

Report on an announced inspection of

HMP Norwich

by HM Chief Inspector of Prisons

29 July–2 August, 19–23 August 2013

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Introduction

HMP Norwich is an overcrowded local prison holding a complex mix of remand and sentenced category B, C and D adult prisoners and remanded and sentenced young adults. The prison was split across three distinct sites with different functions: most prisoners were held on the 'reception' site which acted as a local prison for mainly remanded and category B prisoners. The Local Discharge Unit (LDU), outside the main perimeter, held category C prisoners and some specialist functions. Britannia House, also outside the main perimeter, was a resettlement unit for category D prisoners. These complexities added up to a significant management challenge. Our last inspection, in January 2012, identified some serious concerns and we gave the prison notice that we would be returning to check progress more quickly than usual.

In some important areas, the prison had improved. Vulnerable prisoners had been moved from the threatening environment on A wing (of which more below) and most were now held on C wing, which was a much calmer and better environment. A dedicated workshop and exercise area also offered a better regime for vulnerable prisoners. The hard data on physical safety had improved: the number of reported violent incidents, prisoners on open ACCTs (assessment, care in custody and teamwork case management for prisoners at risk of suicide or self-harm) and the use of force had all fallen. The segregation unit now offered a much better environment. The prison's care and management of older prisoners and young adults was much better than we normally see. Health care was now generally satisfactory. We were pleased that prisoners now had more time out of cell and that there were more activity places available.

However, much remained to do. In particular, although the number of prisoners on open ACCTs had reduced since the last inspection, it was still high and care was inadequate in too many cases. Record keeping was often superficial and did not indicate that staff had a good knowledge of the prisoner concerned. Reviews were inadequate. Too few prisoners on open ACCTs were taking part in organised activity. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) told us they did not feel supported by staff. Prisoners who were the victims of bullying were woefully unsupported; we found prisoners too frightened to leave their cells and who told us their anxiety and isolation led them to self-harm. The prison was not sighted on the true levels of violence and bullying. Some incidents described in wing observation books were not included in the violent incidents recording system and inspectors witnessed prisoners being bullied to hand over tobacco without interventions by staff.

These problems were most acute on A wing which acted as both a first night and induction centre for newly arrived prisoners and a centre for those receiving treatment for drug and alcohol misuse. Many prisoners on open ACCTs were held on the wing. In one week alone, 22 prisoners at risk of suicide or self-harm had been held on the wing. Staffing levels were completely inadequate to manage this mix of population safely. Staff struggled to complete all the necessary tasks, which meant that emergency alarm bells often took too long to answer and bullying incidents were unchecked. The use of prisoner peer mentors is a positive thing but we were very concerned to find that prisoner mentors on A wing were used to conduct sensitive first night interviews with new arrivals. This was simply dangerous. It compromised prisoner confidentiality, was open to abuse, was unreliable and placed unreasonable responsibility on the mentor. The practice was halted during the inspection when we made our concerns clear.

The situation was generally better on other wings, but staff were stretched across the prison. Staff-prisoner relationships were reasonable, if sometimes superficial. Prisoners sometimes struggled to get basic issues, such as clothing, mail and property, sorted out. We agreed with prisoners that food portions were small. The overall standard of accommodation was very mixed.

There had been improvements in the quantity and quality and learning, skills and work since the last inspection but a new management team recognised much more was required. There were still not

enough activity places available for the population and this problem was exacerbated because the prison was overcrowded. The prison had recently introduced 'free flow' movement which meant prisoners themselves were responsible for getting to activities on time. This had an impact on punctuality but was an important part of preparing prisoners for real employment. We were concerned that many prisoners assessed as having poor literacy and numeracy skills were unwilling to address this. This had an obvious impact on the likelihood of them offending after release but this issue was not being picked up in sentence plans.

This literacy and numeracy issue was a symptom of offender management not being central to the work of the prison. Contributions to sentence plans were rare from most prison departments. These problems were exacerbated because many prisoners arrived at the prison without an up to date risk assessment and dealing with the consequent backlog diverted resources away from other tasks. The contribution of community offender managers to the management of high-risk prisoners was often poor. However, opportunities for prisoners in Britannia House to gain valuable experience through release on temporary licence were good and there were very good links with local employers. Most practical resettlement services were adequate.

HMP Norwich has made progress since our last inspection. The treatment and conditions of most prisoners was satisfactory and they had good practical help to prepare them for release. The treatment of older prisoners and young adult was very good. Prisoners in Britannia House had very good opportunities to obtain and keep a job on release. However, there were still too many exceptions: not enough prisoners had an activity places, too many services were inconsistent and, of most concern, A wing was not safe. The issues on A wing need to be addressed as a matter of urgency and we hope this report will help the prison to do this and make the sustained improvements required to address our other areas of concern.

Nick Hardwick
HM Chief Inspector of Prisons

January 2014

Fact page

Task of the establishment

Holds remand and convicted category B, C and D adult male and young adult male prisoners.

Prison status

Public

Region

East of England

Number held

743

Certified normal accommodation

627

Operational capacity

769

Date of last full inspection

January 2012

Brief history

HMP Norwich has occupied its current site overlooking the city of Norwich since 1887. Following closure of the last remaining large Victorian prisoner wing in August 2009, a new residential unit was opened catering for prisoners new to custody and substance misusers requiring support.

Short description of residential units

Although one prison, the establishment has three separate sites, with Britannia House and the Local discharge unit both next to the main prison known as the Reception site.

Reception Site

A wing	Induction unit, first night centre, integrated drug treatment system stabilisation and maintenance
B & C wings	Local prison housing category B and C, remands and rule 45 vulnerable prisoners
E wing	Older prisoners and those with coping difficulties
M wing	Category C prisoners serving two years or less
U (Ketts Unit)	Special care and segregation unit

Local discharge unit

F & G wings	Low-risk category C prisoners serving 12 months or less
H wing	Type 3 health care unit (also serving HMPs Wayland and Blundeston)
L wing	Unit holding elderly lifers

Britannia House

D wing	Resettlement unit housing category D prisoners
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Name of governor

Will Styles

Escort contractor

Serco Escort Services

Health service providers

Serco Health

Horizon Health

Learning and skills providers

A4E

National Careers Service

Independent Monitoring Board chair

Nicola Curl

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports 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 tests are:

Safety	prisoners, particularly the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: 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.

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
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.
- **outcomes for prisoners are poor.**
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.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, almost all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

- S1** *Some journey times to the prison were long but prisoners were positive about their interaction with escorting and reception staff. First night arrangements lacked governance and were potentially dangerous, induction was inadequate and we had a major concern that A wing had too few staff to support and supervise prisoners appropriately. Violent incidents had reduced but the level of other antisocial behaviour, including bullying, was a concern. Conditions for vulnerable prisoners had improved. The number of prisoners under case management for risk of suicide or self-harm had reduced since our last inspection, but the arrangements and care for them were often poor. Security and disciplinary procedures were broadly proportionate. Use of force had reduced but managerial oversight was inadequate. The segregation unit regime and environment had improved. Substance misuse services were progressing. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2** *At the last inspection in 2012 we found that outcomes for prisoners in Norwich were not sufficiently good against this healthy prison test. We made 25 recommendations in the area of safety. At this follow-up inspection we found that nine of the recommendations had been achieved, five had been partially achieved, 10 had not been achieved and one was no longer relevant.*
- S3** Some prisoners experienced long journeys to the prison but most said they were well treated by escort staff. On arrival, reception staff were welcoming and polite, the reception environment was clean, and new arrivals were usually processed promptly. All new arrivals were offered a hot meal and drinks and could make a telephone call.
- S4** A Listener (prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) met all new arrivals in reception and provided valuable support to those who had not been in prison before. The use of mentors during some parts of early days provision, especially induction, was positive, but it was potentially dangerous and inappropriate to use them to conduct first night risk interviews. This was open to abuse, compromised confidentiality of the new arrival and placed unreasonable responsibility on the mentors. We raised our concerns about this with the prison and this practice stopped during our inspection. It was also unacceptable that not all prisoners received an interview on their first night to identify risk, and we were not assured that all new arrivals received a full or prompt induction.
- S5** There were inadequate staffing levels on A wing, which not only handled first night and induction but also prisoners requiring detoxification and those on remand. Staff often appeared overwhelmed by the demands on them with very little time to do a good job, and this posed a significant risk for managing prisoners in crisis or those who simply felt anxious during early days in custody.
- S6** Although slightly higher than in similar prisons, reported violent incidents had reduced since the last inspection, but the number of unrecorded and unreported incidents was a concern. In our survey, responses about victimisation from other prisoners were worse than the comparator. We found evidence to support this in observation books and we witnessed prisoners on A wing being intimidated to hand over their tobacco. The violence reduction policy was not informed by consultation with prisoners, and the strategy to further reduce violent and antisocial behaviour was inadequate. Collation and analysis of data required development so that the management team could identify and address problems.

Perpetrators of violence were formally monitored but this was mostly of poor quality. Support for some identified victims was woefully inadequate, and many spoke of feeling unsupported and still unsafe. We found some prisoners too scared to leave their cells and who had an impoverished regime as a result. Too many prisoners said their isolation and anxieties about safety led them to self-harm. However, the environment and regime for vulnerable prisoners was much improved.

- S7 The analysis of data to inform the safer custody committee about patterns and trends of self-harming behaviour was good. The number of prisoners on assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had reduced but was still high, particularly on A wing, and there were serious weaknesses in some important aspects of case management and care planning. Staff entries in ACCTs did not show a dynamic response to meeting prisoner needs, and many lacked detailed observations. A few examples showed that staff were fully aware of the issues, but too many cases did not evidence good standards of day-to-day care, and many prisoners said they felt unsupported. Reviews were often poorly attended and sometimes rushed. They were all chaired by the duty custodial manager who often had little knowledge of the prisoner. As at the last inspection, too many prisoners on ACCTs were not engaged in purposeful activity. Listeners said their work was undervalued and that they did not feel adequately supported by staff, although prisoner access to them was reasonably good.
- S8 Security arrangements were proportionate and did not unnecessarily restrict access to the regime, but frequent delays with roll reconciliation affected regime access. Intelligence was processed efficiently and the security committee set and monitored appropriate objectives to maintain a safe environment. Drug availability was low but there was some evidence of hooch and diverted medication. Suspicion drug testing arrangements were poor and testing facilities were inadequate.
- S9 The incentives and earned privileges (IEP) scheme was used strategically to encourage responsible behaviour. However, reviews and targets for the small number of prisoners on the basic level lacked sufficient attention and detail, and prisoners were not routinely involved in the reviews.
- S10 The prison collected a large amount of data on discipline areas but this was not analysed or used effectively to identify and act on trends and patterns. The number of adjudications was much lower than at the last inspection and than in similar prisons. The records we sampled were generally of a good standard and quality assurance was effective. Incidents involving use of force and special accommodation had reduced since the last inspection and were lower than in similar prisons. However, governance was weak, particularly for the quality of documentation, planned interventions, special accommodation and baton use. The segregation unit environment had improved, but throughput was still too high and some residents remained there for long periods. Documentation authorising segregation was often completed poorly. The regime for most residents, while limited, was developing. Formal reintegration planning required improvement. Most segregation unit staff were knowledgeable about those in their care and prisoners were complimentary about their treatment.
- S11 Clinical services for substance misusers had improved, but were not available to prisoners on the local discharge unit. Treatment regimes were flexible, and there were regular joint clinical reviews with the RAPt (Rehabilitation of Addicted Prisoners trust) team. Over 200 prisoners were actively engaged with the RAPt team. Services were developing with some improvements already evident, and prisoners could access one-to-one and group work modules.

Respect

S12 *The standard of accommodation varied greatly and cells and communal areas ranged from very clean to tired and grubby. Staff took too long to answer cell call bells. Staff-prisoner relationships were mostly positive but some were superficial, and staffing on A wing was totally inadequate to support prisoners in several key areas. Formal arrangements for equality and diversity work were adequate and some improvements were evident, but perceptions of many minority prisoners were still negative and more consultation was required. Young adults were well integrated. Complaints and legal services provision were adequate. Health care had improved. Food portions were inadequate. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S13 *At the last inspection in 2012 we found that outcomes for prisoners in Norwich were not sufficiently good against this healthy prison test. We made 25 recommendations in the area of respect. At this follow-up inspection we found that seven of the recommendations had been achieved, eight had been partially achieved and 10 had not been achieved.*

S14 The external environment was very good, but the cleanliness of internal communal areas varied. Cells designed for one prisoner accommodated two. Most were clean and had new furniture but were in a poor decorative condition, and in-cell toilets were inadequately screened. Access to showers was good but some facilities on the reception site were poor. Prisoners had inadequate access to prison clothing, sheets, mail, property and telephones, and the application system did not function well. Staff response times to cell call bells was too long, and of particular concern on A wing.

S15 With the exception of black and minority ethnic and foreign national prisoners, most prisoners said staff treated them with respect. We observed some courteous interactions but also too many relationships, particularly with uniformed staff, that were superficial. Staff did not have time to get to know their prisoners and lacked knowledge of their personal circumstances. Staff on A wing struggled to manage and meet the varied and complex needs of prisoners. The personal officer scheme was not embedded, and while officer entries in prisoners' case history notes were regular they lacked detail. Prisoner consultation arrangements were good

S16 The equality policy covered protected characteristics but there was no specific equality action plan underpinning the strategy to clarify action to be taken and to measure outcomes. Equality monitoring was restricted to ethnic data, and analysis of data that were out of range was rudimentary. Although the number of discrimination complaints was low, many prisoners from minority groups were unaware of the process. The quality of discrimination investigations was mixed, with limited scrutiny by senior managers. Consultation with minority groups was underdeveloped, although the use of prisoner equality representatives and the annual equality fair were good initiatives.

S17 Provision for foreign national prisoners was reasonable and improving, although too many were held inappropriately beyond the end of their sentence. Facilities and access to a suitable regime for older prisoners and those with disabilities were good. Outcomes for young adults were better than we normally see, with young adults fully integrated and not disadvantaged compared with adult prisoners. There was virtually no work with gay and bisexual and Gypsy, Romany and Traveller prisoners. Faith provision was good, and the chaplaincy was well integrated and appreciated by prisoners.

S18 Complaints had increased significantly since our last inspection, although the reasons for this were unclear. Nevertheless, the number remained lower than the average for local prisons

and we were assured they were reasonably well managed with effective quality assurance. Legal service provision was adequate.

- S19 Health care clinical governance arrangements were robust, but there was uncertainty around future provision and no clear strategy. There was a wide range of primary care clinics, although not yet a long-term conditions clinic. The nurse practitioner service was very good, but a high use of locum GPs led to inconsistencies in treatment, care and prescribing. Pharmacy services were too complex and some issues required attention. The inpatient and older prisoner units provided good care. Primary and secondary mental health services had improved since the last inspection and were good.
- S20 The food was unpopular and we agreed with prisoners that portions were too small, although the quality of meals was reasonable. The two kitchens on the site were clean but worn, and some serveries were dirty and servery workers were sometimes incorrectly dressed. Consultation on the food and prison shop required improvement. The prison shop service was satisfactory.

Purposeful activity

S21 *Time out of cell had improved but was limited at weekends. Strategic management of learning, skills and work was good and there had been a significant increase in the number of activity places, but there were still too few to occupy prisoners. Quality of provision was mixed and required improvement, especially in literacy and numeracy. Achievement outcomes were satisfactory and improving. Library and PE provision were adequate. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S22 *At the last inspection in 2012 we found that outcomes for prisoners in Norwich poor against this healthy prison test. We made 14 recommendations in the area of purposeful activity. At this follow-up inspection we found that six of the recommendations had been achieved, six had been partially achieved and two had not been achieved.*

- S23 Time out of cell was much better than at the last inspection and there were fewer prisoners locked in their cells during the working day, but there was little to do for those not able to access off-wing activities. There was too much regime slippage, which affected punctuality in activities and reduced association opportunities. Weekend time unlocked varied across the wings but for many prisoners it was too short. Britannia House offered an open and unrestricted regime.
- S24 Norwich was part of a cluster of prisons that included Blundeston, Bure and Wayland, and this arrangement was used effectively to share learning and skills resources, expertise and best practice. Work allocation processes were good, and the National Careers Service (NCS) provided good advice and action plans to monitor prisoners' short-, medium- and long-term objectives
- S25 There were still insufficient activity places to meet the needs of the population, but it was an improving picture with plans to increase activity further. Vulnerable prisoner access to education had improved since our last inspection, but arrangements remained inequitable. There were high achievement rates on some courses, but achievements in mathematics and English for speakers of other languages (ESOL) were low. Sentence plans did not always require prisoners to improve their English and mathematics, even when this had been identified by NCS as a barrier to their progress and potential reasons for reoffending.

Although the establishment was focused on these educational shortcomings, it had been slow to respond in addressing these needs.

- S26 There was good vocational training in catering, cleaning, printing, and painting and decorating, with high achievement rates, but the range of courses was insufficient. Punctuality and attendance were a concern. Access to work and vocational training for vulnerable prisoners had greatly improved and, unlike education, was now equitable.
- S27 Free flow movement had been introduced and prisoners were now responsible for getting themselves to activity. This helped normalise prisoner lives but the attendance and punctuality of some was poor and this needed to be monitored and addressed. There were good standards of respect and behaviour in lessons and we observed good staff-prisoner relationships and individual coaching from teachers and mentors.
- S28 The library offered a limited service, and while access had improved, this varied between wings. Recent managerial changes had resulted in upgraded library computers for prisoners to use and more activities, including care for older prisoners. A Toe by Toe reading development programme provided peer support from 28 trained mentors.
- S29 PE recreational facilities were adequate and access to them was planned to minimise disruptions to other activities. Recreational activities included cardiovascular workouts and were not heavily biased to weight training. There were currently no facilities for outdoor games. Accreditation of vocational PE qualifications had reduced since our previous inspection and was insufficient.

Resettlement

S30 *Strategic management of resettlement was broadly appropriate but the offender management unit (OMU) was not central to the work of the prison. Contributions by community offender managers were inadequate. Release on temporary licence (ROTL) arrangements for the open site were very good. Management of high-risk cases and public protection needed tightening up. Reintegration planning generally met needs. There were some very good partnerships with local employers. Housing, children and families, substance misuse and health reintegration services were reasonable, but finance and debt and offending programmes provision required development. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S31 *At the last inspection in 2012 we found that outcomes for prisoners in Norwich were reasonably good against this healthy prison test. We made 10 recommendations in the area of resettlement. At this follow-up inspection we found that two of the recommendations had been achieved five had been partially achieved and three had not been achieved.*

- S32 There were recent resettlement and offender management strategies, although the latter had no identified objectives. A comprehensive prisoner needs analysis from early 2013, based on data from 2012, had not been incorporated into either policy and was not widely known across the establishment. The OMU was not central to the functioning of the prison.
- S33 Sentence planning was variable and contributions from other departments were rare. There were also some long delays in the completion of OASys offender assessments. The level and quality of contributions, including risk assessments, for some high-risk cases managed by community offender managers were a concern. Case management and staff supervision of offender supervisors was limited, and there was not enough management oversight of some work. Despite this, there were some good links between the department and community

offender managers, as well as regular contact with prisoners. Low- and medium-risk cases had only minimal OMU contact, even in the weeks leading up to their release. In our survey, fewer respondents than the comparator said that their offender supervisor was working with them to achieve their sentence plan targets. The introduction of a short-term intervention plan was a positive initiative but was not yet fully embedded and effective. Arrangements for managing home detention curfew (HDC) and ROTL were appropriate but there were some significant delays, especially with the latter. The extent of ROTL, while largely limited to prisoners in Britannia House, was impressive.

- S34 Initial screening of some prisoners subject to public protection was not sufficiently robust, and we were not assured that the inter departmental risk management team reviewed all identified prisoners. Offender supervisor contact with high-risk prisoners before their release and liaison with associated offender managers were generally reasonable, but arrangements were less consistent for those assessed as low- and medium-risk and those serving less than 12 months.
- S35 Resettlement pathway drop-in sessions offered prisoners pre-release contact with providers and were well managed, but much pathway provision took place in isolation from each other, and there was no consistent or coordinated pre-release planning.
- S36 Nacro, the crime reduction charity, which delivered accommodation services, saw around half the population and secured accommodation for approximately 20% of all prisoners released each month. While this was positive, a further 9% of prisoners a month were released with no fixed accommodation. There was some impressive partnership working with employers to provide high quality, well-monitored work experience and employment through ROTL. Some debt management support had been developed, and prisoners could open bank accounts before their release, but provision under this pathway was limited.
- S37 Under the Norfolk Recovery Partnership initiative, the prison's drug and alcohol services had good joint working with community providers, and the RAPt team had developed strong throughcare links. Health care discharge planning arrangements were adequate.
- S38 The visitors' centre, run by the Ormiston children and families trust charitable company, offered a supportive service for the families of prisoners, and the trust delivered a range of additional work with children and families. Prisoners appreciated regular and frequent children's visits. The visits hall on the reception site had improved, although the need for prisoners to wear bibs in visits was disproportionate. Prisoners and visitors were managed efficiently and delays to visits sessions had reduced.
- S39 Over half the population had risk of reoffending scores higher than 50%, indicating they were likely to benefit from offending behaviour programmes but, with the exception of programmes to address drug and alcohol misuse, there were now no accredited interventions.

Main concerns and recommendations

- S40 **Concern:** Case management of prisoners subject to ACCTs was insufficiently managed. Many staff entries in ACCT documents lacked detail, and there was little evidence of effective staff engagement with these prisoners. There was insufficient day-to-day care, many prisoners on ACCTs said they felt unsupported, and too few prisoners on ACCTs were engaged in education or work. All ACCT review meetings were chaired by the duty custodial manager, who often had little knowledge of the prisoner concerned.

Recommendation: Case management and review arrangements for prisoners at risk of self-harm should be improved. (Repeated main recommendation HP57)

- S41 **Concern:** A wing was busy and often chaotic, with a wide range of prisoners with different and often substantial needs, including new arrivals and those receiving clinical support for drug and alcohol misuse. Many prisoners on ACCTs were also accommodated on the wing, and staff took too long to answer emergency alarm bells. Evidence of bullying went unchallenged. Staff struggled to undertake all the necessary tasks on the wing and offer good care to prisoners in need.

Recommendation: The prison should ensure that the staffing of A wing meets the needs of the range of prisoners held there, who should feel, and be, safe.

- S42 **Concern:** There were still insufficient activity places, including vocational training courses, to meet the need of the population and achievements in some activities were low.

Recommendation: The number and quality of activity places with qualifications should be adequate to meet the identified needs of prisoners.

