INDEPENDENT MONITORING BOARD
FOR
HMP CANTERBURY

ANNUAL REPORT
JULY 2012 – MARCH 2013 (PRISON CLOSED)
Section 1

STATUTORY ROLE OF THE IMB

The Prison Act 1952 and the Immigration and Asylum Act 1999 require every prison and Immigration Removal Centre (IRC) to be monitored by an independent Board appointed by the Secretary of State from members of the community in which the prison or centre is situated.

The Board is specifically charged to:

1. Satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release.

2. Inform promptly the Secretary of State, or any official to whom he has delegated authority as it judges appropriate, any concern it has.

3. Report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

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

Section 2

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DESCRIPTION OF THE PRISON

Since 2006, the main role of the prison has been to provide for male foreign national offenders (FNOs) who are scheduled for possible deportation and have reached Category C status. All prisoners have been transferred from other establishments - the average length of stay here being six weeks. HMP Canterbury has a dedicated United Kingdom Border Agency (UKBA) facility in-house.

It is a small compact prison, built in the early 19th century and situated just outside the city walls. The maximum number of prisoners in the reporting period was 314. The traditional plan is of three connected Wings with limited recreational facilities - consisting of two small gyms, an Astroturf pitch and snooker tables placed in the Wing association areas.

There are three workshops; with contracts involving assembly in simple repetitive steps.

Since 2009 the Education Contract has been provided by Manchester College who were again successful in renewing the contract in 2012.

There is no 'inpatient' care facility available to prisoners. The proposed new staff contract with South East Health Ltd. to deliver healthcare services, though expected since June 2012, was never implemented before the prison closed.

Prison staff worked hard to establish good links with the community, especially the local universities, national organisations such as the International Organisation for Migration and charities such as Migrant Helpline.

A number of volunteers and students also worked within the prison.

Section 4

EXECUTIVE SUMMARY WITH REPORT ON THE PRISON CLOSURE

The Secretary of State for Justice announced on 10 January 2013 that HMP Canterbury would close. The last prisoner left the establishment on 25 February 2013 and the prison closed on 28 March 2013.

This Report covers the monitoring of the prison over two separate periods:

1) From July 2012 to 10 January 2013 (when closure was announced); and

2) From 10 January to 28 March 2013 (the effective date of final closure) during which period a Closure Action Plan was created and put into effect.
1) JULY 2012 – 10 JANUARY 2013

The Board monitored the work of the prison and its impact on prisoners during this period but detailed information to compile this report was not readily available at the time of drafting. Access to details which could ordinarily be found retrospectively was not possible - owing to the speed of prison closure and the pressure on the Board to vacate the IMB office and box up all the necessary documents for storage. It was not felt appropriate to add to the workload of the staff by asking them to obtain the relevant facts and figures which might add more substance to this report.

Consequently this period of reporting is not as comprehensive as we would like although it touches on the major issues.

HMP Canterbury continued to develop as a specialised facility for FNOs, but with the increasing understanding that many prisoners were not, in the final analysis, eligible for deportation.

Although charities such as Migrant Helpline were supportive of prisoners seeking release into the UK, the prison was not really set up for the resettlement needs of FNOs.

A gradual increase in the number of sentence-expired detainees was noted during this period.

The atmosphere on the Wings was mostly one of quiet co-operation. There were no serious incidents, minimal use of force and no occasion to open the Command Suite. The Care and Containment Unit (CCU) underwent a period of about a month when various prisoners refused to re-locate, preferring to remain in isolation or, in some cases, using refusal to re-locate as a lever to seek transfer to another establishment.

A firm but fair policy was implemented which seemed to be effective. Notification to the IMB of prisoners admitted to the CCU and the time of their Reviews was satisfactory as was the care of prisoners in CCU. The staff nearly always seemed to show great patience and sensitivity in managing the men in their care – despite some challenging behaviour.

