

Report on an announced inspection of

# **HMP Canterbury**

20 – 24 August 2007

by HM Chief Inspector of Prisons

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

HMP Canterbury

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# Introduction

Canterbury is a small prison, holding 284 prisoners. At the time of the last inspection, it was a very ineffective training prison: with little or no training. In 2006, it re-rolled to become the first prison to hold only foreign national prisoners: specifically those who were scheduled to be deported, and who were low security.

This inspection found that the prison had focused well on its new role, in spite of having no guidance, and no additional resources, from the Prison Service and, until recently, poor support from the Border and Immigration Agency (BIA). Managers and staff had applied themselves well to trying to determine and meet the needs of men from a variety of countries, cultures and languages.

All aspects of prisoner safety were well managed. Prisoners, often unsure where or why they were being transferred, were well supported in their early days at the prison, and standards of care for those at risk of suicide or self-harm were high. Disciplinary procedures were rarely needed, but were carried out fairly.

Relationships between staff and prisoners, and between the different prisoner groups and nationalities, were good. Staff took considerable trouble to try to meet prisoners' concerns, particularly in hunting down, often at short notice, property that had failed to travel with them and which they needed before removal or deportation. However, the processes for managing race relations and investigating racist incidents were weak, and few staff had received the locally-devised cultural awareness training. Health services also needed improvement, particularly in primary mental healthcare: though there was some innovative practice, and prisoners were complimentary about staff.

A major weakness was liaison and communication with the BIA. Decisions about whether or not a prisoner would be deported were made or communicated very late, causing unnecessary anxiety and uncertainty to prisoners, and undermining necessary planning for resettlement either in the UK or elsewhere. Only recently had a stable team of BIA staff been provided in the prison, and they were experiencing difficulty in obtaining timely information from caseworking colleagues.

Most prisoners were out of their cells during the day, and most had access to work or education. However, much of the work was mundane, and the education curriculum did not meet the needs of the population. This was an area that needed considerable development.

Canterbury was carrying out some very effective resettlement work under the facilitated returns scheme (FRS), under which 150 prisoners had been returned to their home countries in 2007, with resettlement and reintegration support. However, no guidance or support had been provided on appropriate resettlement provision for the rest of the prison's population.

Managers and staff at Canterbury had made some impressive efforts to fulfil their new, and initially unique, role of holding foreign national prisoners. Insofar as they could do, they were providing a safe and decent environment for men who were facing considerable uncertainty and anxiety. What was far less impressive was the very limited support available from the national agencies with overall responsibility. The involvement of the BIA was belatedly improving, but remained limited. The Prison Service, lacking any national strategies or guidance for the care of foreign national prisoners, had been able to offer little support. Fortunately, managers were able to make use of the analysis and recommendations of the Inspectorate's foreign nationals thematic. The absence of clear standards and guidance for the

care of foreign nationals is a weakness that is evident throughout the prison system, and one which needs to be addressed nationally.

Anne Owers  
HM Chief Inspector of Prisons

December 2007

# Fact page

## **Task of the establishment**

Canterbury has been a foreign national establishment since 2006.

## **Area organisation**

Kent and Sussex

## **Number held**

284

## **Certified normal accommodation**

196

## **Operational capacity**

284

## **Last inspection**

September 2004

## **Brief history**

The prison lies close to the centre of Canterbury and dates from 1808. Originally, it was a 'county gaol' serving local courts. The prison was re-roled from a local to category C on 30 March 2003. In 2006, it became a foreign national prison.

## **Description of residential units**

There are three wings: A wing accommodates 142 prisoners, B wing 96 and C wing 46.





# Healthy prison summary

## Introduction

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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:

<b>Safety</b>	prisoners, even the most vulnerable, are held safely
<b>Respect</b>	prisoners are treated with respect for their human dignity
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them
<b>Resettlement</b>	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

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HP3 There were good outcomes in every major area affecting prisoner safety. The reception process was efficient and caring, and induction was thorough. There was little evidence of bullying and good systems to identify and manage bullies. Assessment, care in custody and teamwork documents were of good quality and

those at risk of self-harm received high standards of care. Security was proportionate and security systems were effective. There was little use of force. Adjudications were conducted fairly and thoroughly. The segregation unit was not often used and there was little evidence of substance use. Canterbury was performing well against this healthy prison test.

- HP4 Reception staff had good relationships with escort staff, who usually called in advance to advise the prison of their estimated time of arrival. However, prisoners transferred to Canterbury said they were often given short notice of movements and no explanation of Canterbury's role. Significantly more prisoners than the comparator<sup>1</sup> (81% against 72%) said reception staff treated them well. The design of the newly-built reception area meant that not all interviews were conducted in private. Translated information included a useful induction booklet given to all new arrivals. Insiders and prisoner interpreters were available.
- HP5 On arrival, the main problems reported by prisoners were family contact and tracing property. Staff were proactive in helping to locate missing property, but free telephone calls were not routinely provided. Most prisoners said they felt safe on their first night and prisoners were positive about the induction process. Immigration staff had recently started to attend induction, which helped to alleviate immediate frustration and answer basic questions.
- HP6 Safer custody was a well-managed area. There was little evidence of bullying and a comprehensive and well-understood strategy was in place. The few bullying incident report forms submitted were competently investigated. Monthly safer custody meetings were generally well attended and assessment, care in custody and teamwork (ACCT) documents were monitored and analysed. Nearly all staff were ACCT trained and the documents were thoroughly completed, demonstrating a high level of care. However, health services staff did not always attend reviews and immigration staff did not attend at all. One of the safer custody suites was not fit for purpose and there was no log of usage.
- HP7 There were few security concerns and the small security department had good systems in place. The lack of a full-time intelligence officer meant that information was sometimes out of date by the time it was processed. Use of force was minimal and appropriate, but planned removals were not videoed. Use of force documentation was completed appropriately and there were good attempts at de-escalation. The number of adjudications was low. They were conducted fairly and thoroughly, but not all prisoners were offered an interpreter. Prisoners attended adjudication standardisation meetings. The segregation unit was generally clean and well maintained, but the gated cell was dirty. Segregation unit history sheets were generally perfunctory and lacked evidence of knowledge of or engagement with prisoners.
- HP8 There was little evidence of any illicit drug use, and positive mandatory drug tests were extremely infrequent. The prison's criteria excluded prisoners requiring detoxification or maintenance.

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<sup>1</sup> The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

## Respect

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HP9 Staff-prisoner relationships were positive and there were few obvious tensions between different ethnic or national groups. Residential units were clean, but in-cell toilets were poorly screened. Healthcare staff provided a good service, but there was no primary mental healthcare and no one trained in caring for victims of torture or trauma. There were some weaknesses in the incentives and earned privileges scheme. The quality of race relations management was variable and the investigation of racist incidents was poor. The foreign national prisoner policy was good and attempts had been made to provide independent immigration advice. The on-site immigration team offered an improved service, but timely communication from case holders was a problem, creating much anxiety. Legal services were inadequate. Canterbury was performing reasonably well against this healthy prison test.

HP10 The wings were clean and generally well maintained. Many prisoners complained about the inadequate in-cell toilet screening. Most cells were in a reasonable condition and prisoners could easily obtain cleaning materials. Notice boards contained a good deal of well-presented information. Problems with access to telephones were being addressed. Consultative meetings were well attended, regular and thorough.

HP11 Prisoners reported positively on relationships with staff. In our survey, 79% said that most staff treated them with respect and 88% said they had a member of staff they could turn to. However, very few staff had undergone the locally-developed cultural awareness training and prisoners were still routinely addressed by surnames alone. All prisoners spoken to knew their personal officers, but complained that they provided little meaningful help with issues such as resettlement and sentence planning.

HP12 Some diversity issues were dealt with during race equality action team (REAT) meetings, but there was no specific diversity policy or meeting. The two prisoners identified as having disabilities had generally good care plans, but the system did not necessarily identify less visible disabilities. There was no disability equality scheme.

HP13 Relations between ethnic and national groups appeared good. REAT meetings were well attended and minutes suggested that analysis and use of information had recently improved. There was no nationality monitoring. Most staff had been diversity trained and some had received REAT training. The investigation of racist incidents was generally poor, with not all witnesses interviewed and obvious issues not always followed up. While appropriately robust action had been taken in response to racist behaviour by some staff, there was a need for more interrogation of data to identify and act on concerning trends. Despite the diversity of the population, there was limited celebration of cultural events.

HP14 The foreign national prisoner policy was thorough and well structured. Staff went to considerable efforts to make specific provision for the population, including volunteer prisoner interpreters and translations, although there were no additional resources for the latter. Lack of timely information on immigration status and prospects remained problematic, and many prisoners did not know about their status until close to their release dates. Border and Immigration Agency (BIA) staff support had been

inadequate for most of the period since the re-role, but had recently improved considerably with the establishment of a stable on-site team. However, external immigration case owners were still not consistently responding quickly to queries.

- HP15 Steps had been taken to meet the significant need for independent immigration advice, but the provision did not match prisoners' needs, particularly in the areas of legal advice and representation. The Refugee Legal Centre took up referrals, but plans for surgeries had not been implemented. The legal services officer was part time and did not receive specific facility time. Legal visits were always over-subscribed but, despite this, the planned new visiting area was inexplicably due to contain only one legal visits room.
- HP16 The applications and complaints systems worked reasonably well and had the confidence of prisoners. Responses to complaints were normally prompt, courteous and reassuring. Prisoners were regularly re-categorised, although some of those given category D status had not been moved to open establishments.
- HP17 The incentives and earned privileges scheme was inconsistently applied and inappropriately linked to rates of pay. About a third of prisoners were on the enhanced level, although others fitted the criteria. Appeals were infrequent and there was insufficient differentiation between the standard and enhanced levels.
- HP18 Most prisoners thought the food was good and there were clear pictorial menus. There was reasonable consultation over the shop list, but it could take up to 10 days before newly-arrived prisoners received ordered goods.
- HP19 Most prisoners were complimentary about the standard of health services. All medication was allowed in possession unless risk assessment suggested otherwise. A useful innovation was the use of picture cards to remind prisoners of when medication should be taken. Prisoners were able to see a nurse or doctor reasonably quickly and had no difficulties seeing the dentist. There was an effective, full time health promotion coordinator. However, there had been no health needs analysis since the re-role to help guide and further promote progress. Staffing levels were low and all the doctors were locums, which meant there was little continuity of service. There was no primary mental health provision and no staff were trained in caring for victims of torture or trauma.

## Purposeful activity

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HP20 There was strong leadership of learning and skills, but many initiatives were in the early stages of development. There were enough work and education places, but much of the work was unchallenging. The education curriculum focused excessively on English for speakers of other languages, which did not meet the diverse needs of the population. Physical education and library provision was reasonable. Given the relatively compliant population, time out of cell for all prisoners could have been increased. The chaplaincy team was effective and appreciated. Canterbury was not performing sufficiently well against this healthy prison test.

HP21 There was enough work to keep most of the population employed, but much of it was mundane and repetitive. Some internal qualifications were available in the textile workshop. A useful and appreciated new preparation for employment programme had

recently been introduced. However, there were very few realistic employment training opportunities and limited links with the community. Few qualifications had been achieved recently.

- HP22 There was strong leadership overall to motivate development of learning and skills provision and there was a good prisoner-centred framework for allocating prisoners to activities. However, learning and skills provision was limited. The focus on English for speakers of other languages (ESOL) provision did not match the needs of the population.
- HP23 Teaching in learning and skills was not sufficiently engaging, challenging or stimulating. A needs analysis had been carried out, but the results had not yet been analysed and or incorporated into provision. Quality assurance arrangements, including self assessment, were poorly developed. There was generally poor use of management data to assess and manage progress.
- HP24 Library provision was generally satisfactory and the management of book stock was good. However, there were few newspapers in languages other than English or multi-lingual dictionaries.
- HP25 Physical education (PE) provision was reasonable, but there were staff shortages and long waiting lists for full-time PE courses and employment. Recreational PE sessions were available two to three times a week either before or following the core working day, and there was some evening and weekend recreational provision. Showers and toilets were inadequate and the sports hall was too small. Gym equipment was adequate. Some accredited courses had recently been introduced.
- HP26 A series of roll checks indicated that around 15% of prisoners were locked up during an average day, but most prisoners were out of their cells for nine hours on weekdays and seven hours at weekends. Exercise periods were regular and generally predictable, but association had been cancelled 28 times to date in 2007. There was little constructive activity available during association and no evening association at weekends.
- HP27 A clear programme of religious services had been produced in a number of languages. There was good cooperation and teamwork between chaplains of different faiths. Chaplains had good relations with staff and the team was involved with ACCT reviews and induction. Services were well attended, but the provision for Muslim prisoners was inadequate. There was little other provision such as discussion classes.

## Resettlement

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- HP28 Prisoners reported poorly on resettlement issues. The lack of certainty about immigration status was a fundamental problem undermining the prison's ability to provide effective resettlement planning and provision. The prison had made considerable efforts, but had lacked guidance and support on how to work with a foreign national population with diverse resettlement needs. There had been no internal resettlement needs analysis on which to base the kind of tailored strategy needed to provide equality of access within the constraints. The pathway profile document was an innovative way of assessing need, but in many cases had

inappropriately replaced the offender assessment system. The visitors' centre was an excellent facility and contrasted with the poor environment of the visits area. The prison was not performing sufficiently well against this healthy prison test.

- HP29 The overall approach to resettlement lacked coherence and clarity. Resettlement services were not sufficiently responsive to the complex and varied needs of a population that included people discharged under the facilitated returns scheme (FRS) and the early removal scheme (ERS), those deported or removed at the end of sentence and a substantial number released into the community. There had been no guidance or support from the National Offender Management Service (NOMS) to assist the prison to address the challenging resettlement needs presented by its population. However, there had also been no internal resettlement needs analysis to help inform and drive progress.
- HP30 Since April 2007, about 14% of prisoners had been released into the UK, but it was almost impossible for the prison or outside agencies to identify who was to be released and direct resources accordingly. This was due to a lack of clarity until the very last stages of sentence about whether or not someone was to be deported. Offender managers were reluctant to engage with prisoners until immigration status was confirmed so had little or no contact with them.
- HP31 Few prisoners had obtained home detention curfew or release on temporary licence, mainly because neither could be approved until the BIA had confirmed the level of interest in each individual. Similarly, health services staff were unable to plan effectively for the care of patients discharged to the community due to late immigration notifications.
- HP32 A sizeable minority of prisoners (22% of all discharges in 2007) had been deported under the FRS, which provided the potential for some form of resettlement and reintegration assistance in home countries. The high numbers leaving under this scheme reflected much effort by the experienced on-site immigration team. To date in 2007, 15 people had been removed under the ERS, but there was evidence of some unnecessary delays impacting on the scheme's effectiveness.
- HP33 About 75% of prisoners were serving sentences of more than 12 months and should have had offender assessment system (OASys) assessments completed, but few had been done. Instead, the prison used its own pathway profile document, which was a useful tool for identifying needs and applied to all prisoners whether or not they would normally have been subject to OASys. It did not, however, include an assessment of risk of harm. Risk was in any event difficult to assess for the foreign national population because of a lack of pre-sentence reports and information on previous convictions, particularly for prisoners who had previously been resident abroad.
- HP34 Various pathway leaders undertook assessments, but the quality of feedback to offender supervisors varied and not all useful information was made available to them. There was no overall review of progress and prisoners were not involved in the sentence planning process.
- HP35 There were no accredited or other offending behaviour programmes. There were several outstanding referrals to other prisons and some men had been identified as having treatment needs that could not be met at Canterbury.

- HP36 Public protection was well managed by the probation department. All cases were reviewed for multi-agency public protection arrangement (MAPPA) consideration and 17 prisoners had been identified as MAPPA candidates. However, letters and telephone calls were not always censored when appropriate.
- HP37 Some limited accommodation casework was undertaken with around 30 people, but there was a lack of specialist provision that could take account of the needs of the population. In particular, more thought was needed on how to meet the needs of prisoners returning to live outside the UK, especially EU nationals who did not benefit from the FRS. The accommodation pathway leader lacked sufficient time and training.
- HP38 The counselling, assessment, referral, advice and throughcare (CARAT) team had been appropriately reduced over the last 12 months to reflect a lower demand for services. Treatment was available through either group work or one-to-one provision. Relapse prevention and harm reduction programmes were still available. There was inconsistent contact with offender supervisors following reviews and allocation to services. There were appropriate links to drugs intervention programmes. Alcohol was consistently the most popular drug of choice and a one-day alcohol course was delivered regularly and Alcoholics Anonymous attended once a week. An alcohol strategy was in place, but focused on testing rather than treatment.
- HP39 Finance, benefit and debt referrals were picked up by a specialist officer and some work had been carried out with individuals with serious debt problems. More thought was required on the distinctive needs of individuals with money problems who were returning to live overseas.
- HP40 There was an excellent visitors' centre providing a wide range of support services for visitors. Regular and appreciated fathers' visits were organised by staff in the centre. Qualified crèche staff supervised children in both the visitors' centre and the visits hall itself, but the latter was a contrastingly dismal and unwelcoming facility.
- HP41 There was no restriction on numbers that could be called using the personal identification number telephone system, which was a sensible development given the generally compliant and low-risk population. The system of providing free telephone calls in lieu of visits was efficiently managed.

## Main recommendations

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- HP42 There should be a national policy for the management and support of foreign national prisoners, which provides clear practice guidelines to establishments, and which is supported by auditable standards, service level agreements or contractual requirements.
- HP43 The National Offender Management Service should give a clear strategic lead on offender management for foreign nationals.
- HP44 Defensible decisions on whether or not to proceed to deportation or removal should be made and relayed as early as possible in sentence and (where sentence length permits) at least six months before the earliest date of release.
- HP45 When indicating an interest in a prisoner that may affect the governor's deliberations on home detention curfew, release on temporary licence or re-

categorisation, the Border and Immigration Agency should provide prompt and detailed explanations of a prisoner's status and risks.

- HP46 The immigration team at Canterbury should be properly resourced, with sufficient experienced staff to identify, explain and progress prisoners' immigration queries, including via regular drop-in surgeries.
- HP47 A prisoner resettlement needs analysis should be undertaken and updated regularly using monitoring information.
- HP48 There should be more useful education and work, linked to appropriate qualifications, to meet the needs of a diverse foreign national population.
- HP49 Learning and skills provision should be engaging and challenging, and based on regular needs analyses.
- HP50 There should be enough legal visits rooms and sessions to meet prisoners' needs and allow confidentiality.



# Section 1: Arrival in custody

## Courts, escorts and transfers

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### 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 Prisoners arriving at and leaving Canterbury often had little notice of where they were going, but most said they were treated well by escort staff.
- 1.2 Two-thirds of prisoners in our survey had journeys of less than two hours. Prisoners said vehicles were clean, if not necessarily comfortable, and that sandwiches were offered en route. Three-quarters said they had been treated well by escort staff. Many said they had been given little notice of or explanation about their move, discovering only after their arrival that they had been sent to Canterbury in expectation of deportation, which was alarming for some. Little notice was also common when people were transferred to an immigration removal centre (IRC) at the end of sentence.
- 1.3 Staff and prisoners spoke positively of relationships with escorts. Most movements were transfers, incoming from other prisons and outgoing to IRCs, with just a few movements for court visits or other purposes. Although population pressures made it difficult to anticipate transfers with any certainty, escorts usually let the prison know who they were bringing and the expected arrival time. Escorts tended to avoid lunchtime closure and we saw no vehicles queuing. During the inspection, staff cut short their lunch to allow a vehicle to enter. Occasionally, staff had to be found to receive a late arrival after 5pm.

## First days in custody

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### 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.