- S43 **Concern:** There were substantial delays in the completion of some OASys offender assessments and sentence plans by community-based offender managers, and the level and quality of some contributions were poor. There were often long delays in obtaining written contributions from offender managers for ROTL and/or HDC reviews.

Recommendation: The prison should work with the local probation trust to ensure that community offender managers make sufficient and timely contributions to sentence planning and release on temporary licence and home detention curfew reviews to ensure effective case management, and reduce delays in prisoners planned reintegration activities and release dates.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

I.1 *Some prisoners had long journeys to the prison but they were positive about their interaction with escorting staff. Some escort vans had graffiti. Movement documentation was completed appropriately. Some prisoners spent long periods at court awaiting transfer.*

I.2 In our survey, 28% of respondents said they had spent more than two hours in vans travelling to the prison, against the comparator of 19% and 22% at our previous inspection. Most said they were well treated by escort staff, and handcuffing was not routine. Vans were clean but had graffiti.

I.3 Escorts and court staff completed movement and transfer documentation appropriately, and there was evidence that refreshments and toilet breaks were provided for those on longer journeys. Some records we checked showed that prisoners spent long periods at Ipswich Crown Court before they returned to Norwich, although most were returned promptly. In our survey, 74% of prisoners said they were told of their destination in advance, which was better than the comparator. Files for those transferred to Norwich from other prisons contained relevant documentation.

Recommendation

I.4 **Prisoners should not spend protracted time in court cells after they are dealt with by the courts, and should be escorted to the prison at the earliest opportunity.** (Repeated recommendation I.6)

Housekeeping point

I.5 Escort vans should be free from graffiti.

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

1.6 *Prisoners were positive about their treatment in reception and most were processed promptly. Reception areas were clean and there was good support by staff and a Listener. First night arrangements were potentially dangerous as not all new arrivals received first night risk interviews, and many were completed by induction mentors, which was inappropriate. Not all prisoners received a full or prompt induction, and management oversight and record keeping were inadequate. The first night A wing had an over-reliance on induction mentors and inadequate supervision by staff, and many prisoners told us they felt vulnerable during their first few days in custody when good quality support was especially important.*

1.7 The main reception area was clean, and staff were welcoming and polite. In our survey, 84% of respondents said they were treated well in reception. New arrivals were processed promptly and 60% said they spent less than two hours in reception, which was better than the comparator of 49%.

1.8 The small holding rooms used after prisoners disembarked from vans were claustrophobic, although they were used for brief periods. A useful flowchart explaining the reception process in simple terms was displayed in each room, translated into five languages.

1.9 The majority of new arrivals were strip-searched; in our survey, 88% of respondents said they were searched respectfully, against the comparator of 76%.

1.10 All new arrivals were offered a hot meal and drinks, and could make a telephone call. Reception packs, bedding and clothing were issued, although clothes were not always available in all sizes. A Listener (prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) met all new arrivals, offered refreshments and reassurance. Holding rooms used while prisoners completed the reception process were clean, although only one had television and magazines. Information booklets in six languages were available, and a confidential area was used for telephone interpreting services. Staff completed cell sharing risk assessments appropriately. Health care staff saw all new arrivals in a separate, private area.

1.11 Most new arrivals went to A wing (first night and induction unit), although vulnerable prisoners moved straight to the vulnerable prisoner unit on C wing. First night procedures on all wings were potentially dangerous. Records showed that many new arrivals did not receive first night interviews, and those completed were often conducted by prisoner induction mentors. This was open to abuse, unreliable, compromised confidentiality of the new arrival and placed unreasonable responsibility on the mentors. This practice ceased during our inspection. A wing staffing levels were also totally inadequate to meet the needs of prisoners. Staff should not have had to prioritise between the management of prisoners in crisis, answering alarm bells and managing daily routines. We observed staff trying hard to manage the complex range of needs with very little quality time to do a good job, and there were inherent dangers with this approach, especially for higher risk prisoners (see main recommendation S41).

- I.12** In our survey, 78% of respondents said they had received an induction, but only 47% of them said it covered everything they needed to know about the prison, and fewer than the comparator said they received adequate information when they arrived about visits, health services, making routine requests and accessing support if they were feeling depressed.
- I.13** The induction process on the reception site included a secondary health screening, meetings with the chaplaincy and education and work providers, assessment of bail information needs, a disability induction questionnaire and a prison compact. Some prisoners were shown a presentation with key information about the regime, visits and communications, but we were not assured that all prisoners saw this. Induction information was translated into five languages and staff could access a professional telephone interpreting service. Although induction mentors were unable to use this service, they carried out induction with prisoners who did not understand English.
- I.14** Induction mentors, rather than staff, completed some induction paperwork, and we were not assured that staff were always involved in delivering induction sessions. Induction orderlies had written a useful, clear first night information booklet, and prisoners appreciated the chance to talk to them about prison life. However, the mentors did not have enough training and supervision, and the prison over-relied on them in the induction process.
- I.15** The induction tracking system was complex and there was no central record of those awaiting induction across the wings. Many individual induction records we checked were incomplete. Some prisoners had received only a partial induction and others had been held for weeks or months with no formal induction. One deaf prisoner on remand, in prison for the first time, did not receive his induction for a week.
- I.16** Most prisoners in the local discharge unit (LDU), Britannia House and the segregation unit had already spent some time on the reception site. Those who had not already been at Norwich received induction information from staff on arrival. Printed information was available about the specific regimes in LDU and Britannia House.

Recommendations

- I.17 All prisoners should receive a first night risk interview from a member of prison staff.**
- I.18 All prisoners should receive a full induction, beginning on the next working day after their arrival, which should be completely promptly by induction staff.**
- I.19 Induction mentors should receive appropriate training and supervision.**
- I.20 The induction tracking system should provide a central record of all prisoners requiring induction on all wings.**

Housekeeping point

- I.21** Prison-issue clothing should be available in a range of sizes.

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

I.22 *The violence reduction strategy was limited, and collation and analysis of data required improvement. Reported violent incidents had reduced significantly but remained slightly higher than in similar prisons, and there was some under-recording and under-reporting of incidents. Victimisation, including bullying, was pervasive, particularly on A wing where a lack of staff supervision increased opportunities for antisocial behaviour. Formal monitoring of perpetrators was ineffective and support for victims was inadequate. The living conditions and regime for most vulnerable prisoners had improved.*

I.23 A new violence reduction policy had been launched in April 2013 but was not informed by consultation with prisoners and, other than using the punitive interventions of adjudications and the basic privilege level, lacked a comprehensive strategy to tackle violent and antisocial behaviour.

I.24 The monthly safer custody meeting was well attended, although it had no prisoner representatives. It monitored suicide and self-harm prevention as well as violence and bullying reduction. Minutes indicated that the meeting gave far more attention to suicide and self-harm than to violence and bullying. Data on violence and antisocial behaviour were not analysed well and there were also significant gaps in the data collected. There was no action plan to identify or address bullying or violence reduction issues. The relationship with the security team had improved but all information needed to be shared appropriately and acted on to further reduce violent and antisocial incidents.

I.25 Between February and July 2013, the prison reported 48 assaults and fights. This was a significant reduction since the last inspection but remained slightly higher than we have found in inspections of similar prisons. Although few incidents resulted in serious injuries, there had been some bad assaults. During the same period, there had been 10 unexplained injuries and 19 bullying incidents.

I.26 Our observations, discussions with staff and prisoners, and examination of observation books did not assure us that all violent and antisocial incidents, including bullying and unexplained injuries, were reported. In our survey, more prisoners than the comparator said that they had felt unsafe at the prison and been victimised by other prisoners, particularly through threats, insults and having canteen/property taken. We heard many reports from prisoners about bullying, threats and intimidation. We found substantial evidence in observation books about bullying and threats where no action seemed to have been taken. On A wing, for example, we saw overt examples of prisoners being intimidated by other prisoners to hand over their tobacco. Lack of staff supervision, particularly on A wing, increased opportunities for many kinds of violent and antisocial behaviour.

I.27 There were also issues on the local discharge unit. We heard claims about “fight clubs” - organised fights for money and betting - and around the same time there were some injuries to prisoners. Although unable to verify such fighting, we were concerned that the prison had not investigated the issues thoroughly enough.

I.28 Formal monitoring of perpetrators through the basic level of the incentives and earned privileges (IEP) scheme was used frequently – 36 times between February and July 2013 – but we were not assured this was effective at tackling and changing violent and antisocial behaviour. The quality of monitoring documents was poor: targets rarely related to the initial

antisocial behaviour; prisoners were not always involved with reviews; monitoring was often infrequent and lacked meaningful or useful engagement by staff; and some prisoners were involved in further violent or antisocial behaviour.

- I.29** Between February and July 2013, 46 protecting individual prisoners plans (PIPPs) were opened to support victims. PIPPs were of a poor standard, particularly because support was not tailored to the individual, and were often not followed by staff. In several PIPPs, prisoners were locked in their cells for long periods and staff collected their meals. Some prisoners told us they felt unsafe and unsupported and were too scared to leave their cells, and consequently received little or no access to a regime. Some spoke of threats and intimidation, and we saw inappropriate graffiti around one prisoner's cell door. We were concerned that isolation and anxieties about their safety led some prisoners to self-harm. Staff, again particularly on A wing, were too overwhelmed by the number of prisoners on PIPPs and the volume of other work to be able to look after these prisoners properly.
- I.30** Vulnerable prisoners now occupied the top two landings of C wing, which was a relaxed and much improved environment. Their regime had also improved through the provision of a dedicated workshop and separate exercise yard. However, we were still concerned that some vulnerable prisoners were located elsewhere in the prison when there were insufficient spaces on the wing, and they felt unsafe and had a limited regime.
- I.31** We overheard abusive comments shouted at vulnerable prisoners and found evidence that staff had done little to challenge such behaviour robustly. Vulnerable prisoners told us they received smaller food portions than main location prisoners and they were concerned that their food was tampered with. While we found no evidence to support their concerns, the prison did too little to understand and address their perceptions.

Recommendations

- I.32** **Collection and analysis of data on all aspects of violent and antisocial behaviour should be improved and acted on, and should be used to further reduce incidents.**
- I.33** **Interventions to challenge perpetrators of violent and antisocial behaviour and support for victims of violent or antisocial behaviour should be improved and monitored for effectiveness.**
- I.34** **All vulnerable prisoners should be kept in a safe environment, free from abuse and should be able to access a full regime. The prison should address their negative perceptions of the food.**

Self-harm and suicide

Expected outcomes:

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

I.35 *There was good analysis of data about patterns and trends of self-harming behaviour. The number of prisoners on self-harm case management documents had reduced but was still high, particularly on A wing. Self-harm incidents had also reduced but there was some evidence of under-recording. There were serious weaknesses in some important aspects of case management and care planning for prisoners at risk of self-harm. As at the last inspection, too many prisoners on case management were not engaged in any formal education or work. The Listener scheme was well established but many felt unsupported.*

I.36 The safer custody committee monitored the overall implementation of the suicide prevention policy (see paragraph I.24). It used a wide range of information from the safer custody manager to help identify trends and patterns of behaviour in terms of location, type, timing and peripheral circumstances of individual incidents. A senior manager reviewed all death in custody action plans each month. Important items from these were always included in the prison's continuous improvement plan, which was monitored by the safer custody group.

I.37 There had been 316 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm opened in the previous six months. Although this was high, it was a reduction of about 50 compared with the same period before our last inspection. Most documents (on average about 60-70%) were opened and managed on A wing. At the time of the inspection there were 30 open ACCTs, of which 18 were on A wing, and managing this number of prisoners in crisis with so few staff was a high risk.

I.38 The number of self-harming incidents had also reduced. There had been 104 incidents between January and the end of July 2013, which were 29 less than a similar period before the previous inspection. However, there was some evidence of under-recording. For example, we found two self-harming incidents that had not been recorded by the safer custody team.

I.39 Despite some good organisational structures, the day-to-day care of too many prisoners at risk of self-harm remained poor. Care planning was generally weak, particularly on A wing, and although there was some evidence of good initial assessments, this was undermined by poor case management. Entries in ACCT documents did not show a dynamic response to meeting prisoner needs, and many observations recorded lacked detail. There was little to indicate that necessary actions were taken or followed through.

I.40 Case reviews were often poorly attended, cursory and rushed. They were all chaired by the duty custodial manager, who often had little prior knowledge of the prisoner. On average there were 7 – 10 ACCT reviews in a day, but we noted there were considerably more than the average number reviewed during the inspection. Written accounts of many reviews did not indicate positive engagement with the prisoner or full consideration of their views. High levels of inactivity in the prison were reflected among those on ACCTs. For example, on A wing, only four of the 18 prisoners on open ACCTs attended work or education. We also saw a few examples on wings where officers described the behaviour of prisoners at risk as

manipulative, and there was evidence that cell call bells of prisoners on ACCTs were not answered quickly – in one case, a bell had not been answered for nearly half an hour (see main recommendation S40).

- I.41** The Listener scheme was well established but all those we interviewed said that they did not feel adequately supported by staff and thought that their work was undervalued. They did not attend the safer custody meetings and said that they had insufficient contact with the safer custody team.

Recommendation

- I.42 Support for Listeners should be improved.** (Repeated recommendation I.45)

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.²

- I.43** *A specific policy to deal with prisoners who would be in need of community care services by reason of mental or other disability, age or illness had not been adequately developed.*

- I.44** The prison had not developed a structure to inform a specific policy to deal with prisoners who would be in need of community care services by reason of mental or other disability, age or illness. There were local vulnerability screening procedures but assessments of risk for new arrivals were poor (see paragraph I.11). However, the initial identification of disability and health care screening were adequate.

- I.45** Protocols that set out actions for staff to take on information that a prisoner at risk may have been abused or injured while in custody were unclear. Staff said they were not aware of formal protocols, but generally knew their personal responsibility to protect those at risk. Awareness training for staff had not been planned. The prison had no formal links with the community safeguarding adults board to review current practices and identify the threshold at which formal adult protection protocols would be brought in.

Recommendation

- I.46 The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.** (Repeated recommendation I.50)

² We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

I.47 *Security was well managed and broadly proportionate to risk. Illicit drug availability was not high but drug testing facilities were poor and target testing inadequate.*

I.48 Security arrangements were managed well and security procedures did not unnecessarily restrict prisoner access to a full regime. The introduction of a 'free flow' system for movement to activities was positive and worked well. However, repeated problems with reconciliation of the prison roll had a negative impact on regime access (see also paragraph 3.3).

I.49 Between February and July 2013, over 2,000 security information reports (SIRs) were submitted and processed efficiently. Intelligence-led searches were completed within reasonable timescales. The security committee set and monitored appropriate objectives, with a focus on maintaining a safe environment. Information sharing arrangements were reasonable but there needed to be further work with the safer custody team to tackle some of the underlying safety issues (see section on bullying and violence reduction). The prison's relationships with the police were good.

I.50 The response to security concerns was mostly proportionate and based on a considered and measured approach to risk management. For example, use of closed visits was very low and for appropriate reasons, and, with the exception of arrivals from court, strip searching was now generally intelligence-led.

I.51 Prisoners did not report a high level of illicit drug availability and there were few drug finds, but intelligence suggested some issues with diverted medication. In our survey, more respondents than the comparator said it was easy to get alcohol, and hooch had been discovered on 25 occasions during June and July 2013.

I.52 The random mandatory drug test (MDT) positive rate averaged 7.6% against a target of 10% in the previous six months. Due to the redeployment of officers, weekend testing targets were not met consistently. There was little suspicion or frequent testing, and no risk testing.

I.53 Drug testing facilities were poor and unhygienic, particularly on the local discharge unit, and did not have adequate holding areas. Referrals to substance misuse services were not routine, and test results were not shared with the clinical team when a prisoner receiving opiate substitutes also tested positive for unprescribed substances.

I.54 The supply reduction action plan was part of the substance misuse strategy. The security team was represented at drug strategy meetings, and health care staff attended security meetings.

Recommendations

I.55 **The mandatory drug test (MDT) programme should be adequately resourced to undertake the required level of weekend and target testing.**

- I.56 Drug testing facilities on both the main site and on the local discharge unit should be clean and include adequate holding areas.**

Incentives and earned privileges

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- I.57** *The incentives and earned privileges (IEP) scheme was used strategically to encourage responsible behaviour and usually operated consistently across the prison. There was a reasonable difference between the levels. Prisoners were not usually involved in basic reviews and the targets set were mechanistic.*

- I.58** The IEP policy had been reviewed and published in July 2013. It described how the system worked, how prisoners could progress through the levels, and the standards of expected behaviour. It covered the usual three incentive levels (basic, standard and enhanced). There were sufficient differentials between the levels to encourage responsible behaviour.
- I.59** All prisoners had signed compacts. New arrivals were placed on the standard level unless they had earned enhanced status at a previous establishment. At the time of inspection, 166 prisoners (22%) were on the enhanced level and 17 (2%) on basic.
- I.60** The basic level of the scheme also formed part of the violence reduction policy but was separate from the generic IEP policy (see paragraph I.28). Prisoners were considered for immediate demotion to the basic level following a single act of violence or alleged bullying, and we found no prisoners demoted for a single incident outside this policy. Basic reviews did not routinely involve the prisoner and targets were too often perfunctory and limited – the same targets were regularly set for every prisoner. Young adults stayed on basic for a minimum of 14 days and adults for 28 days. Basic prisoners were given a limited unlock regime but they could shower and make a telephone call daily.

Recommendation

- I.61 Prisoners considered for demotion to basic should attend the initial review and every review thereafter, and targets set should be individualised and in line with the reasons for the initial demotion.**

Discipline

Expected outcomes:

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

I.62 *Adjudications and use of force had reduced since the last inspection but throughput of the segregation unit remained too high. Data collated across the spectrum of discipline were not analysed or used effectively to identify or address trends and patterns. Adjudications were fair and managed well. Oversight of important aspects of use of force was inadequate. The segregation unit environment was much improved but the regime required further development. Unit staff were knowledgeable about prisoners and prisoners were positive about their treatment.*

Disciplinary procedures

- I.63** Formal adjudications had dramatically reduced to 535 between February and July 2013, which was now lower than in similar prisons. Sampled records of hearings showed that proceedings involved the prisoner and were conducted fairly. Quality assurance measures were properly focused and effective, but should have been part of a standardisation meeting to ensure the establishment was aware of trends and patterns. Overall, disciplinary measures were fair and there were examples where adjudicators dismissed charges due to a lack of evidence or anomalies in the process.
- I.64** There was no adjudication standardisation meeting. Figures presented to the senior management team each month were inaccurate and were not analysed or used to identify and address trends or patterns.

Recommendation

- I.65** **Information collected for all disciplinary procedures, including adjudications, use of force and segregation, should be analysed and used more effectively.**

The use of force

- I.66** Incidents requiring the use of force had greatly reduced to 83 between February and July 2013, which was now lower than in many similar prisons. Around 28% required only low-level physical coercion and just over 10% required sustained use of control and restraint techniques. Records were variable; many lacked sufficient detail and did not describe efforts to de-escalate and we were not assured that force was always used as a last resort. Use of handcuffs was not routine.
- I.67** Baton use had reduced and in the previous six months they had been drawn twice and used once. However, there was no management scrutiny of baton deployment and we were concerned one incident in February 2013 may have been a disproportionate response and this strengthened our view that quality assurance needed improvement. Planned interventions were generally not filmed and were not reviewed.
- I.68** Use of special accommodation had reduced with six cases to date in 2013, all of which were a reasonable response. However, records indicated that prisoners remained there for too

long when they were calm, and the reasons recorded for placing one prisoner into strip clothing were inadequate.

- I.69** There was no effective management of important aspects of the use of force. A committee met quarterly but was not focused on issues around planned interventions, baton use or special accommodation, and did not undertake quality assurance of documentation. The committee did not conduct any trend or pattern analysis of use of force data to identify and address trends or patterns (see recommendation I.65).

Recommendation

- I.70** **There should be improved governance of use of force, particularly special accommodation, planned interventions, proportionality of use of batons and quality of all associated documentation.**

Segregation

- I.71** The Ketts (segregation) unit had 10 cells, including one special cell. Communal areas were bright and clean, cells were well maintained and the large exercise yard had been improved with seating and exercise equipment.
- I.72** Between February and July 2013, throughput of the unit was 125, which was similar to the last inspection but still too high. Around 45% of residents served a punishment of cellular confinement and few sought sanctuary there for their own protection; the remainder were there for reasons of good order. The average stay was just over eight days but a few prisoners were segregated for much longer – up to 72 days. Data on segregation were collated but not used in any meaningful way to identify and address trends or patterns (see recommendation I.65).
- I.73** Unit staff focused on returning prisoners to normal location quickly. We saw one good quality formal reintegration plan for a longer term resident but plans for others required development. Segregation reviews were timely with some evidence of involvement by the mental health team. Review documentation was often completed poorly, targets were mostly perfunctory and we were not assured that segregation was appropriate in all cases. Fifteen prisoners on ACCTs were located in the Ketts unit between February and July 2013, and we were not assured there were exceptional circumstances for location there in all cases.
- I.74** The unit regime included daily access to showers, telephones and exercise. Prisoners had books and in-cell activities, such as word puzzles, but few were allowed to have a television, and activities in association with others were infrequent. A special cell had been decommissioned to become an activity room but was not in use at the time of the inspection. Education staff currently only visited the unit by prisoner request. Prisoners rarely left the unit to attend activities such as religious services, work or education.
- I.75** Relationships between staff and prisoners on the unit were relaxed and unlock protocols were now proportionate. Although records did not show constructive engagement, staff were knowledgeable about residents and prisoners we spoke to were complimentary about their treatment by staff.