Apart from a three-week period when six open Assessment Care in Custody Teamwork (ACCT) documents were open, the incidence of risk of self-harm was low, with on average one or fewer ACCT documents being open at any given time. The officer in charge of this aspect of prisoner care engaged extremely well with both staff and prisoners and also implemented the anti-bullying strategy to good effect. Prisoners said that they felt safe and were usually able to approach staff with their concerns. The Personal Officer scheme was in operation, within a team of four staff members to provide off-duty cover.

The Chaplaincy team experienced several changes of members during the reporting period owing to retirement or re-location, but continued to provide an excellent quality of pastoral care. The prisoners particularly appreciated the way the Chaplaincy helped them to mark and celebrate their various religious festivals.

The Education Department provided a similar range of courses to that last reported. Continuity of education and the completion of courses offered organisational challenges due to the men's short length of stay in the prison.

However, the programmes offered were popular and well attended. The Library went through a short period when Assistants were difficult to recruit, apparently because the pay was lower than in the workshops, and temporary closure seemed likely. However, payment for Assistants was brought into line with that in the workshops and the issue was resolved.
2) 10 JANUARY – 28 MARCH 2013

CLOSURE OF HMP CANTERBURY

The closure of HMP Canterbury, along with five other prisons, was announced on 10 January 2013, and came as a surprise to everyone at the prison. Indeed the prison Governor was due to retire at the end of the month and his successor had already been appointed. The Board were informed that the process of closure would be rapid and indeed the last prisoner left on 25 February – 46 days later.

Members discussed the role of the IMB during the remaining weeks and it was decided to extend support to the staff (as well as to the prisoners). We agreed with the Governor that there would be an IMB presence in the prison throughout the day, until the atmosphere of uncertainty for both prisoners and staff had subsided. The Board’s support, alongside the professional counselling and advice provided by experts from outside agencies, was in general well received.

It was agreed, following consultation with the prisoners, to provide more access to 'phones on the Wings so that the men could inform their families and friends of their transfers. Also, on Fridays, a list of those prisoners due to leave the following week was posted on the Wing.

Although rapid, the process of closure has been entirely without serious incident.

In the early weeks there were disagreements between prisoners, necessitating the use of CCU. However, the transfer of particular prisoners led to more harmony and many of the men remaining appeared sympathetic to the staff facing an uncertain future.

There were two incidents of actual self-harm directly related to the attempted transfer of a prisoner to an unwelcome destination, one involving lacerations and needing hospital care.

The CCU was empty from 8 February, and there were no open (or post-closure) ACCTs from 13 February. The atmosphere on the Wings was generally peaceful and co-operative as the task of dismantling the prison proceeded.

C-Wing closed first (on 21 January), then A-Wing West (3 February), A-Wing East (18 February) and finally B-Wing on 25 February as the last prisoner left.

Healthcare stopped running Clinics from 25 January and the Integrated Drug Treatment Strategy (IDTS) service was disbanded two days later, following transfer of the last two prisoners on an opiate withdrawal regime.

The Healthcare centre closed on 18 February; A-Wing treatment room being used for immediate care. The Dentist and Optician remained accessible for Emergency Care only.

Medical needs were monitored and provided by both the GP and Nurse until closure. The Hepatitis B vaccination programme continued, with prisoners being held back to receive any due booster injections before transfer. Prisoners with hospital outpatient appointments were similarly allowed to stay behind, as this is one of the difficult areas for continuity of care when the prison population is moved around.

Education ceased on 1 February and the Library on the 4th. Books and newspapers were made available on the Wings.

Social Visits stopped on 18 February, with a normal regime until then.
The last Legal Visit was on 22 February.

The Chaplaincy was engaged in addressing one of the prisoners' main concerns – that of being transferred far away from their family and friends. The Assisted Visit Scheme was promoted where this was relevant. The final religious service took place in the Chaplaincy on Sunday 24 February.