- 1.4 Prisoners were treated well in reception and assisted with immediate problems, particularly with recovery of lost property. Most felt safe on their first night, but few were given the opportunity to make a free telephone call to tell their family of their move. Reception staff collaborated with induction staff to interview new arrivals and draw up cell-sharing risk assessments. Induction started soon after arrival and was comprehensive.

### Reception

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- 1.5 Many new arrivals did not know why they had been transferred or what their future prospects might be. However, 81% of prisoners in our survey, significantly better than the comparator of 72%, said they had been treated well by reception staff and more than the comparator said

they had been helped with problems on arrival. Just under a fifth of prisoners arrived without all of their property. Staff were aware of the need to chase up missing property for people who might be deported within weeks and immediately contacted the sending establishment to trace and recover it. If this was not successful within a couple of weeks, the prisoner was informed and helped to complete a formal complaint. In one recent case, the governor had intervened to retrieve the property of a prisoner who was about to be removed.

- 1.6 Reception procedures were unhurried and staff took time to talk to prisoners individually. Prisoners were also seen by healthcare and chaplaincy staff and prisoner orderlies. They were given a hot drink and an information pack in several languages. If a new arrival did not understand English, staff tried to find an interpreter from an up-to-date list of prisoners willing to take on this role.
- 1.7 The reception area was fairly new and adequate for the 70 to 80 new receptions and a similar number of discharges each month. Storage space was tight, but staff did not limit how much property prisoners could bring with them and the prison accepted additional suitcases if someone was due to be removed soon. The holding rooms were clean, tidy and contained well-presented notice boards, although the information on them was mostly in English. Some general information could be gleaned in different languages from a touch-screen machine. A video showed what the prison and facilities looked like.
- 1.8 Not all prisoners transferred in arrived with completed documentation. Cell-sharing risk assessments were opened. Although part of the reception interview was conducted in a private office where searching also took place, some sensitive questions were asked at the reception desk where the answers could be overheard. As prisoner interpreters were not usually asked to assist with sensitive interviews, reception staff had developed a questionnaire of key questions translated into 12 languages with 'yes' or 'no' answers. They had not made use of a telephone interpreting service.
- 1.9 New arrivals were routinely asked if they needed to recover numbers from mobiles before they were stored, but were not offered a free telephone call to let family or friends know of their move. There was no telephone in reception and prisoners were expected to use the wing payphones. Credits were transferred from the sending prison within 24 hours, although some prisoners arrived without any money in their account. New arrivals could also use an advance £2 telephone credit. Only in exceptional circumstances could they ask wing staff to call someone on their behalf or use the wing office telephone themselves. In our survey, only 32% of prisoners, against a comparator of 47%, said they had been offered a free telephone call and 28%, against a comparator of 19%, said they had found it difficult to contact their family. Staff recognised the importance of enabling early contact between prisoners and their families, but said resources did not allow them to offer free telephone calls.
- 1.10 Reception packs of snacks and smoking materials were optional, but usually only smokers took up the offer. Depending on what day they arrived, some new arrivals could wait up to 10 days to receive a shop order (see section on prison shop).

### **First night**

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- 1.11 A team of induction wing officers met new arrivals in reception and identified any needs or vulnerabilities. Other staff, including night staff, were made aware of anyone with any special needs. There were no designated first night cells, but as far as possible prisoners were located according to need or preference, such as co-locating non-smokers and people speaking the same language. Most were put into double cells, although there were a few single cells.

Canterbury's allocation criteria generally precluded prisoners with serious management problems.

- 1.12 Cell doors were initially left open to allow new arrivals to settle in and talk to the prisoner Insider or prisoner interpreter tasked with welcoming them. They were then interviewed in private by the induction officer and staff said some now felt sufficiently reassured to reveal anxieties they might have been hesitant to raise in reception. Induction staff had other duties on the landing, which made it difficult to focus on the needs of new arrivals when a lot arrived together, as happened during the inspection week. In our survey, 84% of prisoners, similar to the comparator, reported feeling safe on their first night.

## **Induction**

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- 1.13 The rolling one-week induction programme began the morning after arrival and involved pictorial presentations, escorted visits around the prison and allocation to work or education. Other staff and prisoner orderlies participated in the induction process and immigration staff had recently become involved to make sure they saw everyone within a couple of days of arrival. The whole process was logged and prisoners signed to confirm they had completed the scheduled induction programme.
- 1.14 Useful induction booklets were available in 22 languages and the nationally-available translated information booklets produced by the Prison Service, Probation Service and Prison Reform Trust were issued as needed. Prominent photo-boards helped with identification of staff, including personal officers. Observed standards of communication varied, but supervising induction officers were selected and mentored with their ability to communicate in mind. They put a lot of effort into helping prisoners understand and deal with any problems and were constantly looking to improve the induction process. Any prisoner needing to make an application was helped to do so straight away.

## **Recommendations**

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- 1.15 All formal reception interviews should take place in private.
- 1.16 Prisoners should be able to make a free telephone call on reception.
- 1.17 Staff responsible for delivering induction to new arrivals should not be detailed to other duties.

## **Good practice**

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- 1.18 *Reception staff routinely asked transferees about any missing property. Staff promptly and systematically pursued missing property, recognising that the owner might be removed from the country in the near future.*



# Section 2: Environment and relationships

## Residential units

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### 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 Given the prison's age and the building work taking place, the overall living environment was clean and hygienic. Prisoners showed respect for their environment and most cells were in reasonable condition, although in-cell toilets were inadequately screened. Most prisoners chose to wear prison-issue clothing. Consultation arrangements were good.
- 2.2 There were three residential wings (see fact page), all of which were almost 200 years old. All cells had integral sanitation, electricity and access to drinking water. There were communal showers and toilets on each landing and every wing had its own laundry. Despite the age of the prison and the building work taking place, living conditions were decent and the environment was clean and hygienic. Cells were checked daily and most were in reasonable condition, with virtually no graffiti or offensive material on display, but the wooden cupboards provided were not lockable. All cells had kettles and prisoners could also use the hot water urns on the landings.
- 2.3 One double cell on the ground floor of C wing was used for prisoners with disabilities, but had not been specifically adapted. It was currently occupied by a prisoner in a wheelchair who said he had plenty of room to move around. The shower adjacent to this cell had been fitted with a specially adapted chair.
- 2.4 In our survey, 67% of prisoners, significantly better than the comparator of 41%, said their cell bells were answered within five minutes. Some prisoners, usually those who did not understand English, used them incorrectly, but staff were understanding of such mistakes and explained correct usage.
- 2.5 Communal areas were well supervised and staff were vigilant. We saw staff intervene quickly when a prisoner was accused by others of stealing from a cell, and the situation was resolved without escalating. A range of information about the prison, including photographs of staff and prisoners, was displayed in each residential area. Notice boards were attractively presented and contained much useful information, although not all of it was up to date.
- 2.6 Prisoner consultation meetings were held monthly, usually chaired by the deputy governor and attended by prisoner representatives from each wing. The agenda covered all areas of prison life and the discussion witnessed was open and thorough. Prisoners were able and willing to raise sensitive issues, for example about staffing, and these were dealt with constructively. Staff from different departments had been invited to give presentations at the meetings; the Muslim chaplain and family liaison worker had recently made particularly helpful contributions.

### Hygiene

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- 2.7 The standard of hygiene in cells was generally good. In our survey, 81% of prisoners, against a comparator of 75%, said they received cleaning materials every week. Communal areas

were clean, and a good-natured competition was held between the cleaning officers for the two larger wings, which helped to maintain standards.

- 2.8 In our survey, 99% of prisoners said they could normally shower every day. The communal toilets were also heavily used as prisoners preferred these over the in-cells toilets, which were screened only by curtains. The lack of proper screening accounted for most of the complaints we received about living conditions.
- 2.9 Prisoners were issued with free soap, razors and toilet roll every week. New mattresses could be requested through the application system.

### **Clothing and possessions**

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- 2.10 Prisoners could wear their own clothes, but most opted for prison clothes. The quality and fit of prison-issue clothing was reasonable. Each wing had a laundry run by orderlies and irons were available. Bed linen was collected weekly and sent to a neighbouring prison to be laundered, but it was not always properly cleaned or returned in good condition.
- 2.11 Prisoners were normally able to access their property within two or three days of making an application. Those without suitable luggage were given a black draw bag on discharge.

### **Recommendations**

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- 2.12 In-cell cupboards should be lockable.
- 2.13 The cell on C wing used for prisoners with disabilities should be suitably adapted.
- 2.14 In-cell toilets should be properly screened.

### **Housekeeping points**

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- 2.15 Notice boards should be kept up to date.
- 2.16 Bed linen should be clean and in good condition.

### **Good practice**

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- 2.17 *The quality of dialogue and discussion during consultation committee meetings was unusually high and reflected staff commitment to engaging respectfully with prisoners.*

## **Staff-prisoner relationships**

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### **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.

2.18 Staff-prisoner relationships were good, although prisoners were addressed by surname alone. Staff needed more training on cultural awareness.

2.19 In our survey, 79% of prisoners said most staff treated them with respect and we saw generally good, respectful staff-prisoner relationships. However, prisoners in group interviews said a significant minority of staff, though well meaning, had limited cultural awareness. Together with staff at Dover immigration removal centre, prison managers had developed a cultural awareness course, but only 10% of Canterbury staff had undergone it. The prison had also produced a useful and detailed cultural awareness booklet that had been issued to all staff. Most staff addressed prisoners by their surnames alone.

## Recommendations

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2.20 All staff should complete the cultural awareness course.

2.21 Prisoners should not be addressed by surnames alone.

## Personal officers

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### Expected outcomes:

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

2.22 Prisoners knew their personal officers, but did not always have prompt or frequent contact and were frustrated at the lack of meaningful help available.

2.23 The personal officer scheme was based on an excellent policy that clearly outlined the responsibilities of staff and emphasised the positive impact that proactive personal officers could have on the effective running of the prison. In our survey, 88% of prisoners, against a comparator of 73%, said they had someone to turn to if they needed help and all prisoners we spoke to knew who their personal officer was. Back-up officers were available if a personal officer was away.

2.24 Entries in wing history sheets were of reasonable quality, with those on C wing, the smallest wing, demonstrating a particularly good understanding and knowledge of prisoners. However, entries on all wings were not always made regularly, with often more than a month between them. There were also several examples of personal officers not making first contact with a prisoner for several weeks.

2.25 Officers responded well to issues raised by prisoners, but there was little proactive engagement. Prisoners complained that personal officers offered little meaningful help with resettlement and sentence planning, although this was generally because there was little personal officers could tell them about such issues (see section on resettlement). Many described a good natured but somewhat uninvolved staff approach.

## Recommendation

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- 2.26 Personal officers should make first contact with prisoners soon after their arrival and meet with them regularly after that to identify and respond to any concerns. These meetings should be clearly documented in history sheets.



# Section 3: Duty of care

## Bullying and violence reduction

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### 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 There were few instances of bullying and most prisoners felt safe. The violence reduction strategy was comprehensive, robust and effective. The safer custody committee met regularly and was well attended, and prisoners were fully involved in the process. Monitoring of information was good, but it was difficult to identify any patterns or trends. There were no specific programmes to challenge bullies and support victims.
- 3.2 The prison had developed an effective and comprehensive violence reduction strategy. This clearly set out core procedures and standards that staff understood and had confidence in. The safer custody committee met monthly. Prisoners attended regularly and their views were encouraged and sought. There was robust monitoring of security information reports (SIRs), adjudications, unexplained injuries, self-harm incidents, cell-sharing risk assessments, transfers and applications to move wings. However, the information was not collated in a way that allowed for easy identification of patterns or trends.
- 3.3 In our survey, 24% of prisoners, against a comparator of 27%, said they had felt unsafe at some point at Canterbury and 12%, against a comparator of 17%, currently felt unsafe. Prisoners in group interviews said they felt safe and those we spoke to individually said Canterbury provided a calm and well-ordered environment. The prison had recently conducted a safety survey in a number of languages, but had received only 37 replies. The results were being analysed by the safer custody committee.
- 3.4 Safer custody notice boards throughout the establishment reinforced that bullying and other forms of anti-social behaviour were unacceptable. There were very few known instances of bullying. Any that did occur were well investigated and the outcomes clearly recorded. Bullies were placed on a three-stage strategy and their behaviour was monitored. Continued bullying resulted in further restrictions of movement that could have led to separation or transfer. The strategy defined the levels of support and monitoring victims might require, but there were no specific programmes to challenge bullies or support victims.

## Recommendations

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- 3.5 The safer custody committee should ensure that returns from its annual safety survey are improved.
- 3.6 Programmes to challenge bullies and support victims should be introduced.

## Housekeeping point

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- 3.7 The analysis of monitoring information should allow identification of patterns in bullying and self-harm.

## Self-harm and suicide

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### 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.

- 3.8 The suicide and self-harm policy was thorough and comprehensive, and staff were trained. Documentation was completed to a high standard and reviews were well attended, but not by immigration or healthcare staff. The suicide prevention coordinator did not have profiled time for the work and one of the care suites was unfit for purpose.
- 3.9 The monthly safer custody meetings incorporated suicide and self-harm and violence reduction (see section on bullying and violence reduction). The suicide prevention and self-harm management strategy was clear and comprehensive, setting out well-considered core procedures and guidelines for staff. These included a community approach to care for those at risk or in crisis, which encouraged prisoners to take responsibility for the well being of others and ensured that staff were trained. The aim was to provide good communication and cooperation between all those who worked alongside prisoners.
- 3.10 Assessment, care in custody and teamwork (ACCT) procedures had been introduced in April 2007 and over 93% of staff had been ACCT trained. There were nine assessors, who were known to staff, and a duty assessors list was published a month in advance. Thirty-two ACCT documents had been opened and those we looked at had been completed to a high standard. Reviews were usually well attended and had good care plans. Continuity was maintained by some of the same staff attending subsequent reviews. However, immigration staff did not attend at all and health services staff did not always attend. There were regular post-closure reviews and observational comments were detailed and informative.
- 3.11 Staff and prisoners said the frustration caused by the lack of clear, up-to-date information from the Border and Immigration Agency, particularly for those coming to the end of sentence, was especially likely to increase the risk of self-harm. These frustrations had appropriately led to some ACCT documents being opened.
- 3.12 New arrivals were supported by prisoner Insiders (see section on first days in custody). The services of seven trained Listeners were well advertised throughout the prison and staff had a duty list for them. The safer custody notice boards also contained good information about support and help for people in crisis. There were two safer custody suites. The suite on B wing was comfortable and appropriate, if a little stark, but that on A wing, which was a cell with a bunk bed, was austere and not fit for purpose. No log was kept of use of either suite. The care and containment unit had a gated cell used for prisoners considered to need constant

observation. This was not appropriate, as being placed in the cell could have been seen as a punishment. The cell itself was austere and managers were considering the use of other options, such as the care suites. According to the log, the gated cell had been used eight times to date in 2007.

- 3.13 Good procedures were illustrated by the reaction to a recent attempted hanging. The prisoner's cellmate had alerted staff, who reacted quickly and prevented the man from coming to harm. A care plan had been initiated, with the prisoner and his family involved, and after a short time in the gated cell he had spent time with a Listener in the care suite on B wing. The prisoner who had raised the alarm was supported by staff and encouraged to speak with his family. Prisoner representatives were also informed about what had happened to reassure other prisoners and prevent false rumours.
- 3.14 The suicide prevention coordinator did not have profiled hours and had recently moved to the care and containment unit where it was thought he would have more time to focus on these duties.

## Recommendations

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- 3.15 Immigration and health services staff should routinely attend case reviews.
- 3.16 The safer custody suite on A wing should be refurbished and a log kept of all use of both suites.
- 3.17 The gated cell should not be routinely used to manage prisoners at risk of suicide or self-harm.
- 3.18 The suicide prevention coordinator should have sufficient profiled time for the role.

## Good practice

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- 3.19 *After an attempted suicide, wing prisoner representatives were brought together and updated so that they could reassure other prisoners and prevent false rumours.*

## Diversity

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**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.**

- 3.20 There was no diversity policy, no disability equality scheme and diversity as a whole was not given the attention it required. Care plans for prisoners with disabilities were thorough and of a high standard.
- 3.21 There was no diversity policy or specific meeting to discuss the issue. The subject was included as an additional item at the end of race equality action team meetings, but discussion was limited. The race equality officer was responsible for diversity, but time constraints meant that strategic development was minimal.

- 3.22 There was a disability officer, but no profiled time for the role. The job description and specification had only recently been written. There was no disability equality scheme, but care plans for the two prisoners identified as disabled were good, showing a multidisciplinary approach and attention to detail, although there were still some problems (see section on health services). Staff we spoke to were fully aware of their responsibilities. Reasonable adjustments had clearly been made. However, there were no specific procedures to ensure that prisoners with less visible disabilities were identified and supported. One double cell on the ground floor of C wing was used for prisoners with disabilities (see section on residential units).
- 3.23 We were told about one deaf prisoner on B wing. Although a member of staff knew sign language, she could not communicate with the prisoner directly because he spoke only German. Staff had identified another German-speaking prisoner on the wing who was willing and able to help and this was recorded in the wing file to ensure that all staff were aware of the situation.

## Recommendations

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- 3.24 A diversity policy based on a needs analysis should be written and implemented.
- 3.25 A diversity committee should be established to oversee the development of the diversity strategy.
- 3.26 The disability officer should have profiled time.
- 3.27 A disability equality scheme should be published.

## Race equality

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### 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.

- 3.28 Race relations were good and prisoners were involved in meetings and decision-making. The analysis of data had recently improved. Some investigations into racist incident reports were poor and there was little promotion of cultural diversity.
- 3.29 In our survey and in group and individual discussions, prisoners reported generally good race relations and respectful relationships between different nationalities. The race equality action team (REAT) met bi-monthly (soon to be monthly) and was chaired by the deputy governor. Meetings were well attended and included an outside representative. Recent minutes showed some improvement in analysis of information, particularly ethnic monitoring, although this was still not done in depth and action points and outcomes were still unclear. The agenda for the most recent meeting had contained 29 items, but discussion had generated only two action points. Nationality monitoring was planned, but was not yet undertaken.
- 3.30 There was a full-time race and diversity officer. Liaison officers for each wing had been identified, but their role and contribution were unclear. Only limited time was profiled to this work. Eighty-seven per cent of staff were trained in diversity. Nine staff had received REAT

training. There was a good cultural awareness booklet and race relations were covered at induction.

### **Managing racist incidents**

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- 3.31 Thirty-five racist incident report forms (RIRFs) had been received to date in 2007. In some cases, the investigations had been satisfactory and robust action had been taken in response to racist behaviour, but in many others, investigations had been poor. We found several investigations where witnesses had not been interviewed and obvious issues had not been followed up.
- 3.32 The originator of the RIRF was not always given an acknowledgement. No feedback forms had been returned and there was no explanation for this.
- 3.33 RIRFs were not fully interrogated to identify possible trends. For example, we found multiple complaints by different prisoners against the same officer. None had been upheld or thoroughly investigated and none had resulted in further action. A number of RIRFs had not been answered in good time and one had not been answered for two months because other similar reports had been raised and it had inappropriately been decided to investigate them simultaneously. Mediation had been used effectively in some incidents.

### **Race equality duty**

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- 3.34 There was limited celebration of cultural events. Diversity and race relations were well advertised, with some good information on clear notice boards. Some impact assessments had been done, but these were behind schedule. Consultation arrangements were good (see section on residential units).

### **Recommendations**

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- 3.35 Race equality action team meetings should have clear action points and these should be followed up at every meeting.
- 3.36 Nationality monitoring should be developed and disparities investigated. Support and advice should be sought from, and provided by, the race equality action group.
- 3.37 Originators of racist incident report forms should be sent an acknowledgement, investigations should be completed promptly and feedback should be encouraged.
- 3.38 All racist incident investigations should be completed thoroughly and all witnesses interviewed. Management checks should be robust.
- 3.39 Cultural diversity should be celebrated through a calendar of events.
- 3.40 Impact assessments should be completed and used to promote progress.