Recommendations

- I.76 Prisoners on ACCT documents should only be segregated in exceptional circumstances.**
- I.77 The regime in the segregation unit should be further improved.**
- I.78 Segregation review documentation and care/reintegration plans should be completed thoroughly, include meaningful targets and daily history sheets should better reflect constructive engagement between staff and prisoners. (Repeated recommendation I.86)**

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

I.79 *Substance misuse services had improved and there was better joint working between clinical and psychosocial support providers, but prisoners on the local discharge unit (LDU) could not access opiate substitute treatment and staff shortages affected service development.*

- I.80** Drug- and alcohol-dependent prisoners received prompt assessment and treatment, which now also included weekends, but in our survey only 50% of those with an alcohol problem said they had received support, against the comparator of 60%. In August 2013, 86 prisoners were prescribed opiate substitutes, four received symptomatic relief, and 11 underwent alcohol and six benzodiazepine detoxification. Treatment regimes were flexible and regular clinical reviews now took place jointly with workers from RAPt (Rehabilitation of Addicted Prisoners trust). The care of prisoners with complex needs was discussed at weekly mental health meetings, and dual diagnosis services (for those with substance misuse and mental health needs) were being developed.
- I.81** Landings two and three on A wing were the stabilisation/detoxification spurs but prisoners mixed with others and the overall environment was noisy and at times chaotic. There were good supervision arrangements for prisoners prescribed Subutex (buprenorphine), but there was no officer present to supervise those queuing for methadone. Three prisoners on clinical treatment were located on B and C wing, two on the Ketts unit and three in health care, but the clinical team's contract excluded the provision of drug treatment to prisoners on the LDU, which prevented around 30 prisoners from moving on to this unit.
- I.82** Drug strategy meetings took place monthly and attendance included community services. The substance misuse strategy document had been updated and contained an annual action plan. There had been a needs analysis in 2012. Integration between service providers had improved but neither the clinical nor the RAPt team (commissioned in April 2013) were fully staffed, and they were located in different buildings and did not run groups jointly. The teams were not invited to contribute to ACCT reviews.
- I.83** In August 2013, 209 prisoners were actively engaging with RAPt and a further 90 files had been suspended, but 38 prisoners were waiting to be allocated a worker. The team offered structured one-to-one support and RAPt's 'Living Safely' group work modules across the prison. Two six-week programmes, one for alcohol-dependent and another for drug- and alcohol-dependent prisoners, were due to start and the team had already received 30

referrals. Care planned oral drug testing (using mouth swabs) was also part of the RAPt workers' remit. Service user involvement and peer support schemes had not yet been developed, and there were no self-help groups, such as Alcoholics Anonymous or Narcotics Anonymous.

Recommendations

- I.84 Wing officers should be available to assist in the supervision of prisoners receiving methadone.**
- I.85 Clinical drug treatment services should be available to all prisoners regardless of location, including those on the local discharge unit.**
- I.86 Substance misuse services should be sufficiently resourced to provide accessible, consistent and well-coordinated care to prisoners with substance-related problems, and there should be better integration between substance misuse and safer custody services.**
- I.87 Substance misuse services should develop peer support schemes and introduce service user feedback.**

Section 2. Respect

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1** *The prison was split across three sites with a range of accommodation and standards of cleanliness. Cells were cramped and, although clean, required decoration. In-cell toilets were inadequately screened. Responses to cell bells were poor. Access to showers was good but many were grubby and lacked privacy. There was not enough access to prison kit, applications and stored property.*
- 2.2** The prison was split across three sites. The main site, referred to as the 'reception' site, was a local prison, the local discharge unit (LDU) held category C prisoners, and Britannia House was a resettlement unit holding category D prisoners.
- 2.3** All the external areas were very well presented. Accommodation units varied significantly in age and design, and ranged from F and G wings in the LDU, which were old and claustrophobic, to A, B and C wings on the reception site, which were newer and bright and airy. Britannia House was a large listed building and, although the accommodation was clean, required refurbishment. Cleanliness of internal communal areas varied – L wing on the LDU was very clean while E wing on the reception site was grubby.
- 2.4** Across most wings, many cells designed for one accommodated two and were cramped. Although many had recently been refurbished with new furniture they did not contain lockable cupboards. Prisoners had good access to cell cleaning materials and domestic time for cleaning, and most cells were clean and free from graffiti and offensive materials, although many required decoration. Cell toilets were screened with curtains but privacy was inadequate.
- 2.5** Prisoners had good access to showers across all sites. Most communal showers in the closed sites lacked adequate privacy, and many were grubby with mould on ceilings.
- 2.6** In our survey, only 26% of respondents, against the comparator of 37%, said that their cell bell was normally answered within five minutes. Records showed some alarming delays of over 20 minutes in response times. This was particularly concerning on A wing, which held new arrivals, prisoners undergoing detoxification and most prisoners subject to self-harm case management (see main recommendation S41).
- 2.7** The prison had recently purchased a new stock of clothing and sheets. Despite this, we found prison clothing was generally in a poor condition with clothes and sheets ripped and stained. In our survey, only 59% of respondents said that they received clean sheets weekly, against the comparator of 81% and 67% at our last inspection. Prison clothing exchange was irregular, although prisoners were allowed to wear their own clothes.
- 2.8** Most prisoners in our survey said it was easy to make an application, although in the survey and in groups, prisoners did not feel they were dealt with fairly or quickly. We found that the application tracking system was poor and that many applications were not responded to.

- 2.9** Prisoners in our survey and groups complained that there had been delays in receiving and sending their post. We found that there had been problems and, although there were no delays at the time of the inspection, we were not assured that delays would not recur.
- 2.10** In our survey, more respondents than the comparator said they had problems accessing telephones. However, the ratio of telephones to prisoners was satisfactory and the regime allowed reasonable access. There were often delays in processing PIN (personal identification number) telephone applications, which affected prisoners' ability to maintain regular contact with family and friends.
- 2.11** In our survey, only 15% of respondents, against the comparator of 26%, said that they could normally get to their stored property. Staff confirmed that access was a particular problem on the LDU, and we found a backlog of unprocessed property there.

Recommendations

- 2.12** **Single cells should not be used for double occupancy. All cells should be in a good decorative condition and contain lockable cupboards.**
- 2.13** **Toilets in shared cells should be appropriately screened or separated.** (Repeated recommendation 2.13)
- 2.14** **Showers should be clean and afford adequate privacy.**
- 2.15** **Cell call bells should be responded to promptly.** (Repeated recommendation 2.12)
- 2.16** **Applications should be dealt with promptly and wing managers should carry out random quality checks monthly.** (Repeated recommendation 2.15)
- 2.17** **Prison clothing and sheets should be clean, in good condition and available weekly.**

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

2.18 *Staff-prisoner relationships were courteous but lacked depth and quality. The personal officer scheme was ineffective. Prisoner consultation arrangements were good.*

- 2.19** In our survey, more prisoners than the comparator said staff treated them respectfully, although minority groups had poorer perceptions (see paragraph 2.37). Fewer respondents than the comparator and at our last inspection said there was a member of staff they could turn to for help. In groups, prisoners said most staff were polite but that it was a problem to get them to deal with specific issues. We found the quality of staff-prisoner relationships was mixed. Although most staff routinely addressed prisoners by their preferred name, we observed staff who were stretched to carry out their duties and, as a consequence, relationships with prisoners lacked the depth and quality to address their needs. This was particularly the case on A wing, which was a chaotic environment holding a range of complex prisoners with inadequate staffing to meet conflicting demands. Prisoners on this wing had

little to occupy them and new arrivals described observing individuals and groups of prisoners wandering the unit with too few staff supervising, which caused anxiety. Many prisoners we spoke to felt concerned by the limited time to engage with staff on the wing, which heightened their anxiety (see main recommendation S41).

- 2.20** The personal officer scheme was not well embedded. In our survey, 57% of prisoners said they had a personal officer, against the comparator of 45%, although many prisoners said they had never met them. One prisoner in our survey said: 'Been in 10 months, never met my personal officer, know his name but never seen him'. The names of personal officers had recently been displayed outside cells. Officer entries in electronic case notes on prisoners were regular but mechanistic, with few references to their personal circumstances or resettlement needs.
- 2.21** Prisoners were consulted on each wing and this contributed to overarching monthly meetings for both the main prison and the LDU, which were effective in addressing the issues raised.

Recommendations

- 2.22** **The prison should ensure that staff deal with prisoners' domestic needs effectively including the provision of clean bedding and access to telephones, mail and property.**
- 2.23** **The personal officer scheme should be fully implemented.** (Repeated recommendation 2.25)

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic³ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.24** *There was a clear equality policy but it was not supported by an action plan. Data on equality treatment were not adequately analysed. There were few discrimination complaints but many prisoners were unaware of the process, investigations were mixed and internal scrutiny underdeveloped. Consultation with minority groups was intermittent and underdeveloped. Prisoner equality representatives were used appropriately and the annual equality fair was a good initiative. Prisoners from some minority groups were less favourable about their treatment. The provision for foreign national prisoners was reasonable but too many were held after the end of their sentence. Facilities for older and disabled prisoners were suitable, and young adults were treated equitably. Provision for gay and bisexual and Gypsy, Romany and Traveller prisoners was underdeveloped.*

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Strategic management

- 2.25** A succinct strategy document, recently reviewed, described how the prison would meet the needs of specific protected characteristic groups, but there was nothing detailed for gay or bisexual prisoners. An equality intranet website supported the strategy and was regularly used to inform staff. The deputy governor was the lead for equality and was supported by a well-resourced team, including a full-time equality officer.
- 2.26** There was no overarching equality improvement action plan to underpin the strategy. The one action plan for all areas of the establishment had not included any new equality action point for 10 months. A well-attended monthly equality action team (EAT) meeting involved prisoner equality representatives, but actions raised at this meeting tended to be reactive rather than to improve equality work.
- 2.27** There were 20 prisoner equality representatives and each wing had at least one. They had a job description, which they understood, and the prison had trained them in the discrimination complaint process, mental health and well-being. The representatives met monthly and were known by prisoners.
- 2.28** Systematic monitoring and analysis of race equality treatment (SMART) data were collated monthly and analysed by the equality officers before the equality meeting. Several areas, such as complaints, disciplinary issues and release on temporary licence, had been out of range during the previous 12 months. Some had not been investigated and where an investigation had taken place via the EAT it was rudimentary. A psychology department research exercise into the data was yet to be completed and its timescale was too long after the issues had been raised. The prison collected data on other areas, such as young adults and labour allocation, but they had not been analysed by the equality team or the EAT.
- 2.29** The number of discrimination incident reporting forms (DIRFs) submitted by prisoners was low at 23 during the previous six months. DIRFs were freely available on wings and in a variety of languages, although many prisoners from minority groups were unaware of the forms, how to complete them and how the process worked. Investigations into submitted DIRFs were mixed; there was some good detailed evidence to inform decisions but there was also a lack of detail in some forms we reviewed. DIRFs were externally reviewed by a community partner but there was no internal scrutiny by a senior manager and we saw evidence where the investigator had signed the form off instead of a senior manager.
- 2.30** A staff and prisoner focus group had taken place in June 2012 to assess the negative perceptions of minority prisoners highlighted at our last inspection. Since then there had been focus groups with minority groups, such as young adults, black and minority ethnic, foreign national and disabled prisoners. For most this had amounted to a single meeting in the previous 12 months, and the groups needed to be more regular and further developed.
- 2.31** The prison had developed partnerships with many external providers and there was an annual well-attended equality fair for both the local discharge unit and the reception site that was appreciated by prisoners. The prison celebrated all religious events and held other activities, such as disability awareness.

Recommendations

- 2.32** **A single equality improvement action plan should be developed and reviewed monthly, and used to underpin the strategy and the direction for equality work.**

- 2.33** The prison should analyse the data collected in addition to the monthly SMART data to ensure no minority groups are adversely affected or discriminated against.
- 2.34** All prisoners should be informed during induction of how the discrimination incident reporting form (DIRF) process works, and this should be reiterated by equality representatives on the wings.

Housekeeping point

- 2.35** Discrimination incident reporting forms (DIRFs) should always be signed off by a senior manager.

Good practice

- 2.36** *The annual equality fairs involving external partners were a good initiative that allowed prisoners to understand all aspects of diversity.*

Protected characteristics

- 2.37** Around a quarter of the population were from a black and minority ethnic background. In our survey their responses were more negative across a number of respect and safety indicators, and only 60% of black and minority ethnic respondents said they felt staff treated them with respect, against the response of 82% from white prisoners. Some black and minority ethnic prisoners we spoke to said that staff were distant and often did not engage with them. Our survey suggested that around 6% of the population were from a Gypsy, Romany and Traveller background but the prison recorded none from this group and there was no provision for them.
- 2.38** At the time of the inspection there were 110 foreign national prisoners, including 23 held inappropriately beyond the end of their sentence, the longest for a year. While held at Norwich, these detainees did not have access to the facilities available at an immigration removal centre – such as the internet, fax machines and a less restrictive regime. There was a foreign national coordinator who understood foreign national issues. In our survey, fewer foreign national than British prisoners said that staff treated them with respect. The prison was focused on this perception and encouraging staff to engage more with foreign national prisoners, particularly the many from Eastern Europe and based on the LDU. Migrant Helpline attended the prison monthly to offer immigration advice and, although Home Office Immigration Enforcement (previously the United Kingdom Border Agency, UKBA) only attended monthly, the prison had negotiated for weekly attendance from September 2013 to improve the service to foreign national prisoners. Foreign nationals were offered a free telephone call if they did not receive visits, as well as two free weekly airmail letters. There was a variety of translated information, and professional interpreting services were used regularly.
- 2.39** The prison recorded prisoners with disabilities through the reception process and this worked well. Reasonable adjustments were made where necessary and there were adapted cells for those with mobility problems. There was no formal buddy or carer scheme but prisoners had volunteered informally to assist those less able. Although we found no evidence of any concerns, a reliance on informal support mechanisms made prisoners who needed support too dependent on others. There were 22 personal emergency evacuation

plans, but although staff were aware of them they did not include a full summary of the assistance the prisoner required in an emergency.

- 2.40** Two wings had been identified for older prisoners. E wing on the reception site was used mainly for prisoners over 50. Despite the austere conditions, prisoners on this wing were complimentary about it and there was a waiting list of prisoners who wished to move there. L wing in the local discharge unit accommodated elderly life-sentenced prisoners and was a caring wing with suitable facilities. Young adult prisoners made up 9% of the population and were fully integrated into prison life. Those we spoke to said that they were not discriminated against, and the data we analysed showed that this was the case in access to the regime and disciplinary measures.
- 2.41** There were no transgender prisoners at the time of the inspection; previous transgender prisoners had been given an individual care plan that they were involved in formulating. There was no information on external support available. In our survey, 3% of respondents said that they were gay or bisexual, although the prison recorded none and there was no provision or support for these prisoners.

Recommendations

- 2.42 NOMS should continue to work with Home Office Immigration Enforcement to ensure that prisoners held solely under immigration powers are transferred to an immigration removal centre on completion of their sentence.** (Repeated recommendation 2.45)
- 2.43 There should be regular consultation with all minority groups and these forums should be used to investigate the poor perceptions of prisoners from black and minority ethnic backgrounds and foreign national prisoners in our survey. Actions should be taken, where needed, to meet the identified needs of minority groups.**
- 2.44 There should be a formal carer/mentor scheme for prisoners with disabilities and older prisoners who require assistance.** (Repeated recommendation 2.46)
- 2.45 Gay, bisexual and transgender prisoners should be provided with information on the internal and external support available.** (Repeated recommendation 2.48)

Housekeeping point

- 2.46** Personal emergency evacuation plans should include a detailed analysis of the support prisoners require in an emergency.

Faith and religious activity

Expected outcomes:

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

2.47 *The faith provision for all prisoners was good and the chaplaincy was well integrated throughout the establishment.*

2.48 The chaplaincy included chaplains from all faiths, was well integrated into all aspects of prison life and contributed to several key meetings. Faith facilities were very good with large dedicated areas for worship across both sites. There was a Christian chapel on the reception side and suitable multi-faith facilities on both sites. Prisoners with mobility problems were offered a service in the lift-accessible multi-faith rooms on the reception site. On the local discharge unit the multi-faith room was on the ground floor. Prisoners in the segregation unit were risk assessed for their suitability to attend corporate worship, with the involvement of the chaplaincy. Those deemed too high-risk were offered an individual service in the segregation unit.

2.49 In our survey, prisoners were positive about the faith provision and access to it. Corporate worship was well attended with around 20% of prisoners attending weekly services. Around 10% of the population were Muslim and those we spoke to said that they were allowed to practise their religion without prejudice. Access to Friday prayers was unrestricted and Muslim prisoners told us that Ramadan arrangements had been well thought out and there had been no problems.

2.50 The chaplaincy provided or facilitated a range of classes and groups, including an external mentoring scheme organised through the resettlement chaplain. A diverse range of religious festivals was also promoted.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which 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.

2.51 *Complaints were managed appropriately and quality assurance was reasonably effective.*

2.52 There had been 919 complaints in the previous six months. This was a third higher than at the previous inspection, although lower than the average for local prisons. Complaints boxes were easily accessible on all wings, and notices explained, in a range of languages, how to make a complaint. The complaints boxes were emptied daily by the complaints clerks.

2.53 The responses to complaints we sampled were mostly constructive, timely and respectful. Monthly analysis of complaints topics and locations was circulated to management, and discussed at the senior management team. Minutes showed action was taken to address

common complaints. Senior managers carried out quality assurance appropriately and gave feedback to staff who needed to improve the standard or timeliness of their responses.

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

2.54 *Legal services were adequate and had improved since our last inspection. The libraries did not advertise the availability of legal texts.*

2.55 In our survey, 47% of respondents said it was easy to communicate with their legal representatives, which was better than the comparator. Rule 39 procedures to ensure that legal correspondence was not opened were in place, although 46% of respondents said letters from their legal representatives had been opened out of their sight. Records indicated that this was because legal correspondence was not marked as such, and the prison displayed notices in visits areas reminding legal correspondents to label post.

2.56 Staff could access centrally held information about legal services, and signposted prisoners to legal information, which was an improvement since the last inspection. Legal faxes could be sent from wing offices. Adequate legal reference materials were available in the library in the vocational training centre and could be requested by prisoners on other wings but this was not widely publicised; in our survey, 33% of respondents said they were unable to access legal books. Bail information services were provided by the offender management unit (OMU), and provision had improved since the last inspection according to our survey. There was adequate provision for legal visits, although the prisoner waiting room was sparse and grubby.

Housekeeping points

2.57 The availability of legal texts should be advertised in all the libraries.

2.58 The prisoner waiting room for legal visits should be clean.

Health services

Expected outcomes:

Prisoners are 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 elsewhere in the community.

2.59 *Health care provision was reasonably good. There were good clinical governance arrangements but, due to new leadership and uncertainty about the future, there was no clear strategy. There was a range of nurse-led clinics, although the long-term conditions clinics had not started. The nurse practitioner service was very good. High use of locum GPs led to inconsistencies in treatment, care and prescribing. Pharmacy services were too complex and several issues required attention. Dental services were effective but the waiting list was too long. Integration between primary and secondary mental health care services was good with a range of provision.*

Governance arrangements

- 2.60** Primary health services were provided by Serco Health, which commissioned Partnerships in Care to provide secondary mental health services. Horizon Health provided the nurse practitioner service. The services worked well together to provide care and treatment for prisoners.
- 2.61** Governance arrangements were good overall, with reporting through the clinical quality and risk management group. An up-to-date health needs assessment addressed most of the physical and mental health needs of prisoners, but there was insufficient focus on dental services. Policies and procedures included information sharing and communicable diseases. There was no clear strategy for the development of health services being retendered. Clinical and managerial supervision was not robust enough, particularly for medical staff. The new lead for GPs had recently commenced.
- 2.62** Many areas of health care were provided in a clean and modern environment, but E and B/C wings and the LDU (inpatients and older prisoner unit) were older and many health care areas did not comply with infection control requirements. An infection control audit had been undertaken and remedial action implemented. Emergency resuscitation equipment, including oxygen and automated external defibrillators, were available. All registered nurses were up to date with intermediate life support training, and health care assistants were up to date with basic life support, as were the gym staff.
- 2.63** We observed some very courteous interactions by health care staff with prisoners, and received many compliments from prisoners, particularly on the lifer wing and inpatient unit.
- 2.64** Health care complaints were managed through the general prison complaints system, which compromised confidentiality. The number of formal complaints had reduced since the last inspection. Action was taken to address the complaints that prisoners submitted and reduce the likelihood of repetition. Prisoners could access the patient advice and liaison service (PALS).

Recommendations

- 2.65** **There should be a clear strategy for the development of health services.**

- 2.66 All nursing and medical staff should have access to clinical supervision/protected learning time.**
- 2.67 All health care areas should comply with infection control requirements.**
- 2.68 All health care complaints should be managed confidentially by the health services department.**

Housekeeping point

- 2.69** The health needs assessment should include a full analysis of the dental requirements of prisoners.

Delivery of care (physical health)

- 2.70** SystmOne, the electronic clinical record system, was used. Record keeping was good and we observed the use of care planning. Prisoners' needs were identified and documented on arrival. A further health assessment was usually carried out within 72 hours.
- 2.71** Prisoners had reasonable access to medical services, but they had been sporadic due to a high reliance on locum staff. We received many verbal complaints from prisoners about the GP service, although in our survey, the proportion who said the quality of the GP services was good was similar to the comparator.
- 2.72** There was an adequate range of nurse-led clinics, although there was not yet a long-term conditions service. There were long waits, of up to 21 weeks, to attend the smoking cessation clinics. Prisoners commented on the good access to the optician. There was effective access to a sexual health clinic. The slow reconciliation of the roll call (see also paragraph 3.3) reduced prisoners' ability to attend appointments. Prisoners told us that they did not always receive appointment slips. There was a high number of 'did not attends' for many clinics – particularly secondary health screening, which was approximately 35%. Although well monitored, further action was needed to ensure prisoners attended their appointments.
- 2.73** The nurse practitioner service was well run and provided a drop-in service to reduce the high number of 'did not attends'. Health checks were available for all over-40s. In our survey, 50% of prisoners said it was easy to see a nurse, which was better than the 40% at the previous inspection, and 69% said the quality of services from nurses were good, compared with the comparator of 56% and 61% at the previous inspection.
- 2.74** There was a 10-bed inpatient unit on a general wing on the LDU. The lifer unit was reasonably well set up to care for the social and health needs of older prisoners. They had access to a range of activities, both indoors and outdoors, and there were good links with Age Concern, which provided reminiscence sessions. There were plans to develop the palliative care arrangements on L wing and we saw appropriate 'do not attempt resuscitate' decision making. There were good links between Horizon Health and the gym staff, who provided health walks and chair-based exercise for the older prisoners on the lifer unit. On both units, prisoners complimented the nurse and officers for their good support and care.
- 2.75** There was a good range of health promotion literature and there had been some useful health fairs, but there was not enough information in a range of languages.

- 2.76** The administrators managed the outside hospital appointments. There were usually sufficient escort opportunities and very few appointments were cancelled due to lack of escorts.

Recommendations

- 2.77** There should be a full range of long-term condition clinics for prisoners.
- 2.78** The high numbers of 'did not attends' at health appointments should be reduced.

Housekeeping point

- 2.79** Health promotion information should be available in a range of languages.