All three workshops had closed by 1 February and, as there were fewer men, the gym was made more freely available for exercise and recreation, to alleviate frustration and boredom. However, the weekend and evening gym stopped on 15 February leaving just a core programme available for the last ten days.

Detainees were a special group; resentful about detention and unable to earn any money. Between 22 January and 6 February there were around 20 detainees in the prison. The UKBA / Immigration department continued to work as normal until closure to ensure the best possible service. Care was taken, where immigration issues still needed to be resolved, to organise transfers to a prison with a similar UKBA facility on site. Of prisoners who applied for a Bail hearing, three were transferred directly from Court.

The kitchen, having placed its orders before closure was announced, was able to provide larger rations of milk and bread for those remaining – much appreciated as the men were working with the staff to de-commission the buildings. A double canteen was organised on 21 February to try to prevent shortage of supplies - should transfer result in missing the chance to make a new order in time.

Initially a special work force of about 25 prisoners, assessed as suitable for a Category D prison, were chosen as the date of final closure approached – on the understanding that they would be able to transfer to an establishment that suited them. However when they learnt that their particular transfer could not be assured, they stopped work. Three Listeners who were elected to remain behind and offer support as the prison emptied were among this group and voiced the general sense of disappointment. A daily working party from HMP Standford Hill (Sheppey Cluster) was organised in their place until final closure.

Conclusion

HMP Canterbury maintained an excellent reputation as a well-run prison with good dynamics between staff and prisoners. The programme of closure had to be created and instigated by existing staff immediately, with little reference to previous models.

It is a credit to the management that the process was so smooth and peaceful. One of the key factors was the clear communication between staff and prisoners. The men were given a week's notice of transfer, with all the details of their new establishment provided; facilitating the necessary preparation of their family and friends for future contact. Each prisoner was seen individually by a senior member of staff and fully informed.

This personal care and attention to detail has been the key to Canterbury's success.
The following three charts summarise the timescale of the prison population leaving and give information about their transfer and removal.

Rate of transfer of 275 prisoners from HMP Canterbury
- 15th January to 26th February 2013
Establishments receiving 212 prisoners transferred from HMP Canterbury

- from 15th January to 25th February 2013
Destination of 54 prisoner 'Removals' from HMP Canterbury

- from 15th January to 25th February 2013

- Discharges: 18
- Conditional Release: 5
- Court: 3
- Deports: 28
ISSUES FOR THE MINISTER

The Board would like to express its appreciation to the Minister for his response to the Annual Report in 2012. In his reply the Minister wrote that the prison service had three prisons, of which Canterbury was the first, which exclusively focused on FNOs. The Board remains concerned that the particular needs of FNOs are not being sufficiently addressed. Its observation that many FNOs are not ultimately deported, highlights the unsatisfactory provision for resettlement.

The Board understands that a review is taking place which may result in more resources being made available by the end of 2012/13 but it urges the Minister to prioritise this group which, in some cases, is released into the community with insufficient language skills or support in finding employment.

Board members continue to be concerned about the delay in determining immigration status, resulting in an increased number of detainees and the length of time they are detained. Members appreciate that, in some cases, prisoners themselves can contribute to those delays but the impact on the well-being of detainees and the lack of provision for their status should not be underestimated.

ISSUES FOR THE NOMS AND THE PRISON SERVICE

The continued delay between prisoners being categorised as suitable for the Open Estate and actual transfer has had a very negative impact on the morale of prisoners. They consider that they do not receive the same opportunities as other non-FNOs. Again, if prisoners are not transferred promptly they miss the chance to improve their skills and future employment prospects.

Section 5

5.1 EQUALITY AND INCLUSION

Between April 2012 and February 2013 fifteen Discrimination Incident Report Forms (DIRFs) were submitted. Full analysis is unavailable but October's Safer Custody minutes refer to two DIRFs – one upheld and one not. The November minutes refer to six DIRFs, but four were from the same prisoner who had spoken to four different members of staff.