## Foreign national prisoners

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### 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.

3.41 Following its re-role to a foreign national prison, Canterbury had worked hard to provide a supportive environment. The Border and Immigration Agency on-site team had been erratically staffed and was poorly resourced, but improvements were in hand to respond more systematically to prisoners' concerns about immigration uncertainty. Prisoners had limited contact with families and the prison had insufficient resources to improve interpreting and translation services.

3.42 Canterbury had been designated a foreign national prison in 2006, with little time to prepare, no national Prison Service strategy to guide managers and limited support from the Border and Immigration Agency (BIA). Ninety-four per cent of the prisoners were foreign nationals. Some of the rest were British nationals transferred to Canterbury because their name or spoken language had led to the assumption that they were foreign nationals. In the absence of a national strategy, Canterbury had drafted a thoughtful and detailed foreign nationals policy based on our foreign national prisoners thematic report of 2006.

3.43 Despite the predictably high demand for information about immigration status, the BIA had initially allocated insufficient staff to Canterbury, leading to a build up of frustration among staff and prisoners. Some experienced BIA staff had recently been assigned and were doing some effective work, but the team was not yet up to strength and was poorly resourced, with no desktop computers or printers and limited telephone lines. Local managers had recently achieved some major improvements and the local team now systematically participated in induction, seeing all new arrivals within a couple of days. Other applications received were also usually dealt with by face-to-face interview. Some general information leaflets had been produced and staff training had been organised, but planned surgeries on the wings to improve liaison between immigration staff and prisoners had not yet started. Prisoners detained post-sentence were normally moved quickly, usually to immigration removal centres.

3.44 The predominant case owner within the BIA was the Criminal Casework Directorate (CCD). The Canterbury team acted as a link, forwarding prisoners' inquiries and issuing CCD notices to prisoners. Late issue of decisions impeded the ability of prison staff and prisoners to plan and prepare. Although there had been some recent improvement on the part of the CCD, detention authorities (IS91s) still arrived within a day or two of expected release date. This had happened 12 times in July 2007, causing understandable distress to prisoners and their families. During the inspection, one prisoner was told he was being detained late in the afternoon before his release date. Arrangements made for his release, including an appointment with his home probation officer in London, had to be cancelled. Sometimes the detention authority was not accompanied by written reasons for detention to be given to the detainee, or it signalled a lengthy period in detention because the determination and documentation process was at an early stage.

3.45 The files showed that on-site staff usually passed information on quickly, but that the same was not always the case with the CCD. The on-site immigration team had helped to reduce some of the frustration caused by delayed responses to inquiries from the case owners. In

many cases, they diagnosed status according to BIA published policy, issued pro forma information to prison staff and could also take steps to obtain travel documents. This more readily available information gave prison staff and prisoners more time to plan for removal or resettlement, although this was still usually inadequate (see section on resettlement).

- 3.46 Many prisoners said it was difficult to keep in touch with their families. Many received no visits. Those with family abroad were automatically given a free five-minute telephone call each month and there was no limit on the numbers prisoners could call or how much money they could have in their telephone accounts. However, 50% of prisoners had less than £50 and 16% had less than £10 with which to pay for expensive international calls while also keeping some back to meet uncertain needs following removal. Direct internet contact was not yet available (see also section on contact with the outside world).
- 3.47 Despite the prison's new role, its budget had not been adjusted to meet the inevitable interpreting and translation needs. The induction booklet had been translated into 22 languages and touch-screen information points in reception and on some wings offered general prison information in eight languages. The prison did not have the resources to pay for local information to be loaded on to the touch-screens. Staff relied on prisoner interpreters identified at reception to meet day-to-day language needs, but their competence varied. Interpreters were paid £1 a session. Some were also Toe-by-Toe assistants, helping prisoners with language and literacy problems. Recent telephone interpreting invoices showed usage amounting to a few hundred pounds a month.

## Recommendation

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- 3.48 Canterbury should be provided with a budget commensurate with the interpreting and translation needs of its foreign national population.

## Contact with the outside world

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### Expected outcomes:

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

- 3.49 Mail arrangements were efficient. Access to telephones was sometimes difficult, but initiatives to address this were underway. The visitors' centre provided a good service and the fathers' visits were a constructive initiative. Despite the poor physical condition of the visits area, prisoners and visitors were generally content with their experience.

## Mail

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- 3.50 Mail arrangements were efficient. Correspondence was delivered to and collected from the wings six days a week, clear records were kept and mistakes were seldom made. In our survey, only 26%, against a comparator of 35%, said they had problems with mail. Five per cent of all mail was censored. A recent decision meant that hard copies of emails to prisoners could be printed out and delivered to the wings. Most of these came from family and friends, although some non-confidential legal emails had also been sent. The prison was looking into ways that prisoners could also send emails.

## Telephones

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- 3.51 In our survey, 19% of prisoners, against a comparator of 22%, said they had difficulties getting access to the telephones. There were public telephones throughout the prison, most with privacy screens, and there were no restrictions on access. Despite the positive survey results, a number of prisoners described problems with access to the telephones, particularly on the days when credit was issued and there was a rush to make calls. This issue had been raised at the prisoner consultation meeting and prisoners had opted to try out a system of self-imposed voluntary time restrictions. Managers were considering increasing access to mobile telephones to give prisoners easier contact with family living in different time zones.

## Visits

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- 3.52 Domestic visits took place between 2pm and 4pm on Wednesdays, Fridays, Saturdays and Sundays. Each convicted prisoner was entitled to three visiting orders a month and prisoners on the enhanced level of the incentives and earned privileges scheme could have four visits. Prisoners were entitled to a visit in their first week, but only 15% of prisoners in our survey, significantly worse than the comparator of 26%, said they had actually received one.
- 3.53 Visitors booked visits on a dedicated telephone line. The booking clerk was experienced at dealing with people whose first language was not English, but in a few cases could not understand what the caller was saying and she worked in a busy office where the background noise sometimes made telephone conversations difficult.
- 3.54 The prison was easily accessible by public transport and volunteers working at the visitors' centre encouraged visitors to use the assisted prison visitor scheme. All visitors had to book in at the visitors' centre at the rear of the prison. This was an excellent resource, providing a wide range of helpful advice in friendly surroundings. Numerous posters, many in languages other than English, explained prison procedures and how to contact relevant support agencies. The centre also contained a children's play area and a multi-faith prayer room.
- 3.55 The waiting room adjacent to the visits hall was drab and the posters on display were out of date. The visits hall was dismal, noisy and resembled an old-fashioned industrial warehouse, but a new visits area was being built. Supervision was discreet. Visitors had access to toilets, baby-changing facilities and a staffed canteen selling drinks and snacks.
- 3.56 Fathers' visits were held every month, organised by the family liaison worker who managed the visitors' centre. Up to five carefully-selected prisoners could receive visits from their children and play with them in the relaxed surroundings of a small but well-equipped children's play area inside the visits hall. Photographs of the children with their fathers were taken and lunch was provided for the family group, including the partner, wife or carer. The family liaison worker also carried a small caseload of around six prisoners and provided family support. Storybook Dads, a charity enabling prisoners to record stories for their children, had recently been introduced and four prisoners had already been involved.
- 3.57 A survey of the visiting facilities had been carried out in January 2007 and the results were generally positive, highlighting the particularly good support provided by the visitors' centre. The visitors we spoke to confirmed this and we received no complaints about being denied entry due to insufficient identification or insensitive searching.



## Recommendations

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- 3.58 Prisoners should have access to email facilities.
- 3.59 Prisoners should be able to maintain contact with family and friends in different time zones.

## Housekeeping points

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- 3.60 The visits booking clerk should be given a quiet area and have quick access to interpreting services.
- 3.61 Enquiries should be made to establish whether prisoners are being given adequate help in order for them to receive initial visits.
- 3.62 The waiting area outside the visits hall should be decorated and all posters on display there should be updated.

## Good practice

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- 3.63 *Fathers' visits were a constructive initiative that helped to reduce the adverse effects of parental separation.*
- 3.64 *The Storybook Dads scheme allowed prisoners to record stories for their children, encouraging them in their parental role and helping to strengthen family ties.*

## Applications and complaints

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### 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.

3.65 The application system was efficient. Prisoners had confidence in it and made many applications daily. The complaints system also worked well. Staff responsible for dealing with complaints were sensitive to the circumstances of prisoners due to be released, and prisoners were generally content with the responses they received.

3.66 The procedures for making applications were published throughout the prison and understood. In our survey, 91% of prisoners said it was easy or very easy to make an application, 59% said applications were sorted out fairly and 57% that they were sorted out promptly. Applications were taken by staff on each wing every evening and about 50 were dealt with daily. Most related to telephone cards, money or job applications. Prisoners' queries were logged and forwarded to the relevant member of staff. Written replies were usually received within two or three days.

3.67 Given the language barriers and the number of complicated property issues, there was considerable potential for prisoners to feel frustrated by how complaints were dealt with, but

this was not the case. They received prompt, courteous replies, which they found helpful and reassuring.

- 3.68 Complaint forms were placed in yellow boxes on each residential wing that were emptied daily by administrative staff. Prisoners who found it difficult to write in English had clearly been helped by wing staff, which reflected the confidence they had that complaints would be dealt with fairly. On average, 20 complaints were made each month, mostly about property and usually about problems encountered at other establishments. Some detailed complicated and confusing sets of circumstances, which administrative staff dealt with patiently and methodically. In one case, a prisoner's suitcase had been tracked down at another establishment and delivered to Canterbury just hours before the man was due to be released, despite the fact that staff at the previous establishment had denied having it several times.

## Good practice

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- 3.69 *The methodical and determined way in which staff dealt with complaints helped to minimise prisoners' stress prior to release.*

## Legal rights

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### Expected outcomes:

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

- 3.70 Prisoners with complex histories and facing deportation needed specialist legal advice, but legal visits arrangements were completely inadequate. Late and poorly explained decisions by the Border and Immigration Agency did not help prison staff or prisoners cope with the uncertainties they faced.

- 3.71 The Border and Immigration Agency's (BIA's) revised threshold for deportation of a one-year sentence raised a significant need for specialist legal advice. Some prisoners serving less than a year had been recommended for deportation by the sentencing court, which also triggered consideration of deportation. Some people had complex cases with much to lose; they included people with refugee status or permanent residence, living in the country for many years or since childhood, with British wives and children. Even those who were cooperating with removal and had applied for facilitated return needed independent advice about options and implications of deportation or exclusion from the country.
- 3.72 Specialist advice was hard to come by and prison staff had actively sought to meet the need. Migrant Helpline had been given an office on the wing to see people, by referral, four evenings a week. Its volunteers could advise on some issues, but, following rules of immigration adviser accreditation, could not give specialist immigration advice and usually referred people to the Refugee Legal Centre. The prison was seeking to expand access for the Refugee Legal Centre, which took on a lot of referrals, but relied on normal legal visits to see people.
- 3.73 Legal visits were available on only two weekday afternoons for two-hour sessions at the same time as social visits. The eight cubicles were regularly full and legal visitors had to accept tables in the social visits area, which was noisy and allowed little privacy. The appeal period for immigration decisions could be as little as five days and we saw other BIA letters giving notice of liability to deportation and asking for detailed replies within five days. The Refugee Legal

Centre said it was not always possible to meet this deadline because legal visits were full. It was therefore inexplicable and unacceptable that plans for the new visits hall currently incorporated only one legal visits cubicle.

- 3.74 The trained legal services officer's main task was trying to match people with specialist immigration legal advice. Some of the other referrals he received suggested that people had been moved through local prisons without opportunity for timely legal advice. He had recently seen four people arriving from busy local prisons who wanted to appeal against conviction or sentence but were out of time. He received several applications a week, but struggled to deal with them because he was only part time, had no facility time for legal services, had to share an office and had no telephone or fax. Personal officers and immigration staff were prepared to fax legal documents to solicitors on prisoners' behalf. There were no taping facilities, which meant that some interviews could not be conducted at the prison, delaying case progress.
- 3.75 The library had a reasonable range of up-to-date legal reference books. This included the Joint Council for the Welfare of Immigrants (JCWI) Handbook that explained immigration law and procedure in non-technical terms and was the most requested reference book. Prisoners could not remove it from the library, but staff photocopied sections for them to take away.
- 3.76 Library staff and prisoners had no direct internet or email access, which would have been a cheap way to seek and contact solicitors, download up-to-date court forms, case law, legal and country of origin information, and provide resources in different languages. Library staff occasionally borrowed the education department's terminal.

## Recommendations

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- 3.77 Legal services officers should be trained and have sufficient facility time and facilities to deal promptly with prisoners' legal issues.
- 3.78 The library should have direct internet and email access to provide up-to-date legal resources for prisoners.

## Substance use

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### 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.

- 3.79 Drug misuse was very low. This was reflected in mandatory drug testing figures and the lack of demand for clinical support from health services. There were appropriate protocols and procedures to address an increase in demand or misuse, but figures indicated that this was unlikely.

## Clinical management and drug testing

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- 3.80 Canterbury did not accept prisoners subject to any form of clinical support for substance misuse, including alcohol. None of the 66 reception tests undertaken in the previous seven months had been positive. Provision was in place should a prisoner require clinical support

after arriving at the prison. A policy outlined the symptomatic support available, which included healthcare screening and referral to or from the counselling, assessment, referral, advice and throughcare (CARAT) service. Prisoners requiring more intensive clinical support could be transferred to HMP Elmley, which had 24-hour healthcare and a full detoxification service. There had been no demand for either provision in the previous eight months. A protocol covering information-sharing between the CARAT service and healthcare was reviewed annually. Given the level of substance misuse, this provision was sufficient to meet likely need. The prison was not identified for inclusion in the introduction of the integrated drug treatment system.

- 3.81** There had been only three positive random mandatory drug tests (MDT) to date in 2007 and none since April. This reflected the general trend since Canterbury had become a foreign national establishment. Suspicion testing was undertaken each month (27 in seven months), but produced only a 15% positive rate: five for cannabis and two for opiates.
- 3.82** Facilities for MDT were generally good. There was no specific holding cell, but the waiting area was used when necessary to hold prisoners waiting to give a sample. The prison usually achieved its target of testing 10% of prisoners each month and for weekend testing.
- 3.83** In our survey, only 2%, against a comparator of 28%, said drugs were easy or very easy to get in the prison. Canterbury did not have its own drug dogs, but had access to a passive and active dog as part of an area prison cluster. Indications from the dogs during visits were rare and no prisoner was on closed visits. Closed visits were not automatically imposed following a single drug dog indication, but only when there was other corroborating evidence.
- 3.84** Drug finds were rare. Four drug and five hooch (home-made alcohol) finds had been made in the first six months of 2007, broadly reflecting patterns of likely use identified by the CARAT team.

## 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 The lack of a health needs assessment since the re-role had hampered developments. The healthcare team was small, with no permanent GP and comparatively high levels of absences. Some prisoners with life-long conditions did not receive continuity of care in line with national guidance and evidence-based practice. The few prisoners taking prescribed medications could have it in possession and some good work was undertaken by the full-time health promotion coordinator. Primary mental health services were lacking and staff had not been trained to recognise signs of previous torture. Those with severe and enduring mental illness were seen by a member of the Kent-wide prison mental health in-reach team. There was no protocol for relevant clinical information to be shared with other agencies to assist in planning for individual prisoners.

### General

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- 4.2 Health services were commissioned by Eastern and Coastal Kent Primary Care Trust. The department was open only during the core day. The last health needs assessment had been undertaken before the re-role and the lack of an up-to-date version was hampering developments. Staff did not undertake any monitoring of equity of access to health services. There was an ambitious health delivery action plan (2006/07), but some of the targets were out of date and some named individuals had left the prison.
- 4.3 The prison partnership board did not appear to meet often. Since the reorganisation of the local primary care trust (PCT), there had been a suggestion that the partnership board should be joined with the Sheppey cluster of prisons, for which the PCT also had responsibility. Canterbury healthcare staff were concerned that this would mean the specific needs of prisoners at Canterbury were lost.
- 4.4 The small healthcare centre was near to the main wings and there was a large treatment room near the central office between A and B wings. The dentist and optician shared a clinical room, there was a small GP room and the administrative officer occupied a room that had previously been a cupboard. There was a small dedicated healthcare room in reception. The dental surgery had been refitted to the latest specification.
- 4.5 Medicines were stored in the treatment rooms in healthcare and on the wings, both of which were adequately furnished. The wing-based treatment room was large, clean and clinical. It had two large hatches where medications were administered and each wing had a separate daily treatment time. We saw several prisoners crowding around with little or no supervision, which could have distracted the nurse and did not allow confidentiality, although staff arranged to see prisoners in the room if they needed to discuss anything in private.
- 4.6 The waiting room contained a range of health promotion information and the facilities to show short health promotion videos. Some of the information was available in languages other than English and much of it was pictorial. Health notice boards throughout the prison also displayed

written and pictorial information about health services, including an NHS leaflet about how to complain about health services, but it was all in English only.

## **Clinical governance**

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- 4.7 A prison-based clinical governance committee met quarterly. It had clear terms of reference and was attended by health services staff, the governor and relevant staff from the PCT. The committee had produced an annual report in line with the PCT's reporting structures.
- 4.8 Staffing levels were low due to staff sickness. The head of healthcare was a healthcare principal officer and a registered mental health nurse (RMN). The senior hospital officer was away undertaking RMN training and his temporary replacement, a hospital officer, was on sick leave. Both band 6 senior nurses were registered general nurses, although one, who was the only nurse prescriber, was on sick leave. There was also a full-time health promotion coordinator and two other hospital officers, one of whom was part-time. The full-time hospital officer was covering the fire officer's duties for 20 hours a week and these hours were covered by an agency nurse. The only other nurse post was vacant, although filled by agency staff. There was a full-time administrative officer.
- 4.9 There was no permanent GP. The different locum GPs undertook only three clinics a week, which did not always take place on Mondays, Wednesdays and Fridays as scheduled and were sometimes held at a weekend instead. Out-of-hours cover at evenings and weekends was provided by the local GP deputising service, but there was no GP cover between 5pm, when healthcare staff left the prison, and 6.30pm, when the deputising services began, or on the days when a GP was not in the prison. The problem was compounded by the fact that the nurse prescriber was off sick. Allied health professionals included a dentist, optician, podiatrist and community physiotherapist.
- 4.10 Staff could attend a wide variety of professional training relevant to the needs of the population, but none was qualified in the management of life-long conditions or trained in the care of victims of torture. Staff undertook group clinical supervision. All staff had received resuscitation training within the previous six months. There was a resuscitation kit and automated external defibrillator in each of the health services locations and these were checked daily.
- 4.11 The prison did not have any arrangements for obtaining occupational therapy equipment and aids. One prisoner was using a prison-owned wheelchair on the wing, but there was no wheelchair he could use once in the education department. He could walk with some help and managed to climb the stairs to attend education, but the handrail was not well positioned. Staff were trying to arrange for him to have use of a wheelchair when he left the prison.
- 4.12 Clinical records were kept securely in the main prison treatment room. Dental records were annotated and included within the clinical record, which was available to the dentist during his clinics. Clinical records were sent with prisoners when they left the prison unless they were released into the community, in which case records were archived. The administrative officer kept a record of all archived records and could easily retrieve them if required.
- 4.13 Staff used standard HR013 prescription and administration record cards, which were faxed to HMP Rochester for dispensing. They were generally well completed, although some diagnoses were missing. Completed prescription forms were stored with the clinical records. Some prescriptions were not dated and occasional missed doses had not been marked as such.