Pharmacy

- 2.80** Medicines were dispensed from the prison pharmacy. Wing treatment rooms were used for the supervised administration of medicines and storage of in-possession medication. Although there were designated privacy areas for administration of medicines, we observed patients crowding into these areas, particularly on A wing. There was often no discipline officer present during administration to protect privacy and prevent bullying, and officer support was due to be withdrawn even further. There were no pharmacy-led clinics.
- 2.81** Supervised administration of medication was carried out by nursing staff and trained pharmacy technicians. In-possession medicine was delivered to patients in their cells by nursing or pharmacy staff, accompanied by a discipline officer. There were no lockers in cells to store medication (see recommendation 2.12). Many patients could have analgesics such as co-codamol, tramadol or gabapentin in possession, which was inconsistent with the recently amended policy that prohibited the in-possession issue of items liable to trading and abuse. The policy allowed for these to be supplied where there was an overriding clinical need and on the basis of rigorous risk assessment and monitoring. However we noted that up to 50% of tramadol, pregabalin and gabapentin prescriptions were supplied in possession, and around 80% for co-codamol, which was too high. A lack of communication between doctors, pharmacy and nursing staff contributed to inconsistencies in prescribing.
- 2.82** We observed that prescription charts were not properly checked on administration of medicines and liquid medicines were not measured correctly – they were poured directly into paper medicine cups, which did not provide an accurate dose. Some of the weekly in-possession bags in many trolleys were missing medication, suggesting that medication was not issued in accordance with the prescription or was used for other patients. Patients on sedating medication, such as zopiclone, had this administered at around 5.45pm, which was too early. We found some bottles of diazepam suspension stored with a syringe adapter in the bottle, leaving the mixture open to the environment.
- 2.83** Wing stock was not audited, as pharmacy staff did not all have access to health care rooms, due to lack of keys. We noted many medicines cupboards unlocked around the site, and all those on the inpatient unit and the door requiring a health care key were left unlocked, which meant any unauthorised staff could enter the room and access medicines. Records for several drugs fridges were not kept correctly, and the thermometer of one showed that it has risen to 22 degrees centigrade.

Recommendations

- 2.84** Discipline officers should be available during medicine administration times to minimise potential bullying and diversion of supplies.
- 2.85** There should be pharmacy led clinics.
- 2.86** The prescribing of co-codamol, gabapentin, pregabalin and tramadol should be reviewed and there should be consistency in decisions made by prescribers.
- 2.87** The timing of medication rounds should ensure the best treatment for patients.

Housekeeping points

- 2.88** Medicine doses should be measured appropriately and accurately.
- 2.89** Pharmacy staff should have health care suite keys to visit the treatment areas to check stock medicine.
- 2.90** Prescription charts should be carefully checked and there should be full and complete records of administration and issue of medicines.
- 2.91** Maximum and minimum temperatures should be recorded daily for all drug refrigerators to ensure that heat-sensitive items are stored within the 2- 8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.

Dentistry

- 2.92** Dental services were provided by Norfolk Community Health and Care NHS Trust. There was access to a dentist and dental nurse on both closed sites, but there was no hygienist. Access to the dentist had improved as there was now an effective triage clinic. However, at the time of our inspection there were 74 patients waiting seven weeks for a routine dental appointment and 48 waiting 15 weeks for ongoing treatment, which were too long. In our survey, only 4% of respondents said that it was easy to see the dentist, against the comparator of 11%. Dental checks and treatment to at least to the range available in the NHS were offered, and oral health information was provided individually.
- 2.93** Dental equipment was maintained and worked satisfactorily. Infection control was good as there was a separate decontamination area on the main site. A brand new unit was being opened on the LDU.

Recommendation

- 2.94** There should be action to reduce the waiting list for routine dental appointments.

Delivery of care (mental health)

- 2.95** The primary care nursing team had increased since the last inspection and consisted of a team leader, five mental health workers, a health care assistant and a learning disabilities nurse. There was access to improved access to psychological therapies (IAPT). The

secondary mental health care services were provided by Partnerships in Care. There was access to community psychiatric nurses, a psychiatrist, a psychologist and a health care assistant post.

- 2.96** Primary and secondary mental health provision was reasonably good and there were good working relationships. Primary mental health services held a caseload of over 190 prisoners, of which 31 were prisoners with learning disabilities. Prisoners were offered one-to-one support, with guided self-help for those with mild to moderate mental health problems. Support was available for prisoners with stress or anxiety. Counselling services had ceased since the implementation of IAPT, although there was still a need for prisoner support as this service was not fully established. There was no group work, and the purpose-built health care department on the main site continued to be underused as there was only officer support for two sessions a week.
- 2.97** Six of the patients supported by Partnerships in Care were managed using the care programme approach (CPA) and 10 were on ACCTs. One patient waiting for transfer to an NHS secure setting was being managed in the segregation unit.

Recommendation

- 2.98** **Group support, group therapy or therapeutic day services should be available to prisoners who need additional support for emotional, behavioural and common mental health problems, and the day care centre should be fully used for therapeutic purposes.** (Repeated recommendation 2.105)

Housekeeping point

- 2.99** Access to the improved access to psychological therapies service should be increased and monitored.

Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

2.100 *Prisoners were negative about the food, and portions were small and the lunch menu repetitive. The standards of cleanliness across kitchens and serveries varied. There were more opportunities to dine out. Consultation arrangements required improvement.*

2.101 In our survey, only 14% of respondents said that food was good against the comparator of 24% and 22% at our last inspection. Prisoners said that the quality of food was generally all right but that portions were too small. We also found that the quality of food was good but portions were too small. Many vulnerable prisoners on C wing believed that their food was contaminated by servery workers (see paragraph 1.31). Although we found no evidence to support this, poor supervision of the servery exacerbated the perception.

2.102 The menu operated over a four-week cycle. The lunch menu was repetitive with soup or sandwiches the only options. The menu accommodated vegan, vegetarian, religious, healthy

and medical diets. Fruit and vegetables were available daily. New arrivals could choose their pre-select menu options for the following day. Meals were served at 11.45am and 4.45pm, which were too early. Breakfast packs were issued the day before their consumption and many prisoners told us they ate them that evening. There were opportunities for prisoners to dine in association on alternate nights, and plans to increase this to every lunchtime.

- 2.103** The kitchen on the main site was in a reasonable condition and well maintained, but the one on the LDU, although clean, needed refurbishment. Prisoners in the kitchen could only undertake a national vocational qualification level 1 in catering. The standard of serveries was mixed. Some were grubby with food waste left on serving trolleys or under sinks, while other serveries were very clean. Some serveries workers were incorrectly dressed.
- 2.104** Consultation about the food was patchy. Although it was a standing agenda item at the prisoner consultation meeting, before the week of the inspection there had been no food survey in over two years, and food comments books were rarely responded to.

Recommendations

- 2.105** **The menu should offer more options, and the prison should address prisoners' perception about the quality of food and ensure that the quantity is sufficient.**
- 2.106** **The kitchen in the local discharge unit should be refurbished.**
- 2.107** **Lunch should not be served before noon and the evening meal not before 5pm.**
- 2.108** **Breakfast packs should be issued on the day they are to be eaten.** (Repeated recommendation 2.113)

Housekeeping points

- 2.109** The serveries on C wing should be constantly supervised during meal times.
- 2.110** Food consultation arrangements should be improved.

Purchases

Expected outcomes:

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

2.111 *New arrivals could buy a reception pack but they could wait too long for their first shop order. The shop list broadly met the needs of prisoners. Consultation arrangements were poor.*

- 2.112** New arrivals with money could buy multiple grocery or smoker's packs up to the limit of their IEP level monetary allowance, which was good. Those with no money were given an advance that equated to two packs. However, depending on the day they arrived, prisoners could wait up to 13 days for their first shop order, which was too long and could lead to them getting into debt.

2.113 In our survey, a similar proportion of prisoners as the comparator and at our last inspection said the shop sold enough items to meet their needs. With the exception of the lack of fresh fruit, we found the range of goods broadly met the needs of the population. Consultation arrangements were poor with no prisoner involvement in the quarterly review of the shop list.

2.114 Several catalogues were available and there was no prison administration charge for orders, which was good. Newspapers and magazines could be ordered from a local newsagent.

Recommendation

2.115 All prisoners, including new arrivals, should have weekly access to the prison shop. (Repeated recommendation 2.120)

Housekeeping point

2.116 Prisoners should be consulted about the prison shop and the goods available.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁴

3.1 *The core day allowed satisfactory time out of cell but there was too much regime slippage across the prison. Exercise was offered daily and yards were well equipped.*

3.2 The core day indicated that a fully employed prisoner could have between seven and 8.75 hours out of cell, depending on whether they accessed evening association. An unemployed prisoner could have between five and 6.75 hours, and part-time workers averaged seven hours. This was better than we found at the last inspection. Evening association was offered on a rota and for most prisoners was restricted to two sessions during weekdays, which ended at 6.30pm. Time out of cell at weekends was limited and most prisoners only received three hours a day. A period of domestic time was offered on weekday mornings and afternoons to prisoners not working. This included exercise and association and only basic-level prisoners were locked up during this time.

3.3 We observed much slippage to the regime, especially on the reception site where there were continual problems reconciling the prison roll after both the morning and afternoon movements to labour. This meant that prisoners were not unlocked for their domestic period until the prison roll was deemed correct. On one afternoon during the inspection, the afternoon domestic time did not start till one hour later than scheduled. On the local discharge unit, some staff shortages meant that only unemployed prisoners were unlocked for the domestic periods, which disadvantaged some part-time workers.

3.4 The open facility in Britannia House gave prisoners there a level of time out of cell that we see in full open prisons.

3.5 Exercise was offered during the day and the evenings in exercise yards that were well equipped with gym apparatus.

Recommendations

3.6 **The core day should be adhered to and regime slippage reduced.**

3.7 **Prisoners should have evening association on four evenings a week.** (Repeated recommendation 3.4)

⁴ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

3.8 *The strategic management of learning, skills and work activities was good, and the purposeful activities available had increased, but there were still too few places to occupy the full prison population. Achievements of prisoners engaged in learning, skills and work were adequate but required further improvement in some areas. The quality of the provision, particularly in English and mathematics, was mixed and needed to improve, and library provision was adequate.*

3.9 *Ofsted⁵ made the following assessments about the learning and skills and work provision:*

<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>requires improvement</i>
<i>Quality of learning and skills and work provision:</i>	<i>requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>requires improvement</i>

Management of learning and skills and work

3.10 The management of learning, skills and work required improvement. Regime requirements affected prisoner attendance, outcomes and the quality of education provision. Standards of behaviour were good and a good work ethic was demonstrated on all courses. Good skills were shown on vocational courses, although most only offered level 1 qualifications. The National Careers Service provided good initial action plans for prisoners that identified their short-, medium- and long-term needs very well. However, many prisoners identified with low English and mathematics abilities refused to address this, and advisers could only record on their action plans that this was a barrier to their future progression. Although the plans were available to inform sentence planning targets, officers did not usually identify this issue as a required action for improvement

3.11 Teaching, learning and assessment were adequate on education courses, as was learners' progress on vocational courses.

3.12 A new management team worked well together to plan and communicate the strategy for learning, skills and work activities. There had been much improvement since the last inspection but managers were aware that more was still required and there were plans for further improvements. Managers made effective use of cluster prison working with Blundeston, Bure and Wayland to share learning and skills resources, expertise and best practice.

3.13 The quality improvement group was well represented by different sections of the prison. It met regularly to discuss improvements to the quality of learning and skills and work provision across all prison sites, using data very effectively to identify areas requiring improvement.

⁵ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

Recommendations

- 3.14 Prisoners' sentence plans should include improving English and/or mathematics when this has been identified as a barrier to their progression in National Careers Service action plans.**
- 3.15 Prisoners should be able to access progression opportunities above level 1.**

Provision of activities

- 3.16** There were not enough activities to meet the identified needs of the population (see main recommendation S42). There were 288 places in work, 121 in education and 62 in vocational training. A4E provided education and vocational training to meet the needs of a complex mix of prisoners. However, the number and range of courses needed to improve, as well as opportunities for progression to higher levels. Punctuality was poor with many prisoners arriving at sessions late and lessons often finishing too early.
- 3.17** A new process for allocating prisoners to activities was very effective, and was open and transparent. Delays to allocated activities due to security checks were minimal, and places were quickly topped up to ensure good use of the provision.
- 3.18** The education provision was broadly appropriate for prisoner need and included English, mathematics, information and communications technology (ICT), art, business enterprise and English for speakers of other languages (ESOL). Education was generally offered on a rolling programme of enrolment, with many classes combining learners working towards different levels of qualifications. Few learners accessed distance learning.
- 3.19** Vocational training was available in catering, industrial cleaning, painting and decorating, and machine printing, with access to level 1 qualifications in catering, painting and decorating, printing and industrial cleaning. Prisoners who worked in the gardens, gymnasium and the textiles, food packing, waste management and computer recycling workshops were trained and competent, but this work was not accredited. The range of vocational opportunities was insufficient to develop high enough levels of skills and qualifications to help prisoners gain employment on release.
- 3.20** Vulnerable prisoners had good access to vocational training and work, but inequitable access to education courses.

Recommendations

- 3.21 The range, levels and amount of accredited training opportunities should be increased.**
- 3.22 Prisoners' skills development should be identified and accredited in all activity areas.**
- 3.23 The prison should further improve access to education for vulnerable prisoners.**

Quality of provision

- 3.24** The quality of learning and skills and work provision required improvement. Mixed ability learners were taught on the same courses, but planning of learning failed to account for the diverse needs of all course members sufficiently. The quality of teaching, learning and assessment was adequate on education courses and good on vocational courses. Teachers and mentors provided some good individual coaching, but planning for the diverse needs and abilities of learners in sessions required improvement.
- 3.25** Initial literacy and numeracy assessments of prisoners were not used often enough to plan learning well. In less effective lessons, teachers tended to dominate, ask too many open-ended questions and failed to develop learners' understanding further. Some learners who were very passive during lessons were not encouraged to participate in discussions or other activities. The more able learners were not sufficiently challenged, and few teachers planned extension exercises for them. As well as insufficient planning of lessons to meet individual needs, there were too few checks on what learners had learned and understood. Teachers were appropriately knowledgeable and used their experiences well to develop learner understanding.
- 3.26** Initial assessments of learners on ESOL courses had improved since the previous inspection and were now adequate with further improvements planned. There was insufficient support for learners with additional learning needs, such as literacy, numeracy and dyslexia. There were not enough specialist resources to support the diverse and complex needs of the prison population in education. The Offenders' Learning and Skills Services (OLASS) provider, A4E, carried out regular observations of teaching, learning and assessment. However, the grades awarded were mainly higher than those we observed.
- 3.27** The prison had set a minimum of entry level 3 for English and mathematics before prisoners were allowed to work, which was too low. The prison missed many opportunities to make clear the links between workplace tasks and education courses in literacy, numeracy and language support.
- 3.28** Vocational training resources were adequate. Rooms were clean and tidy and classrooms displayed excellent examples of prisoners' work. The textile and print workshops worked to a professional standard and encouraged prisoners to develop good employment behaviour. Information learning technology (ILT) was not available to support teaching and learning in the vocational training centre. Ventilation and dust extraction in the painting and decorating and computer recycling areas was insufficient. The painting and decorating work bays did not provide realistic work settings.
- 3.29** Punctuality on courses was often poor and some lessons were still disrupted because prisoners were taken away for other regime needs and often not returned. Free flow movement had recently been introduced where prisoners made their own way to activities. This may have contributed to the poor punctuality and attendance and required monitoring. The attendance and punctuality of some prisoners was poor and this needed monitoring and addressing.

Recommendations

- 3.30** The prison should further develop the initial assessment of prisoners' additional learning needs, as well as English and mathematics, and ensure that the results inform lesson planning and monitoring of progress.
- 3.31** The prison should set higher levels of English and mathematics requirements before prisoners are allocated to work activities.
- 3.32** There should be adequate air extraction ventilation systems in painting and decorating and computer recycling workshops to maintain good air quality levels.
- 3.33** There should be a wider range of fixtures and fittings in painting and decorating work bays to provide a more realistic work setting.
- 3.34** Learners' time should be better planned to reduce interruptions and disruptions to their activities. (Repeated recommendation 3.14)
- 3.35** Prisoners punctuality and attendance at activities should be individually monitored and addressed

Education and vocational achievements

- 3.36** Achievements of prisoners engaged in learning, skills and work required improvement, and there was too much variation in achievement rates between courses and subjects. For example, business and information technology level 1 achievement rates were very high, but those on ESOL and numeracy courses at entry level 1 and 2 were low. Opportunities to progress to higher levels were limited. Although support for those with additional learning needs had improved since the last inspection, it was still insufficient.
- 3.37** Overall, the progress learners made in lessons was adequate. Only a few learners made excellent progress and quickly moved on to higher levels.
- 3.38** Outcomes on most vocational training courses were good with most learners achieving their main qualification. Learners on catering and in painting and decorating courses demonstrated good work-related skills. Most learners were well motivated, worked well with others and were aware of their health and safety responsibilities. Prisoners on catering, decorating and industrial cleaning courses made good progress and demonstrated appropriate skills and knowledge. The standard of learners' work was satisfactory, and good in industrial cleaning and in painting and decorating. Teachers gave useful feedback to learners and helped them to understand mistakes and what they had to do to improve.
- 3.39** Workers in the shoe box workshop received an 'in-house' certificate that recognised their skill development, work ethic and associated learning. Workers in the gardens, gymnasium and workshops developed good skills and worked productively.
- 3.40** The quality of learners' work on vocational training courses was good and the standard of their English and mathematics skills was broadly adequate.

Library

- 3.41** The library service was provided by Norfolk County Council and managed by a librarian and three part-time library assistants with support from four orderlies. The service was adequate but dispersed over three sites, with three further facilities on smaller wings, which limited the stock available in each area.
- 3.42** The library stock was appropriate for the population, with sufficient foreign language materials to meet the needs of non-English speaking prisoners. Prisoners had appropriate access to Prison Service Orders. Due to the number of library sites and spread of resources, the prison offered an intra-prison loan request scheme.
- 3.43** Arrangements to induct prisoners into the library were adequate. Access to library resources had improved since the previous inspection and all prisoners could use the service, but not all had sufficient time there.
- 3.44** Recent changes to library management had led to improvements, such as upgraded library computers and arrangements with partners and associated activities to support and extend library services. A group for older prisoners operated effectively. The Toe by Toe reading programme ran well with 28 trained reading mentors helping other prisoners to improve their reading ability.

Housekeeping point

- 3.45** All prisoners should have sufficient time to use the library facilities.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

3.46 *PE facilities and recreational PE provision were adequate. The facilities were reasonably well used and provided sufficient activities to meet the needs of different groups of prisoners. There were insufficient vocational PE courses and no qualifications had been offered in the last six months. There was no outdoor facility for the main prison, and the gym in the LDU required some maintenance and repair. The promotion of healthy living was good.*

- 3.47** PE facilities were available on both the reception and LDU sites. Recreational PE was available in the daytime, evenings and weekends, but was planned so as not to disrupt other essential activities in the prison. The range and timing of provision had been restructured to ensure fair access for all prisoners, including evening sessions for those at work. Activities included cardiovascular and weight training, and were not heavily biased towards weight training. There were specific sessions for older and vulnerable prisoners, and prisoners in segregation were offered appropriate resources and guidance for 'cell circuits'.

- 3.48** Gyms held a good range of equipment for individual and group activities. The gym on A wing was particularly well equipped and maintained, but the one on the LDU needed decorating and some maintenance repairs. Around 55% of the population participated in gym sessions at least twice a week. However, opportunities to promote PE and community working further were limited. There was no facility for outdoor exercise on the reception site, which precluded team sports.
- 3.49** The PE department offered no formal accredited vocational training for prisoners. Until the start of 2013, prisoners could take a range of externally accredited qualifications, but with reductions in staff levels no qualifications had been offered or achieved since February 2013.
- 3.50** Partnership working with health care was effective. Instructors were very effective in motivating prisoners with health conditions to complete prescribed courses of activity. The promotion of healthy living was good. Prisoners were aware of the importance of eating a balanced diet and the benefits of regular exercise to maintain their health and well-being.

Recommendations

- 3.51** **The prison should plan outdoor PE facilities on the reception site.** (Repeated recommendation 3.36)
- 3.52** **The PE departments should provide leisure industry vocational qualifications for suitable prisoners.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

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

Good planning ensures a seamless transition into the community.

4.1 *The resettlement and offender management functions had been separated and had their own policies, but the one for offender management required clear development objectives. The comprehensive needs analysis from early 2013 had not been used to inform the strategic development of service provision. Offender management continued to operate in isolation from the rest of the establishment.*

4.2 The strategic management of resettlement had been reorganised in April 2013 so that the resettlement and offender management functions were now separated. Only resettlement work came within the overall management of the head of reducing reoffending. There were now separate resettlement and offender management policies, with limited integration between them. The resettlement policy had a clear set of objectives for each pathway, which were reviewed regularly by the bimonthly resettlement strategy meeting. However, the offender management strategy contained no development objectives and was, in effect, little more than a practice guide, outlining the processes undertaken by offender management unit (OMU) staff. Although the head of offender management attended the resettlement strategy meeting, the meeting had little focus on the development of offender management. Internal offender management department meetings took place regularly but were not integrated into the wider developments of the prison.

4.3 This lack of integration was particularly significant because of planned developments under the 'managing the custodial sentence' model. It was anticipated that several new uniformed staff would become offender supervisors, potentially replacing some, if not all, of the present staff. There was no strategy or plan to implement the changes or manage the inevitable impact on service delivery across the establishment.

4.4 In March 2013 the prison had produced a needs analysis drawing on 2012 data from both offender assessments (OASys) and prisoner questionnaires. Although the analysis was comprehensive and detailed and included specific recommendations, none of the information had been included in the resettlement or offender management strategic policies. The analysis was also not widely known by staff across the prison.

4.5 The changes in the organisation of resettlement and offender management had also included the co-location of pathway providers and offender management staff in the same building to improve the amount, and effectiveness, of communication and service integration. There was little evidence that this had diminished services for prisoners on the reception site or LDU, but the OMU remained somewhat isolated from some other functions in the prison. Staff we spoke to from elsewhere in the prison had little knowledge about, or involvement with, the OMU, and offender supervisors told us that staff on wings were often uncooperative. Despite this, in our survey, 53% of respondents, against the comparator of 46%, said that they had done something, or something had happened to them at the prison, to make them less likely to offend in the future.

Recommendations

- 4.6** The strategic direction of offender management and resettlement should be clearly planned with identified development objectives informed by findings from the annual prisoner needs analysis.
- 4.7** The prison should ensure that the work of the offender management unit is central to its functioning.

