

Report on an announced inspection of

The Military Corrective

Training Centre

3 – 7 November 2008

by HM Chief Inspector of Prisons

Crown copyright 2009

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

Contents

Introduction	5
Fact page	7
Healthy establishment summary	9
1 Reception into detention	
<hr/>	
Escorts and transfers	19
Arrival and first days in detention	20
2 Structure of the facility	
<hr/>	
Residential units	25
Staff-detainee relationships	27
3 Duty of care	
<hr/>	
Bullying	29
Child protection and child welfare	31
Self-harm and suicide	32
Diversity	34
Contact with the outside world	37
Applications and complaints	39
Legal rights	41
Substance use	42
4 Health services	
<hr/>	
	45
5 Activities	
<hr/>	
Learning and skills and work activities	53
Physical education and health promotion	56
Faith and religious activity	57
Time out of room	58
6 Good order and discipline	
<hr/>	
Security and rules	59
The staging system	60
Discipline	62

7	Services	
	Catering	67
	Detainees' shop	68
8	Resettlement	
		71
9	Recommendations, housekeeping points and good practice	
		77
	Appendices	
	I Inspection team	87
	II MCTC population profile	88
	III Summary of detainee questionnaires and interviews	91

Introduction

This is the third independent inspection that we have carried out into the Military Corrective and Training Centre (MCTC), the armed services' only central place of detention.

At the last inspection, we assessed the centre as performing reasonably well across all four of our tests - safety, respect, purposeful activity and resettlement. Moreover, we expressed some confidence that, if our recommendations were implemented, those assessments could readily rise to 'well'. However, at this follow-up inspection, although we record progress in some areas, we were unable to raise the assessments: indeed, in relation to resettlement, we now found that the centre was not performing sufficiently well. Since the last inspection, the pressures on the centre had increased, in particular the redeployment overseas of theoretically non-deployable custodial staff. This had undoubtedly made progress more difficult. It appeared that there had been something of a drift until a few months ago, and as a consequence some of our recommendations had either not been implemented, or had been implemented too recently to have yet taken effect.

It was, however, commendable that relationships between staff and detainees had improved noticeably. We saw evidence of supportive work, particularly, but not exclusively, in A company (those returning to service). The staging system, incentivising good behaviour, had improved considerably and was well understood and effective – though it took too long to obtain enhanced status. Work on diversity had improved, though there was need for better monitoring and impact assessment. Efforts continued to be made to increase detainees' confidence in the complaints system, which had improved considerably since our first inspection.

We also report significant improvements in healthcare, which would be reinforced if, as planned, the service became a branch surgery. There were, however, some concerns in relation to dental services, initial screening (particularly for mental health problems) and the significant decline in detainees' satisfaction with the doctor. There remained considerable problems with the timing and menu selection of meals.

It was also commendable that the MCTC remained a safe and secure place, with little apparent bullying or self-harm. However, some problems identified at the last inspection had still not been dealt with. Although we were assured that bullying was dealt with firmly, the systems for doing so were still in their infancy and had only just been detached from equality and diversity systems, as recommended at the last inspection. Individual support for vulnerable detainees was good, but systems for reviewing their care were weak. Risk assessments were not carried out for shared accommodation. Some matters that impacted on detainee safety were not within the centre's control: too many detainees arrived after normal hours, unable to access the good reception and first night arrangements fully, and some arrived without essential information, or with poorly-completed information which made it much more difficult for centre staff to fully assess their vulnerability on arrival.

The Military Custody Platoon (holding those awaiting court martial or transfer to civilian prison, as well as those in segregation) continued to be well run, with detainees rarely confined to their cells. However, there was too little access to purposeful activity, particularly for those spending a considerable time there on remand.

The provision of activities had not declined since the last inspection, but nor had it improved significantly. Detainees in A company continued to have a full regime of military training, and now also had access to some basic skills training. Those in D company, to be discharged from the services, had slightly more vocational training, but this had still not been provided across all areas of work, nor was basic skills support available in the work environments. The plumbing

workshop remained inadequate and unsafe, as at the time of the last inspection. A significant gap was the absence of any purposeful activity in the evenings and at weekends, when detainees reported being extremely bored. There was also a need for more quality assurance and planning of the education provision.

The area of greatest concern was resettlement – in this context, preparing detainees for life after MCTC. Though staff on company lines provided support to individual detainees, the systemic weaknesses in this area had become more apparent since the last inspection. There had still been no assessment or analysis of needs, to identify what services were required, and ensure their provision. This was much more difficult because of the absence of routine data on the problems that detainees had before coming to MCTC or their experiences after they left: some of those returning to service, for example, were in fact discharged almost immediately from unit without having had any resettlement support at MCTC. The welfare department did some valuable work, including interviewing detainees on arrival; however, there was no coherent planning, or liaison with the resettlement department, whose pre-release courses were much too close to discharge to be fully effective. Areas such as debt and alcohol needed more work, though employment and accommodation support were better. We had particular concerns about the management of detainees who had committed violent or sexual offences, and who had access neither to interventions while in MCTC nor to statutory probation supervision on discharge.

This report will inevitably be disappointing for MCTC. It is, however, important to stress that we were impressed with the approach and drive of senior staff, under the current commandant, and the commitment and approach of almost all the custodial staff we met. It is evident that the centre has been suffering considerably from redeployment and the over-stretch of the Provost Marshal's staff, the army's dedicated custodial staff. The Provost Marshal's remit, in theatres overseas as well as domestically, is extremely demanding and we do not believe that he has been provided with the resources to carry it out to his own, or his staff's, satisfaction. If those resources can be made available, and given the extremely positive approach of those at MCTC, there is no reason why the centre cannot recover lost ground and improve still further.

Anne Owers
HM Chief Inspector of Prisons

January 2009

Fact page

Task of the establishment

The Military Corrective Training Centre (MCTC) is the armed services' one remaining corrective training establishment and can hold up to 267 male and female detainees, although in practice the population has rarely exceeded 150. The MCTC takes servicemen and women who have been sentenced to periods of detention from 14 days to two years. Although under Army command, it is a tri-service establishment with both staff and detainees from the Royal Navy, Royal Marines, Army and Royal Air Force. The great majority of both staff and detainees are usually, however, from the Army.

All detainees are held in accordance with rules determining committal to custody for their particular service. The vast majority are serving periods of detention to which they have been sentenced by court martial, or after summary hearing by their commanding officers. Most detainees are rule, rather than law, breakers and few are committed for offences that would have resulted in custody had they been in civilian life.

The MCTC may also hold remanded detainees under investigation who have been committed to the MCTC because it was judged necessary to hold them in secure conditions. These could include civilian staff and dependants who had been based overseas and were thus subject to service law.

The MCTC has a staff complement of 151 (135 at the time of the inspection) of whom most are sergeants and staff sergeants of the Military Provost Staff (MPS), a branch of the Adjutant General's Corps. They are normally in post for between two and three years. The Commandant is responsible to the Provost Marshal (Army), who in turn reports to the Adjutant General.

Area organisation

Provost Marshal (Army) - Inspector of Military Establishments (Army) (I of ME) (A) and Competent Army Authority and Inspector of Military Establishments.

Number held

101 (plus 7 in post-charge custody)

Certified normal accommodation

267

Operational capacity

267

Last inspection

16 – 19 January 2007

Description of residential units

The establishment is organised around three companies. A Company holds those returning to the services after their period of detention and D Company those being discharged from the services and returning to civilian life. Detainees under investigation or awaiting trial or transfer to civilian prison are located on a spur of D Company known as the military custody platoon (MCP). D Block, the only high security facility within the MCTC, has 17 cells and one unfurnished cell. At the time of the inspection, D Block was decommissioned and would only be used in exceptional circumstances.

Brief history

The MCTC was established at Colchester shortly after the Second World War in a hutted camp which previously held German prisoners of war. In the 1980s, this was replaced by new purpose-built buildings, which now provide high standard accommodation and facilities.

Healthy establishment summary

Introduction

HE.1 All inspection reports carry a summary of the conditions and treatment of detainees, based on the four tests of a healthy establishment that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

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

HE.2 Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the Ministry of Defence.

- performing well against this healthy establishment test.

There is no evidence that outcomes for detainees are being adversely affected in any significant areas.

- performing reasonably well against this healthy establishment test.

There is evidence of adverse outcomes for detainees in only a small number of areas. For the majority, there are no significant concerns.

- not performing sufficiently well against this healthy establishment test.

There is evidence that outcomes for detainees are being adversely affected in many areas or particularly in those areas of greatest importance to the wellbeing of detainees. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- performing poorly against this healthy establishment test.

There is evidence that the outcomes for detainees are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for detainees. Immediate remedial action is required.

HE.3 At the time of the inspection MCTC held 148 detainees from the Royal Navy, Royal Marines, Army and Royal Air Force. The great majority of detainees were from the Army and had been sentenced to periods of detention between 30 days and 6 months. There were just two women. Less than five per cent of the population were unsentenced. The majority of detainees were returning to the services after their

period of detention (A company). Others were being discharged from the services after completion of their sentence and returning to civilian life (D company). There were six detainees who were being held pending investigation prior to a court martial and one detainee who was being held pending transfer to serve a prison sentence who were located on a spur of D company known as the military custody platoon (MCP).

- HE.4 The necessary focus on maintaining decent detention conditions in theatres overseas had clearly impacted on staffing resources available for MCTC. It was clear that the continual redeployment of staff who are, in theory, non-deployable had contributed to the lack of progress in some areas since the last inspection.

Safety

HE.5 Reception procedures were good for those arriving during normal hours, but not for those arriving late. First night procedures and induction were thorough. Care planning systems for children were good, with a high level of staff training. Child protection referrals were dealt with well. Staff tackled bullying, but formal systems were not well developed. Detainees at risk of self-harm were well cared for but care planning and review systems were not well developed. Security was sound and rules were understood and applied fairly. Detainees in the military custody platoon (MCP) were treated well by staff, but their access to activity was too restricted and governance of segregation needed improvement. Disciplinary procedures were good and there were low levels of use of force with good governance. Provision for detoxification services was adequate. The centre was performing reasonably well against this test of a healthy custodial environment.