- 4.14 Healthcare issues were raised at the monthly prisoner consultation committee meetings and the head of healthcare had also instigated a specific health services consultation meeting. There was a comments book in the healthcare waiting room and prisoners had recorded their praise for assistance received from healthcare staff.
- 4.15 There was a wide range of policies and protocols, including a prison-wide operational policy for the management of food refusals, which discipline and health services staff were aware of and used when required. There was also a specific communicable diseases policy and the prison was part of the PCT's pandemic influenza plan. There was, however, no information-sharing protocol and staff did not routinely obtain a prisoner's consent to share relevant clinical information with other departments. This meant that there could be occasions when information requested by the immigration service was delayed.

### **Primary care**

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- 4.16 In our survey, 97% of prisoners said they had been seen by a member of healthcare on arrival. Staff used a customised health screening tool that had been translated into a range of languages and the administrative officer identified and added prisoners to waiting and clinic lists as required. Staff did not appear to use the information from clinical records that arrived with prisoners from other establishments when undertaking their assessment. Prisoners who did not speak or understand English were offered an interpreter, often another prisoner or a member of staff. They were not always offered professional interpretation. One of the health services staff had responsibility for older prisoners and had developed a screening tool to assess their specific needs.
- 4.17 Healthcare staff gave a presentation during induction, but this was not supported by pictures to help those without good English to understand. Staff also handed out a leaflet describing the services available. Further information about health services was given at induction the following day, but some of it was out of date.
- 4.18 Prisoners wanting to see a member of the healthcare team could submit a general application, speak to a nurse at a treatment time or put their name down on a list for nurse triage. Triage took place each morning and sessions were organised so that prisoners from each wing had two triage clinics a week. Prisoners could choose what time they attended the nurse-led clinic, but were not followed up if they failed to attend. Health services staff had devised triage guidelines to determine the response required, but, while helpful, these did not replace triage algorithms necessary to ensure continuity of care and treatment.
- 4.19 The GP clinics were available only three times a week and there was no continuity of staff. The waiting list to see the GP was no more than a few days. Prisoners requiring healthcare during the night were allowed to speak directly to the on-call doctor and the head of healthcare received a daily email confirming any calls made to the out-of-hours service.
- 4.20 A range of clinics, including for life-long conditions, was advertised, but low staff numbers meant these were not consistently available and some prisoners were referred to the GP for monitoring of their conditions. Staff had devised a well man clinic offering a 'body MOT'. Prisoners could either refer themselves or were referred following a healthcare consultation. Each appointment was at least half an hour and included blood pressure, blood sugar and respiratory checks as well as advice on testicular self-examination and other health promotion information. Prisoners were given a copy of their assessment and staff could refer them to other services as required.

- 4.21 Waiting lists for all health services clinics were validated weekly. Some clinics, such as that for the optician, were organised when there were enough patients to warrant the allied health professional's attendance at the prison. Appointment slips were given out the day before the relevant clinic and were also used to advertise services such as the availability of barrier protection.
- 4.22 The health promotion coordinator ran several health promotion activities and, where possible, sought out information for individual prisoners in their own language. He ran a well-attended smoking cessation service. This produced excellent results that were included in the PCT's overall results for smoking cessation, although the PCT did not fund nicotine replacement therapy. Prisoners signed a voluntary compact that included an agreement not to purchase tobacco products from the canteen list. A note to this effect was put in the prisoner's wing file.
- 4.23 Hepatitis B vaccinations were given so that prisoners could complete a course started at a previous establishment. Meningitis C vaccinations were also offered to eligible prisoners and the influenza vaccination was offered in line with national campaigns.
- 4.24 There were no in-patient facilities. Anyone requiring in-patient care was transferred to HMP Elmley.

### **Pharmacy**

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- 4.25 Pharmacy services were provided by HMP Rochester. It was a supply-only service and prisoners were not able to see a pharmacist. A pharmacist visited the prison for half a day each month with a technician to review charts, do out of date checks and so on. A report was compiled for each visit and any points for action were communicated to healthcare staff.
- 4.26 There was a written in possession policy based on patient risk, but no formal assessment of the medication prescribed. Prescriptions were mostly for a 28-day supply in possession and there was a risk assessment for those needing seven-day or daily in possession. Prisoners had to request further supplies when they were about to run out. Orders placed in the morning were received by the healthcare team the same day Monday to Friday and supplied to patients the following lunchtime. Patients with little or no English were given laminated cards showing pictorially when they should take their medicines.
- 4.27 Patients needing treatment when there was no GP or nurse prescriber on site were restricted to over-the-counter preparations, but the list of 'allowed' medications included some that should have been given only when a pharmacist was present. There had been some discussion about the introduction of patient group directions, but these were not in place. There was a standard list of medicinal items for sale at the shop. The medicine and therapeutics committee was run by HMP Rochester for all its satellite prisons. It met quarterly and the membership could number over 25 people, although PCT staff did not attend regularly. A standard Kent-wide medicines formulary had been devised, but the locum GP we spoke to was not aware of it.
- 4.28 External and internal medication stored in both healthcare areas was well segregated, although medication on the list for supply by nurses as special sick was stored with prescription-only medicines. Stock was ordered as required by nursing staff, but agreed stock lists were not necessarily adhered to. Pharmacy staff had no control of where the stock had been used, although they removed excess stock on their monthly visits.
- 4.29 Most medication was labelled correctly, although pre-packs of some tablets did not indicate the strength. Medication for daily in possession was supplied in Henley bags. There were no



controlled drugs in the medication prescribed. No items were seen to be given beyond their review dates. Items supplied on special sick were recorded on the front of the prescription chart, but there was no formal audit of these supplies. Stock was dual-labelled and the second label was usually, but not always, attached to the medication chart and faxed to the pharmacy to allow an audit of the stock.

## **Dentistry**

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- 4.30 The dental service was commissioned by the PCT and provided by an experienced prison dentist assisted by a qualified dental nurse under a GDS contract for one session a week. The throughput of patients per session was high, with a low failure to attend rate. There was effectively no waiting list, with patients seen at the next clinic. Treatments provided were appropriate to patient needs. The oral health promotion programme and literature were well organised and valued by prisoners.

## **Secondary care**

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- 4.31 In the first three months of 2007, five of the 59 external escorts for hospital appointments had been rescheduled due to staffing issues. Another five had been cancelled because the prisoner had left the prison.

## **Mental health**

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- 4.32 Secondary mental health services were provided by the prison mental health in-reach team from Kent and Medway NHS Social Care and Partnership Trust. A mental health practitioner undertook one session a week and a forensic psychiatric consultant visited when required. The in-reach service also provided an on-call service for advice. Prisoners who required 24-hour mental healthcare were transferred to HMP Elmley.
- 4.33 The practitioner had a caseload of three and aimed to see new referrals within 15 working days. The team took referrals from healthcare staff and discussed them at their weekly joint referrals meeting. The care programme approach (CPA) was commenced or continued if required, although information from other mental health in-reach teams was not always sent with prisoners when they were transferred to Canterbury.
- 4.34 Prisoners with primary mental health problems were not so well served. The chaplaincy team could access counselling services, but the mental health practitioner was not aware of them. Prisoners with primary mental health issues were seen by one of the RMNs if they were available, but there were no day services for those less able to cope with life on the wings.

## **Recommendations**

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- 4.35 The partnership board should ensure that a full health needs assessment, including physical and mental health needs, is completed expeditiously so that services that meet prisoners' needs can be commissioned.
- 4.36 A skill mix review should be undertaken following the health needs assessment to ensure that staff have the relevant skills, competencies and knowledge to meet prisoners' needs.
- 4.37 A permanent GP service should be commissioned and provided as soon as possible.

- 4.38 The governor should resist attempts to amalgamate the partnership board with that for the Sheppey cluster of prisons.
- 4.39 Staff training should include how to recognise signs of previous torture and abuse.
- 4.40 Information about how to complain in the prison and through the NHS should be available in a range of languages.
- 4.41 There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment and specialist advice as required.
- 4.42 All prescription charts should be completed in line with professional guidance from regulatory bodies.
- 4.43 There should be an information-sharing protocol with appropriate agencies to ensure efficient sharing of relevant health and social care information.
- 4.44 The primary care trust should fund nicotine replacement therapy.
- 4.45 Healthcare applications should be confidential.
- 4.46 Triage algorithms should be available to ensure consistency of advice and treatment.
- 4.47 Prisoners should be offered the opportunity of professional interpretation for health consultations.
- 4.48 The primary care trust should review the service level agreement to ensure that the pharmacist can take an active role in health initiatives at the prison, including having direct contact with patients.
- 4.49 The documented risk assessment for in possession medications should include an assessment of the medication prescribed.
- 4.50 Medication should not be pre-packed by HMP Rochester unless an assembly licence is in place.
- 4.51 A review of medication supplied on special sick should be undertaken urgently to ensure that pharmacy-only medicines are not supplied.
- 4.52 Patient group directions should be introduced to enable supply of more potent medication by the pharmacist and/or nurse and to avoid unnecessary consultations with the doctor.
- 4.53 Stock supplied should be audited by pharmacy staff so that it can be reconciled against prescriptions issued.
- 4.54 The system of relying on faxed prescriptions should be subject to audit.
- 4.55 Staff should ensure that all clinical information from previous establishments, including a care programme approach, is requested and obtained.

## Good practice

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- 4.56 *Prisoners were given a copy of their well man assessment, which gave them individualised information and advice.*
- 4.57 *The laminated cards with pictures to identify when patients should take their medications were simple and effective.*



# Section 5: Activities

## Learning and skills and work activities

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### 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 The prison provided enough employment places to meet prisoners' needs. Prisoners in some workshops developed good skills, but other workshops provided only repetitive and mundane work. Language support in workshops was inadequate. Prisoners' pay was equitable but low. Achievement and standards, and the quality of provision of employability skills, literacy, numeracy, English for speakers of other languages, personal development and social integration were unsatisfactory. New leadership was strong and was beginning to rectify the problems of a largely inappropriate and poorly-planned curriculum. Quality assurance arrangements were underdeveloped. The library was satisfactory and a significant effort had been made to meet prisoners' needs, but some resources were underdeveloped.
- 5.2 The prison provided enough employment places to meet prisoners' needs, including contract workshops offering textile and small assembly work. In the textile workshop, prisoners developed good practical skills on computerised sewing machines and cutting tools. Their work was accredited through an internal award and a welfare at work award was available. Much of the other employment offered few opportunities for accreditation and little real employability skills training. Some work was mundane and repetitive, such as putting together cardboard envelope files. Prisoners in some workshops could attend part-time education, but this individual support was extremely limited. Prisoners' language support needs were not assessed. Some prisoners were supported in the workplace by education staff, but this was inadequate. Language difficulties were real barriers to learning and understanding of technical terminology.
- 5.3 While prisoners were highly motivated to work, punctuality was generally poor. A good preparation for work programme had recently been introduced and provided a useful, well-delivered foundation for employment in the prison and on release. Prisoners were allocated to work through an effective activities board, which was fair and inclusive and met individual needs where possible. Not all prisoners took up opportunities for purposeful activity and some had to wait for up to two weeks between arrival and allocation to activities. Thirty-three were identified as unemployed. Prisoners' pay was equitable but low. The prison did not provide a formal pre-release programme.
- 5.4 The education contract had transferred from Kent adult education service to A4E on 1 August 2006. The head of learning and skills had left in January 2007 and a new appointment had not been made until June. The education manager had left in April and a new appointment made at the end of July. The education department had experienced significant staff absence and sickness and much teaching had been done by sessional staff. There were 55 places in education in the morning and afternoon.

- 5.5 The leadership of learning and skills was now strong. The prison had experienced problems with the education provider and had taken firm action to resolve them. It had developed clear strategies for the management of foreign nationals and the development of activities in relation to the seven pathways to reduce reoffending. The head of learning and skills was working with staff to ensure that the learning and skills provision was developed in line with these strategies.
- 5.6 Induction to education was satisfactory, although initial assessment was not appropriate for all prisoners. The instrument used was designed for English speakers and did not properly identify English for speakers of other languages (ESOL) needs. All prisoners were carefully profiled and the activities board worked well to allocate prisoners as far as possible to an appropriate programme of learning and work. The prison did not have a dedicated provider of information, advice and guidance.
- 5.7 The prison did not collect sufficiently detailed information on prisoners' achievements. It offered only a limited number of accredited qualifications and had no system to record achievements in non-accredited programmes. The information available indicated that achievements in employability skills, literacy, numeracy, ESOL and personal development and social integration were unsatisfactory. The information was not sufficient for the prison to set targets to manage and improve the provision.
- 5.8 Curriculum planning by the education provider had been inadequate. Following the re-role, much of the existing curriculum, such as cookery and social and life skills, had been replaced by ESOL. This blunt approach did not meet the needs of all foreign national prisoners, many of whom spoke good English. The prison was undertaking an initial needs analysis and further and more detailed work was planned. The prison intended to use this information to review the curriculum.
- 5.9 Teaching and learning were of variable quality, but were generally satisfactory. The better sessions were well structured and engaging. The poorer sessions were too dependent on worksheets and took insufficient account of prisoners' different abilities and experience. Some resources, such as the ICT equipment, were inadequate. The monitoring of prisoners' work was not always used well by teachers to plan activities and they did not always mark prisoners' work adequately to help them to improve. Prisoners were also effectively supported by fellow prisoners who acted as translators and worked as orderlies. Some gave individual support to their peers to help them develop their language skills.
- 5.10 Quality improvement procedures in education were underdeveloped. Observation arrangements for teaching and learning were only just beginning. The provider did not have any formal arrangements to collect feedback from prisoners and there were limited opportunities for staff to share good practice. The provider was beginning to develop systems, but these were not yet fully embedded. Staff had recently undertaken a self-critical self-assessment process, which generally accurately reflected the quality of the provision.

## **Library**

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- 5.11 The library was staffed by a chartered librarian for two days a week, helped by a part-time assistant for 1.5 days a week and two full-time orderlies. The library was used by about 20 to 30 prisoners each session, but staff did not record who they were or what use they were making of the service. All prisoners had access to the library and library staff provided an outreach service for the care and containment unit. In our survey, 58% of prisoners, against a comparator of 49%, said they visited the library at least once a week. The library was linked to the Kent library service with arrangements for inter-library loans and a link with Dover Immigration Service for specialist books in languages other than English.

- 5.12 The library materials largely met prisoners' needs and the librarian had developed an appropriate book stock without additional resources through much hard work and imaginative management. There was a wide range of books in languages other than English and extra funding had recently been acquired to expand the stock further. The balance of fiction and non-fiction books was acceptable. However, there were too few dictionaries, books in Braille or talking books and only a limited range of newspapers and magazines in languages other than English. Only 13% of prisoners, against a comparator of 53%, said they had access to a daily newspaper. There was not enough to support educational and vocational activities. Prisoners could not use computers in the library and staff did not have direct access to the internet. Signposting of library stock to help prisoners with language problems to access the books was poor.
- 5.13 The current year's Prison Service Orders were available and those from previous years were archived. A selection of legal textbooks was available (see section on legal rights).

## Recommendations

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- 5.14 Achievements in education should be improved.
- 5.15 Prisoners should be able to develop useful skills in all workshops.
- 5.16 Language support should be integrated into workshop provision.
- 5.17 Data should be used effectively to manage learning and skills.
- 5.18 Systems for curriculum planning and quality improvement should be further developed.
- 5.19 Detailed records of library usage should be maintained.

## Housekeeping points

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- 5.20 The number of dictionaries available in the library should be increased.
- 5.21 A wider range of newspapers in languages other than English should be provided.
- 5.22 Signposting of the library stock to improve access to books by prisoners with language problems should be developed.

## Physical education and health promotion

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### 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.

- 5.23 The gym was satisfactory, but provided insufficient accredited qualifications and some of the facilities and equipment were inadequate.

- 5.24 Staffing levels in the gym were low. One of the two physical education officers (PEOs) had recently left and had not been replaced and the gym was staffed by the remaining PEO and a senior officer. Following the re-role, the gym had stopped providing accredited courses, although staff had recently started to offer a small range of basic level courses including introduction to weights, a locally-accredited fitness assessment award and awards in basketball and volleyball. However, the prison had no recent data to assess the level of achievements.
- 5.25 Staff were highly motivated and supported prisoners well, participating in induction and offering Heartstart, manual handling and health and safety courses. A first aid course for appointed persons was being delivered. One prisoner was studying for a gym instructor's award through distance learning.
- 5.26 Twenty-five prisoners were employed in the gym and most attended full-time. The prison had a long waiting list for this and participation depended on prisoners moving on or being released. As part of their programme, prisoners worked enthusiastically and effectively with visiting groups with learning difficulties and disabilities. The department had a close working relationship with healthcare. Staff supplemented the physical assessment for readiness questionnaire (PAR-Q) with information from healthcare to ensure that appropriate programmes were devised for those with healthcare needs.
- 5.27 The recreational programme was designed to offer every prisoner at least three opportunities to attend the gym each week. These sessions were before or after the core working day or at weekends to fit with the full-time PE programme and the needs of those in full-time employment. In our survey, 67% of prisoners, against a comparator of 54%, said they attended the gym at least twice a week.
- 5.28 The sports hall was too small for many activities and poorly lit. The outside Astroturf was satisfactory. The shower, toilet facilities and access area to the PE department were inadequate, with missing floor and wall tiles. The cardiovascular equipment was satisfactory, but ventilation in this area was limited and some of the benches were in poor condition.

## Recommendations

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- 5.29 Staffing levels in the gym should be reviewed and increased.
- 5.30 The number of accredited programmes in the gym should be increased.
- 5.31 The sports hall, shower and toilet areas and the access area to the physical education department should be refurbished.

## Faith and religious activity

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### 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.

- 5.32 There was a programme of services in a number of languages. Services were well attended, but the provision for Muslim prisoners was inadequate. There was little provision of other activities such as discussion groups.



- 5.33 The multi-faith centre was less than a year old and contained a main multi-function worship hall. A number of other rooms were used by all faiths. In our survey, 75% of prisoners, against a comparator of 51%, said they had been able to see a chaplain within 24 hours of arrival and 77%, against a comparator of 55%, said their religious beliefs were respected. A published programme in a number of languages allowed access to worship for all prisoners and weekly contact with a chaplain of their faith.
- 5.34 The chaplains worked well together and had a good relationship with other staff. They were involved with induction and assessment, care in custody and teamwork reviews. However, Muslim prisoners accounted for 26% of the population but were given only five hours of chaplaincy time while Church of England prisoners made up 19% of the population and received support from one full-time and one part-time chaplain.
- 5.35 Prisoners wanting to attend a service simply put their name down on a list. Levels of attendance were good for all faiths, particularly at weekend services. Despite good behaviour by prisoners, security restrictions meant that another member of staff had to be present in the multi-faith area when more than 10 prisoners attended. This was not a problem at weekends when officers were profiled, but was restricting use during the week. Apart from services, there was little provision of activities such as discussion groups.

## Recommendations

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- 5.36 The chaplaincy provision should reflect the needs of the population.
- 5.37 The chaplaincy should provide other activities such as discussion groups.
- 5.38 Supervision levels in the multi-faith area should be risk assessed, taking into account the population and its needs.

## Time out of cell

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### 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.

- 5.39 The time most prisoners were unlocked generally reflected the published programme, but was too short. The range of activities was limited.
- 5.40 The roll checks we carried out indicated that around 15% of prisoners remained locked up during the day, but most prisoners were unlocked for around nine hours each weekday and seven hours at weekends. This more or less reflected the published programme, but was below our expectation of 10 hours a day.
- 5.41 Daily exercise was offered and took place in the main yard where men from different wings could mix. Prisoners did not receive enough association, with no evening association at weekends and association cancelled or curtailed 28 times to date in 2007. Staff on C wing, the smallest wing, interacted well with prisoners during association and the prisoners occupied themselves playing board games or pool. On A and B wings, however, staff and prisoners had much less contact and there was not enough floor space to provide enough pool and table

tennis tables to meet prisoners' needs. Many therefore spent much of their association time queuing. There were no evening classes or other planned evening activities.