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on 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 in drawing up and reviewing plans.

4.8 *Although a short-term intervention plan had been introduced, more was required to ensure its effectiveness. Sentence planning contributions were limited, and the level and quality of engagement by some offender managers in high-risk cases was insufficient. Despite this, there was some good work with high-risk prisoners, although quality assurance required improvement. Some OASys, release on temporary licence (ROTL) and home detention curfew (HDC) processes also took too long. Public protection arrangements required attention.*

- 4.9** At the time of the inspection, 28% of the population were unsentenced and a further 18% were serving sentences of less than 12 months. There were 403 prisoners serving sentences of over 12 months, including 45 indeterminate-sentenced prisoners.
- 4.10** All prisoners on remand or sentenced to less than 12 months were, in theory, subject to a 'short-term intervention plan'. Tribal, on behalf of the National Careers Service, made an initial assessment of these prisoners that identified barriers to achievement, including accommodation, substance misuse etc, and made referrals to appropriate pathway providers for follow-up work. This initial assessment and records of subsequent work were forwarded to the OMU for compilation in a file. In practice, the compilation of this file was very variable. Assessments of literacy and numeracy needs were inadequately reflected in sentence plans. Pathway providers usually tended to undertake their own work in isolation of others, there was no individual, such as a personal officer, to drive the plan forward, and no member of staff was responsible for reviewing the plan at the point of release to ensure that all identified aspects had been pursued. Prisoners were also not given a copy of a plan that outlined the work to be undertaken, and there was no quality assurance to ensure that work was completed.
- 4.11** The OMU was made up of two 'pods' each consisting of a probation officer along with a combination of probation service officers and psychological assistants. Although indeterminate-sentenced prisoners were only allocated to probation officers, all other cases, including those assessed as high risk, were allocated across the teams. At the time of the inspection, there were 119 high- or very high-risk cases, and a further 224 assessed as low or medium risk.
- 4.12** During the inspection we were joined by colleagues from HM Inspectorate of Probation who looked in detail at 20 offender management cases, as well as a further 26 files, primarily low and medium risk, in less detail.

- 4.13** Over half the population (54%) were subject to OASys assessment and sentence planning, and in our survey 45% of respondents said that they had a sentence plan, against the 39% comparator. However, 61 prisoners had no OASys or one that was out of date – two of the high-risk cases we reviewed had been waiting nine and 18 months for an OASys assessment. Sentence plans and sentence planning arrangements were inconsistent. Meetings usually involved only the offender manager and supervisor with little input from other departments, and targets rarely included those identified by specialist departments, such as learning and skills or substance misuse. In our survey, only 45% of prisoners who said they had a sentence plan, against the comparator of 57%, said they were involved in its development. Targets were often very general with no clear objectives, especially for offending behaviour work. Given the absence of offending behaviour programmes (see paragraph 4.50), we saw little evidence of targets, other than for those convicted of sexual offences, recommending transfer to other establishments to complete necessary work. This was despite the prison's own analysis indicating that 41% of the population were convicted of a violent offence, including robbery.
- 4.14** The engagement in work with prisoners by community offender managers was variable. Of the 20 high- and very high-risk cases we reviewed, assessment and planning for offender engagement was sufficient in only seven cases; it was insufficient in seven cases and poor in six. There was also a thorough review of the likelihood of reoffending in only one of the 13 cases in which a review was required. Offender supervisors and their managers struggled to obtain sufficient responses to concerns about contributions from offender managers on a number of occasions (see main recommendation S43).
- 4.15** Despite this, we saw some good examples of engagement with prisoners by offender supervisors. Contact with high- and very high-risk prisoners was regular, and in some cases involved appropriate focus on challenging attitudes and behaviour relating to previous offending behaviour. However, low or medium risk prisoners had virtually no contact, except where they had made an application to see an offender supervisor and this was, invariably, simply to obtain information about ROTL applications, HDC dates etc. Only 19% of prisoners in our survey, against the comparator of 33%, said that their offender supervisor was working with them to achieve sentence plan targets.
- 4.16** Quality assurance was limited to OASys, with a focus on the process rather than its effectiveness in meeting individual needs. There were no casework assessments or reviews, and no formal mechanism to discuss cases or structured supervision for offender supervisors. Before the senior probation officer had left in July 2013, there had been supervision, but only every three or four months. A replacement senior was due to begin in September.
- 4.17** In the previous six months, 91% of all applications for HDC had been successful. Processes for reviewing cases were appropriate, but there were many delays and no record of what caused them. We sampled 31 successful HDC cases and found that only five had been released on their date of eligibility. Indications suggested that most delays were caused by late reports from community offender managers, but there was no agreed protocol for pursuing such delays. There had been similar problems with ROTL reports.
- 4.18** Despite delays in some ROTL applications, arrangements remained good with over 4,500 ROTLs for 67 prisoners in the previous six months. Although only one prisoner had successfully achieved ROTL while at the LDU, some had transferred to Britannia House during the application phase having been recategorised to D. Several other prisoners who had qualified to apply for ROTL had been released on HDC.

Recommendations

- 4.19 All prisoners, irrespective of their length of stay in custody, should have their resettlement needs fully assessed, access to appropriate services, and a regularly reviewed custody plan with specific targets for their resettlement needs.**
(Repeated recommendation HP62)
- 4.20 The offender management unit should introduce quality assurance to ensure effective and consistent practice in all aspects of its work.**
- 4.21 There should be casework reviews and regular professional supervision for all offender supervisors to ensure consistent standards of service delivery and effective case management.**

Public protection

- 4.22** Previously, the risk assessment group (RAG) reviewed all potential public protection cases and those of greatest concern were then considered by the inter departmental risk management team (IDRMT). Since our last inspection, the RAG had been disbanded and the IDRMT now only considered high- and very high-risk cases, including prisoners on recall, child protection cases and those subject to harassment procedures. However, we were not assured that these arrangements were sufficiently robust. We found one prisoner on licence recall for the breach of a restraining order, and who was due to be released within a fortnight, with the restraining order still in place who had not been reviewed by the board.
- 4.23** Because not all multi agency public protection arrangement (MAPPA) cases were screened on first arrival, the prison was only aware of the 28 level two and two level three MAPPA cases, and not those not yet allocated a MAPPA level or who were assessed as level one.
- 4.24** Despite these substantial deficits, risk assessments carried out by offender supervisors were of a reasonable standard, as were the reports sent to community MAPPA boards in the six months before the prisoner's release.

Recommendation

- 4.25 All prisoners posing an actual or potential risk to the public should be managed robustly, with their cases effectively screened on arrival at the prison and regularly thereafter up to their release and with effective post-release links to identified community agencies.**

Categorisation

- 4.26** Approximately 75% of the sentenced population were category C prisoners, 57 (12%) were category D and 61 (13%) category B. The documentation for recategorisation boards was appropriate and prisoners could make their own representation there. Prisoners were reviewed and their security category maintained at the lowest appropriate level. The majority of category D prisoners were transferred to Britannia House but some were transferred elsewhere. Although there could be delays in moving prisoners to appropriate prisons, these were not excessive.

Indeterminate sentence prisoners

- 4.27** At the time of the inspection, there were 45 indeterminate-sentenced prisoners - 25 lifers and 20 sentenced to indeterminate sentences for public protection. There was a very basic policy in place but most aspects of this group's management were outlined in the OMU policy. Offender supervisor engagement with and assessment of indeterminate-sentenced prisoners was generally appropriate and regular. Multi agency risk assessment planning and multi agency lifer risk assessment planning boards were completed appropriately and generally on time.
- 4.28** An indeterminate-sentenced prisoner forum had been set up in July 2013 and had met once. Although very few prisoners had attended this meeting, regular forums were planned.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

4.29 *Reintegration arrangements for high-risk prisoners were reasonable but for others there was little effective coordination. Despite this, support across most pathways was satisfactory. There needed to be more work on finance and debt support. The lack of offending behaviour programmes meant that too few prisoners could access the interventions they needed.*

- 4.30** The prison released an average of around 125 prisoners a month. Prisoners assessed as high or very high risk of harm were appropriately reviewed and managed in the weeks before their release. However, the work with those assessed as low and medium risk was far more variable and inconsistent. Pre-release OASys assessments were generally completed but did not always include information from all pathway providers, including accommodation, drugs and alcohol, and employment, training and education, which all undertook pre-release assessments separately. In our survey, only 8% of prisoners, against the 15% comparator, said that a member of staff had helped them prepare for release.
- 4.31** Although some of this preparation for release work operated in isolation, the resettlement department had introduced twice-weekly drop-in sessions for prisoners to access pathway providers on both the reception and LDU sites to obtain information and support for their release.

Recommendation

- 4.32** **The work of resettlement pathway providers should be properly and effectively coordinated in line with prisoner targets and work undertaken during their sentence.**

Accommodation

- 4.33** The Nacro (crime reduction charity) housing information advice service provided accommodation support, and this had increased significantly since our last inspection. In our

survey, 45% of prisoners, compared with 34% in our 2012 survey, said they knew who to speak to at the prison for help with housing.

- 4.34** A housing assessment form was now included in the prisoner induction booklet and completed by new arrivals. Contact was subsequently managed through the resettlement drop-in sessions (see above), although prisoners on the LDU could call into the office during free flow movement. The service saw approximately half the prison population to offer guidance and support, and approximately 20% were helped to find accommodation places on their release. Despite this, the rate of prisoners leaving with no fixed accommodation had risen to around 9% which, while not excessive, was still more than twice the level of 18 months previously. It was not clear why the rate was so high. Staff suggested that a disproportionate number of foreign national prisoners were released without accommodation, and in many cases with no access to public funds, but this was not monitored.

Recommendation

- 4.35** **The prison should monitor prisoners released with no fixed accommodation and address any patterns that emerge.**

Education, training and employment

- 4.36** Arrangements for resettlement to further education, training or employment were good. Multi-agency partnership arrangements between the prison, Nacro, the National Careers Service and Jobcentre Plus helped prisoners to prepare for job search through producing CVs, interview techniques, job application letters, disclosure requirements and work experience. Prisoners were also helped to access external courses to update their skills and knowledge.
- 4.37** Over the past six months the prison averaged 764 ROTL events per month. Partnerships between the prison and local employers provided some excellent work experience placements for prisoners on ROTL, some of whom had been offered full-time employment as a result. One prisoner said that working on ROTL had helped him to 'normalise' his life by giving him regular responsibilities and closely planned and monitored real life tasks and challenges.
- 4.38** In Britannia House, 87% of the 53 prisoners who had completed their sentences there in a recent 12-month period were released with employment, which was very high.

Health care

- 4.39** Health care discharge arrangements were effective. The prison had adequate links with community mental health services, although there were some difficulties when releasing prisoners to London. Staff were being trained in palliative care due to the increasing number of older and other prisoners with palliative care needs.

Drugs and alcohol

- 4.40** The RAPt team shared prisoner care plans with the OMU and worked closely with the clinical team to ensure treatment continuation on release. Release planning took place as part of the group work package and individually, and harm reduction advice was provided

consistently. The RAPt team worked very closely with community service providers as part of the Norfolk Recovery Partnership. Workers from local drug intervention programme (DIP) teams had received security clearance, co-facilitated the release planning module and saw prisoners individually. There were also good links with nominated prison link workers from out-of-area DIPs.

Finance, benefit and debt

- 4.41** Support under this pathway was limited. Some financial support and help was available from the job deal service provider but the numbers were low. The prison did not offer any budget management programmes in its education curriculum. However, prisoners could open bank accounts before release, although only up to 25 a month could be opened. An extension of this arrangement was being pursued through the Norfolk Credit Union.
- 4.42** A pilot service offering debt management support had recently been provided on the LDU through the Norfolk Community Law Service, which saw an average of eight to nine prisoners a month. It was planned to provide this service on both main sites once staff had been security cleared, although the extent of the problems of debt across the prison remained unclear. The establishment's own needs analysis indicated that 85% of respondents had not had their financial needs assessed since arriving at Norwich, and that over 38% would have liked some help.
- 4.43** Access to information on benefits was satisfactory, and in our survey significantly more prisoners than at the last inspection said they knew who to speak to at the prison about such matters.

Recommendation

- 4.44** **There should be adequate support for prisoners with a finance, benefit or debt problem.** (Repeated recommendation 4.36)

Children, families and contact with the outside world

- 4.45** There was a good range of support to help prisoners develop and maintain contact with their families and friends. The Ormiston Trust ran the visitors' centre, which offered a range of help to visitors, especially those attending the prison for the first time. It also provided an appropriately staffed crèche, and Ormiston staff could collect children part way through visits sessions to allow partners time on their own. The prison also offered baby bonding sessions and Storybook Dads, along with weekly weekday and monthly weekend children's visits in a dedicated area on each site. A parenting course ('you and your dad') had been reintroduced since the last visit and was now delivered every three months.
- 4.46** The visits halls on both main sites were generally appropriate, especially since the area on the reception site had been revamped since the last inspection. There were few delays in prisoners getting into their visit. The general atmosphere in both visits halls was relaxed and well managed, although prisoners wore bibs during visits, which was disproportionate for their level of risk, and the only refreshments available during visits were generally unhealthy options from a vending machine.

Recommendation

- 4.47 Refreshments, including healthy options, should be provided during visits sessions.**

Housekeeping point

- 4.48** Prisoners should not have to wear bibs during visits.

Attitudes, thinking and behaviour

- 4.49** The prison's own needs analysis showed that over 60% of the population had offender group reconviction scale scores over 50, yet the prison had no accredited offending behaviour programmes. There was some individual work by offender supervisors (see paragraph 4.15), but the absence of regular casework management and supervision meant that its consistency and effectiveness were unreliable.
- 4.50** In principle, prisoners should have been able to transfer to other establishments to undertake work to address their offending behaviour, but this was neither consistent nor reliable, and there was no record of prisoners who had transferred - estimates from staff were hugely variable, but the actual number appeared low. Many prisoners, especially those from Suffolk or Norfolk, were likely to serve the whole of their sentence at Norwich.
- 4.51** The prison held an average of around 90 sex offenders (92 at the time of the inspection). It had made considerable efforts to transfer as many such prisoners as possible to more appropriate prisons, but with limited success. Prisoners willing to attend sex offender treatment programmes were more likely to be transferred successfully. There was no strategy for the overall management of sex offenders.

Recommendations

- 4.52 The prison should ensure that the offending behaviour needs of prisoners are met, particularly those identified with a high or medium risk of reoffending.**
- 4.53 The prison should develop a clear strategy for the management of its sex offender population.**

Section 5. Summary of recommendations and housekeeping points

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

Main recommendations

To the governor

- 5.1 Case management and review arrangements for prisoners at risk of self-harm should be improved. (S40, repeated main recommendation HP57)
- 5.2 The prison should ensure that the staffing of A wing meets the needs of the range of prisoners held there, who should feel, and be, safe. (S41)
- 5.3 The number and quality of activity places with qualifications should be adequate to meet the identified needs of prisoners. (S42)
- 5.4 The prison should work with the local probation trust to ensure that community offender managers make sufficient and timely contributions to sentence planning and release on temporary licence and home detention curfew reviews to ensure effective case management, and reduce delays in prisoners planned reintegration activities and release dates. (S43)

Recommendation

To NOMS

- 5.5 NOMS should continue to work with Home Office Immigration Enforcement to ensure that prisoners held solely under immigration powers are transferred to an immigration removal centre on completion of their sentence. (2.42, repeated recommendation 2.45)

Recommendation

To Prisoner Escort and Custody Services (PECS)

- 5.6 Prisoners should not spend protracted time in court cells after they are dealt with by the courts, and should be escorted to the prison at the earliest opportunity. (1.4, repeated recommendation I.6)

Recommendations

To the governor

Early days in custody

- 5.7 All prisoners should receive a first night risk interview from a member of prison staff. (1.17)
- 5.8 All prisoners should receive a full induction, beginning on the next working day after their arrival, which should be completed promptly by induction staff. (1.18)
- 5.9 Induction mentors should receive appropriate training and supervision. (1.19)

- 5.10** The induction tracking system should provide a central record of all prisoners requiring induction on all wings. (I.20)

Bullying and violence reduction

- 5.11** Collection and analysis of data on all aspects of violent and antisocial behaviour should be improved and acted on, and should be used to further reduce incidents. (I.32)
- 5.12** Interventions to challenge perpetrators of violent and antisocial behaviour and support for victims of violent or antisocial behaviour should be improved and monitored for effectiveness. (I.33)
- 5.13** All vulnerable prisoners should be kept in a safe environment, free from abuse and should be able to access a full regime. The prison should address their negative perceptions of the food. (I.34)

Self-harm and suicide

- 5.14** Support for Listeners should be improved. (I.42, repeated recommendation I.45)

Safeguarding

- 5.15** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (I.46, repeated recommendation I.50)

Security

- 5.16** The mandatory drug test (MDT) programme should be adequately resourced to undertake the required level of weekend and target testing. (I.55)
- 5.17** Drug testing facilities on both the main site and on the local discharge unit should be clean and include adequate holding areas. (I.56)

Incentives and earned privileges

- 5.18** Prisoners considered for demotion to basic should attend the initial review and every review thereafter, and targets set should be individualised and in line with the reasons for the initial demotion. (I.61)

Discipline

- 5.19** Information collected for all disciplinary procedures, including adjudications, use of force and segregation, should be analysed and used more effectively. (I.65)
- 5.20** There should be improved governance of use of force, particularly special accommodation, planned interventions, proportionality of use of batons and quality of all associated documentation. (I.70)
- 5.21** Prisoners on ACCT documents should only be segregated in exceptional circumstances. (I.76)
- 5.22** The regime in the segregation unit should be further improved. (I.77)

- 5.23** Segregation review documentation and care/reintegration plans should be completed thoroughly, include meaningful targets and daily history sheets should better reflect constructive engagement between staff and prisoners. (1.78, repeated recommendation 1.86)

Substance misuse

- 5.24** Wing officers should be available to assist in the supervision of prisoners receiving methadone. (1.84)
- 5.25** Clinical drug treatment services should be available to all prisoners regardless of location, including those on the local discharge unit. (1.85)
- 5.26** Substance misuse services should be sufficiently resourced to provide accessible, consistent and well-coordinated care to prisoners with substance-related problems, and there should be better integration between substance misuse and safer custody services. (1.86)
- 5.27** Substance misuse services should develop peer support schemes and introduce service user feedback. (1.87)

Residential units

- 5.28** Single cells should not be used for double occupancy. All cells should be in a good decorative condition and contain lockable cupboards. (2.12)
- 5.29** Toilets in shared cells should be appropriately screened or separated. (2.13, repeated recommendation 2.13)
- 5.30** Showers should be clean and afford adequate privacy. (2.14)
- 5.31** Cell call bells should be responded to promptly. (2.15, repeated recommendation 2.12)
- 5.32** Applications should be dealt with promptly and wing managers should carry out random quality checks monthly. (2.16, repeated recommendation 2.15)
- 5.33** Prison clothing and sheets should be clean, in good condition and available weekly. (2.17)

Staff-prisoner relationships

- 5.34** The prison should ensure that staff deal with prisoners' domestic needs effectively including the provision of clean bedding and access to telephones, mail and property (2.22)
- 5.35** The personal officer scheme should be fully implemented. (2.23, repeated recommendation 2.25)

Equality and diversity

- 5.36** A single equality improvement action plan should be developed and reviewed monthly, and used to underpin the strategy and the direction for equality work. (2.32)
- 5.37** The prison should analyse the data collected in addition to the monthly SMART data to ensure no minority groups are adversely affected or discriminated against. (2.33)

- 5.38** All prisoners should be informed during induction of how the discrimination incident reporting form (DIRF) process works, and this should be reiterated by equality representatives on the wings. (2.34)
- 5.39** There should be regular consultation with all minority groups and these forums should be used to investigate the poor perceptions of prisoners from black and minority ethnic backgrounds and foreign national prisoners in our survey. Actions should be taken, where needed, to meet the identified needs of minority groups. (2.43)
- 5.40** There should be a formal carer/mentor scheme for prisoners with disabilities and older prisoners who require assistance. (2.44, repeated recommendation 2.46)
- 5.41** Gay, bisexual and transgender prisoners should be provided with information on the internal and external support available. (2.45, repeated recommendation 2.48)

Health services

- 5.42** There should be a clear strategy for the development of health services. (2.65)
- 5.43** All nursing and medical staff should have access to clinical supervision/protected learning time. (2.66)
- 5.44** All health care areas should comply with infection control requirements. (2.67)
- 5.45** All health care complaints should be managed confidentially by the health services department. (2.68)
- 5.46** There should be a full range of long-term condition clinics for prisoners. (2.77)
- 5.47** The high numbers of 'did not attends' at health appointments should be reduced. (2.78)
- 5.48** Discipline officers should be available during medicine administration times to minimise potential bullying and diversion of supplies. (2.84)
- 5.49** There should be pharmacy led clinics. (2.85)
- 5.50** The prescribing of co-codamol, gabapentin, pregabalin and tramadol should be reviewed and there should be consistency in decisions made by prescribers. (2.86)
- 5.51** The timing of medication rounds should ensure the best treatment for patients. (2.87)
- 5.52** There should be action to reduce the waiting list for routine dental appointments. (2.94)
- 5.53** Group support, group therapy or therapeutic day services should be available to prisoners who need additional support for emotional, behavioural and common mental health problems, and the day care centre should be fully used for therapeutic purposes. (2.98, repeated recommendation 2.105)

Catering

- 5.54** The menu should offer more options, and the prison should address prisoners' perception about the quality of food and ensure that the quantity is sufficient. (2.105)
- 5.55** The kitchen in the local discharge unit should be refurbished. (2.106)

5.56 Lunch should not be served before noon and the evening meal not before 5pm. (2.107)

5.57 Breakfast packs should be issued on the day they are to be eaten. (2.108, repeated recommendation 2.113)

Purchases

5.58 All prisoners, including new arrivals, should have weekly access to the prison shop. (2.115, repeated recommendation 2.120)

Time out of cell

5.59 The core day should be adhered to and regime slippage reduced. (3.6)

5.60 Prisoners should have evening association on four evenings a week. (3.7, repeated recommendation 3.4)

Learning and skills and work activities

5.61 Prisoners' sentence plans should include improving English and/or mathematics when this has been identified as a barrier to their progression in National Careers Service action plans. (3.14)

5.62 Prisoners should be able to access progression opportunities above level 1. (3.15)

5.63 The range, levels and amount of accredited training opportunities should be increased. (3.21)

5.64 Prisoners' skills development should be identified and accredited in all activity areas. (3.22)

5.65 The prison should further improve access to education for vulnerable prisoners. (3.23)

5.66 The prison should further develop the initial assessment of prisoners' additional learning needs, as well as English and mathematics, and ensure that the results inform lesson planning and monitoring of progress. (3.30)