- HE.6 Detainees were treated well while under escort. Although they all knew where they were being taken, they had not been given the formal information that the centre provided to sending units. Over 50% of detainees arrived after normal reception hours. This was sometimes unavoidable because of the long distances travelled, but some were late because unit procedures prior to their departure were conducted late.

- HE.7 The centre usually received advance notification and some information about new arrivals. Some came without essential documentation, despite efforts made by the centre to obtain this in advance. The quality of information sent was variable and this made the task of completing initial risk assessments more difficult, although those that we examined had been completed to a good standard.

- HE.8 Reception procedures were carried out well when conducted during normal reception hours, although new arrivals were not offered food or a hot drink. The experience of the many detainees who arrived late was less satisfactory and those who missed the prepared evening meal received nothing until breakfast the following day. It could not be guaranteed that a female member of staff would be on duty to deal with women who arrived late.

- HE.9 Initial risk assessments did not cover the risk posed by or to the detainee in relation to sharing a dormitory with others. New arrivals who arrived during the day shift received a briefing from staff before being locked up on their first night. Accommodation was properly prepared for new arrivals and all were offered a free telephone call, but those arriving late could not shower in the dormitory. Night staff

were well briefed and new arrivals were monitored, but the support system was purely observational and only required staff to report that checks had been done.

- HE.10** Detainees were appropriately occupied during the induction programme and their first few days in detention. A revised induction programme had been introduced a few weeks before the inspection. It was comprehensive and included interviews with all relevant staff from a range of departments. It was too soon to assess its effectiveness or make a comparison with the previous programme, which detainees had reported on negatively in our survey.
- HE.11** There had been little change in the way that bullying was managed since the previous inspection. A good deal of work had gone into producing a new policy, but the related procedures had not been fully developed. The newly formed anti-bullying committee, which included detainee representatives, was still developing an implementation plan. Few staff had been trained in the new approach and detainees were given very little formal information about bullying. Monitoring and analysis of bullying was poor, although a survey had recently been undertaken. Indications were that bullying was not a significant problem and, when staff were alerted to it, they acted swiftly and appropriately.
- HE.12** There was a comprehensive child protection and safeguarding policy in place which had been agreed with the local social care children's services. The committee was well managed and child protection referrals were dealt with well. All referrals related to disclosures of historic abuse and there had been no allegations against members of staff at the centre. The level of staff training was very good and there was an appropriate system of care planning for the small number of children who were sent to the centre. Criminal record bureau checks were carried out on all staff.
- HE.13** Detainees who were considered vulnerable or at risk of self-harm received good care and monitoring from staff. All were reviewed weekly at orders group meetings, but the purpose of the review was principally to agree ongoing monitoring rather than to review and revise the individual care of the detainee. Staff were well briefed about detainees requiring monitoring, but all staff who had received specific training in the management of detainees at risk of self-harm had recently been deployed overseas. There was limited data collection and analysis in this area to facilitate the identification of any patterns or trends and inform future policy.
- HE.14** Security was proportionate and managed well and did not place unnecessary restrictions on detainees. Rules of the centre were clear and strictly but fairly applied by staff. Disciplinary procedures were fair and well governed, punishments were proportionate, and the staging system was used for minor breaches of discipline. Segregation was rarely used as a punishment.
- HE.15** Detainees held in the MCP were well cared for by staff, but they had too little to do. Although the MCP was rarely used for this purpose, governance arrangements for monitoring the segregation of detainees from others were inadequate. Single rooms on the company lines were sometimes used as cool down rooms as an alternative to segregation in the MCP. There was a policy covering this form of separation, but staff were not familiar with it and governance was lacking.
- HE.16** The use of force was rare. Documentation was completed to a good standard and there were good governance arrangements, including a requirement to video all planned incidents. Unfurnished accommodation had not been used for 18 months.

HE.17 Clinical treatment of drug or alcohol use was rarely needed, although there were reasonable arrangements in place. Compulsory drug testing could be carried out by the army's central drug testing team, in line with other army establishments.

Respect

HE.18 Company lines were fit for purpose and relationships between staff and detainees were very good. The staging system worked well and the management of complaints had improved, but assistance with legal rights did not meet detainees' needs. The padre and chaplain had a visible presence and were accessible. Complaints about equality issues were rare, but impact assessments and ethnic monitoring were at an early stage of development, and there was no policy to ensure that the specific needs of women were met. Catering arrangements were unpopular with detainees. There had been improvements to healthcare, particularly mental health, but initial health screening was perfunctory and dental services unclear. The centre was performing reasonably well against this test of a healthy custodial environment.

HE.19 The company lines were very clean and well ordered and offered suitable facilities, the standard of which improved in line with progress through the staging system. Good standards of personal hygiene were encouraged and maintained. Detainees were located according to individual risk and need, and staff demonstrated a good understanding of the need for ongoing assessment. However, there was no formal risk assessment process. A and D companies were not permitted to mix on company lines and women detainees did not mix with men, so women were often very isolated.

HE.20 Relationships between the majority of staff and detainees were generally very good. Detainees described staff as approachable and helpful and we observed good interactions and an appropriate level of attention to individuals, which included senior staff involvement, but this was not reflected in records. Efforts made by different staff across a range of disciplines were not coordinated and there was no record of whether the day-to-day needs of detainees were being met.

HE.21 The range of privileges available was limited, but detainees were motivated to progress through the staging system. The daily points system was administered efficiently. Weekly reports and reviews were completed well, but it took too long for detainees to become eligible to progress beyond the first level after induction.

HE.22 Routine applications and low-level complaints were dealt with well by staff on the company lines. In practice, formal complaints were almost always submitted to the Independent Monitoring Board or the army visiting officer. Confidentiality had improved and efforts had been made to make the process of submitting a formal complaint easier. Complaints were monitored to identify patterns or trends and discussed at orders group meetings. In the sample of complaints that we examined, the standard of investigation and response was variable. There was no quality assurance system.

HE.23 A significant source of anxiety for detainees was the lack of information, or inconsistent information, about legal processes and implications of disciplinary proceedings, particularly in relation to stoppage of pay and accrual of debt. Detainees were not provided with clear information by their sending unit, which deferred this responsibility to the centre. However, centre staff were not trained or resourced to

deal with the range of complex issues. The local Citizens Advice Bureau could offer limited advice in this specialist area. There was a video conferencing facility and opportunities for legal visits, but restrictions on telephone calls disadvantaged detainees who needed to telephone their legal advisers regularly.

- HE.24** Complaints and incidents relating to equality and diversity were regularly reviewed. The review meetings were generally well attended and detainee representatives were included. Complaints about discriminatory practice or racist incidents were few and had been dealt with well. There had been some useful consultation with detainees about equality and diversity issues and action points were duly followed through. Ethnic monitoring and impact assessments were at an early stage of development. Learning points from investigations had been used innovatively in training whole staff groups. The principal minority group among the detainees was women. There was an ongoing review of their needs, but no specific policy for their care and treatment to ensure that their particular needs were met. Detainees with learning needs were reasonably well catered for within the education department. However, many written notices and instructions were not suitable for the large number of detainees with poor literacy skills.
- HE.25** The full-time padre or the part-time officiating chaplain met all detainees during their induction and were actively involved in helping them with personal problems. Detainees had unfettered access to services. There was a small multi-faith unit in addition to the chapel. Diverse religious texts and community contacts were available on request and had been arranged for detainees.
- HE.26** Detainees had three cooked meals a day, but the quality and quantity of the meals was a constant cause for complaint. Fresh fruit was available daily, but there was rarely a vegetarian or healthy option and special diets were not well catered for. The stock in the shop was modest and did not satisfy detainees. It did not offer food suitable to supplement the meals. Detainees were expected to purchase some essential items such as their own toiletries from a small allowance. They lost any surplus if they did not use their full allowance which gave no incentive to budget sensibly.
- HE.27** There had been major improvements in the clinical governance of healthcare and a health needs assessment and comprehensive training needs analysis had been undertaken. Initial reception health screening was perfunctory and late arrivals were not always seen until the next day. The medical centre was adequate but arranged in such a way that there was potential for medical confidentiality to be breached. The separate complaints system for health services was not promoted well and investigations were not always carried out satisfactorily. Primary care services were adequate overall, although detainees reported considerable dissatisfaction with care offered by the doctor. A community mental health nurse post had been established and mental health services had improved. There was good access to specialists and appointments were timely. We had concerns that detainees with low level mental health disorders and adjustment problems were not identified as part of the reception process and their needs were not met. Detainees could not see a pharmacist and they had no access to medication overnight. Although there was a comprehensive in-possession policy with good risk management systems, it had not been fully implemented. There was a lack of clarity about detainees' entitlements to dental services which affected routine and emergency treatment. Detainees were not given sufficient information about how to access health services on release.

Purposeful activity

HE.28 Detainees spent adequate time out of their rooms and, except in the military custody platoon (MCP), were purposefully occupied during weekdays. There was little to do in the evenings and at weekends. Basic skills support was good with high pass rates in national tests, but was still inadequate for detainees on vocational training courses. Progress had been slow in improving opportunities for detainees to achieve qualifications. Detainees had developed good skills in some areas but not in others. PE facilities and access to PE were good. The library was small and access was limited. Overall the establishment was performing reasonably well against this test of a healthy custodial environment.

HE.29 The majority of detainees spent on average 12 hours each day during the week unlocked and out of their rooms. There were sufficient activity places to ensure that detainees were occupied for the majority of the day. The same did not apply to detainees from the MCP who were not purposefully occupied for much of the day, although a few who had been at the centre for longer periods fared better.

HE.30 Many detainees complained that there was too little to do in the evenings and at weekends. This was particularly so for detainees on the lower level of the staging system whose access to association and related activity was restricted. There were no weekend or evening classes.