## Recommendations

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- 5.42 Prisoners should spend more time unlocked, amounting to at least 10 hours on weekdays.
- 5.43 The range of association activities should be extended.
- 5.44 There should be some association at weekends.

# Section 6: Good order

## Security and rules

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### 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 small and well managed, but staff shortages had impacted on some of its work. Security concerns were focused on mobile telephones, maintaining good order and preventing escape. Dynamic security based on positive relationships was good. Rules were largely followed and well understood, although local rules were not available in languages other than English. Categorisation procedures were applied to all prisoners and some were moved to open conditions following confirmation from the Border and Immigration Agency that it was not considering deportation or removal.
- 6.2 The small security department was managed by the head of operations. Staffing consisted of a principal officer and senior officer, who were also responsible for managing the wider operations group, and two operational support grades (OSGs) who worked as security collators/analysts. Staffing shortages elsewhere in the operations group meant that OSG staff were often redeployed, which sometimes meant there were no staff in security to deal with information received. A collator had been on duty on only two days in the week before the inspection. There was no full-time administrative support and therefore no continuous point of contact.
- 6.3 Despite the staff shortages, staff performed security processes effectively. A total of 734 security information reports (SIRs) had been received to date in 2007, the majority of which were dealt with within 72 hours. The department was also dealing with a number of significant system changes, including a new intelligence system.
- 6.4 The security committee was well attended by representatives from a wide range of disciplines, including learning and skills, residential staff and the police liaison officer. Actions arising from meetings were tasked to named individuals and followed up at subsequent meetings.
- 6.5 The prison had been subject to a full standards and security audit in June 2006. The results of the security aspect had been largely satisfactory, but hampered by some inadequate searching and communication. Work had since been carried out to address these shortfalls. Physical security was largely good. One wall of the prison was next to the street, but there was no evidence of 'throw overs' and the traffic in illegal drugs was believed to be non-existent (see also section on substance use). Sight-lines were mostly good apart from the activities corridor, and a bid for camera cover of this area had been successful. Staff were visible whenever prisoners congregated and there was no security intelligence to suggest that prisoners were vulnerable during main movement periods.
- 6.6 Security objectives focused on the use of mobile telephones, maintaining good order and preventing escape. An analysis of 78 SIRs received the previous month showed that nine

related to misuse of the telephone system, 14 to mobile telephone use and 20 to threats and control issues. Few concerned drug misuse. Mobile telephone use was believed to be confined to specific individuals and staff suspected that telephones were coming in through property. Additional security procedures had been put in place to deal with these concerns.

- 6.7 Apart from the core security staff, two staff were detailed to search every day. As well as the random cell searching target, which had been achieved, there had been 158 targeted cell searches based on specific security information. These were mostly completed within 72 hours. Most reported finds were recorded as mobile telephones and SIM cards. There had been 34 reportable incidents to date in 2007, one of which was linked to drugs and, apart from a barricade that had been resolved peacefully, the remainder were assaults, self-harm incidents and minor incidents. There were no prisoners on closed visits and no banned visitors.
- 6.8 Dynamic security was good. We witnessed staff using good interpersonal skills and observed an incident being de-escalated well and resolved afterwards through mediation. Information was received from many areas, although discipline staff were most likely to submit SIRs. Good staff-prisoner relationships and positive and supportive relationships between prisoners impacted positively on the security and control of the prison. Security staff monitored information on areas of potential tension. The environment was safe and many prisoners commented on how safe they felt in Canterbury compared to other establishments they had experienced.

## **Rules**

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- 6.9 All new prisoners signed a compact on rules of behaviour and issues such as telephone use. Local rules were applied consistently and staff took the time to explain to prisoners what was expected from them. Some use was made of peer support to explain and translate local procedures for those who could not speak English. However, local rules were not on display in residential areas and there was very little about expected conduct in the prisoner information book, which was the only translated material available. A number of wing history sheets documented informal advice and guidance given to prisoners before resort to the incentives and earned privileges scheme or adjudications.

## **Categorisation**

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- 6.10 Security categories were reviewed every six or 12 months depending on sentence length. All prisoners were reviewed within two months of sentence. Observation, classification and allocation (OCA) staff were responsible for recategorisation reviews, which were passed to a weekly board chaired by the head of offender management. To date in 2007, 58 prisoners had been downgraded to category D status and 43 of these had been moved to open conditions. A total of 144 prisoners had been reviewed, with most refusals due to the Border and Immigration Agency stating that there were immigration issues. Some prisoners were held back appropriately to complete offending behaviour targets. Criminal Casework Directorate delays often affected arrangements for progressive rehabilitation, with immigration uncertainty making it difficult to determine eligibility for category D status (see also sections on foreign nationals and resettlement).
- 6.11 The majority of those eligible for open conditions were European Union nationals and all those transferred were sent to HMP Stanford Hill. Canterbury had sought to transfer some prisoners further away, but this had not been possible due to transport problems. Release on temporary licence to facilitate travel to an open prison was not considered.

## Recommendations

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- 6.12 Staffing levels should ensure that a security intelligence officer or administrative grade is on duty every weekday to oversee the prompt processing of security information.
- 6.13 Local prison rules should be on display on the residential units and translated into languages other than English.

## Discipline

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### 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.

- 6.14 Adjudications were largely reserved for the most serious offences. Charges were dealt with properly, although prisoners' language needs were not always documented. Punishments were mostly consistent, but cellular confinement was sometimes used inappropriately. Force was rarely used and staff routinely de-escalated incidents. There had been no use of mechanical restraints or the special cell. Paperwork was completed to a high standard. The segregation unit was small, but well run and rarely full. Prisoners were well cared for, but documentation was sometimes perfunctory.

### Disciplinary procedures

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- 6.15 The number of adjudications had fallen sharply since the prison's re-role. There had been 158 adjudications to date in 2007 and most were for serious offences, including threats and assaults, telephone misuse and possession of mobile telephones. A local judge attended the prison once a month and heard between two and eight charges, mostly related to possession of mobile telephones.
- 6.16 Adjudications were conducted in a relaxed and open way and adjudicators explained the procedure to prisoners and asked if they could understand. Some prisoners brought a friend to translate and an interpreting service was sometimes used, but the records showed that this was not routine and a prisoner's language needs were not formally recorded. However, adjudications were conducted well, with thorough enquiry and good documentation.
- 6.17 Disciplinary punishments were largely consistent, but cellular confinement, which had been agreed for serious offences, was also used for offences such as disobeying a lawful order and being absent from work. In many cases, adjudicators used the punishment of 'loss of power', which meant the punishment took place on the wing.
- 6.18 Standardisation meetings were held quarterly and the minutes were detailed. Prisoner representatives also attended.

### Use of force

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- 6.19 To date in 2007, force had been used only 11 times, two of which were planned. Most instances were used to gain control of a situation and in most cases ratchet cuffs were applied

to walk the prisoner to the care and containment unit. There was no use of mechanical restraints and the special cell had not been used for some considerable time.

- 6.20 Seventy-two per cent of staff, slightly below the target, were up to date with control and restraint training. Use of force paperwork was well completed, with details of the events leading to the incident and detailed descriptions of what took place. Supervising officers clearly emphasised de-escalation and we saw staff making considerable efforts to resolve issues of tension without use of force.
- 6.21 There were some problems with the process. There was no evidence that video cameras were used to film incidents and neither of the planned incidents had been filmed. There were sometimes delays in healthcare being informed and healthcare staff had not been present at one planned removal. Not all use of force paperwork included report of injury forms (F213s) and we were told these had been withheld by healthcare as 'medical in confidence'. Certifying and supervising officers were almost always the same person.

### **Segregation**

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- 6.22 The segregation unit (called the care and containment unit or CCU) contained five cells, one special cell and a gated 'safe' cell used for prisoners at risk of self-harm. It was clean and benefited from a recess area with a bath and shower. There was a pleasant garden used for exercise and to provide work for suitable prisoners.
- 6.23 Relatively few prisoners were held in the CCU, with 13 in the whole of July 2007 and eight in June. Only four were held there during the inspection: three for cellular confinement and one for observation in the gated cell. The gated cell was a decent size, but had no power and was dirty and austere. It had been used seven times in the previous five months, mostly for periods of one day.
- 6.24 Most prisoners were held in segregation for short periods, often as little as a day pending adjudication. Few prisoners were located in the CCU at their own request. Prisoners located under good order rules were usually re-allocated back to the wings. The unit was staffed by two officers, although this was often reduced to one when the CCU was empty or when there were staff shortages. A senior officer was based on the unit during adjudications. Staff were individually selected and were professional and calm in their dealings with prisoners.
- 6.25 The regime of the CCU was mostly good. Prisoners could shower daily, although this was not always documented, exercise was rarely cancelled and prisoners could make daily telephone calls. Those wishing to work were used as cleaners or gardeners, subject to risk assessment, and prisoners were encouraged to participate in in-cell education, although not many chose to do so. In possession items such as a television and radio were based on individual assessments and most prisoners were allowed to retain these privileges provided they had not been removed as part of the disciplinary punishment. Prisoners located to the CCU were strip-searched only following an individual risk assessment.
- 6.26 Wing history sheets were perfunctory compared to the high standard found elsewhere in the prison. Records of events were mostly based on procedures such as exercise and there was very little documentation of staff-prisoner interaction, with the most detailed records being from the chaplaincy team and the duty governor. History sheets did not always make clear that staff were aware of the particular needs of individuals such as language or state of mind.

## Recommendations

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- 6.27 Cellular confinement should be used only for the most serious offences and use should be regularly reviewed by senior managers.
- 6.28 A record should be made on the adjudication hearing about prisoners' ability to understand English. Those with language problems should be offered professional interpreting services and this should be documented.
- 6.29 The supervising officer and certifying officer in use of force incidents should not be the same person.
- 6.30 Planned removals should be videoed and the tapes stored for future reference.
- 6.31 Healthcare staff should be informed before a planned removal and as soon as possible after a spontaneous incident.
- 6.32 Report of injury (F213s) forms should be fully copied and held with use of force paperwork.
- 6.33 Wing history sheets should document a record of staff interaction and engagement with prisoners held in the care and containment unit, individual prisoner needs and daily routines such as showers.
- 6.34 The gated 'safe' cell should be deep cleaned and furnished.

## Good practice

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- 6.35 *The use of prisoner representatives at adjudication standardisation meetings was an example of good consultation arrangements and indicated managers' willingness to include prisoners in policy decisions.*

## Incentives and earned privileges

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### 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.

- 6.36 The incentives and earned privileges policy was up to date and covered all key areas, but the scheme was over-complicated and not consistently used. There were relatively few prisoners on enhanced level and the procedure for reviewing regime levels was inadequate. The privileges available were not always relevant to a largely foreign national population.
- 6.37 The incentives and earned privileges (IEP) scheme was up to date and had been reviewed shortly before the inspection. The comprehensive policy, which was available only in English, covered local aims and objectives, earnable privileges, regime criteria and scheme management. The scheme was not consistently used. All prisoners should have had their level

reviewed by their personal officer within two weeks of arrival, but this rarely happened and there were few history sheet entries about IEP levels in the weeks following arrival. All new arrivals were put on standard level unless they could prove they had been on enhanced at their previous establishment.

- 6.38 The IEP scheme was straightforward in concept, but complicated by seven different forms related to application, appeal, change of status and recommendation, only three of which were used in practice. A further carbonised form was used to inform prisoners of IEP punishments for poor behaviour or rewards for good behaviour, but this was not often used. Prisoners described the scheme as sometimes petty and punitive. In our survey, 37%, significantly worse than the comparator of 53%, said they had been fairly treated by the scheme. The scheme had been discussed at prisoner consultation meetings and prisoner representatives said they thought it was fair. Some wing history sheets gave details of warnings and rewards given, but the majority contained no IEP information other than the form initiated by reception.
- 6.39 Only 95 prisoners were on the enhanced level compared to 187 on standard. In our survey, 34% of prisoners, against a comparator of 54%, said they were enhanced. While this could be explained in part by the short stay of some prisoners, the low numbers were surprising given the largely compliant and well-behaved population. IEP levels were not automatically reviewed and, together with the low awareness of the scheme, this meant only prisoners who came to the attention of staff or were referred by their personal officer stood a chance of reaching enhanced level. Prisoners could appeal, but this was not recorded and there was little evidence of the appeal process being applied. In a number of cases, IEP warnings had been overturned by senior officers as part of their management duties.
- 6.40 The differentials between status levels included private cash, extra visits and PlayStations, but these were not particularly relevant to many prisoners. Prisoners were also paid according to their IEP level so men doing the same job could receive different amounts, which was unacceptable.

## Recommendations

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- 6.41 The incentives and earned privileges scheme should be simplified.
- 6.42 All prisoners should be reviewed for enhanced level within two weeks of arrival and more regularly thereafter, and this should be subject to regular management oversight.
- 6.43 Prisoners should be consulted about which earnable privileges would provide a suitable incentive.
- 6.44 A simple explanation of how the incentives and earned privileges scheme operates should be available in languages other than English and include information on the appeal process.
- 6.45 Pay levels should not be linked to the incentives and earned privileges scheme.



# Section 7: Services

## Catering

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### 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 Prisoners were mostly positive about the food and the choice was good. The kitchen and wing serveries were clean and well maintained. Prisoners working in the kitchen received on-the-job training, but had few opportunities to gain qualifications.
- 7.2 The kitchen was managed by a senior officer caterer and four civilian caterers. There were usually between two and three staff on duty supervising a team of 12 prisoners. The kitchen was around 15 years old and, although not large, was clean with clearly marked storage areas and well maintained food preparation areas. Breakfast of toast and cereal was served at 8am, lunch of a hot snack or sandwiches at noon and the evening meal of a hot dish and pudding at 6pm. There was a wide choice of cultural options and rice was available every day. Most meals were made on site.
- 7.3 The menu cycle was based on 72 choices over a four-week period. The menu featured pictures to indicate vegetarian, halal and healthy options, and pictures of animals were also used as visual aids. Prisoners were required to make their choice two days in advance. In our survey, 58% of prisoners, against a comparator of 34%, said the food was good or very good. The food we sampled was good.
- 7.4 Some prisoners, however, were dissatisfied with the portion sizes and the confusion over whether or not second helpings were allowed. Queue jumping, particularly on A wing, also caused tension, but staff managed this rigorously and managers were aware of potential conflict. Persistent offenders were managed under the incentives and earned privileges scheme and through disciplinary awards.
- 7.5 All three serveries were clean. Food temperatures were checked daily and were consistently above the minimum temperature requirements. Religious diets were adhered to and there was suitable labelling of utensils used to serve halal food. Meat was separated into halal and non-halal and fish was offered daily. Religious celebrations were adhered to on the instructions of the chaplaincy team, but there were no special 'cultural' days. A food comments book was located at each servery and comments were regularly acknowledged by the catering manager, but specific complaints were not addressed. Catering staff were rarely able to attend prisoner consultation meetings because of staffing levels, but the catering manager had a policy of meeting prisoners with dietary concerns.
- 7.6 Prisoners working in the kitchen had little opportunity to gain qualifications. Basic food handling was available, but only seven courses had been taken to date in 2007. We were told this was mainly due to language problems. The training records generally reflected on-the-job training such as food preparation. All catering staff had professional qualifications and experience, but the training for officers working behind the serveries was out of date and many staff qualifications in food hygiene dated back to 2001.

- 7.7 Prisoners could not eat communally and some complained about the inadequate toilet screening in their cells (see section on residential units).

## Recommendations

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- 7.8 Prisoners working in the kitchen should be able to gain relevant qualifications.
- 7.9 Catering staff should attend prisoner consultation meetings.
- 7.10 The catering manager should address the specific points made in the food comments book.

## Housekeeping point

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- 7.11 The policy on second helpings should be clarified and adhered to.

## Prison shop

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### 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 Prisoners had weekly access to the shop and the product list included pictures of every item available to make it easier to select choices.
- 7.13 The shop was managed by Aramark. Over 300 items were on the product list and each one was illustrated to make it easier for prisoners to make their choice. The product list was changed only four times a year, which was not enough given the wide and changing range of nationalities with distinct needs entering the prison. The changes were, however, made in full consultation with prisoners. Prisoners could buy goods through a catalogue and were not charged an administration fee. Newspapers could be ordered and hobby materials were available.
- 7.14 Order forms were issued on Fridays and collected on Mondays and the goods were delivered on Thursday evenings. In our survey, 33% of prisoners, significantly better than the comparator of 27%, said they had been able to access the shop within 24 hours of arrival. However, new arrivals could make their first order only on the Friday after their reception. Depending on what day they arrived, this meant that some prisoners had to wait up to 10 days to receive their goods. The content of the smoker's and non-smoker's reception packs was not sufficient to last this length of time.

## Recommendations

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- 7.15 The diverse needs of the population should be taken into account more regularly to ensure that changes to the product list meet these needs.
- 7.16 Prisoners should be able to make purchases from the shop within 24 hours of arrival.

## Good practice

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- 7.17 *The pictorial list for prisoners to choose their shop options helped to overcome language difficulties.*



# Section 8: Resettlement

## Strategic management of resettlement

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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 Reasonable attempts had been made to take forward an effective model of resettlement, but effectiveness was undermined by problems associated with immigration status. Clear guidance on the role of resettlement for foreign national prisons was needed.
- 8.2 Canterbury had developed a detailed reducing reoffending policy and strategy that outlined the strategic plan and objectives for the forthcoming year. This document had been compiled in March 2007 to cover the financial year 2007-08. While considerable work had been undertaken to incorporate a broad evaluation of the prison's population and a scoping exercise to incorporate the seven strategic pathways, no needs analysis had been undertaken on which to base the strategy. This was planned for the autumn, drawing on resources from the area psychology team. However, it was also recognised that any such needs analysis was not static and needed to be regularly updated to match the frequently changing prisoner profile.
- 8.3 As an exclusively foreign national establishment, the prison had struggled since the re-role to identify the throughcare and resettlement needs of its population. It had appropriately adopted the National Offender Management model and incorporated the seven pathways, but had received little external guidance as to the best way of adapting this approach to the population, most of whom were likely not to return to the UK community. This problem was compounded by the fact that it was difficult to identify who would remain in the UK or be deported (see section on foreign nationals).
- 8.4 A resettlement strategy board met quarterly. A resettlement policy committee was also scheduled to meet quarterly, but in recent months had met more frequently to push forward a range of issues. The different role and function of the two groups was not entirely clear as all members of the strategy board were members of the policy committee, along with nominated pathway leads.
- 8.5 The resettlement strategy board had produced an action plan for implementation in the course of the year. The 38 separate objectives outlined were appropriate but somewhat ambitious and, while each manager remained responsible for specific objectives, there was no mechanism for progress to be evaluated centrally.

### Recommendation

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- 8.6 Objectives identified in the reducing reoffending strategy should be monitored by the resettlement strategy board to ensure effective progress.

## Offender management and planning<sup>2</sup>

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### 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.