5.67 The prison should set higher levels of English and mathematics requirements before prisoners are allocated to work activities. (3.31)

5.68 There should be adequate air extraction ventilation systems in painting and decorating and computer recycling workshops to maintain good air quality levels. (3.32)

5.69 There should be a wider range of fixtures and fittings in painting and decorating work bays to provide a more realistic work setting. (3.33)

5.70 Learners' time should be better planned to reduce interruptions and disruptions to their activities. (3.34, repeated recommendation 3.14)

5.71 Prisoners punctuality and attendance at activities should be individually monitored and addressed. (3.35)

Physical education and healthy living

5.72 The prison should plan outdoor PE facilities on the reception site. (3.51, repeated recommendation 3.36)

- 5.73** The PE departments should provide leisure industry vocational qualifications for suitable prisoners. (3.51)

Strategic management of resettlement

- 5.74** The strategic direction of offender management and resettlement should be clearly planned with identified development objectives informed by findings from the annual prisoner needs analysis. (4.6)
- 5.75** The prison should ensure that the work of the offender management unit is central to its functioning. (4.7)

Offender management and planning

- 5.76** All prisoners, irrespective of their length of stay in custody, should have their resettlement needs fully assessed, access to appropriate services, and a regularly reviewed custody plan with specific targets for their resettlement needs. (4.19, repeated recommendation HP62)
- 5.77** The offender management unit should introduce quality assurance to ensure effective and consistent practice in all aspects of its work. (4.20)
- 5.78** There should be casework reviews and regular professional supervision for all offender supervisors to ensure consistent standards of service delivery and effective case management. (4.21)
- 5.79** All prisoners posing an actual or potential risk to the public should be managed robustly, with their cases effectively screened on arrival at the prison and regularly thereafter up to their release and with effective post-release links to identified community agencies. (4.25)

Reintegration planning

- 5.80** The work of resettlement pathway providers should be properly and effectively coordinated in line with prisoner targets and work undertaken during their sentence. (4.32)
- 5.81** The prison should monitor prisoners released with no fixed accommodation and address any patterns that emerge. (4.35)
- 5.82** There should be adequate support for prisoners with a finance, benefit or debt problem. (4.44, repeated recommendation 4.36)
- 5.83** Refreshments, including healthy options, should be provided during visits sessions. (4.47)
- 5.84** The prison should ensure that the offending behaviour needs of prisoners are met, particularly those identified with a high or medium risk of reoffending. (4.52)
- 5.85** The prison should develop a clear strategy for the management of its sex offender population. (4.53)

Housekeeping point

To PECS

Courts, escort and transfers

- 5.86** Escort vans should be free from graffiti. (1.5)

Housekeeping points

To the governor

Early days in custody

- 5.87** Prison-issue clothing should be available in a range of sizes. (1.21)

Equality and diversity

- 5.88** Discrimination incident reporting forms (DIRFs) should always be signed off by a senior manager. (2.35)
- 5.89** Personal emergency evacuation plans should include a detailed analysis of the support prisoners require in an emergency. (2.46)

Legal rights

- 5.90** The availability of legal texts should be advertised in all the libraries. (2.57)
- 5.91** The prisoner waiting room for legal visits should be clean. (2.58)

Health services

- 5.92** The health needs assessment should include a full analysis of the dental requirements of prisoners. (2.69)
- 5.93** Health promotion information should be available in a range of languages. (2.79)
- 5.94** Medicine doses should be measured appropriately and accurately. (2.88)
- 5.95** Pharmacy staff should have health care suite keys to visit the treatment areas to check stock medicine. (2.89)
- 5.96** Prescription charts should be carefully checked and there should be full and complete records of administration and issue of medicines. (2.90)
- 5.97** Maximum and minimum temperatures should be recorded daily for all drug refrigerators to ensure that heat-sensitive items are stored within the 2- 8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (2.91)
- 5.98** Access to the improved access to psychological therapies service should be increased and monitored. (2.99)

Catering

- 5.99** The servery on C wing should be constantly supervised during meal times. (2.109)

5.100 Food consultation arrangements should be improved. (2.110)

Purchases

5.101 Prisoners should be consulted about the prison shop and the goods available. (2.116)

Learning and skills and work activities

5.102 All prisoners should have sufficient time to use the library facilities. (3.45)

Reintegration planning

5.103 Prisoners should not have to wear bibs during visits. (4.48)

Example of good practice

5.104 The annual equality fairs involving external partners were a good initiative that allowed prisoners to understand all aspects of diversity. (2.36)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Kieron Taylor	Team leader
Sarah Cutler	Inspector
Andy Lund	Inspector
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Gordon Riach	Inspector
Hayley Cripps	Research officer
Ewan Kennedy	Research officer
Alice Reid	Research officer
Lucy Higgins	Research trainee

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Helen Carter	Health services inspector
Peter Gibbs	Pharmacist
Richard Beaumont	Ofsted inspector
John Grimmer	Ofsted inspector
Gerard McGarth	Ofsted inspector
Paddy Doyle	Offender management inspector
Lisa Gordon	Offender management inspector
Liz Smith	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2012, reception was generally satisfactory but first night arrangements needed attention. There were still problems with induction, particularly for vulnerable prisoners. Formal violence reduction processes were robust, but many prisoners on the reception site felt unsafe. The incidence of violence had fallen but was still high. The number of open self-harm monitoring forms and incidents of self-harm were high and case management generally inadequate. Vulnerable prisoners had a poorer experience in many areas, but outcomes for young adults were now comparable to other prisoners. Security was well managed and drug testing results not excessive. Use of force had increased and governance was weak, and the use of special accommodation was very high and often unjustified. The segregation unit regime was poor. Support for drug dependent prisoners was improving. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

All vulnerable prisoners should be kept in a safe environment and be able to access a full regime. (HP56)

Partially achieved

Case management and review arrangements for prisoners at risk of self-harm should be improved. (HP57)

Not achieved (recommendation repeated, S40)

Prisoners on assessment, care in custody and teamwork (ACCT) documents should only be held in the segregation unit, including special accommodation, when there are exceptional circumstances to justify this, and governance of use of force, particularly special accommodation, planned interventions and drawing and use of batons, should be improved. (HP58)

Partially achieved

Recommendations

Prisoners should not spend protracted time in court cells after they are dealt with by the courts, and should be escorted to the prison at the earliest opportunity. (I.6)

Partially achieved (recommendation repeated, I.4)

The prison should work with prisoners to understand their negative perceptions of the early days procedures reflected in our survey, and should ensure that new arrivals receive their basic entitlements and that their immediate needs are met. (I.20)

Not achieved

Information about the reception process should be available in a range of languages. (1.21)

Achieved

Staff should routinely monitor prisoners in reception holding rooms. (1.22)

Achieved

The first night interview record should be expanded to evidence relevant referrals and follow up information. (1.23)

Partially achieved

All new arrivals should receive the full induction programme. (1.24)

Not achieved

The high level of violent incidents should be further reduced. (1.37)

Not achieved

Support for Listeners, including facilities for them to see prisoners as required and in decent surroundings, should be improved. (1.45)

Not achieved (recommendation repeated, 1.42)

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.50)

Not achieved (recommendation repeated, 1.46)

Strip searching of prisoners should only be intelligence-led or based on specific suspicion. (1.58)

Achieved

Drug testing facilities on the local discharge unit should be improved and should include a holding area. (1.59)

Not achieved

Action decided in response to security information, especially information indicating the need for a drug test on the basis of suspicion, should be tracked and monitored to ensure it is carried through. (1.60)

Not achieved

Reduction in IEP level should not be threatened or carried out on the basis of a single action, unless it meets criteria of seriousness clearly stated in the policy. (1.66)

Achieved

Prisoners on the standard level should be able to apply for the enhanced level sooner than 12 weeks after their arrival. (1.67)

Achieved

All disciplinary charges should be fully investigated with clear reasons given for the decisions reached, and the quality assurance of adjudication records should be improved. (1.71)

Achieved

Information collated for all disciplinary procedures, including use of force and segregation, should be analysed and used more effectively. (1.72)

Not achieved

The environment and regime in the segregation unit should be improved. (1.84)

Partially achieved

The unlock levels in the segregation unit should be decided through a clear and proportionate assessment based on the individual prisoner's evidenced risk. (1.85)

Achieved

Segregation review documentation and care/reintegration plans should be completed thoroughly, include meaningful targets and daily history sheets should better reflect constructive engagement between staff and prisoners. (1.86)

Not achieved (recommendation repeated, 1.78)

The drug and alcohol strategy should contain an action plan for all key aspects of drug services, and there should be action to improve integrated working between services. (1.94)

Achieved

Opiate-dependent users should have prompt access to medical services at weekends. (1.95)

Achieved

All compact-based drug sampling should be undertaken under supervision, and testing facilities should be clean and compliant with infection control procedures. (1.96)

No longer relevant

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2012, standards in many cells were poor. Staff-prisoner relationships were generally reasonable but distant. Personal officer work was still limited. There had been good work to address diversity, but black and minority ethnic and disabled prisoners continued to have poorer perceptions. Assistance for foreign national and disabled prisoners had improved, but more was needed. Faith provision was now good. Confidence in the complaints process had improved. Health care provision was in transition, but the quality of care had improved. The environment of the inpatient unit remained poor. Mental health services had developed, although some gaps remained. Food was adequate, although prisoners were unhappy with it. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

Single cells should not be used for double occupancy, and the dormitories on E wing should not be used to house four prisoners. (HP59)

Partially achieved

Recommendations

Cells and other prisoner areas should be clean and in a good state of repair. (2.11)

Partially achieved

Cell call bells should be responded to promptly. (2.12)

Not achieved (recommendation repeated, 2.15)

Toilets in shared cells should be appropriately screened or separated. (2.13)

Not achieved (recommendation repeated, 2.13)

All prisoners should be able to shower every day. (2.14)

Achieved

Applications should be dealt with promptly and wing managers should carry out random quality checks monthly. (2.15)

Not achieved (recommendation repeated, 2.16)

Telephones on F and G wings should be private, with one telephone per 20 prisoners when wings are unlocked. (2.16)

Partially achieved

The prison should analyse the reason for poorer perceptions of staff-prisoner relationships among young adults and black and minority ethnic prisoners, and on particular wings, and take appropriate steps. (2.24)

Partially achieved

The personal officer scheme should be fully implemented. (2.25)

Not achieved (recommendation repeated, 2.25)

Provision under all areas of diversity, including disability, older prisoners and sexual orientation, should be fully developed and all aspects of diversity should be monitored. (2.31)

Partially achieved

The prison should investigate the poor perceptions of black and minority ethnic prisoners in our survey. (2.44)

Partially achieved

NOMS should continue to work with the UK Border Agency to ensure that prisoners held solely under immigration powers are transferred to an immigration removal centre on completion of their sentence. (2.45)

Not achieved (recommendation repeated, 2.44)

There should be a formal carer/mentor scheme for prisoners with disabilities and older prisoners who require assistance. (2.46)

Not achieved (recommendation repeated, 2.47)

Prisoners unfit for work due to a disability should be unlocked during the day and provided with appropriate regime activities and equitable pay. (2.47)

Achieved

Gay, bisexual and transgender prisoners should be provided with information on the internal and external support available. (2.48)

Not achieved (recommendation repeated, 2.48)

Prisoners with mobility problems should be able to participate in corporate worship. (2.56)

Achieved

Chaplains should be involved in reviews of prisoners in the segregation unit to assess their suitability to attend corporate worship. (2.57)

Achieved

Legal services should be sufficient to meet the needs of prisoners. (2.64)

Achieved

All clinical rooms should comply with current infection control standards. (2.77)

Partially achieved

Clinical records should be stored in compliance with the Data Protection Act and used in accordance with the Caldicott principles on the use and confidentiality of personal health information. (2.90)

Achieved

Group support, group therapy or therapeutic day services should be available to prisoners who need additional support for emotional, behavioural and common mental health problems, and the day care centre should be fully used for therapeutic purposes. (2.105)

Not achieved (recommendation repeated, 2.101)

The main kitchens and wing serveries, including the provision for serving meals and washing utensils on E wing, should be clean and functional. (2.112)

Partially achieved

Breakfast packs should be issued on the day they are to be eaten. (2.113)

Not achieved (recommendation repeated, 2.111)

Prisoners should be offered the opportunity to dine out of cell. (2.114)

Achieved

All prisoners, including new arrivals, should have weekly access to the prison shop. (2.120)

Not achieved (recommendation repeated, 2.118)

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection in 2012, time out of cell and access to association on the reception site remained poor for many prisoners. On the LDU, prisoners were unlocked for much of the day. Britannia House continued to provide good vocational opportunities for a small number of prisoners. Management of learning and skills had begun to improve, but unemployment remained too high with around half of prisoners on the reception site without anything to do. There were too few vocational training opportunities despite advanced plans to increase the number. Education provision had improved but more needed to be done, including for those with learning difficulties and non-English speakers. Punctuality was better, but not all the activity places were used. Access to the library had improved for most prisoners. PE remained impressive. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

The time prisoners have out of cell should be improved, particularly for those on the reception site and unemployed, and the core day should be closely adhered to. (HP60)

Partially achieved

The number and quality of activity places should be adequate to meet the identified needs of the population, and monitored to ensure they are fully utilised. (HP61)

Partially achieved

Recommendations

Prisoners should have evening association on four evenings a week. (3.4)

Not achieved (recommendation repeated, 3.7)

All prisoners, including those in the inpatient and segregation units, should be provided with and participate in high quality purposeful activities. (3.13)

Achieved

Learners' time should be better planned to reduce interruptions and disruptions to their activities. (3.14)

Partially achieved (recommendation repeated, 3.34)

The prison should increase basic retirement pay for those beyond retirement age who choose not to work. (3.15)

Achieved

The prison should improve the quality of careers advice, education, vocational training and work for vulnerable prisoners. (3.19)

Partially achieved

Initial assessments of the English language skills of prisoners who speak English as an additional language and those with dyslexia should be used to provide appropriate support throughout the prison. (3.20)

Partially achieved

The prison should refurbish the upstairs education rooms in the local discharge unit. (3.21)

Achieved

Prisoners' development of non-accredited skills should be recognised and recorded. (3.23)

Partially achieved

All prisoners should have good access to the library and receive a full induction to the service. (3.28)

Achieved

There should be better links between the library and learning and skills and work staff to ensure the provision of appropriate up-to-date material, and computers for prisoners in the libraries should be upgraded. (3.29)

Achieved

The prison should install privacy screens in the showers and improve the toilet facilities for the gym on the local discharge unit. (3.35)

Achieved

The prison should plan outdoor PE facilities on the reception site. (3.36)

Not achieved (recommendation repeated, 3.50)

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection in 2012, the reducing reoffending strategy was reasonably comprehensive and resettlement work was now based on an up-to-date needs analysis, but there were some gaps in provision. Sentence planning for prisoners managed under offender management was good, but custody planning for those serving less than 12 months needed attention. Regular resettlement drop-in sessions were not yet fully embedded on the reception site. Some indeterminate-sentenced prisoners needed to be progressed more quickly, but public protection arrangements were good. Britannia House continued to provide excellent resettlement opportunities. Services across the resettlement pathways remained reasonable but there needed to be more focus on those released from the reception site. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

All prisoners, irrespective of their length of stay in custody, should have their resettlement needs fully assessed, access to appropriate services, and a regularly reviewed custody plan with specific targets for their resettlement needs. (HP62)

Partially achieved (recommendation repeated, 4.19)

Recommendations

The resettlement strategy meeting and policy should ensure that all prisoners, particularly those who do not transfer to the local discharge unit (LDU), have equitable and consistent access to resettlement services. (4.7)

Achieved

All staff and departments that have contact with prisoners, especially high and very high-risk offenders, should be actively involved in their sentence planning. (4.15)

Not achieved

Information sharing and communication between offender supervisors and offender managers should be improved, especially for out-of-scope prisoners, with quality assurance to ensure consistency. (4.16)

Partially achieved

The number of prisoners subject to release on temporary licence and working out of the prison should be extended to include more of those in the local discharge unit. (4.17)

Partially achieved

Prisoners who are unable to address their offending behaviour at Norwich should be moved to an appropriate establishment with minimum delay, and the prison should monitor prisoners released without completing offending behaviour work to establish and address the extent of the problem. (4.18)

Not achieved

All sentenced prisoners should have a structured pre-release meeting with input from relevant departments, which reviews their sentence/custody plan and identifies key post-release targets that are forwarded to offender managers, where appropriate. (4.26)

Partially achieved

The prison should expand the range of resettlement pathways provision to meet the needs of prisoners, including debt management work and parenting courses. (4.27)

Partially achieved

There should be adequate support for prisoners with a finance, benefit or debt problem. (4.36)

Not achieved (recommendation repeated, 4.44)

All visitors should be able to take their visits in time to benefit from the whole session, and in a relaxed and calm environment. (4.43)

Achieved

Appendix III: Prison population profile

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

Status	18-21 year olds	21 and over	%
Sentenced	37	448	65.3
Recall	2	42	5.9
Convicted unsentenced	6	52	7.8
Remand	21	114	18.2
Civil prisoners	1	0	0.1
Detainees	0	20	2.7
Total	67	676	100%

Status	18-21 year olds	21 and over	%
Unsentenced	26	183	28.1
Less than 6 months	11	83	12.7
6 months to less than 12 months	5	32	5.0
12 months to less than 2 years	8	77	11.4
2 years to less than 4 years	12	113	16.8
4 years to less than 10 years	4	99	13.9
10 years and over (not life)	1	44	6.1
Life		45	6.1
Total	67	676	100%

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	67	9.0
21 years to 29 years	253	34.1
30 years to 39 years	193	26.0
40 years to 49 years	127	17.1
50 years to 59 years	62	8.3
60 years to 69 years	30	4.0
70 plus years	11	1.5
Please state maximum age here: 85		
Total	743	100%

Nationality	18-21 year olds	21 and over	%
British	59	567	84.3
Foreign nationals	6	104	14.8
Total	65	676	100%

Security category	18-21 year olds	21 and over	%
Uncategorised unsentenced	28	166	26.1
Uncategorised sentenced	1	34	4.7
Category B		61	8.2
Category C		357	48.0
Category D		57	7.7
Other - YOI closed	38	1	5.2
Total	67	676	100%

Ethnicity	18-21 year olds	21 and over	%
<i>White</i>			
British	47	502	73.9
Irish	1	3	0.5
Gypsy/Irish Traveller		1	0.1
Other white	1	64	8.7
<i>Mixed</i>			
White and black Caribbean	2	11	1.7
White and black African	1	2	0.4
Other mixed		8	1.1
<i>Asian or Asian British</i>			
Indian		5	0.7
Pakistani		3	0.4
Bangladeshi	1	4	0.7
Other Asian	3	7	1.3
<i>Black or black British</i>			
Caribbean	3	23	3.5
African	4	23	3.6
Other black	2	12	1.9
<i>Other ethnic group</i>			
Chinese		1	0.1
Arab	1		0.1
Other ethnic group	1	1	0.3
Total	67	676	100%

Religion	18-21 year olds	21 and over	%
Church of England	3	125	17.2
Roman Catholic	9	147	21.0
Other Christian denominations	9	100	14.7
Muslim	8	67	10.1
Sikh		3	0.4
Hindu		3	0.4
Buddhist	1	8	1.2
Jewish		2	0.3
Other	1	7	1.1
No religion	35	214	33.5
Total	67	676	100%

Sentenced prisoners only

Length of stay	Number of prisoners		%	
	Number	%	Number	%
Less than 1 month	11	1.5	106	14.3
1 month to 3 months	14	1.9	121	16.3
3 months to 6 months	12	1.6	108	14.5
6 months to 1 year	4	0.5	91	12.2
1 year to 2 years			45	6.1
2 years to 4 years			13	1.7
4 years or more			9	1.2
Total	41	5.5	493	66.4

	18-21 year olds	21 and over	%
Foreign nationals detained post sentence expiry		23	3.1
Public protection cases <i>(this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).</i>	2	104	14.3
Total	2	127	17.4

Unsentenced prisoners only

Length of sentence	18-21 year olds		21 and over	
	Number	%	Number	%
Less than 1 month	15	7.2	65	31.1
1 month to 3 months	10	4.8	69	33.0
3 months to 6 months	1	0.5	31	14.8
6 months to 1 year			15	7.2
1 year to 2 years			1	0.5
2 years to 4 years			2	1.0
Total	26	3.5	183	24.6

Main offence	18-21 year olds	21 and over	%
Violence against the person	3	95	13.4
Sexual offences	0	30	4.1
Burglary	4	89	12.7
Robbery	3	62	8.9
Theft and handling	3	53	7.7
Fraud and forgery	0	6	0.8
Drugs offences	3	49	7.1
Other offences	2	89	12.4
Offence not recorded / holding warrant	3	237	32.8
Total	21	710	

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 22 July 2013, the prisoner population at HMP Norwich was 699. Using the method described above, questionnaires were distributed to a sample of 204 prisoners. We received 173 completed questionnaires, a response rate of 85%. This included four questionnaires completed via interview. Eight respondents refused to complete a questionnaire, 17 questionnaires were not returned and six were returned blank.

Wing/Unit	Number of completed survey returns
A	49
B	30
C	31
E	6
F	22
G	17
L	2
M	11

Health care	5
Segregation unit	0

Britannia House

At the time of the survey on 22 July 2013, the prisoner population at Britannia House was 39. Questionnaires were distributed to all prisoners with the exception of four prisoners who were on extended home leave. This means that the sample size for the survey was 35 prisoners.

We received 23 completed questionnaires, a response rate of 66%. Six questionnaires were not returned and six were returned blank

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Norwich.