HE.31 The education centre provided programmes in literacy, numeracy and first aid and the learn direct centre offered a wide range of skills for life, including information and communications technology and business and management courses which were very well subscribed with good success rates. There was a range of vocational training, although opportunities were missed to provide vocational training in the gym, the kitchen and the farm.

HE.32 Detainees were allocated to programmes based on individual assessments which included appropriate consideration of their literacy and numeracy skills, previous education and employment history. Individual learning plans were not sufficiently developed.

HE.33 Basic skills programmes were well managed and teaching was good. Detainees with specific needs received a high level of support and pass rates in national tests were high. Basic skills support for detainees on vocational programmes was inadequate. Detainees with specific learning needs received individual support.

HE.34 The quality of training varied in the vocational training programmes. Welding and garage skills were taught to a high standard and detainees had secured jobs with a local employer. Standards in the plumbing workshops were poor as previously reported.

HE.35 There were generally insufficient opportunities to gain nationally recognised qualifications, although in the previous 12 months 60 detainees had achieved a telescopic crane operations award and 119 detainees had gained a fork lift truck driving licence. A small number of detainees had benefited from community work placements or bespoke training courses and had been supported by centre staff.

- HE.36** Data collection and analysis and quality assurance of education and skills training were insufficiently developed to inform improvements and future planning.
- HE.37** Access to the library was limited as it did not open in the evening or at weekends and it was not well used. There were good links with the education department and 'easy reader' books were available for detainees with low levels of literacy. There was a good range of books to support vocational training courses.
- HE.38** All detainees had good access to physical exercise and there was a wide range of indoor and outdoor facilities. The PE programme provided an appropriate balance between compulsory fitness and recreational PE. Remedial PE was available and there were strong links between the PE department and healthcare.

Resettlement

HE.39 Fundamental shortfalls in the management and delivery of resettlement services which were highlighted in the previous two inspections remained. These included the lack of data collection or a needs analysis to underpin the development of essential reintegration services. Sentence planning was at a very early stage of development and not yet effective. Public protection had emerged as an area of growing concern. The visitors' centre was a welcome addition, but family contact through family days and telephone was inadequate. The centre was not performing sufficiently well against this test of a healthy custodial environment.

HE.40 The management of resettlement had not changed and little progress had been made since previous inspections. A resettlement needs analysis had not been carried out and data collection and analysis were weak. Consequently, there was no strategy or suitable management committee to ensure that the resettlement and reintegration needs of detainees were met. The resettlement department was responsible for sentence planning and the welfare department provided a range of reintegration services. However, links between the two departments were informal and not sufficiently clear and the limited planning for resettlement lacked coordination.

HE.41 All new admissions were interviewed promptly on arrival by a member of the small welfare team so that their individual welfare and reintegration needs could be assessed. Sentence planning for D company detainees had recently been introduced and approximately 70% of detainees had a sentence plan. The plans were principally based on self-reported information from an interview with the detainee. The interviews were intended to motivate detainees to achieve during their sentence. However, the sentence plans produced were limited in scope because they were not multidisciplinary and did not include all available information and assessments. They did not extend to A company detainees who had a similar need for a sentence plan.

HE.42 There was a full-time specialist housing adviser. The education centre delivered an employment preparation programme of limited value as it was offered too late in the detainee's sentence. A specialist from Jobcentre Plus interviewed all detainees prior to release and detainees under 19 years of age were given access to a Connexions adviser. Citizens Advice provided some support for detainees with debt problems, but this did not meet the high level of need. A general life skills programme had been introduced and was delivered by a highly qualified family therapist. The content

appeared to be relevant and useful, but was not based on a needs analysis or linked to sentence planning or other work carried out by the resettlement department.

- HE.43** There were effective arrangements for identifying detainees who posed public protection concerns, but there was no follow-up by way of effective monitoring and review. Initial discussions on future working arrangements had started with a local public protection coordinator from the probation service. There were no suitable programmes to address the needs of detainees who had been convicted of violent or sexual offences and they were not subject to statutory supervision on release, unlike those released from a civil prison.
- HE.44** There was now a comfortable visitors' centre. Visits and booking arrangements were managed efficiently, but few detainees had frequent visitors as the majority lived over a hundred miles from the centre. Staff were flexible about facilitating accumulated visits, but there were no family days and facilities in the visits hall were not conducive to encouraging detainees to play with their children. Visits staff were helpful and responded to comments made by visitors whose views were actively sought through questionnaires. Although staff allowed additional telephone calls beyond the permitted quota if detainees made an appropriate application, detainees had insufficient access to telephones to maintain contact with their families.
- HE.45** Initial reception screening did not elicit much information about drug or alcohol use. Counselling for detainees with substance use problems was available. Drug testing was random, but no records were kept, and there was the potential for duplication and inappropriate targeting of detainees. A short drug and alcohol awareness talk had recently been introduced for new arrivals, but there was no similar advice for detainees on release.

Main recommendations

- HE.46** The initial health screen should be overhauled, so that an up-to-date history is obtained from the patient, to complement clinical information available from DMCIP. There should be more emphasis placed on the detainee's emotional wellbeing and mental health and the identification of learning disabilities.
- HE.47** There should be a wider range of constructive activities to occupy detainees in the evenings and at weekends.
- HE.48** An analysis of the resettlement and reintegration needs of all detainees should be carried out. This should include a thorough review of existing provision available to detainees leaving the services.
- HE.49** The resettlement needs analysis should be used to inform a comprehensive resettlement strategy and associated development of a range of resettlement and reintegration services for detainees who return to their units, as well as those who are discharged.
- HE.50** The centre should work with local public protection agencies to carry out a comprehensive needs analysis of detainees who are public protection risks. This should inform the development of a strategy to ensure that their criminogenic needs are addressed during custody and multi-agency public protection measures are in place on release.

HE.51 There should be sufficient dedicated Provost Marshal's staff to fully cover custodial responsibilities at MCTC as well as elsewhere.

HE.52 The range of relevant vocational training courses should be increased.

Section 1: Reception into detention

Escorts and transfers

Expected outcomes:

Detainees travel in safe, decent conditions to and from units and the centre. During movement the individual needs of detainees are recognised and given proper attention.

- 1.1 Detainees were treated well by escorting staff and were given adequate breaks and refreshments during their journey. Female detainees were sometimes escorted by two male service personnel which was inappropriate. Detainees were told where they were being taken, but few had been given any accurate information about the centre before their arrival, even though the centre sent a pre-admission pack to sending units. The lack of official information left room for rumours and misunderstanding which increased detainees' anxiety. Over half the detainees arrived after normal reception hours and this had a detrimental effect on their reception experience.
- 1.2 Detainees were escorted to the centre from units throughout the UK and overseas. They usually arrived by private car, escorted by two service personnel, although their journeys might have included other forms of transport, especially if they had travelled from overseas. We were told that female detainees sometimes arrived accompanied by two male escorts which was inappropriate. Escorting staff indicated that they had been fully briefed prior to the journey.
- 1.3 No detainees we spoke to had arrived in any form of restraint and all said that they were treated well by their escorts and given comfort breaks and refreshments. They had been told where they were going, but had not received written information about the centre before their arrival. Several detainees spoke of rumours they had heard about MCTC before their arrival which described a harsh regime and generally poor treatment. In our survey, only 16% of detainees said they had received written information before they arrived.
- 1.4 Reception staff routinely sent an information pack to all units when alerted to the possibility of a new arrival. The pack contained useful pre-admission information for detainees. There was a presumption by centre staff that the pack would be passed to the detainee following sentence, although this was not made explicit. None of the detainees we spoke to had been given this information. Detainees in our focus groups described feeling daunted at the prospect of being sent to the centre. A DVD had been produced to provide information about the centre, but it had not been finalised for distribution.
- 1.5 New arrivals were received at any time of the day or night. In the three weeks before our inspection, more than half the detainees had arrived after 5pm and we were told that this was not unusual. This had an impact on the care and attention they received (see section on arrival and first days in detention). The large number of late arrivals could not be explained solely by unavoidable travelling schedules. We were told that some arose from the fact that commanding officers' summary hearings were usually on Friday afternoons, and others were due to the timings of court martial hearings.

Recommendations

- 1.6 At least one of the service personnel escorting a detainee should be of the same gender as the detainee.
- 1.7 All units should be aware of the policy instruction on providing prior information to detainees, and should ensure that information on the MCTC is given to detainees before their arrival.

Arrival and first days in detention

Expected outcomes:

Detainees feel safe on their reception into the centre and for the first few days. Their individual needs, both during and after detention, are identified and plans developed to provide help. During a detainee's induction into the centre he/she is made aware of centre routines, how to access available services and how to cope with detention.

- 1.8 Reception procedures were efficient, but detainees who arrived late had a poorer experience. Some detainees arrived without essential documentation. New arrivals were offered a free telephone call but were not given refreshments other than a cold drink in reception. Late arrivals were dealt with in an inappropriate location and many went without food or a hot drink until the next day. It could not be guaranteed that women would see a female member of staff. There was a befriender scheme, but befrienders did not routinely speak to new arrivals. All first night accommodation was in good order, but risk assessments did not include risks associated with sharing with others in a dormitory. Induction procedures had recently been revised and covered a wide range of areas. It was too early to assess improvement, but in our survey less than half of detainees reporting on the previous programme said that they were told what they needed to know.
- 1.9 The unit guide for committal to the centre indicated that 24 hours' notice of committal should be given in the case of units in the UK and three days if arriving from overseas. The guide gave a list of information that should accompany the advance warning, and an additional list of documents that should accompany the detainee. These included the committal order, the medical officer's certificate that the detainee was fit to detain, and information from the detainee's commanding officer. This included a proficiency report on the detainee's career, a character report covering educational and family background and details of any problems the detainee had. This placed particular emphasis on details about potential vulnerability. The centre had usually, but not always, received facsimile copies of both the advance and committal information required before the arrival of the detainee. The quality of the reports varied.
- 1.10 Despite the best efforts of reception staff to chase missing documentation in advance, detainees sometimes arrived without all the requested information which made it difficult for staff to complete a full and accurate risk assessment. Occasionally detainees arrived without any prior notice and we witnessed a situation where staff on duty refused to admit a detainee because the documentation which had been sent was incomplete and had not been properly authorised. As long as detainees had a valid committal document, they were accepted. Reception staff checked the accompanying information when the detainee arrived and were also briefed by the escorting staff.