- 8.7 Efforts had been made to introduce a model of offender management and the introduction of the pathway profile attempted to assess the needs of all prisoners. The profiles had, however, been given emphasis at the expense of the offender assessment system and little coordinated sentence planning took place. The timely identification of prisoners' immigration status was essential to effective management. Public protection arrangements were generally efficient.
- 8.8 The offender management unit had initially been planned before the re-role and the prison had continued its implementation even though few prisoners met the in-scope criteria. At the time of inspection, no prisoners met the criteria. This problem was compounded by the fact that many probation areas were reluctant to accept responsibility for prisoners from their area when they were not known by the service or likely to return to the area. Owing to the varying criteria for prolific and persistent offenders, the prison struggled to identify these independently.
- 8.9 Approximately 73% of the prison's population were serving sentences of 12 months and over and should have had completed offender assessment system (OASys) assessments. However, assessments had often not been undertaken at their previous establishment. Since April 2007, 90 prisoners had arrived requiring an assessment but only 23 had since been done, mainly due to staff shortages. Two probation service officer posts were vacant, leaving two full-time and one part-time offender supervisors and a full-time coordinator.
- 8.10 In October 2006, the prison had set up a model of assessing all prisoners regardless of length of sentence or type of offence using a locally-designed pathways profile. The aim was to ensure that prisoners' resettlement needs were met by focusing on the seven resettlement pathways. Offender supervisors undertook the initial assessment and, where issues were identified, referred prisoners to each of the pathway leads or teams. This positive initiative had a number of associated problems. Prisoners were involved in the initial assessment, but appeared to have little direct input to the process of setting targets. In our survey, 31% of prisoners, against a comparator of 39%, said they had been involved in the development of their sentence plan. The targets were set by the worker responsible under the given pathway and a prisoner might therefore have a number of targets under a number of pathway headings. Relevant information was not recorded in a single place and it was therefore not possible to assess overall needs. Equally, there was little consistency in the responses from different pathways: some merely recorded that there had been contact while others detailed the work undertaken. Offender supervisors had overall responsibility for managing the resettlement needs of prisoners, but information in main wing files about contact and so on was usually collated by personal officers and was not routinely fed back.
- 8.11 Some recent offender management awareness training had been undertaken, but only about 20 officers had attended. Despite all prisoners having a pathway profile, only 48% of prisoners,

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<sup>2</sup> The inspection of resettlement was informed by contributions from colleagues from HMI Probation who attended simultaneously to undertake a joint inspection of offender management. Similarly, our analysis and judgements during this inspection have informed the report of offender management in custodial establishments in the local probation region. a separate joint offender management report on this region, which may or may not refer specifically to this establishment or make recommendations relevant to it, will be published in due course.

against a comparator of 59%, said they had a sentence plan. The lack of a risk of harm assessment in the pathway profile was a significant omission that was compounded by problems in obtaining previous conviction information from countries outside the UK.

- 8.12 There was no system to review progress. While many prisoners were at Canterbury for only a short time, many others stayed much longer than the average 58 days. Three weeks before the inspection, the prison had introduced a discharge board. This was a positive attempt to review progress, but it did not allow enough time to rectify any unmet issues and personal officers and pathway leads were not involved in the process.
- 8.13 A significant minority of prisoners were released into the UK. Seventy of the 519 prisoners who had left Canterbury in the previous five months had been released into the community. Others who went to an immigration detention centre were likely to have been released from there. Twenty-two of those released direct from Canterbury had been serving over 12 months and were subject to post-release supervision by the probation service. However, continuing problems in identifying who was likely to be subject to deportation or removal meant that most were not informed of supervision arrangements until the last minute, reducing external offender managers' ability to plan necessary release arrangements.
- 8.14 Home detention curfew (HDC) and release on temporary licence (ROTL) were rarely used. To date in 2007, only seven prisoners had been released on HDC and none on ROTL, mainly because the Border and Immigration Agency (BIA) either did not provide information or provided minimal information on the reasons for its interest in those prisoners applying. The prison was therefore disinclined to award either while there was a possibility of deportation or removal. On-site immigration staff had tried to smooth the process by making checks themselves when possible or chasing the case owner, but the response was often limited to '[name] is still of interest to BIA' without further explanation. This could have implied that a decision was subject to appeal, that no decision had been made or that the BIA had not yet opened the file. The BIA's own guidance for considering temporary release suggested that someone appealing against a decision and with family ties was more likely to comply with conditional release, but no reasoned assessment against this guidance was put to the prison on any of the files seen. Similar issues affected recategorisation (see section on categorisation). For HDC, the problem was compounded by probation services not prioritising community assessments for the same reason.
- 8.15 The facilitated returns scheme (FRS) was used extensively, with some 150 prisoners (22%) returning to their own country by this route to date in 2007. It had been particularly successful at Canterbury because it had been driven forward by competent immigration staff at the prison and within the FRS unit. Under this scheme, there was the potential for resettlement and reintegration support via the International Organisation for Migration, although examples of what kind of support had been given to removed people were not available. There was no such assistance for those removed under other schemes. Fifteen people had been removed under the early removal scheme since the beginning of the year, although there could have been more if detention notices had been issued more promptly.
- 8.16 Public protection arrangements were managed efficiently by the probation department. All prisoners were assessed within the first two weeks of arrival for consideration of their potential under multi-agency public protection arrangements (MAPPA) and Prison Service Order 4400. Anyone identified as a potential MAPPA 2 or 3 was usually transferred as not meeting the prison's reception criteria. A risk management panel met monthly and reviewed each case regularly, particularly those of prisoners likely to be released within the following three to six months. At the time of the inspection, 17 prisoners had been identified as MAPPA candidates.

- 8.17 Four prisoners were also subject to monitoring of mail and telephone calls. As many prisoners communicated in languages other than English, the effectiveness of this monitoring was diminished as telephone calls and letters were necessarily subject to translation. Prisoners subject to public protection monitoring had the same unrestricted access to the telephone system as everyone else, which could have led to abuses.

## Recommendations

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- 8.18 The National Offender Management Service should ensure that probation areas are able and willing to accept responsibility for prisoners sentenced in their geographic region.
- 8.19 All prisoners serving sentences of 12 months and over should be OASys assessed.
- 8.20 As far as is possible, previous conviction information on those sentenced outside the UK should be sought by staff completing risk assessments. The National Offender Management Service should provide support and guidance to help achieve this objective.
- 8.21 After the completion of the pathway profiles and, where appropriate, OASys assessments, prisoners should be involved in the setting of overall targets, which should be monitored centrally by the offender management unit.
- 8.22 Progress against identified targets through each resettlement pathway should be relayed back to the offender management unit and used in the sentence management process.
- 8.23 Offender management awareness training should be extended to all prison staff.
- 8.24 Prisoners subject to public protection monitoring should not be afforded the open scheme for telephone calls for the duration of any monitoring period. They should have their telephone calls and letters translated to ensure effective censoring.
- 8.25 The National Offender Management Service should draw on the experience of the International Organisation for Migration and consult with the Department for International Development about the feasibility of supporting programmes that assist the successful resettlement of foreign national prisoners returning to home countries.

## Resettlement pathways

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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.

### Accommodation

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- 8.26 This area of work was still at an early stage of development. A lead person had been appointed, but lacked sufficient time to carry out the work and had not yet completed relevant



training. Prisoners received basic advice and guidance, but specialist support for hard-to-place cases was lacking. No provision was made for men returning to live overseas.

- 8.27 A wing officer had been designated the accommodation pathway lead. She was enthusiastic and had some experience in this area, but as a busy wing officer she had little time to carry out her additional duties. She had not yet completed the basic two-day training on housing run by NACRO, although she was scheduled to complete this shortly. She had used her initiative to network with other staff in the prison with experience in housing issues and had developed a list of relevant community-based contacts. However, she mainly worked on her own and there was no cover in her absence.
- 8.28 Most of the cases she dealt with were referrals made by staff in the offender management unit following completion of the initial assessments. She was currently working with around 30 cases, but her limited time meant she could not deal with them quickly enough or devote enough attention to each one. She was equipped to provide basic advice and guidance for UK residents, but was not able to deal effectively with the more complex cases, such as the small number of hard-to-place prisoners who were homeless or those returning to live overseas, particularly European Union residents who could not benefit from the facilitated returns scheme.

## Recommendations

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- 8.29 Sufficient staff time should be allocated to ensure that all prisoners with accommodation problems are offered adequate support.
- 8.30 Professional accommodation advice should be available for hard-to-place prisoners and for those who will be discharged overseas.

## Education, training and employment

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- 8.31 A needs analysis was underway to help plan the education and training curriculum and identify employment needs. There were no formal arrangements for information, advice and guidance, but a programme of discharge interviews had just been established.
- 8.32 The prison offered a preparation for employment programme as a pilot in one of the workshops. This included a range of useful work-related qualifications. The programme engaged and motivated prisoners and provided them with support to work in the prison and with useful employability skills. The prison offered too few opportunities for accreditation in education and the workshops.
- 8.33 A well-managed job club effectively supported prisoners who were to be released to the UK to find jobs. It also helped prisoners develop a range of related skills, including interview techniques and CV writing. However, the resources were poor and prisoners did not have any telephone access to contact employers.
- 8.34 A number of prisoners were helped by the International Organisation for Migration, through the facilitated returns scheme, to find work after deportation. The prison did not provide a structured pre-release programme.

## **Mental and physical health**

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- 8.35 Health services staff could not undertake comprehensive planning or make arrangements for prisoners being released or deported due to the short notice given. They were not integrated into the reoffending pathway process. The lack of an information-sharing protocol hampered the decision-making process.
- 8.36 Health services staff could not undertake comprehensive planning or make arrangements for prisoners being released into the community due to the short notice given of such releases. Instead, they went through a checklist on the day of release to identify whether the prisoner had adequate short-term arrangements for any outstanding health needs and gave him a list of GPs in the area to which he was being released. The short notice of deportation did not allow health services staff to ensure adequate arrangements such as HIV medications or anti-malarial prophylaxis treatment.
- 8.37 Health services staff were not involved in discharge boards and their only input into the reoffending pathways document was a brief physical and mental health screen completed at reception. Staff did not have an information-sharing protocol and were therefore reluctant to share information with other agencies such as the Border and Immigration Agency, which might have helped in deciding the eventual outcome for individual prisoners.
- 8.38 There was a palliative care policy, but it had not been used. In practice, any prisoner requiring palliative care was transferred to HMP Elmley.

## **Recommendation**

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- 8.39 Health services staff should be active members of the discharge boards.

## **Drugs and alcohol**

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- 8.40 The drug service provision had reduced significantly following the re-role, matching the reduced demand. Prisoners now had their treatment needs met through the counselling, assessment, referral, advice and throughcare service's one-to-one and group work provision.
- 8.41 The drug strategy management group met quarterly, with a further sub-group orientated to drug reduction meeting each month. Many of those attending the former also attended the latter, making it rather repetitive and, given the relatively low level of substance misuse, unnecessary. An annual drug strategy document outlined the core functions of each part of the group and objectives for the coming year. The drug strategy was headed up by the drug strategy coordinator who worked at the prison two days a week and at area office in much the same capacity for the remainder of the week.
- 8.42 Following the re-role, the counselling, assessment, referral, advice and throughcare (CARAT) team had reduced from seven to two full-time staff, including a team leader and a part-time administrator. In our survey, only 6% of prisoners, against a comparator of 11%, said they had drug problems when they first arrived. The team had a caseload of 45. Files were generally well kept and reflected the work undertaken. All prisoners accessing the service were reviewed or had contact with their CARAT worker at least monthly and often more frequently if specific

work was being undertaken. CARAT work and service demand was reviewed and evaluated bi-monthly to ensure appropriate treatment provision. The CARAT service received referrals from all over the prison and primarily from the offender management unit. The CARAT team had also recently introduced a model of peer support to encourage referrals from prisoners who might be hesitant to approach staff directly. This was already having some success.

- 8.43 A six-session relapse prevention group work programme, approved under Prison Service Order 4350, had been delivered five times in the previous six months. A shorter harm reduction course had also been delivered, but less frequently. Most work, however, was undertaken on a one-to-one basis drawing on packages designed specifically around given substances, including cannabis, heroin and crack cocaine. Brief post-programme reviews were undertaken on prisoners attending the relapse prevention programme and feedback/questionnaires were completed by participants, but this was not the case with the one-to-one work. Such assessments were also not necessarily fed back to the offender management unit.
- 8.44 Alcohol had consistently been identified as the drug of choice of CARAT clients in the previous six months. A separate alcohol strategy had been developed earlier in the year, but there was relatively little provision. CARAT staff were willing to work with people whose only problem was alcohol use and a one-day programme was delivered occasionally. Alcoholics Anonymous attended the prison once a week, although demand remained fairly low. The alcohol strategy focused almost exclusively on alcohol testing yet none was undertaken.
- 8.45 Throughcare provision, and in particular links to community drug intervention programme (DIP) teams, was reasonable. To date in 2007, 24 referrals had been made to DIP teams, mostly in the London boroughs.
- 8.46 Voluntary drug testing was available to all prisoners in principle and 194 prisoners were on a compact against a key performance target of 180. Three programmes were in operation: a voluntary testing unit on B wing, compliance testing (a requirement for enhanced level prisoners) and a voluntary testing programme specifically for standard or basic level prisoners. The link with the incentives and earned privileges scheme was inappropriate as for enhanced level prisoners it was compliance testing. Those prisoners working in health and safety high risk areas, such as the kitchen, were not subject to compliance testing as a condition of this employment.

## Recommendations

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- 8.47 The CARAT team should develop a mechanism for evaluating one-to-one provision and obtaining feedback from prisoners.
- 8.48 Outcome and post-intervention assessments should be fed back to the offender management unit.
- 8.49 The alcohol strategy should incorporate testing and treatment provision and ensure that, if both are necessary, they are delivered.
- 8.50 Voluntary drug testing should be available to all prisoners and not linked to the incentives and earned privileges scheme.
- 8.51 Prisoners employed in health and safety high risk areas should be subject to compliance testing.

## **Finance, benefit and debt**

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- 8.52 There was only basic provision for prisoners with debt problems based in the UK.
- 8.53 Any prisoner admitted with financial problems was identified at an early stage through the initial assessment carried out by the offender management unit. Referrals were made to the designated lead for this work. He had considerable experience and had won a national award some years previously for his work in helping prisoners open bank accounts while in custody. However, he had no protected time for this work and there was no cover in his absence.
- 8.54 He identified prisoners based in the UK and provided them with support, mostly for problems with overdrafts or mortgage repayments. Prisoners were helped to draft and send letters to relevant parties outside requesting that payments or interest be frozen until the prisoner was in a position to resume payments. The officer was dealing with 50 open cases, but could deal with only a fraction of these given his time-consuming wing-based responsibilities.
- 8.55 The education department ran a useful money management course open to all prisoners. There were also plans for Citizens Advice Bureau debt management training to be cascaded to staff. A debt agency nominated by the National Offender Management Service dealt with the small number of cases involving bankruptcy or insolvency.
- 8.56 The services provided were designed to meet the needs of men who would continue to live in the UK after release. The lead officer had made tentative enquiries to various embassies to enlist support for prisoners returning to live overseas who needed assistance with money problems, but he had received no helpful responses.

## **Recommendation**

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- 8.57 **All prisoners with financial problems, including those likely to return to live overseas, should have access to adequate support.**

## **Children and families of offenders**

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- 8.58 Most prisoners found it difficult to maintain constructive contact with their family. People with family abroad and no social visits were given a free monthly five-minute telephone call, but those without funds found this scarcely adequate. People with families in the UK had visits, but were unlikely to get home visits.
- 8.59 Many prisoners had no close family in the UK and worried about staying in touch with family abroad while they were in prison with very limited resources. Some had been working in this country to send money home. Less than half of prisoners in our survey said they had children and only 1% said they had problems ensuring dependants were being looked after when they arrived. However, 28%, significantly worse than the comparator, said they had problems contacting family on arrival and only 19%, against a comparator of 26%, said they had received a visit in the first week.
- 8.60 Some prisoners had been living for many years in this country and had established families. They appreciated the monthly fathers' visits in addition to normal visits (see section on

contact with the outside world). Release on temporary licence, which could have been used to strengthen family contact, was rarely used (see section on offender management and planning). Visits were limited to four afternoons a week and any expansion to accommodate visitors from abroad was unlikely. There was no video facility as a means of enabling contact.

- 8.61 The family liaison officer helped in some cases to facilitate contact, including when a pregnant partner with young children was unable to travel to Canterbury. In another case, staff arranged for a deaf non-English-speaking prisoner to exchange frequent faxes with his partner imprisoned elsewhere. Prisoners who had no social visit in the previous month were given a free five-minute telephone call to family abroad (see section on foreign nationals). Direct email access was not yet available (see section on contact with the outside world).

### **Attitudes, thinking and behaviour**

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8.62 Following the re-role, there were few options for addressing areas of concern identified under this pathway, although a number of treatment needs had been identified.

8.63 To date in 2007, only 51 prisoners had been referred to this pathway by offender supervisors, partly because the tool used did not make clear what they were looking for to trigger a referral.

8.64 Since the re-role, the enhanced thinking skills (ETS) programme had moved to HMP Maidstone and limited to participants who were MAPPA 3, which was outside Canterbury's criteria. Six prisoners had been identified as needing ETS.

8.65 The only programme to address offending behaviour was that relating to drugs and, to a lesser degree, alcohol via the CARAT service. A number of other treatment needs remained unmet, including work orientated to anger management, domestic violence, victim awareness and gambling. Conditions could be included in post-release licence conditions, but given the number released on licence, this was often not a realistic option.

### **Recommendations**

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8.66 The pathway profile assessment tool relating to attitudes, thinking and behaviour should be revamped and definitive criteria identified.

8.67 An offending behaviour treatment needs analysis should be undertaken and necessary treatment options made available to meet the need.