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

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

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Norwich in 2013 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 35 local prisons since April 2008.
- The current survey responses from HMP Norwich in 2013 compared with the responses of prisoners surveyed at HMP Norwich in 2012.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between those who are British and those who are foreign nationals.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

Survey summary

Section I: About you

Q1.2	How old are you?		
	<i>Under 21</i>		12 (7%)
	<i>21 - 29</i>		62 (36%)
	<i>30 - 39</i>		50 (29%)
	<i>40 - 49</i>		35 (20%)
	<i>50 - 59</i>		8 (5%)
	<i>60 - 69</i>		6 (3%)
	<i>70 and over</i>		0 (0%)
Q1.3	Are you sentenced?		
	Yes		116 (68%)
	Yes - on recall		14 (8%)
	No - awaiting trial		20 (12%)
	No - awaiting sentence		19 (11%)
	No - awaiting deportation		1 (1%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>		40 (24%)
	<i>Less than 6 months</i>		25 (15%)
	<i>6 months to less than 1 year</i>		14 (8%)
	<i>1 year to less than 2 years</i>		25 (15%)
	<i>2 years to less than 4 years</i>		23 (14%)
	<i>4 years to less than 10 years</i>		17 (10%)
	<i>10 years or more</i>		13 (8%)
	<i>IPP (indeterminate sentence for public protection)</i>		5 (3%)
	<i>Life</i>		4 (2%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	Yes		25 (15%)
	No		146 (85%)
Q1.6	Do you understand spoken English?		
	Yes		169 (98%)
	No		3 (2%)
Q1.7	Do you understand written English?		
	Yes		167 (97%)
	No		5 (3%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	116 (68%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	3 (2%)	<i>Asian or Asian British - other</i> 2 (1%)
	<i>White - other</i>	16 (9%)	<i>Mixed race - white and black Caribbean</i> 6 (4%)
	<i>Black or black British - Caribbean</i>	7 (4%)	<i>Mixed race - white and black African</i> 3 (2%)
	<i>Black or black British - African</i>	8 (5%)	<i>Mixed race - white and Asian</i> 1 (1%)
	<i>Black or black British - other</i>	2 (1%)	<i>Mixed race - other</i> 2 (1%)

	<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Arab</i>	0 (0%)
	<i>Asian or Asian British - Pakistani</i>	2 (1%)	<i>Other ethnic group</i>	2 (1%)
	<i>Asian or Asian British - Bangladeshi</i>	0 (0%)		
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?			
	Yes			10 (6%)
	No			159 (94%)
Q1.10	What is your religion?			
	<i>None</i>	47 (28%)	<i>Hindu</i>	1 (1%)
	<i>Church of England</i>	49 (29%)	<i>Jewish</i>	0 (0%)
	<i>Catholic</i>	37 (22%)	<i>Muslim</i>	14 (8%)
	<i>Protestant</i>	1 (1%)	<i>Sikh</i>	0 (0%)
	<i>Other Christian denomination</i>	6 (4%)	<i>Other</i>	13 (8%)
	<i>Buddhist</i>	1 (1%)		
Q1.11	How would you describe your sexual orientation?			
	<i>Heterosexual/ Straight</i>			164 (97%)
	<i>Homosexual/Gay</i>			2 (1%)
	<i>Bisexual</i>			3 (2%)
Q1.12	Do you consider yourself to have a disability? (i.e do you need help with any long term physical, mental or learning needs.)			
	Yes			54 (32%)
	No			116 (68%)
Q1.13	Are you a veteran (ex-armed services)?			
	Yes			9 (5%)
	No			161 (95%)
Q1.14	Is this your first time in prison?			
	Yes			64 (37%)
	No			107 (63%)
Q1.15	Do you have children under the age of 18?			
	Yes			96 (56%)
	No			74 (44%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?			
	<i>Less than 2 hours</i>			112 (65%)
	<i>2 hours or longer</i>			47 (27%)
	<i>Don't remember</i>			12 (7%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?			
	<i>My journey was less than two hours</i>			112 (66%)
	Yes			18 (11%)
	No			33 (20%)
	<i>Don't remember</i>			6 (4%)
Q2.3	On your most recent journey here, were you offered a toilet break?			
	<i>My journey was less than two hours</i>			112 (66%)
	Yes			6 (4%)
	No			45 (27%)
	<i>Don't remember</i>			6 (4%)

Q2.4	On your most recent journey here, was the van clean?		
	Yes		81 (48%)
	No		73 (43%)
	Don't remember		16 (9%)
Q2.5	On your most recent journey here, did you feel safe?		
	Yes		132 (78%)
	No		31 (18%)
	Don't remember		7 (4%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?		
	Very well		43 (25%)
	Well		80 (47%)
	Neither		35 (20%)
	Badly		9 (5%)
	Very badly		2 (1%)
	Don't remember		2 (1%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)		
	Yes, someone told me		125 (74%)
	Yes, I received written information		8 (5%)
	No, I was not told anything		33 (19%)
	Don't remember		5 (3%)
Q2.8	When you first arrived here did your property arrive at the same time as you?		
	Yes		131 (77%)
	No		31 (18%)
	Don't remember		8 (5%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?			
	Less than 2 hours		100 (60%)	
	2 hours or longer		62 (37%)	
	Don't remember		6 (4%)	
Q3.2	When you were searched, was this carried out in a respectful way?			
	Yes		150 (88%)	
	No		16 (9%)	
	Don't remember		4 (2%)	
Q3.3	Overall, how were you treated in reception?			
	Very well		53 (31%)	
	Well		90 (53%)	
	Neither		20 (12%)	
	Badly		4 (2%)	
	Very badly		1 (1%)	
	Don't remember		2 (1%)	
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)			
	Loss of property	28 (16%)	Physical health	34 (20%)
	Housing problems	38 (22%)	Mental health	51 (30%)
	Contacting employers	9 (5%)	Needing protection from other prisoners	12 (7%)

	<i>Contacting family</i>	51 (30%)	<i>Getting phone numbers</i>	67 (39%)
	<i>Childcare</i>	2 (1%)	<i>Other</i>	11 (6%)
	<i>Money worries</i>	49 (29%)	<i>Did not have any problems</i>	28 (16%)
	<i>Feeling depressed or suicidal</i>	43 (25%)		
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?			
	Yes			51 (31%)
	No			86 (52%)
	Did not have any problems			28 (17%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)			
	Tobacco			146 (86%)
	A shower			50 (30%)
	A free telephone call			50 (30%)
	Something to eat			113 (67%)
	PIN phone credit			115 (68%)
	Toiletries/ basic items			115 (68%)
	Did not receive anything			8 (5%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)			
	Chaplain			76 (46%)
	Someone from health services			127 (77%)
	A Listener/Samaritans			47 (28%)
	Prison shop/canteen			42 (25%)
	Did not have access to any of these			15 (9%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)			
	What was going to happen to you			62 (37%)
	What support was available for people feeling depressed or suicidal			51 (31%)
	How to make routine requests (applications)			48 (29%)
	Your entitlement to visits			42 (25%)
	Health services			68 (41%)
	Chaplaincy			57 (34%)
	Not offered any information			58 (35%)
Q3.9	Did you feel safe on your first night here?			
	Yes			126 (75%)
	No			35 (21%)
	Don't remember			8 (5%)
Q3.10	How soon after you arrived here did you go on an induction course?			
	Have not been on an induction course			37 (22%)
	Within the first week			85 (50%)
	More than a week			35 (21%)
	Don't remember			12 (7%)
Q3.11	Did the induction course cover everything you needed to know about the prison?			
	Have not been on an induction course			37 (22%)
	Yes			61 (37%)
	No			55 (33%)
	Don't remember			14 (8%)

Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	30 (19%)
	<i>Within the first week</i>	56 (35%)
	<i>More than a week</i>	59 (37%)
	<i>Don't remember</i>	16 (10%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....					
	<i>Communicate with your solicitor or legal representative?</i>	Very easy 24 (15%)	Easy 52 (32%)	Neither 19 (12%)	Difficult 24 (15%)	Very difficult N/A 25 (15%) 18 (11%)
	<i>Attend legal visits?</i>	22 (15%)	61 (40%)	24 (16%)	9 (6%)	9 (6%) 26 (17%)
	<i>Get bail information?</i>	7 (5%)	25 (17%)	24 (16%)	20 (14%)	23 (16%) 48 (33%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					18 (11%)
	<i>Yes</i>					77 (46%)
	<i>No</i>					72 (43%)
Q4.3	Can you get legal books in the library?					
	<i>Yes</i>					55 (33%)
	<i>No</i>					32 (19%)
	<i>Don't know</i>					78 (47%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	Yes 94 (58%)	No 63 (39%)	Don't know 6 (4%)		
	<i>Are you normally able to have a shower every day?</i>	135 (84%)	25 (16%)	1 (1%)		
	<i>Do you normally receive clean sheets every week?</i>	95 (59%)	61 (38%)	5 (3%)		
	<i>Do you normally get cell cleaning materials every week?</i>	112 (69%)	46 (28%)	4 (2%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	42 (26%)	104 (64%)	17 (10%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	82 (51%)	79 (49%)	1 (1%)		
	<i>If you need to, can you normally get your stored property?</i>	25 (15%)	94 (58%)	44 (27%)		
Q4.5	What is the food like here?					
	<i>Very good</i>					2 (1%)
	<i>Good</i>					22 (13%)
	<i>Neither</i>					34 (20%)
	<i>Bad</i>					57 (34%)
	<i>Very bad</i>					52 (31%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?					
	<i>Have not bought anything yet/ don't know</i>					11 (7%)
	<i>Yes</i>					75 (45%)
	<i>No</i>					81 (49%)
Q4.7	Can you speak to a Listener at any time, if you want to?					
	<i>Yes</i>					81 (49%)
	<i>No</i>					27 (16%)
	<i>Don't know</i>					58 (35%)

Q4.8	Are your religious beliefs respected?	
	Yes	92 (55%)
	No	20 (12%)
	Don't know/ N/A	54 (33%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	111 (67%)
	No	7 (4%)
	Don't know/ N/A	48 (29%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	27 (16%)
	Very easy	48 (29%)
	Easy	46 (28%)
	Neither	7 (4%)
	Difficult	11 (7%)
	Very difficult	6 (4%)
	Don't know	21 (13%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	137 (83%)
	No	24 (14%)
	Don't know	5 (3%)
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option</i>)	
		Not made one Yes No
	Are applications dealt with fairly?	15 (10%) 70 (46%) 67 (44%)
	Are applications dealt with quickly (within seven days)?	15 (10%) 49 (34%) 80 (56%)
Q5.3	Is it easy to make a complaint?	
	Yes	108 (68%)
	No	25 (16%)
	Don't know	26 (16%)
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option</i>)	
		Not made one Yes No
	Are complaints dealt with fairly?	57 (35%) 37 (23%) 68 (42%)
	Are complaints dealt with quickly (within seven days)?	57 (37%) 31 (20%) 68 (44%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	34 (22%)
	No	121 (78%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	64 (40%)
	Very easy	5 (3%)
	Easy	23 (14%)
	Neither	32 (20%)
	Difficult	27 (17%)
	Very difficult	9 (6%)

Section 6: Incentives and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	20 (12%)
	Yes	71 (43%)
	No	52 (32%)
	<i>Don't know</i>	22 (13%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	20 (13%)
	Yes	81 (51%)
	No	41 (26%)
	<i>Don't know</i>	17 (11%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	8 (5%)
	No	154 (95%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	138 (88%)
	Very well	2 (1%)
	Well	5 (3%)
	Neither	6 (4%)
	Badly	1 (1%)
	Very badly	4 (3%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	128 (78%)
	No	36 (22%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	115 (70%)
	No	49 (30%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	55 (33%)
	No	110 (67%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	6 (4%)
	Never	47 (29%)
	Rarely	33 (20%)
	Some of the time	38 (23%)
	Most of the time	25 (15%)
	All of the time	14 (9%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	71 (43%)
	<i>In the first week</i>	33 (20%)
	<i>More than a week</i>	36 (22%)
	<i>Don't remember</i>	25 (15%)

Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	71 (45%)
	<i>Very helpful</i>	26 (16%)
	<i>Helpful</i>	31 (20%)
	<i>Neither</i>	14 (9%)
	<i>Not very helpful</i>	7 (4%)
	<i>Not at all helpful</i>	9 (6%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes	73 (45%)
	No	91 (55%)
Q8.2	Do you feel unsafe now?	
	Yes	27 (18%)
	No	127 (82%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	91 (59%)
	<i>Everywhere</i>	13 (8%)
	<i>Segregation unit</i>	2 (1%)
	<i>Association areas</i>	19 (12%)
	<i>Reception area</i>	6 (4%)
	<i>At the gym</i>	8 (5%)
	<i>In an exercise yard</i>	19 (12%)
	<i>At work</i>	9 (6%)
	<i>During movement</i>	25 (16%)
	<i>At education</i>	12 (8%)
	<i>At meal times</i>	16 (10%)
	<i>At health services</i>	10 (6%)
	<i>Visits area</i>	14 (9%)
	<i>In wing showers</i>	16 (10%)
	<i>In gym showers</i>	5 (3%)
	<i>In corridors/stairwells</i>	15 (10%)
	<i>On your landing/wing</i>	24 (15%)
	<i>In your cell</i>	18 (12%)
	<i>At religious services</i>	5 (3%)
Q8.4	Have you been victimised by other prisoners here?	
	Yes	54 (33%)
	No	110 (67%)
Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	25 (15%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	14 (9%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	34 (21%)
	<i>Having your canteen/property taken</i>	12 (7%)
	<i>Medication</i>	12 (7%)
	<i>Debt</i>	6 (4%)
	<i>Drugs</i>	6 (4%)
	<i>Your race or ethnic origin</i>	7 (4%)
	<i>Your religion/religious beliefs</i>	4 (2%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others</i>	6 (4%)
	<i>You are from a Traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	4 (2%)
	<i>Your age</i>	5 (3%)
	<i>You have a disability</i>	8 (5%)
	<i>You were new here</i>	15 (9%)
	<i>Your offence/ crime</i>	12 (7%)
	<i>Gang related issues</i>	6 (4%)

Q8.6	Have you been victimised by staff here?	
	Yes	44 (28%)
	No	115 (72%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	20 (13%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	6 (4%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	19 (12%)
	<i>Medication</i>	8 (5%)
	<i>Debt</i>	2 (1%)
	<i>Drugs</i>	2 (1%)
	<i>Your race or ethnic origin</i>	4 (3%)
	<i>Your religion/religious beliefs</i>	3 (2%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others</i>	2 (1%)
	<i>You are from a Traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	1 (1%)
	<i>You have a disability</i>	7 (4%)
	<i>You were new here</i>	5 (3%)
	<i>Your offence/ crime</i>	7 (4%)
	<i>Gang related issues</i>	5 (3%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	91 (63%)
	Yes	23 (16%)
	No	30 (21%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	20 (12%)	8 (5%)	34 (21%)	21 (13%)	55 (34%)	23 (14%)
	The nurse	14 (9%)	21 (13%)	60 (37%)	26 (16%)	30 (19%)	10 (6%)
	The dentist	32 (20%)	1 (1%)	5 (3%)	13 (8%)	26 (16%)	81 (51%)
Q9.2	What do you think of the quality of the health service from the following people?:						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	20 (13%)	18 (12%)	48 (31%)	17 (11%)	23 (15%)	30 (19%)
	The nurse	13 (8%)	37 (24%)	60 (39%)	22 (14%)	10 (7%)	11 (7%)
	The dentist	59 (39%)	12 (8%)	19 (13%)	15 (10%)	12 (8%)	34 (23%)
Q9.3	What do you think of the overall quality of the health services here?						
	Not been					9 (6%)	
	Very good					14 (9%)	
	Good					46 (29%)	
	Neither					27 (17%)	
	Bad					35 (22%)	
	Very bad					28 (18%)	
Q9.4	Are you currently taking medication?						
	Yes					94 (57%)	
	No					70 (43%)	

Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	70 (43%)
	<i>Yes, all my meds</i>	42 (26%)
	<i>Yes, some of my meds</i>	25 (16%)
	<i>No</i>	24 (15%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	72 (44%)
	<i>No</i>	90 (56%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)	
	<i>Do not have any emotional or mental health problems</i>	90 (58%)
	<i>Yes</i>	42 (27%)
	<i>No</i>	24 (15%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	49 (30%)
	<i>No</i>	114 (70%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	33 (20%)
	<i>No</i>	129 (80%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	25 (16%)
	<i>Easy</i>	17 (11%)
	<i>Neither</i>	12 (8%)
	<i>Difficult</i>	12 (8%)
	<i>Very difficult</i>	10 (6%)
	<i>Don't know</i>	84 (53%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	9 (6%)
	<i>Easy</i>	19 (12%)
	<i>Neither</i>	7 (4%)
	<i>Difficult</i>	12 (8%)
	<i>Very difficult</i>	15 (9%)
	<i>Don't know</i>	96 (61%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	10 (6%)
	<i>No</i>	148 (94%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	14 (9%)
	<i>No</i>	146 (91%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	105 (66%)
	<i>Yes</i>	31 (20%)
	<i>No</i>	22 (14%)

Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not / do not have an alcohol problem</i>	129 (81%)
	Yes	15 (9%)
	No	15 (9%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	114 (75%)
	Yes	29 (19%)
	No	9 (6%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?					
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>
						<i>Very difficult</i>
	Prison job	16 (10%)	8 (5%)	37 (24%)	17 (11%)	42 (27%)
	Vocational or skills training	24 (16%)	9 (6%)	42 (28%)	20 (14%)	29 (20%)
	Education (including basic skills)	10 (7%)	26 (17%)	58 (38%)	16 (11%)	24 (16%)
	Offending behaviour programmes	52 (36%)	1 (1%)	19 (13%)	18 (12%)	18 (12%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)					
	<i>Not involved in any of these</i>					43 (28%)
	Prison job					68 (45%)
	Vocational or skills training					15 (10%)
	Education (including basic skills)					50 (33%)
	Offending behaviour programmes					7 (5%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?					
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>		<i>Don't know</i>
	Prison job	41 (30%)	40 (29%)	44 (32%)		12 (9%)
	Vocational or skills training	46 (38%)	33 (27%)	32 (26%)		10 (8%)
	Education (including basic skills)	32 (25%)	59 (45%)	31 (24%)		8 (6%)
	Offending behaviour programmes	51 (43%)	23 (19%)	31 (26%)		14 (12%)
Q11.4	How often do you usually go to the library?					
	<i>Don't want to go</i>					14 (9%)
	Never					39 (24%)
	<i>Less than once a week</i>					33 (21%)
	<i>About once a week</i>					48 (30%)
	<i>More than once a week</i>					26 (16%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?					
	<i>Don't use it</i>					38 (24%)
	Yes					42 (26%)
	No					79 (50%)
Q11.6	How many times do you usually go to the gym each week?					
	<i>Don't want to go</i>					39 (25%)
	0					33 (21%)
	1 to 2					34 (22%)
	3 to 5					40 (26%)
	<i>More than 5</i>					9 (6%)

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	13 (8%)
	<i>0</i>	18 (12%)
	<i>1 to 2</i>	45 (29%)
	<i>3 to 5</i>	31 (20%)
	<i>More than 5</i>	47 (31%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	6 (4%)
	<i>0</i>	4 (3%)
	<i>1 to 2</i>	56 (36%)
	<i>3 to 5</i>	67 (44%)
	<i>More than 5</i>	21 (14%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	15 (10%)
	<i>2 to less than 4 hours</i>	21 (14%)
	<i>4 to less than 6 hours</i>	33 (21%)
	<i>6 to less than 8 hours</i>	41 (27%)
	<i>8 to less than 10 hours</i>	15 (10%)
	<i>10 hours or more</i>	18 (12%)
	<i>Don't know</i>	11 (7%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	44 (29%)
	<i>No</i>	108 (71%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	89 (57%)
	<i>No</i>	66 (43%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	58 (37%)
	<i>No</i>	100 (63%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	16 (10%)
	<i>Very easy</i>	13 (8%)
	<i>Easy</i>	33 (21%)
	<i>Neither</i>	15 (10%)
	<i>Difficult</i>	34 (22%)
	<i>Very difficult</i>	38 (25%)
	<i>Don't know</i>	6 (4%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	40 (26%)
	<i>Yes</i>	77 (50%)
	<i>No</i>	36 (24%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	76 (50%)
	<i>No contact</i>	31 (20%)
	<i>Letter</i>	25 (16%)
	<i>Phone</i>	11 (7%)
	<i>Visit</i>	23 (15%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	50 (34%)
	<i>No</i>	97 (66%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	40 (26%)
	<i>Yes</i>	52 (33%)
	<i>No</i>	64 (41%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	104 (65%)
	<i>Very involved</i>	11 (7%)
	<i>Involved</i>	14 (9%)
	<i>Neither</i>	9 (6%)
	<i>Not very involved</i>	12 (8%)
	<i>Not at all involved</i>	10 (6%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	104 (66%)
	<i>Nobody</i>	23 (15%)
	<i>Offender supervisor</i>	10 (6%)
	<i>Offender manager</i>	13 (8%)
	<i>Named/ personal officer</i>	4 (3%)
	<i>Staff from other departments</i>	12 (8%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	104 (65%)
	<i>Yes</i>	31 (19%)
	<i>No</i>	14 (9%)
	<i>Don't know</i>	11 (7%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	104 (65%)
	<i>Yes</i>	11 (7%)
	<i>No</i>	33 (21%)
	<i>Don't know</i>	12 (8%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	104 (65%)
	<i>Yes</i>	14 (9%)
	<i>No</i>	21 (13%)
	<i>Don't know</i>	21 (13%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	9 (6%)
	<i>No</i>	75 (48%)
	<i>Don't know</i>	72 (46%)

Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	Yes			12 (8%)
	No			137 (92%)
Q13.12	Do you know of anyone in this prison who can help you with the following on release?: (please tick all that apply to you.)			
		<i>Do not need help</i>	Yes	No
	Employment	28 (20%)	38 (27%)	77 (54%)
	Accommodation	37 (25%)	49 (33%)	61 (41%)
	Benefits	31 (21%)	49 (34%)	66 (45%)
	Finances	32 (24%)	25 (19%)	74 (56%)
	Education	30 (22%)	36 (27%)	69 (51%)
	Drugs and alcohol	43 (31%)	50 (36%)	47 (34%)
Q13.13	Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?			
	<i>Not sentenced</i>			40 (27%)
	Yes			56 (38%)
	No			50 (34%)

Main comparator and comparator to last time



Prisoner survey responses HMP Norwich 2013

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

Key to tables

		HMP Norwich 2013	Local prisons comparator	HMP Norwich 2013	HMP Norwich 2012
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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		173	5896	173	173
SECTION 1: General information					
1.2	Are you under 21 years of age?	7%	6%	7%	15%
1.3	Are you sentenced?	76%	68%	76%	71%
1.3	Are you on recall?	8%	9%	8%	13%
1.4	Is your sentence less than 12 months?	24%	21%	24%	22%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	3%	3%	4%
1.5	Are you a foreign national?	15%	13%	15%	11%
1.6	Do you understand spoken English?	98%	98%	98%	99%
1.7	Do you understand written English?	97%	96%	97%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	21%	24%	21%	16%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	5%	6%	6%
1.1	Are you Muslim?	8%	12%	8%	5%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	2%
1.12	Do you consider yourself to have a disability?	32%	21%	32%	24%
1.13	Are you a veteran (ex-armed services)?	5%	6%	5%	10%
1.14	Is this your first time in prison?	38%	30%	38%	33%
1.15	Do you have any children under the age of 18?	57%	54%	57%	49%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	28%	19%	28%	22%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	32%	41%	32%	28%
2.3	Were you offered a toilet break?	10%	11%	10%	11%
2.4	Was the van clean?	48%	65%	48%	65%
2.5	Did you feel safe?	78%	77%	78%	80%
2.6	Were you treated well/very well by the escort staff?	72%	67%	72%	80%
2.7	Before you arrived here were you told that you were coming here?	74%	66%	74%	70%