Cultural events continued to play an important part, with the Olympic and Paralympic Games supported at a multinational level within the prison. This year it was not possible to commemorate events such as the Chinese New Year and Holocaust Memorial Day because of the closure of the prison. There were concerns about the closure of the prison and the effect it would have on prisoners if they went to establishments where there were very few others of a similar ethnic or religious group. For example, will there be Hindu celebrations or the marking of the Persian New Year if there are only two or three people of a similar background, compared with the 15 to 20 there might be in Canterbury?

Three Equality Impact Assessments (EIAs) were carried out during the year: meal provision, visits, and prisoners held in segregation.
At the Equality Action Team (EAT) meeting in October 2012 it was stated that out of 302 prisoners, nine had recorded disabilities. There were six prisoners over the age of 55 but none over the age of 65.

FNOs were understood to be disproportionately disadvantaged for transfer once they had been re-categorised to Category D status. Spaces appear to be more readily available to prisoners with British nationality and there seems to be a reluctance to take Foreign Nationals, referred to earlier in this report. The 'Challenge it; Change it' training was undertaken by 69% of the staff and 'Cultural Awareness' training by 79%.

5.2 EDUCATION, LEARNING AND SKILLS

Manchester College was again the successful bidder for the provision of education at the prison during the reporting period. From July 2012 until the closure of the department on 1 February 2013, a good rate of qualification was achieved.

Following the announcement of closure, the education department tried to finish the courses which had been started, but prisoners were not enrolled into new units. For those prisoners transferred to other establishments where Manchester College had the contract, the expectation was that they would be able to continue their courses - as the same units would be offered.

With regard to the gym, in general most courses offering qualifications had stopped following the implementation of the new Prison Service Instruction (PSI) in 2011. However, 'Heart Start', 'Manual Handling' and 'First Aid' courses continued as part of the Induction process for prisoners – up to the date closure was announced. Staff also attended these classes as part of their work programme.

The three workshops closed on 1 February 2013, with the contracts going to either HMP Maidstone or HMP Rochester along with some of the staff who had worked on them at HMP Canterbury. Previously, throughout 2012, all the workshops were operating successfully, in both meeting output targets and producing an income. 'British Institute of Cleaning Science (BICS) Cleaning', 'Infection Control', 'Manual Handling' and 'Basic Soldering' certificate courses were well subscribed and successfully completed.

The football Friendship Cup, won by the staff this year, was a great success and new football strips were purchased although sadly they will not be worn.

5.3 HEALTHCARE AND MENTAL HEALTH

Provision of healthcare has remained essentially of the same quality since the date of last reporting (July 2012). No complaints made directly to Healthcare were received in the last quarter of 2012.

Healthcare was available equally to all prisoners/detainees, with an assessment of their medical need carried out within 24 hours of reception. A healthcare reception strategy was put in place, ensuring that a nurse remained in reception beyond 1700 hours when necessary, to receive late arrivals.
14 Clinics were available, booked according to demand for six or more. As the prison population consisted mainly of men in their 30's, most clinics were aimed at health promotion and damage limitation. All prisoners were offered Hepatitis B vaccination, with only 9% of those eligible declining (December 2012). The national programme is proving effective, with an increasingly protected prison population.

The IDTS program was again underused, with only five prisoners on opiate withdrawal in September and three in December 2012. No other controlled drugs were dispensed. On average 12 patients were receiving Tramadol for the relief of moderate or severe pain at a given recording time. At the November 2012 Offender Consultative Committee (OCC) meeting, a comment was noted about the length of the Dentist's waiting list (over the acceptable maximum of six weeks). However, this was in part contributed to by prisoners failing to keep their appointments and was rectified.

There were no incidents where emergency or inpatient care was compromised and escorts were found for outpatient appointments, together with bed watches for inpatient care. Physiotherapists, Chiropodists and Wound Care Nurses were called in as required. Primary Mental Healthcare was available in-house, with Specialist Nurse Mental Healthcare provided by Oxleas NHS Foundation Trust and a Community Psychiatrist.