## 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 recommendations to NOMS & Director General of the Prison Service

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- 9.1 There should be a national policy for the management and support of foreign national prisoners, which provides clear practice guidelines to establishments, and which is supported by auditable standards, service level agreements or contractual requirements. (HP42)
- 9.2 The National Offender Management Service should give a clear strategic lead on offender management for foreign nationals. (HP43)

### Main recommendations to the Border and Immigration Agency

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- 9.3 Defensible decisions on whether or not to proceed to deportation or removal should be made and relayed as early as possible in sentence and (where sentence length permits) at least six months before the earliest date of release. (HP44)
- 9.4 When indicating an interest in a prisoner that may affect the governor's deliberations on home detention curfew, release on temporary licence or re-categorisation, the Border and Immigration Agency should provide prompt and detailed explanations of a prisoner's status and risks. (HP45)
- 9.5 The immigration team at Canterbury should be properly resourced, with sufficient experienced staff to identify, explain and progress prisoners' immigration queries, including via regular drop-in surgeries. (HP46)

### Main recommendations to the Governor

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- 9.6 A prisoner resettlement needs analysis should be undertaken and updated regularly using monitoring information. (HP47)
- 9.7 There should be more useful education and work, linked to appropriate qualifications, to meet the needs of a diverse foreign national population. (HP48)
- 9.8 Learning and skills provision should be engaging and challenging, and based on regular needs analyses. (HP49)
- 9.9 There should be enough legal visits rooms and sessions to meet prisoners' needs and allow confidentiality. (HP50)

## Recommendation

to NOMS & Director General of the Prison Service

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### **Offender management and planning**

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- 9.10 The National Offender Management Service should draw on the experience of the International Organisation for Migration and consult with the Department for International Development about the feasibility of supporting programmes that assist the successful resettlement of foreign national prisoners returning to home countries. (8.25)

## Recommendation

to NOMS

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### **Offender management and planning**

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- 9.11 The National Offender Management Service should ensure that probation areas are able and willing to accept responsibility for prisoners sentenced in their geographic region. (8.18)

## Recommendations

to the Primary Care Trust

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### **Health services**

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- 9.12 The primary care trust should fund nicotine replacement therapy. (4.44)
- 9.13 The primary care trust should review the service level agreement to ensure that the pharmacist can take an active role in health initiatives at the prison, including having direct contact with patients. (4.48)

## Recommendations

to the Governor

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### **First days in custody**

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- 9.14 All formal reception interviews should take place in private. (1.15)
- 9.15 Prisoners should be able to make a free telephone call on reception. (1.16)
- 9.16 Staff responsible for delivering induction to new arrivals should not be detailed to other duties. (1.17)

### **Residential units**

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- 9.17 In-cell cupboards should be lockable. (2.12)
- 9.18 The cell on C wing used for prisoners with disabilities should be suitably adapted. (2.13)
- 9.19 In-cell toilets should be properly screened. (2.14)



### **Staff-prisoner relationships**

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- 9.20 All staff should complete the cultural awareness course. (2.20)
- 9.21 Prisoners should not be addressed by surnames alone. (2.21)

### **Personal officers**

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- 9.22 Personal officers should make first contact with prisoners soon after their arrival and meet with them regularly after that to identify and respond to any concerns. These meetings should be clearly documented in history sheets. (2.26)

### **Bullying and violence reduction**

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- 9.23 The safer custody committee should ensure that returns from its annual safety survey are improved. (3.5)
- 9.24 Programmes to challenge bullies and support victims should be introduced. (3.6)

### **Self-harm and suicide**

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- 9.25 Immigration and health services staff should routinely attend case reviews. (3.15)
- 9.26 The safer custody suite on A wing should be refurbished and a log kept of all use of both suites. (3.16)
- 9.27 The gated cell should not be routinely used to manage prisoners at risk of suicide or self-harm. (3.17)
- 9.28 The suicide prevention coordinator should have sufficient profiled time for the role. (3.18)

### **Diversity**

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- 9.29 A diversity policy based on a needs analysis should be written and implemented. (3.24)
- 9.30 A diversity committee should be established to oversee the development of the diversity strategy. (3.25)
- 9.31 The disability officer should have profiled time. (3.26)
- 9.32 A disability equality scheme should be published. (3.27)

### **Race equality**

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- 9.33 Race equality action team meetings should have clear action points and these should be followed up at every meeting. (3.35)
- 9.34 Nationality monitoring should be developed and disparities investigated. Support and advice should be sought from, and provided by, the race equality action group. (3.36)

- 9.35 Originators of racist incident report forms should be sent an acknowledgement, investigations should be completed promptly and feedback should be encouraged. (3.37)
- 9.36 All racist incident investigations should be completed thoroughly and all witnesses interviewed. Management checks should be robust. (3.38)
- 9.37 Cultural diversity should be celebrated through a calendar of events. (3.39)
- 9.38 Impact assessments should be completed and used to promote progress. (3.40)

### **Foreign national prisoners**

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- 9.39 Canterbury should be provided with a budget commensurate with the interpreting and translation needs of its foreign national population. (3.48)

### **Contact with the outside world**

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- 9.40 Prisoners should have access to email facilities. (3.58)
- 9.41 Prisoners should be able to maintain contact with family and friends in different time zones. (3.59)

### **Legal rights**

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- 9.42 Legal services officers should be trained and have sufficient facility time and facilities to deal promptly with prisoners' legal issues. (3.77)
- 9.43 The library should have direct internet and email access to provide up-to-date legal resources for prisoners. (3.78)

### **Health services**

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- 9.44 The partnership board should ensure that a full health needs assessment, including physical and mental health needs, is completed expeditiously so that services that meet prisoners' needs can be commissioned. (4.35)
- 9.45 A skill mix review should be undertaken following the health needs assessment to ensure that staff have the relevant skills, competencies and knowledge to meet prisoners' needs. (4.36)
- 9.46 A permanent GP service should be commissioned and provided as soon as possible. (4.37)
- 9.47 The governor should resist attempts to amalgamate the partnership board with that for the Sheppey cluster of prisons. (4.38)
- 9.48 Staff training should include how to recognise signs of previous torture and abuse. (4.39)
- 9.49 Information about how to complain in the prison and through the NHS should be available in a range of languages. (4.40)
- 9.50 There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment and specialist advice as required. (4.41)

- 9.51 All prescription charts should be completed in line with professional guidance from regulatory bodies. (4.42)
- 9.52 There should be an information-sharing protocol with appropriate agencies to ensure efficient sharing of relevant health and social care information. (4.43)
- 9.53 Healthcare applications should be confidential. (4.45)
- 9.54 Triage algorithms should be available to ensure consistency of advice and treatment. (4.46)
- 9.55 Prisoners should be offered the opportunity of professional interpretation for health consultations. (4.47)
- 9.56 The documented risk assessment for in possession medications should include an assessment of the medication prescribed. (4.49)
- 9.57 Medication should not be pre-packed by HMP Rochester unless an assembly licence is in place. (4.50)
- 9.58 A review of medication supplied on special sick should be undertaken urgently to ensure that pharmacy-only medicines are not supplied. (4.51)
- 9.59 Patient group directions should be introduced to enable supply of more potent medication by the pharmacist and/or nurse and to avoid unnecessary consultations with the doctor. (4.52)
- 9.60 Stock supplied should be audited by pharmacy staff so that it can be reconciled against prescriptions issued. (4.53)
- 9.61 The system of relying on faxed prescriptions should be subject to audit. (4.54)
- 9.62 Staff should ensure that all clinical information from previous establishments, including a care programme approach, is requested and obtained. (4.55)

### **Learning and skills and work activities**

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- 9.63 Achievements in education should be improved. (5.14)
- 9.64 Prisoners should be able to develop useful skills in all workshops. (5.15)
- 9.65 Language support should be integrated into workshop provision. (5.16)
- 9.66 Data should be used effectively to manage learning and skills. (5.17)
- 9.67 Systems for curriculum planning and quality improvement should be further developed. (5.18)
- 9.68 Detailed records of library usage should be maintained. (5.19)

### **Physical education and health promotion**

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- 9.69 Staffing levels in the gym should be reviewed and increased. (5.29)
- 9.70 The number of accredited programmes in the gym should be increased. (5.30)

- 9.71 The sports hall, shower and toilet areas and the access area to the physical education department should be refurbished. (5.31)

### **Faith and religious activity**

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- 9.72 The chaplaincy provision should reflect the needs of the population. (5.36)
- 9.73 The chaplaincy should provide other activities such as discussion groups. (5.37)
- 9.74 Supervision levels in the multi-faith area should be risk assessed, taking into account the population and its needs. (5.38)

### **Time out of cell**

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- 9.75 Prisoners should spend more time unlocked, amounting to at least 10 hours on weekdays. (5.42)
- 9.76 The range of association activities should be extended. (5.43)
- 9.77 There should be some association at weekends. (5.44)

### **Security and rules**

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- 9.78 Staffing levels should ensure that a security intelligence officer or administrative grade is on duty every weekday to oversee the prompt processing of security information. (6.12)
- 9.79 Local prison rules should be on display on the residential units and translated into languages other than English. (6.13)

### **Discipline**

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- 9.80 Cellular confinement should be used only for the most serious offences and use should be regularly reviewed by senior managers. (6.27)
- 9.81 A record should be made on the adjudication hearing about prisoners' ability to understand English. Those with language problems should be offered professional interpreting services and this should be documented. (6.28)
- 9.82 The supervising officer and certifying officer in use of force incidents should not be the same person. (6.29)
- 9.83 Planned removals should be videoed and the tapes stored for future reference. (6.30)
- 9.84 Healthcare staff should be informed before a planned removal and as soon as possible after a spontaneous incident. (6.31)
- 9.85 Report of injury (F213s) forms should be fully copied and held with use of force paperwork. (6.32)

- 9.86 Wing history sheets should document a record of staff interaction and engagement with prisoners held in the care and containment unit, individual prisoner needs and daily routines such as showers. (6.33)
- 9.87 The gated 'safe' cell should be deep cleaned and furnished. (6.34)

### **Incentives and earned privileges**

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- 9.88 The incentives and earned privileges scheme should be simplified. (6.41)
- 9.89 All prisoners should be reviewed for enhanced level within two weeks of arrival and more regularly thereafter, and this should be subject to regular management oversight. (6.42)
- 9.90 Prisoners should be consulted about which earnable privileges would provide a suitable incentive. (6.43)
- 9.91 A simple explanation of how the incentives and earned privileges scheme operates should be available in languages other than English and include information on the appeal process. (6.44)
- 9.92 Pay levels should not be linked to the incentives and earned privileges scheme. (6.45)

### **Catering**

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- 9.93 Prisoners working in the kitchen should be able to gain relevant qualifications. (7.8)
- 9.94 Catering staff should attend prisoner consultation meetings. (7.9)
- 9.95 The catering manager should address the specific points made in the food comments book. (7.10)

### **Prison shop**

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- 9.96 The diverse needs of the population should be taken into account more regularly to ensure that changes to the product list meet these needs. (7.15)
- 9.97 Prisoners should be able to make purchases from the shop within 24 hours of arrival. (7.16)

### **Strategic management of resettlement**

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- 9.98 Objectives identified in the reducing reoffending strategy should be monitored by the resettlement strategy board to ensure effective progress. (8.6)

### **Offender management and planning**

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- 9.99 All prisoners serving sentences of 12 months and over should be OASys assessed. (8.19)
- 9.100 As far as is possible, previous conviction information on those sentenced outside the UK should be sought by staff completing risk assessments. The National Offender Management Service should provide support and guidance to help achieve this objective. (8.20)

- 9.101 After the completion of the pathway profiles and, where appropriate, OASys assessments, prisoners should be involved in the setting of overall targets, which should be monitored centrally by the offender management unit. (8.21)
- 9.102 Progress against identified targets through each resettlement pathway should be relayed back to the offender management unit and used in the sentence management process. (8.22)
- 9.103 Offender management awareness training should be extended to all prison staff. (8.23)
- 9.104 Prisoners subject to public protection monitoring should not be afforded the open scheme for telephone calls for the duration of any monitoring period. They should have their telephone calls and letters translated to ensure effective censoring. (8.24)

### **Resettlement pathways**

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- 9.105 Sufficient staff time should be allocated to ensure that all prisoners with accommodation problems are offered adequate support. (8.29)
- 9.106 Professional accommodation advice should be available for hard-to-place prisoners and for those who will be discharged overseas. (8.30)
- 9.107 Health services staff should be active members of the discharge boards. (8.39)
- 9.108 The CARAT team should develop a mechanism for evaluating one-to-one provision and obtaining feedback from prisoners. (8.47)
- 9.109 Outcome and post-intervention assessments should be fed back to the offender management unit. (8.48)
- 9.110 The alcohol strategy should incorporate testing and treatment provision and ensure that, if both are necessary, they are delivered. (8.49)
- 9.111 Voluntary drug testing should be available to all prisoners and not linked to the incentives and earned privileges scheme. (8.50)
- 9.112 Prisoners employed in health and safety high risk areas should be subject to compliance testing. (8.51)
- 9.113 All prisoners with financial problems, including those likely to return to live overseas, should have access to adequate support. (8.57)
- 9.114 The pathway profile assessment tool relating to attitudes, thinking and behaviour should be revamped and definitive criteria identified. (8.66)
- 9.115 An offending behaviour treatment needs analysis should be undertaken and necessary treatment options made available to meet the need. (8.67)

## Housekeeping points

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### **Residential units**

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- 9.116 Notice boards should be kept up to date. (2.15)
- 9.117 Bed linen should be clean and in good condition. (2.16)

### **Bullying and violence reduction**

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- 9.118 The analysis of monitoring information should allow identification of patterns in bullying and self-harm. (3.7)

### **Contact with the outside world**

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- 9.119 The visits booking clerk should be given a quiet area and have quick access to interpreting services. (3.60)
- 9.120 Enquiries should be made to establish whether prisoners are being given adequate help in order for them to receive initial visits. (3.61)
- 9.121 The waiting area outside the visits hall should be decorated and all posters on display there should be updated. (3.62)

### **Learning and skills and work activities**

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- 9.122 The number of dictionaries available in the library should be increased. (5.20)
- 9.123 A wider range of newspapers in languages other than English should be provided. (5.21)
- 9.124 Signposting of the library stock to improve access to books by prisoners with language problems should be developed. (5.22)

### **Catering**

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- 9.125 The policy on second helpings should be clarified and adhered to. (7.11)

## Good practice

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### **First days in custody**

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- 9.126 *Reception staff routinely asked transferees about any missing property. Staff promptly and systematically pursued missing property, recognising that the owner might be removed from the country in the near future.* (1.18)

## **Residential units**

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- 9.127 *The quality of dialogue and discussion during consultation committee meetings was unusually high and reflected staff commitment to engaging respectfully with prisoners. (2.17)*

## **Self-harm and suicide**

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- 9.128 *After an attempted suicide, wing prisoner representatives were brought together and updated so that they could reassure other prisoners and prevent false rumours. (3.19)*

## **Contact with the outside world**

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- 9.129 *Fathers' visits were a constructive initiative that helped to reduce the adverse effects of parental separation. (3.63)*
- 9.130 *The Storybook Dads scheme allowed prisoners to record stories for their children, encouraging them in their parental role and helping to strengthen family ties. (3.64)*

## **Applications and complaints**

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- 9.131 *The methodical and determined way in which staff dealt with complaints helped to minimise prisoners' stress prior to release. (3.69)*

## **Health services**

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- 9.132 *Prisoners were given a copy of their well man assessment, which gave them individualised information and advice. (4.56)*
- 9.133 *The laminated cards with pictures to identify when patients should take their medications were simple and effective. (4.57)*

## **Discipline**

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- 9.134 *The use of prisoner representatives at adjudication standardisation meetings was an example of good consultation arrangements and indicated managers' willingness to include prisoners in policy decisions. (6.35)*

## **Prison shop**

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- 9.135 *The pictorial list for prisoners to choose their shop options helped to overcome language difficulties. (7.17)*



## Appendix 1: Inspection team

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Anne Owers	HM Chief Inspector of Prisons
Hindpal Singh Bhui	Team leader
Eileen Bye	Inspector
Gerry O'Donoghue	Inspector
Hayley Folland	Inspector
Ian Macfadyen	Inspector
Keith McInnis	Inspector
Elizabeth Tysoe	Head of health services inspection
Margot Nelson-Owen	Health services inspector
John Reynolds	Dentistry inspector
Sue Melvin	Pharmacy inspector
Laura Nettleingham	Researcher
Olivia Adams	Researcher
Sandra Samms	Ofsted inspector
Joy Neary	OMI inspector
James Riches	Nacro

## Appendix 2: Prison population profile

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Population breakdown by:

(i) Status	Number of prisoners	%
Sentenced	278	100%
Convicted but unsentenced	0	
Remand	0	
Civil prisoners	1	
Detainees (single power status)	11	4%
Detainees (dual power status)	129 (IS91s)	46%
<b>Total</b>		

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	18	6%
6 months to less than 12 months	55	20%
12 months to less than 2 years	108	39%
2 years to less than 4 years	81	29%
4 years to less than 10 years	16	6%
10 years and over (not life)	0	
Life	0	
<b>Total</b>	<b>278</b>	<b>100</b>

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	83	30%	N/A	
1 month to 3 months	106	38%		
3 months to 6 months	34	13%		
6 months to 1 year	23	9%		
1 year to 2 years	28	10%		
2 years to 4 years				
4 years or more				
<b>Total</b>	<b>278</b>	<b>100</b>		

(iv) Main offence	Number of prisoners	%
Violence against the person	9	3%
Sexual offences	0	
Burglary	4	1%
Robbery	7	3%
Theft & handling	8	3%
Fraud and forgery	145	52%
Drugs offences	71	26%
Other offences	33	12%
Civil offences	1	
Offence not recorded/holding warrant	0	
<b>Total</b>	<b>278</b>	<b>100</b>

(v) Age	Number of prisoners	%
Less than 21	N/A	
21 years to 29 years	102	37%
30 years to 39 years	114	41%
40 years to 49 years	49	17%
50 years to 59 years	11	4%
60 years to 69 years	2	1%
70 plus years	0	
<i>Maximum age</i>	<i>64</i>	
Total	278	100

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	11	4%
Between 50 and 100 miles of the prison	142	52%
Over 100 miles from the prison	48	17%
Overseas	17	6%
NFA	59	21%
Total	278	100

(vii) Nationality	Number of prisoners	%
British	17	6%
Foreign national	261	94%
Total	278	100

(viii) Ethnicity	Number of prisoners	%
<i>White</i>		
British	8	3%
Irish	0	
Other White	51	18%
Not stated		
<i>Mixed</i>		
White and Black Caribbean	2	1%
White and Black African	0	
White and Asian	0	
Other Mixed	4	2%
<i>Asian or Asian British</i>		
Indian	15	5%
Pakistani	9	3%
Bangladeshi	4	2%
Other Asian	41	15%
<i>Black or Black British</i>		
Caribbean	31	11%
African	73	26%
Other Black	12	4%
<i>Chinese or other ethnic group</i>		
Chinese	8	3%
Other ethnic group	20	7%
Total	278	100

(ix) Religion	Number of prisoners	%
Baptist	1	
Church of England	53	19%
Roman Catholic	48	17%
Other Christian denominations	27	10%
Muslim	78	28%
Sikh	11	4%
Hindu	10	4%
Buddhist	26	9%
Jewish	12	4%
Other	2	1%
No religion	10	4%
Total	278	100

## Appendix 3: Summary of prisoner questionnaires and interviews

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### **Prisoner survey methodology**

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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**

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The baseline for the sample size was calculated using a robust statistical formula provided by a Home Office 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 16 July 2007, the prisoner population at HMP Canterbury was 277. The baseline sample size was 129. Overall, this represented 47% of the prisoner population.

### **Selecting the sample**

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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. Seven respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, no respondents were interviewed.

### **Methodology**

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Every attempt was made to distribute the questionnaires to each respondent on an individual basis. 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
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable
- to 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**

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In total, 102 respondents completed and returned their questionnaires. This represented 37% of the prison population. The response rate was 80%. In addition to the seven respondents who refused to complete a questionnaire, 18 questionnaires were not returned and two were returned blank.

## **Comparisons**

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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 category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 31 trainer prisons since April 2003.

In addition, two further documents are attached. Statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown in the first document. The second document shows statistically significant differences between the responses of Muslim prisoners and non-Muslim prisoners.