Main comparator and comparator to last time

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2.7	Before you arrived here did you receive any written information about coming here?	5%	5%		5%	3%
2.8	When you first arrived here did your property arrive at the same time as you?	77%	82%		77%	82%
SECTION 3: Reception, first night and induction						
3.1	Were you in reception for less than 2 hours?	60%	49%		60%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	88%	76%		88%	82%
3.3	Were you treated well/very well in reception?	84%	62%		84%	76%
	When you first arrived:					
3.4	Did you have any problems?	84%	74%		84%	68%
3.4	Did you have any problems with loss of property?	16%	14%		16%	12%
3.4	Did you have any housing problems?	22%	23%		22%	17%
3.4	Did you have any problems contacting employers?	5%	6%		5%	2%
3.4	Did you have any problems contacting family?	30%	31%		30%	21%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	5%		1%	3%
3.4	Did you have any money worries?	29%	22%		29%	19%
3.4	Did you have any problems with feeling depressed or suicidal?	25%	21%		25%	19%
3.4	Did you have any physical health problems?	20%	17%		20%	21%
3.4	Did you have any mental health problems?	30%	19%		30%	21%
3.4	Did you have any problems with needing protection from other prisoners?	7%	8%		7%	9%
3.4	Did you have problems accessing phone numbers?	39%	29%		39%	29%
	For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	37%	38%		37%	38%
	When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	86%	87%		86%	80%
3.6	A shower?	30%	33%		30%	17%
3.6	A free telephone call?	30%	59%		30%	22%
3.6	Something to eat?	67%	77%		67%	77%

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3.6	PIN phone credit?	68%	59%	68%	69%
3.6	Toiletries/ basic items?	68%	61%	68%	50%
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	46%	49%	46%	39%
3.7	Someone from health services?	77%	71%	77%	68%
3.7	A Listener/Samaritans?	29%	38%	29%	24%
3.7	Prison shop/ canteen?	26%	17%	26%	18%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	37%	49%	37%	34%
3.8	Support was available for people feeling depressed or suicidal?	31%	48%	31%	39%
3.8	How to make routine requests?	29%	42%	29%	27%
3.8	Your entitlement to visits?	25%	46%	25%	26%
3.8	Health services?	41%	53%	41%	39%
3.8	The chaplaincy?	34%	47%	34%	37%
3.9	Did you feel safe on your first night here?	75%	74%	75%	74%
3.10	Have you been on an induction course?	78%	80%	78%	73%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	47%	59%	47%	48%
3.12	Did you receive an education (skills for life) assessment?	81%	72%	81%	81%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	47%	41%	47%	43%
4.1	Attend legal visits?	55%	58%	55%	50%
4.1	Get bail information?	22%	22%	22%	17%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	46%	39%	46%	38%
4.3	Can you get legal books in the library?	33%	38%	33%	24%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	58%	54%	58%	52%
4.4	Are you normally able to have a shower every day?	84%	80%	84%	81%
4.4	Do you normally receive clean sheets every week?	59%	81%	59%	67%

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4.4	Do you normally get cell cleaning materials every week?	69%	61%		69%	68%
4.4	Is your cell call bell normally answered within five minutes?	26%	37%		26%	33%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	51%	64%		51%	61%
4.4	Can you normally get your stored property, if you need to?	15%	26%		15%	20%
4.5	Is the food in this prison good/very good?	14%	24%		14%	22%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	46%		45%	49%
4.7	Are you able to speak to a Listener at any time, if you want to?	49%	58%		49%	55%
4.8	Are your religious beliefs are respected?	55%	53%		55%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	67%	54%		67%	61%
4.10	Is it easy/very easy to attend religious services?	57%	47%		57%	40%
SECTION 5: Applications and complaints						
5.1	Is it easy to make an application?	83%	79%		83%	83%
	For those who have made an application:					
5.2	Do you feel applications are dealt with fairly?	51%	58%		51%	62%
5.2	Do you feel applications are dealt with quickly (within seven days)?	38%	47%		38%	46%
5.3	Is it easy to make a complaint?	68%	52%		68%	51%
	For those who have made a complaint:					
5.4	Do you feel complaints are dealt with fairly?	35%	33%		35%	35%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	31%	36%		31%	32%
5.5	Have you ever been prevented from making a complaint when you wanted to?	22%	17%		22%	15%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	18%	21%		18%	23%
SECTION 6: Incentives and earned privileges scheme						
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	48%		43%	37%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%	45%		51%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	7%		5%	9%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	39%	38%		39%	42%
SECTION 7: Relationships with staff						
7.1	Do most staff, in this prison, treat you with respect?	78%	74%		78%	81%

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	Percentages which are not highlighted show there is no significant difference					
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	70%	74%		70%	77%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	33%	32%		33%	40%
7.4	Do staff normally speak to you most of the time/all of the time during association?	24%	18%		24%	26%
7.5	Do you have a personal officer?	57%	45%		57%	41%
	For those with a personal officer:					
7.6	Do you think your personal officer is helpful/very helpful?	66%	64%		66%	73%
SECTION 8: Safety						
8.1	Have you ever felt unsafe here?	45%	39%		45%	40%
8.2	Do you feel unsafe now?	18%	16%		18%	15%
8.4	Have you been victimised by other prisoners here?	33%	23%		33%	29%
	Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	15%	10%		15%	14%
8.5	Hit, kicked or assaulted you?	9%	7%		9%	7%
8.5	Sexually abused you?	1%	1%		1%	1%
8.5	Threatened or intimidated you?	21%	13%		21%	12%
8.5	Taken your canteen/property?	7%	5%		7%	5%
8.5	Victimised you because of medication?	7%	5%		7%	5%
8.5	Victimised you because of debt?	4%	2%		4%	4%
8.5	Victimised you because of drugs?	4%	4%		4%	5%
8.5	Victimised you because of your race or ethnic origin?	4%	3%		4%	2%
8.5	Victimised you because of your religion/religious beliefs?	2%	2%		2%	1%
8.5	Victimised you because of your nationality?	2%	3%		2%	2%
8.5	Victimised you because you were from a different part of the country?	4%	4%		4%	3%
8.5	Victimised you because you are from a Traveller community?	1%	1%		1%	0%
8.5	Victimised you because of your sexual orientation?	2%	1%		2%	1%
8.5	Victimised you because of your age?	3%	2%		3%	1%

Main comparator and comparator to last time

Key to tables

		HMP Norwich 2013	Local prisons comparator	HMP Norwich 2013	HMP Norwich 2012
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Victimised you because you have a disability?	5%	3%	5%	3%
8.5	Victimised you because you were new here?	9%	5%	9%	6%
8.5	Victimised you because of your offence/crime?	7%	5%	7%	6%
8.5	Victimised you because of gang related issues?	4%	4%	4%	4%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	28%	26%	28%	32%
Since you have been here, have staff:					
8.7	Made insulting remarks about you, your family or friends?	13%	11%	13%	12%
8.7	Hit, kicked or assaulted you?	4%	5%	4%	5%
8.7	Sexually abused you?	0%	1%	0%	0%
8.7	Threatened or intimidated you?	12%	11%	12%	12%
8.7	Victimised you because of medication?	5%	5%	5%	7%
8.7	Victimised you because of debt?	1%	2%	1%	1%
8.7	Victimised you because of drugs?	1%	4%	1%	4%
8.7	Victimised you because of your race or ethnic origin?	3%	4%	3%	3%
8.7	Victimised you because of your religion/religious beliefs?	2%	3%	2%	1%
8.7	Victimised you because of your nationality?	2%	3%	2%	1%
8.7	Victimised you because you were from a different part of the country?	1%	3%	1%	2%
8.7	Victimised you because you are from a Traveller community?	0%	2%	0%	1%
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	0%
8.7	Victimised you because of your age?	1%	2%	1%	4%
8.7	Victimised you because you have a disability?	4%	2%	4%	3%
8.7	Victimised you because you were new here?	3%	6%	3%	5%
8.7	Victimised you because of your offence/crime?	4%	4%	4%	4%
8.7	Victimised you because of gang related issues?	3%	2%	3%	3%
For those who have been victimised by staff or other prisoners:					
8.8	Did you report any victimisation that you have experienced?	44%	33%	44%	27%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	26%	26%	26%	27%
9.1	Is it easy/very easy to see the nurse?	50%	51%	50%	40%
9.1	Is it easy/very easy to see the dentist?	4%	11%	4%	6%

Main comparator and comparator to last time

Key to tables

		HMP Norwich 2013	Local prisons comparator	HMP Norwich 2013	HMP Norwich 2012
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
9.2	The doctor?	49%	44%	49%	43%
9.2	The nurse?	69%	56%	69%	61%
9.2	The dentist?	34%	32%	34%	37%
9.3	The overall quality of health services?	40%	39%	40%	38%
9.4	Are you currently taking medication?	57%	50%	57%	59%
For those currently taking medication:					
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	74%	60%	74%	66%
9.6	Do you have any emotional well being or mental health problems?	44%	34%	44%	38%
For those who have problems:					
9.7	Are you being helped or supported by anyone in this prison?	64%	38%	64%	51%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	30%	36%	30%	33%
10.2	Did you have a problem with alcohol when you came into this prison?	20%	27%	20%	25%
10.3	Is it easy/very easy to get illegal drugs in this prison?	26%	29%	26%	27%
10.4	Is it easy/very easy to get alcohol in this prison?	18%	13%	18%	8%
10.5	Have you developed a problem with drugs since you have been in this prison?	6%	8%	6%	9%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	8%	9%	13%
For those with drug or alcohol problems:					
10.7	Have you received any support or help with your drug problem while in this prison?	58%	65%	58%	47%
10.8	Have you received any support or help with your alcohol problem while in this prison?	50%	60%	50%	42%
For those who have received help or support with their drug or alcohol problem:					
10.9	Was the support helpful?	77%	79%	77%	81%
SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	29%	32%	29%	28%
11.1	Vocational or skills training?	34%	28%	34%	25%
11.1	Education (including basic skills)?	56%	41%	56%	49%
11.1	Offending behaviour programmes?	14%	18%	14%	20%
Are you currently involved in any of the following activities:					

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Norwich 2013	Local prisons comparator		HMP Norwich 2013	HMP Norwich 2012
	Any percentage highlighted in blue is significantly worse					
	Any percentage highlighted in orange shows a significant difference in prisoners' background details					
	Percentages which are not highlighted show there is no significant difference					
11.2	A prison job?	45%	44%		45%	41%
11.2	Vocational or skills training?	10%	9%		10%	9%
11.2	Education (including basic skills)?	33%	27%		33%	33%
11.2	Offending behaviour programmes?	5%	8%		5%	6%
11.3	Have you had a job while in this prison?	70%	69%		70%	74%
	For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	42%	42%		42%	44%
11.3	Have you been involved in vocational or skills training while in this prison?	62%	55%		62%	59%
	For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	44%	50%		44%	45%
11.3	Have you been involved in education while in this prison?	75%	66%		75%	73%
	For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	60%	56%		60%	53%
11.3	Have you been involved in offending behaviour programmes while in this prison?	57%	52%		57%	53%
	For those who have been involved in offending behaviour programmes while in this prison:					
11.3	Do you feel the offending behaviour programme(s) will help you on release?	34%	47%		34%	48%
11.4	Do you go to the library at least once a week?	46%	33%		46%	47%
11.5	Does the library have a wide enough range of materials to meet your needs?	26%	35%		26%	19%
11.6	Do you go to the gym three or more times a week?	32%	31%		32%	34%
11.7	Do you go outside for exercise three or more times a week?	51%	38%		51%	38%
11.8	Do you go on association more than five times each week?	14%	47%		14%	7%
11.9	Do you spend ten or more hours out of your cell on a weekday?	12%	10%		12%	7%
SECTION 12: Friends and family						
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	29%	35%		29%	33%
12.2	Have you had any problems with sending or receiving mail?	57%	46%		57%	44%
12.3	Have you had any problems getting access to the telephones?	37%	33%		37%	29%
12.4	Is it easy/ very easy for your friends and family to get here?	30%	36%		30%	32%
SECTION 13: Preparation for release						
	For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	68%	59%		68%	54%
	For those who are sentenced what type of contact have you had with your offender manager:					

Main comparator and comparator to last time

Key to tables

		HMP Norwich 2013	Local prisons comparator	HMP Norwich 2013	HMP Norwich 2012
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
13.2	No contact?	40%	43%	40%	41%
13.2	Contact by letter?	33%	28%	33%	23%
13.2	Contact by phone?	14%	14%	14%	13%
13.2	Contact by visit?	30%	34%	30%	39%
13.3	Do you have a named offender supervisor in this prison?	34%	31%	34%	26%
	For those who are sentenced:				
13.4	Do you have a sentence plan?	45%	39%	45%	39%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	45%	57%	45%	63%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	44%	44%	44%	55%
13.6	Offender supervisor?	19%	33%	19%	19%
13.6	Offender manager?	25%	27%	25%	19%
13.6	Named/ personal officer?	8%	13%	8%	5%
13.6	Staff from other departments?	22%	20%	22%	16%
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	55%	61%	55%	46%
13.8	Are there plans for you to achieve any of your targets in another prison?	20%	27%	20%	
13.9	Are there plans for you to achieve any of your targets in the community?	25%	33%	25%	
13.10	Do you have a needs based custody plan?	6%	7%	6%	4%
13.11	Do you feel that any member of staff has helped you to prepare for release?	8%	15%	8%	10%
	For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12	Employment?	33%	31%	33%	25%
13.12	Accommodation?	45%	41%	45%	34%
13.12	Benefits?	43%	44%	43%	35%
13.12	Finances?	25%	26%	25%	24%
13.12	Education?	34%	32%	34%	34%
13.12	Drugs and alcohol?	52%	47%	52%	48%
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	53%	46%	53%	49%

Diversity analysis



Key question responses (ethnicity and foreign national) HMP Norwich Closed 2013

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

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners		
						Any percentage highlighted in blue is significantly worse	
						Any percentage highlighted in orange shows a significant difference in prisoners' background details	
						Percentages which are not highlighted show there is no significant difference	
Number of completed questionnaires returned		35	135	25	146		
1.3	Are you sentenced?	81%	75%	69%	78%		
1.5	Are you a foreign national?	20%	14%				
1.6	Do you understand spoken English?	97%	99%	100%	98%		
1.7	Do you understand written English?	97%	97%	92%	98%		
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			28%	19%		
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	5%	4%	6%		
1.1	Are you Muslim?	27%	4%	17%	7%		
1.12	Do you consider yourself to have a disability?	29%	33%	8%	35%		
1.13	Are you a veteran (ex-armed services)?	0%	7%	8%	5%		
1.14	Is this your first time in prison?	49%	35%	56%	33%		
2.6	Were you treated well/very well by the escort staff?	71%	73%	67%	72%		
2.7	Before you arrived here were you told that you were coming here?	77%	72%	60%	76%		
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	90%	72%	92%		
3.3	Were you treated well/very well in reception?	83%	85%	88%	84%		
3.4	Did you have any problems when you first arrived?	77%	85%	80%	85%		
3.7	Did you have access to someone from health care when you first arrived here?	81%	76%	71%	78%		
3.9	Did you feel safe on your first night here?	70%	75%	75%	75%		
3.10	Have you been on an induction course?	85%	77%	96%	75%		
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	48%	46%	43%	48%		

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
Any percentage highlighted in blue is significantly worse				
Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
4.4 Are you normally offered enough clean, suitable clothes for the week?	59%	57%	59%	58%
4.4 Are you normally able to have a shower every day?	81%	84%	91%	83%
4.4 Is your cell call bell normally answered within five minutes?	38%	22%	30%	25%
4.5 Is the food in this prison good/very good?	18%	13%	4%	16%
4.6 Does the shop /canteen sell a wide enough range of goods to meet your needs?	41%	46%	45%	45%
4.7 Are you able to speak to a Listener at any time, if you want to?	47%	49%	40%	50%
4.8 Do you feel your religious beliefs are respected?	71%	52%	63%	54%
4.9 Are you able to speak to a religious leader of your faith in private if you want to?	78%	64%	70%	66%
5.1 Is it easy to make an application?	76%	85%	68%	86%
5.3 Is it easy to make a complaint?	72%	66%	71%	68%
6.1 Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	44%	28%	46%
6.2 Do the different levels of the IEP scheme encourage you to change your behaviour?	65%	47%	37%	54%
6.3 In the last six months have any members of staff physically restrained you (C&R)?	10%	3%	9%	4%
7.1 Do most staff, in this prison, treat you with respect?	60%	82%	66%	80%
7.2 Is there a member of staff you can turn to for help if you have a problem in this prison?	57%	73%	60%	72%
7.3 Do staff normally speak to you at least most of the time during association time? (most/all of the time)	24%	23%	22%	24%
7.4 Do you have a personal officer?	57%	57%	41%	59%
8.1 Have you ever felt unsafe here?	41%	44%	43%	44%
8.2 Do you feel unsafe now?	18%	17%	10%	19%
8.3 Have you been victimised by other prisoners?	24%	33%	30%	34%
8.5 Have you ever felt threatened or intimidated by other prisoners here?	7%	24%	13%	22%
8.5 Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	2%	4%	4%
8.5 Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	2%	4%	2%
8.5 Have you been victimised because of your nationality? (By prisoners)	3%	1%	4%	1%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	3%	5%	0%	6%
8.6	Have you been victimised by a member of staff?	41%	24%	27%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	10%	13%	9%	13%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	1%	5%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	2%	0%	2%
8.7	Have you been victimised because of your nationality? (By staff)	7%	1%	5%	2%
8.7	Have you been victimised because you have a disability? (By staff)	7%	4%	0%	5%
9.1	Is it easy/very easy to see the doctor?	17%	28%	13%	29%
9.1	Is it easy/ very easy to see the nurse?	38%	53%	29%	54%
9.4	Are you currently taking medication?	40%	61%	41%	60%
9.6	Do you feel you have any emotional well being/mental health issues?	35%	46%	32%	46%
10.3	Is it easy/very easy to get illegal drugs in this prison?	18%	28%	18%	28%
11.2	Are you currently working in the prison?	46%	44%	46%	45%
11.2	Are you currently undertaking vocational or skills training?	15%	9%	9%	10%
11.2	Are you currently in education (including basic skills)?	34%	33%	36%	33%
11.2	Are you currently taking part in an offending behaviour programme?	0%	6%	5%	5%
11.4	Do you go to the library at least once a week?	66%	42%	48%	46%
11.6	Do you go to the gym three or more times a week?	50%	27%	34%	31%
11.7	Do you go outside for exercise three or more times a week?	48%	52%	48%	52%
11.8	On average, do you go on association more than five times each week?	10%	15%	24%	12%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	18%	11%	14%	12%
12.2	Have you had any problems sending or receiving mail?	40%	62%	60%	58%
12.3	Have you had any problems getting access to the telephones?	26%	39%	22%	40%

Diversity analysis



Key question responses (disability) HMP Norwich Closed 2013

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		54	116
1.3	Are you sentenced?	80%	75%
1.5	Are you a foreign national?	4%	19%
1.6	Do you understand spoken English?	96%	99%
1.7	Do you understand written English?	98%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	18%	21%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	9%	4%
1.1	Are you Muslim?	6%	9%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	6%	5%
1.14	Is this your first time in prison?	32%	40%
2.6	Were you treated well/very well by the escort staff?	72%	72%
2.7	Before you arrived here were you told that you were coming here?	67%	76%
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	88%
3.3	Were you treated well/very well in reception?	83%	84%
3.4	Did you have any problems when you first arrived?	91%	80%
3.7	Did you have access to someone from health care when you first arrived here?	81%	75%
3.9	Did you feel safe on your first night here?	62%	81%
3.10	Have you been on an induction course?	75%	80%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	51%	44%

Key to tables

Diversity analysis

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	61%	56%
4.4	Are you normally able to have a shower every day?	79%	86%
4.4	Is your cell call bell normally answered within five minutes?	23%	26%
4.5	Is the food in this prison good/very good?	17%	13%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	44%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	46%
4.8	Do you feel your religious beliefs are respected?	54%	55%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	71%	64%
5.1	Is it easy to make an application?	82%	83%
5.3	Is it easy to make a complaint?	75%	64%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	38%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	53%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	5%
7.1	Do most staff, in this prison, treat you with respect?	79%	77%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	65%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	37%	18%
7.4	Do you have a personal officer?	62%	55%
8.1	Have you ever felt unsafe here?	57%	38%
8.2	Do you feel unsafe now?	20%	16%
8.3	Have you been victimised by other prisoners?	51%	23%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	36%	13%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	2%	1%
8.5	Have you been victimised because of your age? (By prisoners)	4%	2%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	13%	0%
8.6	Have you been victimised by a member of staff?	46%	18%
8.7	Have you ever felt threatened or intimidated by staff here?	24%	7%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	1%
8.7	Have you been victimised because of your nationality? (By staff)	2%	2%
8.7	Have you been victimised because of your age? (By staff)	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	12%	1%
9.1	Is it easy/very easy to see the doctor?	30%	23%
9.1	Is it easy/ very easy to see the nurse?	61%	45%
9.4	Are you currently taking medication?	87%	42%
9.6	Do you feel you have any emotional well being/mental health issues?	77%	28%
10.3	Is it easy/very easy to get illegal drugs in this prison?	35%	23%
11.2	Are you currently working in the prison?	49%	43%
11.2	Are you currently undertaking vocational or skills training?	15%	8%
11.2	Are you currently in education (including basic skills)?	30%	35%
11.2	Are you currently taking part in an offending behaviour programme?	0%	7%
11.4	Do you go to the library at least once a week?	46%	46%
11.6	Do you go to the gym three or more times a week?	16%	39%
11.7	Do you go outside for exercise three or more times a week?	43%	54%
11.8	On average, do you go on association more than five times each week?	16%	13%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	12%	11%
12.2	Have you had any problems sending or receiving mail?	51%	61%
12.3	Have you had any problems getting access to the telephones?	34%	39%