A weekly Counselling clinic was held and the Listener scheme, supervised by the Samaritans, was well utilised and appreciated. There are two kinds of referral for this service: official (requested through the staff) and unofficial or informal. During the weeks of closure, although the staff recorded no rise in referral rate, Listeners were more in demand informally as other prisoners wanted to talk things through.

This year has been extremely frustrating for the Healthcare Team. The contract promised by South East Health Ltd, in June 2012, was finally due to be implemented on 1 February 2013. However, this was again withdrawn when the prison closure was announced on 10 January 2013. The professionalism of the staff in this long uncertain period has been commendable.

The IMB received only two Applications (from a total of 77) in the reporting period which related to the provision of Healthcare.

5.4 SAFER CUSTODY

ACCT procedures continued to be handled in a professional manner with an increase in the total number of staff fully trained (now 83%). The temporary increase in the number of ACCT documents opened (referred to earlier in this report) may have been related to increased staff training and awareness and there were plans to explore this further. Documents opened were fairly evenly distributed across the Wings.

There were no clear general trends in the reasons for or methods used in self-harming. Self-cutting remained the most commonly used method in the reporting period.

There was zero tolerance of bullying in the prison. Open discussion was supported in groups, with the distribution of 'Anti-Bullying Packs' where relevant.
As mentioned before, Canterbury had a dedicated staff member who with the rest of the staff ensured that prisoners felt supported when reporting acts or potential acts of bullying. Prisoners reported that they were listened to and were transferred or moved within the prison where necessary for their safety and well-being.

5.5 SEGREGATION, CARE AND SEPARATION, CLOSE SUPERVISION

The average number of prisoners and days of occupation in the CCU was proportionally similar to that in last year’s report with a 50% reduction in the reported use of force. The gated cell was used six times since July 2012 despite being out of commission for three weeks due to a faulty toilet.

Adjudications saw a 12% reduction. The highest number of adjudications were for 'Disobeying Orders'; then 'Possession of Unauthorised Items', and followed in order of incidence by 'Fighting', 'Assault' and 'Threats and Abuse'.

There was a noticeable decrease in the number of offenders held on GOOD over the reporting period.

Section 6

THE WORK OF THE INDEPENDENT MONITORING BOARD

Individual members (along with trainee members) conducted weekly rota visits and monitored adjudications in addition to Segregation and Care reviews. Applications from prisoners were attended to and meetings observed.

New prisoners were greeted at Induction by the duty member and the role of the IMB explained. Even though all the men had come from other UK establishments, quite a proportion claimed to have no concept of the IMB.

Training sessions were planned before each monthly meeting, at which the Governor or his Deputy called in to brief the Board on relevant issues and answer questions on matters arising from rota reports.

In-house training courses - for example ACCT, Fire Awareness, Anti-corruption and Self-defence were organised.

Of the four candidates interviewed in the Spring, three new members were appointed in July 2012, two of whom resigned soon afterwards. The fourth candidate joined the Board in October 2012, making a complement of nine. As closure was announced, one member had just completed his probationary year and another the first six month period. Members attended IMB courses for Chairs, Vice-chairs, the Foundation course and the 2013 National Conference.

Following the closure of the prison, two members decided to resign. Others were keen to explore vacancies on other Boards in Kent. However at the time of completing this report no members had been able to organise suitable placements.
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<th>BOARD STATISTICS</th>
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<td>Recommended Complement of Board Members</td>
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<td>Number of Board members at the start of the reporting period</td>
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<td>Number of Board members at the end of the reporting period</td>
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<td>Number of new members joining within the reporting period</td>
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<td>Number of members leaving within reporting period</td>
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<td>Total number of visits to the Establishment</td>
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<td>A</td>
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<td>B</td>
<td>Adjudications</td>
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