In the above documents, statistically significant differences are highlighted. 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 Canterbury 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

		HMP Canterbury	Category C trainer prisons comparator
	Any percent highlighted in green is significantly better than the Category C trainer prisons comparator		
	Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the Category C trainer prisons comparator		
<b>SECTION 1: General Information (not tested for significance)</b>			
1	Number of completed questionnaires returned	102	2981
2	Are you under 21 years of age?	0	1
3	Are you transgender or transsexual?	0	0
4	Are you sentenced?	100	100
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2	2
6	If you are sentenced, are you on recall?	7	14
8	Is your sentence less than 12 months?	47	5
9	Do you have less than six months to serve?	82	34
10	Have you been in this prison less than a month?	19	7
11	Are you a foreign national?	78	13
12	Is English your first language?	34	89
13	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	79	26
14	Are you Muslim?	26	13
15	Are you gay or bisexual?	7	6
16	Do you consider yourself to have a disability?	8	15
17	Are you a Registered Disabled Person?	5	5
18	Is this your first time in prison?	78	34
19	Do you have any children?	43	55
<b>SECTION 2: Transfers and Escorts</b>			
19a	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)	70	51
19b	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)	65	63
19c	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)	37	19
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?	43	33
19e	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)	37	14
20	Did you spend more than four hours in the van?	8	9
21	Were you treated well/very well by the escort staff?	74	70
22a	Did you know where you were going when you left court or when transferred from another establishment?	72	83
22b	Before you arrived here did you receive any written information about what would happen to you?	35	16
22c	When you first arrived here did your property arrive at the same time as you?	81	88

**Key to tables**

	Any percent highlighted in green is significantly better than the Category C trainer prisons comparator	<b>HMP Canterbury</b>	<b>Category C trainer prisons comparator</b>
	Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the Category C trainer prisons comparator		
<b>SECTION 3: Reception, first night and induction</b>			
<b>24a</b>	Did you have any problems when you first arrived?	<b>59</b>	<b>55</b>
<b>24b</b>	Did you have any problems with loss of transferred property when you first arrived?	<b>14</b>	<b>12</b>
<b>24c</b>	Did you have any housing problems when you first arrived?	<b>11</b>	<b>13</b>
<b>24d</b>	Did you have any problems contacting employers when you first arrived?	<b>1</b>	<b>3</b>
<b>24e</b>	Did you have any problems contacting family when you first arrived?	<b>28</b>	<b>19</b>
<b>24f</b>	Did you have any problems ensuring dependents were being looked after when you first arrived?	<b>1</b>	<b>5</b>
<b>24g</b>	Did you have any money worries when you first arrived?	<b>29</b>	<b>16</b>
<b>24h</b>	Did you have any problems with feeling depressed or suicidal when you first arrived?	<b>12</b>	<b>13</b>
<b>24i</b>	Did you have any drug problems when you first arrived?	<b>6</b>	<b>11</b>
<b>24j</b>	Did you have any alcohol problems when you first arrived?	<b>3</b>	<b>5</b>
<b>24k</b>	Did you have any health problems when you first arrived?	<b>8</b>	<b>16</b>
<b>24l</b>	Did you have any problems with needing protection from other prisoners when you first arrived?	<b>1</b>	<b>4</b>
<b>25a</b>	Did you receive any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	<b>46</b>	<b>17</b>
<b>25b</b>	Did you receive any help/support from any member of staff in dealing with housing problems within the first 24 hours?	<b>40</b>	<b>18</b>
<b>25c</b>	Did you receive any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	<b>32</b>	<b>13</b>
<b>25d</b>	Did you receive any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	<b>41</b>	<b>51</b>
<b>25e</b>	Did you receive any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	<b>39</b>	<b>17</b>
<b>25f</b>	Did you receive any help/support from any member of staff in dealing with money problems within the first 24 hours?	<b>39</b>	<b>20</b>
<b>25g</b>	Did you receive any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	<b>46</b>	<b>34</b>
<b>25h</b>	Did you receive any help/support from any member of staff in dealing with drug problems within the first 24 hours?	<b>37</b>	<b>29</b>
<b>25i</b>	Did you receive any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	<b>41</b>	<b>25</b>
<b>25j</b>	Did you receive any help/support from any member of staff in dealing with health problems within the first 24 hours?	<b>67</b>	<b>47</b>
<b>25k</b>	Did you receive any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	<b>43</b>	<b>20</b>
<b>26a</b>	Please answer the following question about reception: were you seen by a member of healthcare staff?	<b>97</b>	<b>88</b>
<b>26b</b>	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	<b>77</b>	<b>72</b>
<b>27</b>	Were you treated well/very well in reception?	<b>81</b>	<b>72</b>
<b>28a</b>	Did you receive a reception pack on your day of arrival?	<b>75</b>	<b>78</b>
<b>28b</b>	Did you receive information about what was going to happen here on your day of arrival?	<b>61</b>	<b>50</b>
<b>28c</b>	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	<b>50</b>	<b>43</b>
<b>28d</b>	Did you have the opportunity to have a shower on your day of arrival?	<b>48</b>	<b>45</b>



**Key to tables**

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Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator		
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<b>SECTION 3: Reception, first night and induction continued</b>		
<b>28e</b> Did you get the opportunity to have a free telephone call on your day of arrival?	32	47
<b>28f</b> Did you get information about routine requests on your day of arrival?	43	37
<b>28g</b> Did you get something to eat on your day of arrival?	59	78
<b>28h</b> Did you get information about visits on your day of arrival?	53	45
<b>29a</b> Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	75	51
<b>29b</b> Did you have access to someone from healthcare within the first 24 hours?	76	72
<b>29c</b> Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	28	35
<b>29d</b> Did you have access to the prison shop/canteen within the first 24 hours?	33	27
<b>30</b> Did you feel safe on your first night here?	84	85
<b>31</b> Did you go on an induction course within the first week?	86	74
<b>32</b> Did the induction course cover everything you needed to know about the prison?	76	60
<b>33</b> Did you receive a 'basic skills' assessment within the first week?	63	40
<b>SECTION 4: Legal Rights and Respectful Custody</b>		
<b>35a</b> Is it very easy/easy to communicate with your solicitor or legal representative?	46	49
<b>35b</b> Is it very easy/easy for you to attend legal visits?	56	54
<b>35c</b> Is it very easy/easy for you to obtain bail information?	20	19
<b>36</b> Have staff ever opened letters from your solicitor or legal representative when you were not with them?	26	39
<b>37a</b> Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	62	64
<b>37b</b> Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	99	92
<b>37c</b> Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	68	87
<b>37d</b> Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	81	75
<b>36e</b> Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	67	41
<b>37f</b> 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?	75	70
<b>37g</b> Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	37	32
<b>38</b> Is the food in this prison good/very good?	58	34
<b>39</b> Does the shop/canteen sell a wide enough range of goods to meet your needs?	58	47
<b>40a</b> Is it easy/very easy to get a complaints form?	80	86
<b>40b</b> Is it easy/very easy to get an application form?	91	90
<b>41a</b> Do you feel applications are sorted out fairly?	59	38
<b>41b</b> Do you feel your applications are sorted out promptly?	57	38
<b>41c</b> Do you feel complaints are sorted out fairly?	39	29
<b>41d</b> Do you feel complaints are sorted out promptly?	35	29
<b>41e</b> Are you given information about how to make an appeal?	27	31
<b>42</b> Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	8	13
<b>43</b> Do you know how to apply to the Prisons and Probation Ombudsman?	14	47

**Key to tables**

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<b>SECTION 4: Legal Rights and Respectful Custody continued</b>			
44	Is it easy/very easy to contact the Independent Monitoring Board?	22	43
45	Are you on the enhanced (top) level of the IEP scheme?	34	54
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	37	53
47a	In the last six months have any members of staff physically restrained you (C & R)?	2	5
47b	In the last six months have you spent a night in the segregation/care and separation unit?	5	13
48a	Do you feel your religious beliefs are respected?	77	55
49b	Are you able to speak to a religious leader of your faith in private if you want to?	57	61
50	Are you able to speak to a Listener at any time, if you want to?	59	68
51a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	88	73
51b	Do <b>most</b> staff, in this prison, treat you with respect?	79	76
<b>SECTION 5: Safety</b>			
52	Have you ever felt unsafe in this prison?	24	27
53	Do you feel unsafe in this establishment at the moment?	12	17
55	Have you been victimised (insulted or assaulted) by another prisoner?	16	19
56a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	8	10
56b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	1	5
56c	Have you been sexually abused since you have been here? (By prisoners)	0	1
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5	4
56e	Have you been victimised because of drugs since you have been here? (By prisoners)	0	2
56f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	2	3
56g	Have you ever been victimised because you were new here? (By prisoners)	1	4
56h	Have you ever been victimised because of your sexuality? (By prisoners)	0	2
56i	Have you ever been victimised because you have a disability? (By prisoners)	0	2
56j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	2	3
56k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	3	4
57	Have you been victimised (insulted or assaulted) by a member of staff?	10	19
58a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	6	10
58b	Have you been hit, kicked or assaulted since you have been here? (By staff)	0	2
58c	Have you been sexually abused since you have been here? (By staff)	0	0
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3	4
58e	Have you been victimised because of drugs since you have been here? (By staff)	0	3
58f	Have you ever been victimised because you were new here? (By staff)	1	4
58g	Have you ever been victimised because of your sexuality? (By staff)	0	1
58h	Have you ever been victimised because you have a disability? (By staff)	1	2
58i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	1	3

**Key to tables**

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<b>SECTION 5: Safety continued</b>			
58j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	6	4
59	Did you report any victimisation that you have experienced?	3	11
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	6	22
61	Have you ever felt threatened or intimidated by a member of staff in here?	11	18
62	Is it very easy/easy to get illegal drugs in this prison?	2	28
<b>SECTION 6: Healthcare</b>			
64	Do you think the overall quality of the healthcare is good/very good?	62	44
65a	Is it very easy/easy to see the doctor?	41	42
65b	Is it very easy/easy to see the nurse?	65	58
65c	Is it very easy/easy to see the dentist?	18	15
65d	Is it very easy/easy to see the optician?	23	16
65e	Is it very easy/easy to see the pharmacist?	45	36
66a	Do you think the quality of healthcare from the doctor is good/very good?	53	44
66b	Do you think the quality of healthcare from the nurse is good/very good?	65	59
66c	Do you think the quality of healthcare from the dentist is good/very good?	20	31
66d	Do you think the quality of healthcare from the optician is good/very good?	25	24
66e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	36	41
67	Are you currently taking medication?	39	43
68	Are you allowed to keep possession of your medication in your own cell?	34	39
<b>SECTION 7: Purposeful Activity</b>			
70a	Do you feel your job will help you on release?	29	36
70b	Do you feel your vocational or skills training will help you on release?	34	38
70c	Do you feel your education (including basic skills) will help you on release?	59	49
70d	Do you feel your offending behaviour programmes will help you on release?	31	35
70e	Do you feel your drug or alcohol programmes will help you on release?	29	32
71	Do you go to the library at least once a week?	58	49
72	Can you get access to a newspaper every day?	13	53
73	On average, do you go to the gym at least twice a week?	67	54
74	On average, do you go outside for exercise three or more times a week?	71	48
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	12	20
76	On average, do you go on association more than five times each week?	55	75
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14	19

**Key to tables**

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<b>SECTION 8: Resettlement</b>			
79	Did you first meet your personal officer in the first week?	37	32
80	Do you think your personal officer is helpful/very helpful?	54	47
81	Do you have a sentence plan?	48	59
82	Were you involved/very involved in the development of your sentence plan?	31	39
83	Do you have a named officer within this prison who can help you progress your sentence plan targets?	20	35
84	Have you and your named officer met at least monthly to discuss your sentence plan targets?	8	8
85a	Did your named officer attend these meetings?	8	19
85b	Did prison staff from other departments attend these meetings?	5	8
85c	Did probation staff from the establishment attend these meetings?	0	8
85d	Did probation staff from your home area attend these meetings?	0	3
85e	Did anyone else from other agencies attend these meetings?	1	3
86	Were these meetings useful to you?	13	21
87	Can you achieve all or some of your sentence plan targets in this prison?	22	34
88	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	11	16
89	Do you feel that your named officer has helped you to address your offending behaviour whilst at this prison?	20	24
90	Do you feel that your named officer has helped you to prepare for release?	18	19
91	Have you had any problems with sending or receiving mail?	26	35
92	Have you had any problems getting access to the telephones?	19	22
93	Did you have a visit in the first week that you were here?	15	26
94	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	69	70
95	Did you receive five or more visits in the last week?	1	0
96a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	29	19
96b	Do you think you will have a problem with finding a job following your release from this prison?	51	44
96c	Do you think you will have a problem with finding accommodation following your release from this prison?	42	43
96d	Do you think you will have a problem with money and finances following your release from this prison?	66	50
96e	Do you think you will have a problem with claiming benefits following your release from this prison?	38	33
96f	Do you think you will have a problem with arranging a place a place at college or continuing education following your release from this prison?	49	30
96g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	11	12
96h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	38	21
96i	Do you think you will have a problem with opening a bank account following your release from this prison?	39	40

**Key to tables**

		HMP Canterbury	Category C trainer prisons comparator
	Any percent highlighted in green is significantly better than the Category C trainer prisons comparator		
	Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the Category C trainer prisons comparator		
<b>SECTION 8: Resettlement continued</b>			
<b>97a</b>	Do you think you will have a problem with drugs when you leave this prison?	3	9
<b>97b</b>	Do you think you will have a problem with alcohol when you leave this prison?	4	7
<b>98a</b>	Do you know who to contact, within this prison, to get help with finding a job on release?	42	53
<b>98b</b>	Do you know who to contact, within this prison, to get help with finding accommodation on release?	39	53
<b>98c</b>	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	31	39
<b>98d</b>	Do you know who to contact, within this prison, to get help with claiming benefits on release?	27	51
<b>98e</b>	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	31	40
<b>98f</b>	Do you know who to contact within this prison to get help with external drugs courses etc	32	48
<b>98g</b>	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	37	45
<b>98h</b>	Do you know who to contact, within this prison, to get help with opening a bank account on release?	37	34
<b>99</b>	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	56	58



## Key Question Responses (Ethnicity) HMP Canterbury 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

		BME prisoners	White (other) prisoners
	Any percent highlighted in green is significantly better than the responses from White prisoners		
	Any percent highlighted in blue is significantly worse than the responses from White prisoners		
	Percentages which are not highlighted show there is no significant difference between the responses from BME prisoners and White prisoners		
	<b>Number of completed questionnaires returned</b>	77	21
12	Are you a Muslim? ( <b>Not tested for significance</b> )	23	31
20	Were you treated well/very well by the escort staff?	75	70
21c	When you first arrived here did your property arrive at the same time as you?	81	80
26	Were you treated well/very well in reception?	79	86
29	Did you feel safe on your first night here?	82	85
30	Did you go on an induction course within the first week?	85	84
33a	Is it very easy/easy for you to communicate with your solicitor or legal representative?	46	50
35b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	99	100
35e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	66	65
36	Is the food in this prison good/very good?	60	44
37	Does the shop/canteen sell a wide enough range of goods to meet your needs?	59	58
39c	Do you feel complaints are sorted out fairly?	42	30
43	Are you on the enhanced (top) level of the IEP scheme?	27	58
44	Do you feel you have been treated fairly in your experience of the IEP scheme?	32	52
45a	In the last 6 months have you been physically restrained?	2	7
45b	In the last 6 months have you spent a night in the segregation/care and separation unit?	6	0
48b	Do <b>most</b> staff, in this prison, treat you with respect?	78	84
50	Have you ever felt unsafe in this prison?	23	20
51	Do you feel unsafe in this establishment at the moment?	13	6
53	Have you been victimised (insulted or assaulted) by another prisoner?	18	9
54d	Have you been victimised by another prisoner because of your race or ethnic origin?	6	5
54j	Have you ever been victimised by another prisoner because of your religion/religious beliefs?	3	0
55	Have you been victimised (insulted or assaulted) by a member of staff?	13	5
56d	Have you been victimised by a member of staff because of your race or ethnic origin?	5	0
56i	Have you ever been victimised by a member of staff because of your religion/religious beliefs?	2	0
62	Do you think the overall quality of the healthcare is good/very good?	68	35
68a	Do you feel your job will help you on release?	32	20
68b	Do you feel your vocational or skills training will help you on release?	32	42

### Key to tables

	Any percent highlighted in green is significantly better than the responses from White prisoners	<b>BME prisoners</b>	<b>White (other) prisoners</b>
	Any percent highlighted in blue is significantly worse than the responses from White prisoners		
	Percentages which are not highlighted show there is no significant difference between the responses from BME prisoners and White prisoners		
<b>68c</b>	Do you feel your education (including basic skills) will help you on release?	<b>61</b>	<b>59</b>
<b>68d</b>	Do you feel your offending behaviour programmes will help you on release?	<b>34</b>	<b>21</b>
<b>68e</b>	Do you feel your drug or alcohol programmes will help you on release?	<b>30</b>	<b>30</b>
<b>69</b>	Do you go to the library at least once a week?	<b>58</b>	<b>58</b>
<b>71</b>	On average, do you go to the gym at least twice a week?	<b>66</b>	<b>73</b>
<b>72</b>	On average, do you go outside for exercise three or more times a week?	<b>72</b>	<b>69</b>
<b>73</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	<b>10</b>	<b>21</b>
<b>74</b>	On average, do you go on association more than five times each week?	<b>53</b>	<b>64</b>
<b>77</b>	Did you first meet your personal officer in the first week?	<b>37</b>	<b>40</b>
<b>78</b>	Do you think your personal officer is helpful/very helpful?	<b>50</b>	<b>64</b>
<b>82</b>	Have you had any problems getting access to the telephones?	<b>18</b>	<b>25</b>
<b>84</b>	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	<b>66</b>	<b>80</b>
<b>89</b>	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	<b>55</b>	<b>52</b>



## Key Question Responses (Religion) HMP Canterbury 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

		Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better than the responses from Non-Muslim prisoners		
	Any percent highlighted in blue is significantly worse than the responses from Non-Muslim prisoners		
	Percentages which are not highlighted show there is no significant difference between the responses from Muslim prisoners and Non-Muslim prisoners		
	<b>Number of completed questionnaires returned</b>	25	71
20	Were you treated well/very well by the escort staff?	72	75
21c	When you first arrived here did your property arrive at the same time as you?	88	77
26	Were you treated well/very well in reception?	68	84
29	Did you feel safe on your first night here?	96	81
30	Did you go on an induction course within the first week?	91	83
33a	Is it very easy/easy for you to communicate with your solicitor or legal representative?	63	42
35b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	100	98
35e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	76	64
36	Is the food in this prison good/very good?	60	59
37	Does the shop/canteen sell a wide enough range of goods to meet your needs?	68	55
39c	Do you feel complaints are sorted out fairly?	34	39
43	Are you on the enhanced (top) level of the IEP scheme?	31	34
44	Do you feel you have been treated fairly in your experience of the IEP scheme?	30	41
45a	In the last 6 months have you been physically restrained?	5	2
45b	In the last 6 months have you spent a night in the segregation/care and separation unit?	5	5
48b	Do <b>most</b> staff, in this prison, treat you with respect?	82	80
50	Have you ever felt unsafe in this prison?	29	21
51	Do you feel unsafe in this establishment at the moment?	8	13
53	Have you been victimised (insulted or assaulted) by another prisoner?	8	15
54d	Have you been victimised by another prisoner because of your race or ethnic origin?	0	4
54j	Have you ever been victimised by another prisoner because of your religion/religious beliefs?	0	2
55	Have you been victimised (insulted or assaulted) by a member of staff?	5	11
56d	Have you been victimised by a member of staff because of your race or ethnic origin?	0	5
56i	Have you ever been victimised by a member of staff because of your religion/religious beliefs?	0	0
62	Do you think the overall quality of the healthcare is good/very good?	60	61
68a	Do you feel your job will help you on release?	21	30
68b	Do you feel your vocational or skills training will help you on release?	34	31
68c	Do you feel your education (including basic skills) will help you on release?	59	58



### Key to tables

	Any percent highlighted in green is significantly better than the responses from Non-Muslim prisoners	<b>Muslim prisoners</b>	<b>Non-Muslim prisoners</b>
	Any percent highlighted in blue is significantly worse than the responses from Non-Muslim prisoners		
	Percentages which are not highlighted show there is no significant difference between the responses from Muslim prisoners and Non-Muslim prisoners		
<b>68d</b>	Do you feel your offending behaviour programmes will help you on release?	<b>32</b>	<b>33</b>
<b>68e</b>	Do you feel your drug or alcohol programmes will help you on release?	<b>35</b>	<b>29</b>
<b>69</b>	Do you go to the library at least once a week?	<b>66</b>	<b>54</b>
<b>71</b>	On average, do you go to the gym at least twice a week?	<b>50</b>	<b>72</b>
<b>72</b>	On average, do you go outside for exercise three or more times a week?	<b>75</b>	<b>71</b>
<b>73</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	<b>22</b>	<b>9</b>
<b>74</b>	On average, do you go on association more than five times each week?	<b>52</b>	<b>53</b>
<b>77</b>	Did you first meet your personal officer in the first week?	<b>34</b>	<b>40</b>
<b>78</b>	Do you think your personal officer is helpful/very helpful?	<b>63</b>	<b>49</b>
<b>82</b>	Have you had any problems getting access to the telephones?	<b>26</b>	<b>14</b>
<b>84</b>	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	<b>75</b>	<b>68</b>
<b>89</b>	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	<b>58</b>	<b>57</b>