- 1.11 On arrival detainees were taken to reception where the detainee's identity, the committal order and the accompanying documentation were checked. They were then seated at a desk in the main reception area and a member of staff completed a range of administrative forms and searched the detainee's property. Any property in excess of what was permitted was taken from them and stored until they were released. At this stage they were given a leaflet entitled 'useful information' which contained answers to the most commonly asked questions. The leaflet included information about the welfare department and visits and contact details for the centre which could be passed on to family and friends. The leaflet was not easily understood by detainees with limited reading ability.
- 1.12 Detainees were given a rub down search in a private interview room by two members of staff of the same gender as the detainee.
- 1.13 The detainee was then interviewed in private by reception staff, who completed a risk assessment. This was based on the information provided by the detainee and a review of the information supplied by the sending unit. Each detainee was placed under the risk assessment into one of four categories: one related to risk of escape and the other three related to their assessed level of vulnerability or risk of suicide or self-harm. The categories of risk dictated the level of observation the detainee would receive during the first night. In the sample that we examined, risk assessments were generally completed to a good standard. Interviewing staff had made observations about the detainees' general demeanour and it was evident that they had read the accompanying information and used it to inform their assessment. We observed an excellent assessment and written summary prepared by a member of staff responsible for admitting a detainee in the evening. It was clear that this member of staff had carefully scrutinised the background information and had then used this to produce a precise and helpful briefing report about the detainee's potential vulnerability to assist staff on duty the next day.
- 1.14 Detainees were processed efficiently and quickly through the reception procedures, and interactions between detainees and reception staff that we observed were polite and professional. In our survey, 54% of detainees said they were treated well or very well in reception.
- 1.15 There were no arrangements to provide detainees with any food. They were only offered a cold drink in reception and had to wait until the next meal time before they were given any food or a hot drink. Those who arrived after the evening meal received neither until breakfast the following day. Detainees were given a free telephone call to inform friends or relatives of their arrival and, in our survey, 80% of detainees said they had been offered a call. Late arrivals sometimes opted to make the call the following morning and their paperwork was annotated to ensure that they would be given the free call. All detainees were provided with a reception pack containing basic toiletries.
- 1.16 The reception area was open from 8am to 5pm on weekdays. Detainees arriving outside these hours were searched and interviewed to complete the safety risk assessment in a small back room in the gate area. The room was also used to store control and restraint (C&R) equipment. It was inappropriate for new arrivals to be interviewed surrounded by C&R helmets and shields.
- 1.17 After the reception interview, detainees had a brief interview with healthcare staff to establish any immediate needs. Medical staff were on duty until 10pm. Any detainee arriving after this time was not seen by healthcare until the following day. A snapshot of the two weeks from 20 October to 2 November 2008 indicated that seven detainees out of a total of 80 had arrived after 10pm.

- 1.18 We were told that female detainees rarely arrived out of hours as reception staff informed sending units that it was essential that they should arrive during reception opening hours. Any who did arrive late without female escort staff were unlikely to be searched, as it was unusual to have two female staff available. Arrangements were not made to ensure that a female member of staff was available to receive a new female arrival, even when advance notification was given. However, we were told an on-call female member of staff could be called in if, for example, the detainee was distressed or requested to see a woman.

First night

- 1.19 When reception procedures had been completed, detainees were escorted to their accommodation. A second initial risk assessment was completed. This duplicated some of the questions asked in the risk assessment completed in reception, but also included some questions which might inform an assessment of individual needs. The risk assessment was retained in the detainee's file but was not used further, for example as part of the sentence planning process (see section on resettlement). The purpose of this further assessment was unclear since the level of first night monitoring had already been determined. Importantly, it did not include any assessment of the risk associated with sharing dormitory accommodation with others.
- 1.20 In our survey 83% of detainees stated that they felt safe on their first night. Most detainees spent their first night in A company, although a few who had already completed discharge paperwork were located immediately to D company. The accommodation was clean and adequately equipped. Detainees arriving during unlock periods could have a shower, but those arriving late at night had to disturb other detainees sharing their dormitory if they wished to do so. In our survey, 64% of detainees said they had the opportunity for a shower on their first night.
- 1.21 There were no facilities to offer new arrivals hot or cold food outside scheduled mealtimes. In our survey, 53% of detainees stated that they had been offered a meal on their first night which was significantly worse than the figure of 66% at our last inspection. One detainee commented: *"I arrived at night from Germany. No food was offered to me. Luckily my escorts took me to McDonalds before coming here, otherwise I would have gone hungry that night."*
- 1.22 A comprehensive new admission information book was available. Not all detainees had been given a copy of this book on arrival and there was no system to check whether the book had been issued. Like much of the written information supplied to detainees, this book was not in an accessible form for poor readers.
- 1.23 If detainees arrived during the day, they received an admission briefing from the platoon sergeant in their company. If they arrived after normal working hours, they received this briefing the following day. There was a detailed script for the briefing which included information on complaints, mail, the staging system, petitions and appeals, applications, rules and health and safety. Platoon sergeants rarely followed the briefing script. Although this made the briefing more informal, it created the risk that information would be accidentally omitted.
- 1.24 Only 3% of detainees said they had been given information about the Samaritans on their first night. Information about access to the Samaritans was contained in the new admissions book, but was not mentioned in the platoon sergeant's briefing.
- 1.25 Some detainees had been approved as 'befrienders'. Befrienders were risk assessed for the role and selected from detainees who had reached the second or third stage of the staging

system. They received a verbal briefing and were encouraged to complete life skills training. Their duties were to reassure new arrivals and to provide them with information about their first few days at the centre and what support was available. An up-to-date list of approved befrienders was held in the company gate.

- 1.26 Befrienders were not routinely detailed to reception and reception staff indicated that they did not call on befrienders during reception opening times, nor did befrienders routinely speak to new arrivals on their first night. There was no record of when they were used, and no staff we spoke to could recall an occasion when they had been used to support new arrivals.

Induction

- 1.27 A new, two-part induction policy had been introduced on 20 October 2008 (two weeks before the inspection). During the first 72 hours after arrival, interviews were conducted by the welfare officer, healthcare staff, platoon sergeant, company clerk, company sergeant major, company quartermaster and the commandant.
- 1.28 The second part of the induction process was a new development which incorporated presentations by different departments including housing advice, padre's introduction, drugs and alcohol awareness, financial skills, basic skills assessment and life skills. These presentations took place on Fridays.
- 1.29 While not occupied with individual appointments, detainees were allocated to other activities by platoon sergeants who took responsibility for allocating individual detainees to an activity at morning parade. The detainees we spoke to said they had been fully occupied during their induction period. Detainees who were returning to service quickly joined the rest of A company for training.
- 1.30 In our survey, which was conducted before the introduction of the new induction policy, only 48% of detainees said their induction had covered everything they needed to know, which was similar to our last inspection. Detainees in focus groups spoke more positively about current induction.

Recommendations

- 1.31 The procedures set out in the unit guide for committal should be adhered to by sending units so that all essential documentation and information about the detainee is provided in advance.
- 1.32 All detainees should be offered food and a hot drink on arrival in reception.
- 1.33 Detainees arriving out of hours should be interviewed in a room suitable for searching and conducting assessment interviews.
- 1.34 A female member of staff should always be detailed to receive a female detainee on arrival.
- 1.35 The first night risk assessment should include an assessment of the detainee's suitability to share a dormitory with others on the first night in detention.
- 1.36 All detainees should be able to shower on their first night.

- 1.37 Admission information should be available in a range of media and written in plain English to ensure that it is accessible to all detainees.
- 1.38 Information about access to the Samaritans should be given to detainees on their first night.
- 1.39 All new arrivals should be given a first night briefing by staff and told that they have the opportunity of speaking to a befriender on their first night.
- 1.40 On completion of induction, detainees should be asked to evaluate the process and their comments used to inform a review of the revised programme.

Housekeeping points

- 1.41 The induction checklist should indicate whether the detainee has been issued with the new admission information book.
- 1.42 A record should be kept of the work of the bendifenders.

Section 2: Structure of the facility

Residential units

Expected outcomes:

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

- 2.1 The company lines (residential living units for A and D companies) and surrounding grounds were clean and tidy and detainees and staff worked hard to maintain a pleasant, hygienic and well ordered living environment. Detainees were content with the conditions in which they lived and took pride in maintaining them to a high standard of cleanliness. Staff were aware of the particular needs and risks associated with ensuring the safety and welfare of female detainees, but there were no formal procedures or written guidance for them to follow.
- 2.2 One residential block accommodated two separate living units for detainees from A company (those who were returning to their units following completion of their sentence) and D company (detainees who would be dismissed from the services and discharged into the community once they had completed their sentence). There were no shared facilities and detainees from different companies were not permitted to mix with each other while in their units.
- 2.3 Both units had a capacity of 76 and a mixture of eight- and four-bed dormitories. There were also single rooms on each unit which were used to accommodate new arrivals who arrived too late to be located in a dormitory, or detainees who were placed in a room after an incident, when they were deemed to require a period to calm down (see section on good order and discipline). The unit for A company included discrete accommodation for detainees in Garsia platoon – those who were serving less than 42 days' detention before returning to their units. The military custody platoon (MCP) was located next to D company's living unit and managed by D company's captain and sergeant major.
- 2.4 Detainees were allocated to rooms according to their level on the staging system. The dormitories allocated to stage one detainees provided a bed, chair and locker for each detainee. Dormitories for stage two detainees provided softer and more comfortable chairs and larger lockers. The four-bed dormitories accommodated detainees on the highest level of the staging system and, in addition to the softer and more comfortable furniture, provided more individual storage space for clothing and personal possessions. All rooms had a communal table and chairs for letter writing, reading and so on. Detainees could choose to be located in a smoking or non-smoking room. We were advised that there were regular discussions among senior staff to ensure that detainees were allocated to appropriate dormitories, according to individual need and safety considerations. However, there was no formal risk assessment process for dormitory sharing and the reasons for allocation decisions were not recorded (see section on arrival and first days in detention).
- 2.5 At the time of our inspection, two female detainees were being held separately in four-bed dormitories on A and D Company living units. Staff spoke of the measures taken to ensure the safety of the women, but there was no policy and no formal written procedures regarding the care and treatment of female detainees on the living units (see also section on diversity). Under-18 year olds, vulnerable detainees and those sentenced for an offence of a violent or sexual nature were referred to either the company sergeant major or company captain before

being allocated to a dormitory. Again, there was no written evidence of the rationale for reaching these decisions.

