release?	48%	42%		47%	44%		33%	47%
66c	Do you feel your education (including basic skills) will help you on release?	60%	63%		66%	58%		39%	64%
66d	Do you feel your offending behaviour programmes will help you on release?	23%	42%		16%	50%		22%	34%
66e	Do you feel your drug or alcohol programmes will help you on release?	22%	34%		14%	44%		22%	29%
67	Do you go to the library at least once a week?	71%	60%		77%	52%		44%	68%
69	On average, do you go to the gym at least twice a week?	55%	69%		63%	60%		44%	64%
72	On average, do you go on association more than five times each week?	44%	68%		41%	73%		11%	61%
73	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	19%	16%		14%	21%		22%	17%

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners		Foreign National prisoners	British National Prisoners		Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in blue is significantly worse								
	Percentages which are not highlighted show there is no significant difference								
75	Did you first meet your personal officer in the first week?	46%	63%		46%	62%		60%	52%
77	Do you have a sentence plan?	60%	77%		63%	74%		50%	71%
87	Have you had any problems with sending or receiving mail?	29%	23%		24%	31%		19%	28%
88	Have you had any problems getting access to the telephones?	20%	13%		26%	7%		25%	17%
90	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	60%	80%		60%	79%		33%	72%
95a	Have you had access to ROTL (temporary release)?	12%	15%		4%	22%		0%	14%
95b	Have you had access to Facility Licence (outside work, education)?	10%	13%		0%	20%		0%	12%
95c	Have you had access to Resettlement Licence?	7%	18%		0%	24%		0%	13%
95d	Have you had access to Earned Community Visits (town visits)?	10%	18%		0%	26%		0%	15%
97e	Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?	48%	51%		42%	57%		39%	50%



Key questions (Disability Analysis) HMP Morton Hall 2007

Prisoner Survey Responses (Missing data has 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

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		14	78
11	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	50	52
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	30	46
20	Were you treated well/very well by the escort staff?	78	66
21a	Did you know where you were going when you left court or when transferred from another establishment?	58	79
23a	Did you have any problems when you first arrived?	85	62
24d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	14	36
24g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	56	48
24h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	33	35
24i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	33	34
24j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	62	55
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	92	88
26	Were you treated well/very well in reception?	64	61
28b	Did you have access to someone from healthcare within the first 24 hours?	78	88
29	Did you feel safe on your first night here?	64	85
30	Did you go on an induction course within the first week?	100	98
31	Did the induction course cover everything you needed to know about the prison?	86	80
32	Did you receive a 'basic skills' assessment within the first week?	85	86
36a	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	100	96

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
39a	Is it easy/very easy to get a complaints form?	100	90
39b	Is it easy/very easy to get an application form?	100	92
45	Are you able to speak to a Listener at any time, if you want to?	74	76
46a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	100	81
46b	Do most staff, in this prison, treat you with respect?	82	60
48	Have you ever felt unsafe in this prison?	42	29
49	Do you feel unsafe in this establishment at the moment?	8	7
51	Have you been victimised (insulted or assaulted) by another prisoner?	58	22
53	Have you been victimised (insulted or assaulted) by a member of staff?	22	31
56	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	42	22
57	Have you ever felt threatened or intimidated by a member of staff in here?	23	34
60	Do you think the overall quality of the healthcare is good/very good?	74	55
61a	Is it very easy/easy to see the doctor?	67	53
61b	Is it very easy/easy to see the nurse?	90	81
62a	Do you think the quality of healthcare from the doctor is good/very good?	67	63
62b	Do you think the quality of healthcare from the nurse is good/very good?	100	70
62e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	69	74
63	Are you currently taking medication?	84	51
64	Are you allowed to keep possession of your medication in your own cell?	74	49
66a	Do you feel your job will help you on release?	18	56
66b	Do you feel your vocational or skills training will help you on release?	40	46

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
66c	Do you feel your education (including basic skills) will help you on release?	46	64
66d	Do you feel your offending behaviour programmes will help you on release?	18	37
66e	Do you feel your drug or alcohol programmes will help you on release?	18	29
72	On average, do you go on association more than five times each week?	38	59
73	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	30	14
75	Did you first meet your personal officer in the first week?	62	51
76	Do you think your personal officer is helpful/very helpful?	85	53
77	Do you have a sentence plan?	54	70
78	Were you involved/very involved in the development of your sentence plan?	46	47
87	Have you had any problems with sending or receiving mail?	23	29
88	Have you had any problems getting access to the telephones?	15	17
90	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	77	67