- 2.6 There were no displays of offensive material or indeed any open displays of a personal nature, as detainees were only permitted to personalise the inside of their lockers.
- 2.7 There was a separate dining room on each company line and everyone ate their meals communally in a quiet and relaxed atmosphere. Outside areas, including a regularly used volleyball court, were designated for the two breaks allowed each day. The grounds were pleasant and very well kept. Each company line had an association room with a television and a separate games room, but use of this depended on the detainee's staging level. None of the dormitories had televisions. Detainees who could not use the association room by virtue of their status within the staging system were provided with a radio and board games in their dormitory. Several notice boards displayed information about unit rules and internal procedures, such as applications. External information leaflets, including advice about welfare benefits and self-help organisations, were also displayed, although detainees with limited reading ability would not have found them easy to read, in common with many notices and printed documentation provided.
- 2.8 There were two telephones available on each company. Time allocated for telephone calls depended on the detainee's level on the staging system. The telephones were situated in the reception areas and some detainees complained that the location did not afford them sufficient privacy. Staff told us that, in certain critical circumstances when a detainee had to deal with a difficult family situation, they were allowed access to telephones in staff offices and they cited examples of when this had taken place. However, such dispensation was not recorded.

Hygiene

- 2.9 Detainees were provided with essential cleaning equipment and took pride in maintaining the dormitories and communal areas to a high standard of cleanliness. Each dormitory had its own toilet and showers, which were kept very clean and were accessible to detainees at all times. A high standard of personal hygiene was encouraged by staff. Both units had a separate laundry and the designated unit laundry orderly washed detainees' kit. The laundry included dryers and there were also washing lines outside. Detainees said they were satisfied with the laundry arrangements. All units had irons and ironing boards and detainees were expected to attend to their kit during the period between the evening meal and lock up.

Recommendations

- 2.10 **There should be a written risk assessment process for dormitory sharing, which records the reasons for allocation, the risks that may arise and how these can be managed and reduced.**
- 2.11 **There should be a policy, including written procedures and guidance, on the care and treatment of female detainees resident in company lines.**
- 2.12 **Written information for detainees should be provided in a range of media and accessible language so that it is easily understood.**

Housekeeping point

- 2.13 A record should be kept of when detainees are permitted to make an additional telephone call to ensure a level of consistency and equity.

Staff-detainee relationships

Expected outcomes:

Detainees are treated respectfully by staff throughout the duration of their sentence, and are encouraged to take responsibility for their own actions and decisions. The environment is well ordered and ensures that the requirements of 'security', 'control' and 'justice' are balanced and all detainees are safe and treated with fairness.

- 2.14 Led by the example of the senior staff responsible for the company lines, the majority of staff showed respect for detainees and endeavoured to help them as much as they could on a day-to-day basis. As a result, relationships between staff and detainees were generally very good. However, while the majority of staff understood their responsibilities to identify and meet the needs of detainees, there was no governance, recording or monitoring system in place to ensure a corporate and consistent response to the risks and needs of detainees.
- 2.15 Relationships between the majority of staff and detainees were generally very good. Some detainees said in focus groups that a very small number of staff treated them with disrespect on occasions, although when asked for further detail, they had difficulty in providing examples. Detainees reported that the majority of staff were approachable and would give as much help as they could, although some also said that they would avoid making requests to some members of staff who they believed from experience would not give them any assistance. The good relationships that we observed were confirmed by the survey findings, which showed that 71% of detainees said that staff treated them with respect, which was significantly better than 50% reported in 2004.
- 2.16 Positive staff attitudes to detainees were modelled by the senior staff responsible for company lines. They were observed to be visible, accessible and prepared to involve themselves directly in the challenging issues raised by detainees. In one particular case we observed, the company captain was crucially involved in negotiating on behalf of one detainee who was worried about returning to his unit prior to his discharge from the army. The detainee was very appreciative of the support he received. Both company sergeant majors were observed speaking with and supporting detainees.
- 2.17 There was a very obvious staff presence, including senior managers, in the living unit communal areas, enabling good informal communication with detainees. During our inspection we observed that staff enquired routinely about the wellbeing of individuals and were active in helping them to find solutions to personal problems. Some detainees spoke of particular staff who they had found especially supportive. This finding was confirmed by the survey which reported that 84% of detainees said that they had someone to turn to if they had a problem, which was significantly better than the 2004 finding of 68%. Survey results indicated that relationships between staff and detainees on D company were not as positive as those on A company where 90% of detainees said that they had staff they could turn to and 77% said that staff treated them with respect. However, detainees we spoke to on D company confirmed that the majority of staff gave them helpful assistance. Discussions with staff demonstrated that they had a good understanding of the difficulties faced by D company detainees, some of

whom were extremely anxious about moving back into civilian life after a long period in the armed forces. Senior staff said that D company staff were selected for their ability to understand the issues of transition between the armed forces and civilian life.

- 2.18 The examples of good care of detainees that we observed were not borne out in written records, as neither the weekly reports nor the detainee database, both of which recorded work with detainees, documented the day-to-day activities of detainees or assistance by staff to overcome a range of personal difficulties such as debt, accommodation on release or relationship problems. This absence of a system recording the regular activities of individual detainees meant that there was no complete record of an individual to give all relevant staff a detailed understanding of how a detainee was coping or planning for the future. This lack of a coordinated multidisciplinary approach meant that detainees had to rely upon the good intentions of individual staff members.
- 2.19 In our focus groups, some detainees said that they were frustrated by staff not passing messages on to their colleagues about agreements reached on a previous shift. A recording system used by all staff would have facilitated more effective communication between staff and greater consistency in relating to individual detainees.

Recommendation

- 2.20 A system should be devised which records and coordinates the regular activities and significant work being undertaken with detainees by different members of staff.

Section 3: Duty of care

Bullying

Expected outcomes:

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

3.1 A good deal of work had recently gone into producing a comprehensive anti-bullying policy, but the related procedures still had to be finalised. Less than a third of staff had been trained in the new procedures and little information was given to detainees about them. Consequently, there had been little change in relation to anti-bullying work and the recently formed anti-bullying committee, which included detainee representatives, was still in the process of agreeing an implementation plan. Indications were that bullying was not a significant problem and staff tackled robustly any incidents coming to their attention. However, formal investigations had not been carried out and monitoring and analysis of bullying remained poor

3.2 In response to previous recommendations, a new anti-bullying policy had been introduced in May 2008, with new procedures for managing bullying implemented in October 2008. Consequently the new procedures were still under development and untested at the time of our inspection. The new policy put into effect the recommendation from our last inspection that anti-bullying should be managed separately from equality and diversity issues.

3.3 An anti-bullying coordinator had been appointed and had been tasked with developing the anti-bullying policy under the direction of a small steering group chaired by the deputy commandant. As part of the process of developing the policy, detainee focus groups had been held and other prisons, workplaces and schools had been visited by centre staff and their policies examined. The policy set out in detail how bullies would be dealt with and how victims would be supported. It included guidance for staff and training requirements and key objectives for an anti-bullying committee to implement the policy.

3.4 The anti-bullying committee which had been formed under the new policy was scheduled to meet quarterly. Two meetings had taken place in 2008. The meetings had been reasonably well attended but not all disciplines and departments in the centre had been represented. The policy stated that the committee was to be chaired by the deputy commandant but did not specify a designated membership. Discussions had focused on how to introduce the new policy and procedures to staff and detainees, including the role of detainee and staff representatives. A recent bullying survey was also discussed. Detainee representatives had attended both meetings and contributed to the discussions.

3.5 Training on the new procedures had started and 20 of the 70 staff had been trained.

3.6 Guidance from the armed forces noted that 'information from surveys of Armed Forces personnel indicates that incidents of bullying, harassment and discrimination occur across the Services to a greater extent than is indicated by the number of formal complaints.' (Army general administration instruction (AGAls) Vol 2, 75G-1, issue 165.) Monitoring and analysis of bullying at MCTC was poor and it was impossible to establish the extent of bullying from the

limited records of bullying incidents. We examined observation books and general complaints made over the previous 12 months from which it appeared that complaints about bullying were very low. In our survey, 16% of detainees said they had been victimised by another detainee. The figures for detainees on A company were significantly better than those for D company. Only 10% of detainees in A company said that they had felt unsafe at some point in MCTC, compared with 35% in D company, with 9% of A company detainees stating that they had been victimised by another detainee against 25% of D company detainees. Thirty-one percent of D company detainees said they had been victimised by a member of staff against a significantly lower comparator of 7% for A company detainees. The most common form of reported victimisation by detainees and staff related to insulting remarks (11% and 9% respectively of those who reported that they had been victimised). However, detainees who we spoke to in focus groups did not indicate that victimisation or bullying was a significant issue and said that any incidents were dealt with swiftly and robustly by staff. In our survey, 53% of detainees who had been victimised said that they had reported it which was significantly better than the figure of 4% reported in 2004.

- 3.7 The centre had conducted a bullying survey in June 2008. There had been a good response from 111 detainees. An initial analysis of results had not yet been discussed by the anti-bullying committee. Further analysis was required, but the survey seemed to indicate a slightly higher incidence of bullying than our own survey, but agreement that the highest category was insulting remarks.
- 3.8 There had only been one formal investigation into a complaint about bullying in the previous ten months. That investigation had followed the new procedures and had been thorough. Staff were unable to provide any other evidence of formal or informal resolution of bullying over the previous 12 months, although they assured us that bullying was tackled robustly.
- 3.9 Information about what to do in the event of bullying was not included in the information leaflet given to detainees on reception, nor was it mentioned in the script for the platoon sergeant's briefing to new arrivals. There was a brief section on bullying in the new admissions book, but the language used and the definition of bullying were inappropriate and there was no information on support available to victims. Despite these shortcomings, staff and detainees had a good understanding of what constituted bullying behaviour. There were posters on bullying displayed around the establishment.

Recommendations

- 3.10 The new anti-bullying procedures should be evaluated after 12 months to establish their effectiveness.
- 3.11 There should be a designated membership for the anti-bullying committee to ensure that it is multidisciplinary and that all relevant departments are represented.
- 3.12 The centre should make efforts to establish the reasons why perceptions about safety and about the level of bullying on D company are poorer than on A company.
- 3.13 Information about bullying and the support available to victims should be given to detainees on reception and this should be set out clearly in the admissions book.
- 3.14 The centre should collect and analyse intelligence on bullying to monitor trends and inform strategy and policy.

Child protection and child welfare

Expected outcomes:

The centre provides a safe and secure environment, which promotes the welfare of the children in its care, protects them from all kinds of harm or neglect, and treats them with dignity and respect.

3.15 Child protection procedures were very well managed. There was a good level of staff training and staff had understood the nature of child protection and how to make a referral. There was a robust approach to carrying out Criminal Record Bureau checks. A good system of assessment and care planning for the small number of children cared for at the centre had been introduced. All child protection referrals had related to disclosures of historic abuse and no allegations had been made against staff at the centre. Contact had been renewed with the local social care children's services and there was evidence that the previously good arrangements were being reinstated following a period of local restructuring.

3.16 There was a comprehensive child protection and safeguarding policy which had been agreed with Essex Social Care Children's Services Department (SCCSD). Criteria for child protection referrals were clearly set out and included historic disclosures, unborn children whose mothers were resident in the centre, allegations against professional carers including centre staff, and notification of any detainee being released who had been convicted of an offence which could pose a risk to children. There was also provision for the notification of any child under 16 years of age admitted to the centre who would be the subject of a strategy meeting within 24 hours to agree future care. No child under 16 years had ever been admitted.

3.17 Referral procedures were clear and details of Colchester Children's Assessment and Family Support (CAFS) team, which dealt with referrals from MCTC, were set out in the policy. Guidance for staff on recognising indicators of child abuse and neglect had far more relevance to children in community settings and did not provide useful illustrative examples for staff working with children at the centre. Other guidance relating to handling a disclosure, concerns about members of staff and the internal and external referral processes was much more relevant and useful.

3.18 The welfare officer acted as the child protection coordinator. He was very experienced, having acted in this capacity since May 2004 when child protection procedures and policies were formally introduced. He represented the centre on the Local Safeguarding Children Board and attended regularly.

3.19 During the last four years, there had been 22 child protection referrals, all of which had related to disclosures of historic abuse. They had been appropriately referred and monitored. Several had resulted in criminal convictions. There had been no child protection allegations against members of staff or detainees.

3.20 A child protection committee known as MCTC safeguarding children board met quarterly to monitor the progress of referrals and to implement all aspects of the policy. The designated membership was appropriate and included representation from SCCSD. There had been a period of lack of engagement by SCCSD as a result of major restructuring of their services. Local contacts had now been renewed and there was evidence that the previously good arrangements between the centre and the local authority were back on track and that the local authority were involved in critical areas such as policy development and training for staff. Despite few referrals to consider, committee meetings were well attended and useful business

was discussed such as developments in SCCSD, safe recruitment and staff training. The committee was also concerned with the welfare of the children of detainees. For example, a recent initiative had secured the services of a team from a children's centre in Ipswich who would visit monthly to present information about the national Sure Start programme.

- 3.21 The level of staff training in child protection was very good. All staff had received initial training and were required to take part in annual refresher training which was delivered each month to ensure that all staff in the centre could attend. There were 30 trained trainers in the centre to cater for demand. All trainers had completed a multidisciplinary training for trainers' course run by SCCSD. In addition, SCCSD offered higher level courses for specialist staff such as healthcare. Even visiting contractors were required to undertake a briefing on the basic principles of child protection before being permitted to work in the centre. All newly recruited staff were Criminal Record Bureau checked to enhanced level and a process of retrospective checking had begun in May 2008 resulting in 95% of staff being cleared.
- 3.22 A good system of assessment and care planning for the small number of children cared for at the centre had been introduced. We were unable to form a judgement about how well the new system had been implemented, since there were no children detained at the time of the inspection and closed records were not available. Nevertheless, staff we spoke to had been trained in the procedures and understood the task. In the previous two years, three young people aged 17 years had been admitted – two young men and one young woman. We were told that the number of children sent to the centre had reduced following a service directive that they should only be sent as a last resort and for sentences over six days. Consequently, it appeared that children were being given short sentences which were served in their own units.

Recommendation

- 3.23 **Guidance for staff on recognising indicators of child abuse and neglect should be revised in conjunction with Essex Social Care Children's Services Department to ensure that it is helpful and relevant to staff working with the population at MCTC.**

Self-harm and suicide

Expected outcomes:

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

- 3.24 Detainees who were identified as vulnerable received a high level of individual input and were cared for well on a day-to-day basis, but none had individual care plans and there were no records of the monitoring and support that was being provided. There was no formal peer support scheme for vulnerable detainees. Although all vulnerable detainees were subject to a brief weekly discussion, there was no means of carrying out thorough individual reviews. Data collection was limited and there was no analysis of relevant patterns and trends. Staff were well briefed about detainees who were vulnerable and needed to be monitored, but staff who had received specific training in the management of detainees at risk of self-harm had all recently been deployed overseas so there were no staff with relevant training on site.

- 3.25 There were good systems to identify on arrival detainees who might be particularly vulnerable or at risk of self-harm (see also section on arrival and first days in detention). Individuals who were considered to be at risk of self-harm were placed on a monitoring system with three levels of observation. The category of blue star indicated that the detainee was considered at high risk of attempted suicide or self-harm; the category of very special observation indicated that the detainee was vulnerable and presented a lower risk, but still required a high level of observation; and the special observation category indicated that the detainee required a prescribed form of observation but was considered to be at the lower end of the scale of vulnerability and risk. The majority of detainees remained on normal location while under observation, sometimes in single rooms.
- 3.26 Detainees placed on the highest (blue star) level were allocated a 'personal support officer' and subject to standard 15-minute checks. The commanding officer was supplied daily with a brief written summary of their circumstances. We spoke to two detainees who had most recently been subject to blue star procedures. They both spoke very positively about the treatment and support they had received from staff during this period. They referred in particular to the regular input from their personal support officer. However, both detainees said they found the routine 15-minute checks intrusive and unhelpful. Levels of observation for detainees on very special or special observation were agreed at a weekly assessment meeting.
- 3.27 All the night staff we spoke to had been first-aid trained and were well briefed about detainees subject to monitoring. They carried out their observations methodically.
- 3.28 All detainees who had been designated vulnerable and subject to some form of observation were reviewed at a weekly assessment meeting. This was normally chaired by the commanding officer or, in his absence, the deputy. This meeting was well attended with representatives from all the key areas in the centre. Detainees were invited to attend these meetings, but in practice they never did and had very little involvement in the care planning process. This could have been because of the difficulty of discussing private matters openly within such a large forum. A well informed, but rapid, discussion took place on each individual and decisions were made about the level of observation to be maintained. A useful weekly list of all the decisions reached was then produced and distributed throughout the centre, along with a brief update of each individual who had been considered. Apart from this weekly forum, there was no means of actively reviewing the individual circumstances of vulnerable detainees.
- 3.29 The documentation associated with the blue star level, which recorded the monitoring and support arrangements, tended to be limited and did not reflect the level of monitoring and support being provided. The initial assessments were adequate, but there was no evidence that these were being reviewed. There was no individual care plan and no record of the helpful input described to us by detainees and carried out by the personal support officers.
- 3.30 A small number of staff had been trained in assessment, care in custody and throughcare (ACCT) procedures as used by the Prison Service, but they had all recently been deployed overseas so there were no staff with relevant training currently on site.
- 3.31 The collection and analysis of relevant data and strategic management overall were also limited. There had been a significant increase from eight to 15 in the number of blue star cases over the past year, but there was no analysis of the different levels of monitoring or reasons for implementing formal observation, in order to identify patterns and trends.
- 3.32 There was no ligature-free accommodation in the centre. However, following a recent review, funding had been obtained to install a ligature-free room in each of the residential units. Staff

told us that they could not recall an occasion when anti-ligature clothing had been used since the previous inspection, although a store of this was kept in the military custody platoon (MCP). A log of the use of anti-ligature clothing was not kept and there were no written procedures or governance arrangements regarding the use of anti-ligature clothing.

- 3.33 A basic 'befriending' scheme had been introduced to help newly admitted detainees settle in to the centre (see section on arrival and first days in detention), but befrienders had no specified role in the support of detainees who were being monitored and supported because they were vulnerable or at risk of self-harm. All detainees who were subject to blue star monitoring were seen by the community mental health nurse (see also health services section). Some other vulnerable detainees had been referred to the community psychiatric nurse for assessment and support; some had been given additional support by the welfare department, including help to contact family, but in the main staff on the units were used as the primary source of support for vulnerable detainees.

Recommendations

- 3.34 Monitoring checks should not be carried out at regular and predictable intervals.
- 3.35 Regular reviews should take place involving a range of staff from different disciplines and family and friends as appropriate to ensure that individual care and support is provided to detainees at risk.
- 3.36 Documentation associated with the monitoring and review system for vulnerable detainees should contain detailed and up-to-date records. This should include updated assessments, staff observations which record interaction with the detainee, a detailed care plan, and details of action points agreed at the review.
- 3.37 Detainees should be actively involved in planning their care.
- 3.38 Data relating to the number of vulnerable detainees subject to formal monitoring should be collected and analysed to determine any patterns and trends.
- 3.39 Key staff involved in work relating to the management of vulnerable detainees and suicide and self-harm prevention should receive appropriate training relevant to the implementation of the monitoring systems in operation at the centre.
- 3.40 A log should be maintained recording any use of anti-ligature clothing and robust governance arrangements should be put in place.
- 3.41 The befriending scheme should be developed so that it is an integral part of the support system for vulnerable detainees.

Diversity

Expected outcomes:

All detainees have equality of access to all centre facilities. The centre should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support. Racial diversity is embraced, valued, promoted and respected.

3.42 Six percent of the population were from black or minority ethnic communities, 5% were foreign nationals and there were just two women (1%). Armed forces and local policies emphasised equality and diversity values, but monitoring and impact assessment were at an early stage. The centre equality and diversity meeting was chaired by the deputy commandant and included detainee representatives. The few incidents suggesting discriminatory conduct were taken seriously and used appropriately to inform refresher training for all staff in the annual training plan. Some improvements had been informed by occasional consultation with minority groups.

3.43 The centre was subject to an armed forces unified diversity strategy and an equality and diversity directive for the army affecting recruitment, training, complaints processes, policy and transparency. These were supported by a general action plan. Requirements included initial and annual training of all ranks to understand the standards expected. Published policy, guidance and instructions included sections on specific areas of proscribed discrimination and general bullying. Any incidents, whether formally or informally raised, were required to be logged in a pro forma equality and diversity log.

3.44 In line with the centre's local policy statement, the policy and the name of the responsible officer were displayed around the establishment. The action plan, dated 1 September 2008, was written in general terms, listing the objectives of the equality and diversity policy, with review dates in most cases indicated as annual or ongoing. Six-monthly equality and diversity reports were sent to the army directorate of manning, recording briefly any incidents, lessons identified, command summary and look ahead. There was little feedback on what happened to these reports. On site, incidents, complaints and any other issues raised were reviewed at weekly meetings of the orders group, chaired by the commandant, and at the monthly equality and diversity meetings. However, there was no systematic ethnic or other minority group monitoring, to measure proportionality either of their presence or their experience. A generic equality and diversity impact assessment tool had been issued, but it had not yet been completed in respect of any policies or diversity strands.

3.45 The monthly equality and diversity meetings were chaired by the deputy commandant. Membership across the centre was appropriate and the meetings were generally well attended. One or two detainee representatives from A and D companies attended the equality and diversity meetings. Detainees were encouraged to gather views and report accordingly at the meetings and there was evidence at one meeting of a female detainee reporting at length. Action points were noted and followed up. Equality and diversity values formed a part of detainees' induction training. There had been some progressive consultation, in a survey and in meetings with some of the detainees, which led to informed change. There were a number of declarations and posters around the centre promoting equality and diversity. Most of the population of 160 returned an anonymous questionnaire in July 2008. It was headed 'equality and diversity' but included broader questions on safety and victimisation. Reported victimisation arising from race or ethnic origin or gender, by staff or other detainees, was less than 1%. This was similar to the low levels recorded in our survey. Asked about victimisation by other detainees because of sexuality, disability or religion, 1%, 0% and 3% respectively reported incidence. Asked about victimisation by staff, the response rates were 4%, 0% and 3%.

3.46 The armed forces are not subject to disability discrimination legislation in the same terms as other bodies. Detainees at the centre were generally young and able-bodied. Although much of the accommodation was suitable for people with mobility difficulties, the only toilet for people with disabilities was in healthcare, which was closed at the weekend. It was anticipated that information accompanying detainees, and routine questioning on reception, would reveal any

disability, to which health services would react, but healthcare screening was in practice perfunctory. Remedial gym was available, with a specialist instructor, and education assessment included detection and planning for learning difficulties. The library had a stock of easy readers and the recently appointed librarian had moved some of these to the carousel of eye-catching paperbacks, noting some reluctance to be seen taking books from the easy reader section.

- 3.47 Only two women were detained during the inspection, a not untypical number. One was in A company and the other in D company, where both were single occupants of small dormitories at the end of the accommodation corridor (see section on residential units). They were subject to the usual rules of non-communication with detainees of other status, plus additional restrictions on mixing with the opposite sex, which meant they were particularly isolated. They did not even have room-mates to talk to. A further effect of this was that, since most people found out what to do from their room-mates, the women suffered a longer period of anxious uncertainty. There were only a few occasions during the day when they had the opportunity to talk to other detainees; these were a mixed blessing, since they felt they were objects of curiosity. One had become distressed after a period of isolation which led to occasional relaxation of rules to permit her to spend some time in the evening talking in the room of the other woman. Although no formal impact assessment had been conducted, there had been a recent consultation, 'female focus', with a view to recognising the specific needs of women. Modest improvements to date included a wider range of toiletries on sale in the shop, women's reception packs which included tampons or sanitary towels, and better access to the laundry. The review was continuing. Approximately a quarter of the staff were women.

Race equality

- 3.48 Six per cent of the population were black or of minority ethnic background. In our confidential survey of most of the population, none reported victimisation by detainees because of race or ethnic origin, and 1% reported it by staff. Racist incidents, raised either in a complaint or from any other source, were directed to the deputy commandant and entered in a numbered log. Reported incidents were rare and usually related to something said. Between April and November 2008 there had been four logged, two of which were related and currently under investigation. The most serious arose from a comment made by a staff member to a detainee. Investigation was started the same day. The staff member received a formal warning and a requirement to undertake further training. The complainant was notified of the outcome in writing by the deputy commandant. The investigation informed the diversity training plan for the whole establishment. All staff were due to receive additional training during the year, and half had so far received it.
- 3.49 Community engagement with minority groups was limited, as the reference community was the armed forces rather than the locality. Some opportunities were followed up. A group of selected detainees were due to visit Luton Young Leaders' Academy, a charity running programmes for young black men, to talk about their experiences.

Foreign national detainees

- 3.50 Seven people (5% of the population) were recorded as foreign nationals. In the last seven months, of 684 admissions, 28 foreign nationals were recorded (4%): 13 from Fiji; eight from African countries; five from Caribbean countries; and one each from Ireland and Nepal. We

were told that the largest foreign contingent in the army was from Fiji¹. At a time when seven Fijian soldiers were present, the centre undertook a survey, based on open discussion, to establish if their specific needs were catered for. This resulted in improved telephone access at a time suitable for Fiji, a gathering in the multi-faith room to celebrate Fiji day, and a commitment to maintain monitoring. It was a good example of how proactive consultation could bring to light and address specific needs (see section on faith and religious activity).

Recommendations

- 3.51 Formal monitoring should take place to ensure that minority groups are not discriminated against and that they have appropriate access to services and activities that meet their needs.
- 3.52 The centre should undertake impact assessment of policies and procedures as they affect minority groups. The outcome should be used to inform a review of written policy and staff training. (See also recommendation 2.11.)

Contact with the outside world

Expected outcomes:

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

- 3.53 It was easy to book a visit and the visitors' centre was a welcome addition to the facilities for visitors. The majority of detainees lived over a hundred miles from the centre and few had frequent visitors. It was difficult and expensive for visitors to get to the centre by public transport. Accumulated visits were available, but there were no family days. The visits hall and facilities were basic, but security was proportionate and staff were helpful and responded well to comments made by visitors in surveys. Although staff were flexible if detainees had a specific need to contact their families, detainees did not have sufficient access to telephones to enable them to contact their families frequently enough.

Mail

- 3.54 Detainees could send a free letter on admission but after this all postage and stationery had to be purchased with their own money. There was no restriction on the number of stamps which detainees could buy.

Telephones

- 3.55 Forty two percent of detainees said that they had problems getting access to telephones. This was significantly worse than the response of 18% at the previous inspection. Most detainees were restricted to two 10-minute phone calls a week. Some detainees on stage 1 were only permitted one call a week. Additional calls were arranged on request through the welfare department if a specific need could be justified. Many detainees, including those who were returning to their units, cited homesickness or family relationship difficulties as reasons for

¹ There are some 6,500 Commonwealth citizens in the British Army, which numbers 99,000. This equates to 6.7%. This includes 1,900 Fijians, which is 2%. Source: *The Guardian*, 5 April 2008.

being absent without leave, for which they had been sent to the centre. For these detainees and those who were being discharged from the services, access to routine family contact by telephone was inadequate to enable them to re-establish family ties and, where appropriate, make essential arrangements prior to their discharge.

Visits

- 3.56 A visitors' centre had been built following the recommendation made in the previous inspection report. The centre was situated at the rear of the security gate. It was bright and comfortably furnished with low tables and sofas. There was a toilet with access for people with disabilities and a changing facility for babies. Refreshments were available from a vending machine supplying hot and cold drinks. Leaflets were available about the local area, including overnight accommodation. Limited information was displayed about the centre and there was no advice for visitors concerned about the detainee they were visiting.
- 3.57 Visits booking arrangements were efficient. On arrival at the centre, detainees completed a form giving details of family and friends who were likely to visit them. The welfare clerk sent out an information pack to potential visitors which included an application form to complete and return. The clerk then booked the visit and sent out a visiting permit. If the requested visit could not be accommodated, the clerk contacted the visitor by telephone to offer an alternative date. Visits application forms were also available in the visits hall to enable visitors to apply for their next visit while they were there.
- 3.58 Detainees were each entitled to one two-hour visit per week. Visits were held on Saturdays and Sundays from 10am to 12noon or 2 to 4.30pm. Although we were unable to observe visits taking place, detainees reported that visits took place on time and that sessions were as prescribed and not curtailed. If visitors arrived late, they were permitted to stay beyond the regular session so that the full visit could take place. Staff checked on behalf of detainees when their visitors were late.
- 3.59 In our survey, 70% of detainees said they could use their full entitlement to visits. However, only 16% said they had received a visit in the previous week. Detainees we spoke to said it was difficult for family and friends to visit because of the distances involved. 85 % of detainees lived over 100 miles from the centre. Detainees and their immediate families received information about an assisted travel scheme for families on low income.
- 3.60 Detainees whose visitors lived some distance away could apply to have two or more accumulated visits over the same weekend. The welfare officer was flexible about allowing visits to be taken before actually being accumulated as long as the total number of visits over the period of detention did not exceed one per week. The welfare department provided information about local accommodation and families were told of their eligibility to apply for assistance with accommodation as well as travel costs.
- 3.61 Visits took place in the reception area which doubled as a visits area at weekends. Desk-height tables and plastic chairs were set out, but the environment was more functional than welcoming. There were no facilities for closed visits, but detainees under any form of suspicion were closely supervised, which was a proportionate approach. There were vending machines serving hot and cold drinks and snacks. Sandwiches and hot food were not available, which was a particular issue for visitors who had travelled long distances.
- 3.62 There were no family days. There were some toys for children, but no supervised play area. We were told that on occasions detainees had requested permission to leave their seats to play with their children and had been allowed to do so, but this was not actively encouraged.

Visitors were encouraged to complete feedback forms. Any complaints were dealt with immediately and a note of action taken was made on the form. Every three months the forms were sent to the welfare officer, the quartermaster and the commandant so that they could monitor any emerging themes or concerns. We reviewed the forms for the previous six months, most of which were very positive. A number of visitors complained that the chairs were uncomfortable and that the vending machines were either not working or had run out of supplies. The senior commanding officer responsible for the visits area had increased the frequency of restocking the vending machine in response to the complaints.

- 3.63 Visitors also complained about difficulties getting to the centre from the train station. There was no direct bus route and visitors travelling by bus from the station were required to take two buses and then complete their journey with a 20-minute walk to the centre, which was very difficult for those with disabilities or small children. Taxi fares were prohibitive for many.

Recommendations

- 3.64 Detainees should be offered one free letter a week.
- 3.65 All detainees should have the opportunity to use a telephone daily.
- 3.66 Posters and leaflets should be displayed in the visitors' centre advising visitors how to report in confidence concerns about bullying or vulnerability of detainees.
- 3.67 The visits hall should be more comfortably furnished and arranged to ensure easy contact between detainees and their families. Sandwiches or hot food should be available for visitors to purchase.
- 3.68 Transport should be arranged for visitors who cannot otherwise easily travel to the centre from the train station.
- 3.69 The centre should arrange regular family days for detainees with children.
- 3.70 The children's play area should be improved so that detainees are able and encouraged to play with their children in a safe and child-centred environment.

Housekeeping point

- 3.71 Visits staff should ensure that the vending machines are in working order and fully stocked.

Applications and complaints

Expected outcomes:

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

- 3.72 Routine applications were usually dealt with informally and promptly. Information about how to complain was given during induction and publicised around the centre. Efforts had been made to improve confidence in formal complaints procedures and encourage the use of internal

resolution, and detainees confirmed that they would approach centre staff with their concerns if they felt that they were in a position to help. However, almost all formal complaints were addressed confidentially to the Independent Monitoring Board or to the independent army visiting officer rather than up the internal chain of command. A sample of complaints that we examined were investigated promptly, but the standard of investigations was inconsistent.

- 3.73** Most routine applications were dealt with informally with little paperwork. Detainees told staff on duty if, for example, they wanted to see welfare. It was noted on a list for the next day, when, during morning 'distributions', they were authorised to make the relevant visit. Staff taking applications sometimes asked about the issue to see if they could resolve it on the spot. In our survey, 84% of respondents said they thought applications were dealt with fairly and 69% that they were dealt with promptly.
- 3.74** The formal complaints system had recently been developed to improve detainee confidence, although detainee reports were equivocal. There were five boxes around the centre. Boxes had been moved out of direct sightlines of staff positions and were opened each day by a member of the headquarters or welfare staff who was not working on the accommodation blocks. Stocks of forms and confidential access envelopes were co-located, and information about the complaints scheme was publicised, including beside the boxes and in induction information. There were two forms, one for the Independent Monitoring Board (IMB) and one which the complainant could address to internal authorities or to the army visiting officer (AVO). The AVO was a duty officer from a neighbouring base who visited to receive and investigate complaints with a measure of independence. The AVO visited on a fixed morning every week and dealt with complaints, usually during the morning.
- 3.75** The officer with principal responsibility for collecting complaints had set up a database of AVO and unit complaints. The database could group complaints by location or under various headings, including possible discrimination, to permit monitoring. They were usually dealt with within a day or two, with a three-day target. Summaries were reported to orders group meetings, which took place most weeks, chaired by the commandant, to identify any emerging trends or serious incidents and there was evidence of appropriate action being taken to address concerns raised.
- 3.76** Detainees we spoke to expressed confidence in the IMB. In the last seven months, 110 complaints had been addressed to the IMB, 42 had been sent to the AVO, and none had been addressed to the unit for internal resolution. Information supplied about the internal system did include advice that dissatisfied complainants could raise the matter further up the chain of command. Some detainees we spoke to said that, if they thought the unit staff could resolve an issue, they would just speak to them; but if they were not satisfied with the reaction, or if they did not think staff within their sphere of contact could resolve the matter, they complained to the AVO or IMB. Both the AVO and the IMB were usually obliged to interview staff in the course of their investigation, which inevitably fed into detainees' hesitation about complaining. One detainee explained that, following his complaint about treatment by an officer of higher rank, that treatment had stopped, and he had withdrawn the complaint, but he felt exposed to future retribution.
- 3.77** The AVOs usually dealt with a couple of complaints a week and checked the boxes for any more as they went around. One of the welfare officers accompanied them to locate interviewees, but left during interviews so that detainees could speak to the AVO confidentially. They wrote up their summary reports of findings to the commandant the same morning. Complainants were spoken to but did not usually receive any written response. The AVO we accompanied during the inspection was thorough in his investigation, but in the sample of investigations we examined standards were inconsistent between different AVOs. The most

frequent complaint concerned food, which the IMB also reported to be the main complaint. Of 24 AVO complaints summaries we looked at for the last two months (or 34 including 11 of the same date complaining in similar terms about catering standards), five were about inappropriate staff language or comments, of which three were upheld.

Recommendations

- 3.78 Regular consultation should take place with detainees concerning the internal complaints system to continuously monitor confidence in the system.
- 3.79 Detainees who write formal complaints should receive a written response reporting the outcome.
- 3.80 A system of quality assurance should be introduced to ensure that complaints are investigated and dealt with to a consistently high standard.

Legal rights

Expected outcomes:

Detainees are told about their legal rights during induction, and can freely exercise these rights while in the centre.

3.81 The consequences of detention were complex, including stoppage of pay, but detainees lacked clear and consistent information about the effects on them and their dependants, and there was not always ready assistance to guide them. The library lacked relevant legal reference materials, although this was being remedied. Detainees could not always telephone their solicitors promptly or privately.

3.82 Detainees we spoke to had been able to get legal advice and representation in respect of immediate legal proceedings. The armed forces arranged defence advice if someone had no legal adviser. However, there was a significant gap in terms of information about the many consequences of disciplinary proceedings, detention and discharge. We met no detainee who claimed to understand his or her situation; we met many who described uncertainty about this aspect of their detention as the most troubling anxiety. This affected them and their families. Detainees lost their pay once sentenced. However, they did not always know where to get specialist advice and assistance about how then to deal with continuing financial commitments, such as mortgages and credit card debts, or how to establish entitlements (see also paragraph 8.10). There was a lack of accessible information about the implications for other service-related benefits. We heard stories of wrong, inconsistent, and deferred information (see resettlement section).

3.83 Detainees' own units, the repositories of detailed records of their individual circumstances, should have delivered this information in the early stages of proceedings, but they told detainees that all would be explained or resolved at the centre. However, centre staff did not have all relevant information to hand, and detainees who made enquiries were often referred elsewhere. For detainees with limited access to a telephone, a limited weekly allowance, and in some cases poor literacy skills, pursuing lines of enquiry unaided was too challenging, and mounting interest on unpaid debts became a further obstacle to resettlement. Welfare staff were able to refer some cases to the local Citizens Advice Bureau (CAB), who were prepared to visit the centre, but not all knew about this option. CAB workers reported that it was difficult

for them to penetrate the obscure and inconsistent application of rules affecting detainees' financial status.

- 3.84 There was little legal reference material in the library. At the start of the inspection there was no military law text. Stock was being upgraded with the recent appointment of a librarian who was undergoing training. Legal reference materials were improved during the inspection.
- 3.85 To communicate with legal representatives, a video conferencing facility was available or visits were accommodated. However, telephone contact was not completely satisfactory (see section on contact with the outside world). Detainees might only be permitted one or two calls a week, which were likely to be in the evening or at weekends. Staff had discretion to permit an extra call during the day, but discretion was inconsistently exercised, and detainees were sometimes reminded of the ten-minute rule for telephone calls. Those most in need were the detainees whose cases were still pending, remanded in the military custody platoon (MCP). Whereas A and D companies each had two telephones in cubicles, the MCP telephone was in the corridor with an inadequate hood. Any discretionary call was offered at the staff desk in the corridor. Neither offered privacy.

Recommendations

- 3.86 For the benefit of staff, detainees and their advisers, clear guidance, written in plain language, should be compiled on the immediate and long-term financial consequences of detention or imprisonment.
- 3.87 Advice should be available from financial advice specialists to advise and assist detainees, particularly when the consequences of detention and financial loss impact on dependants.
- 3.88 A stock of legal reference material relevant to centre detainees should be maintained in the library.
- 3.89 Staff should be reminded that all detainees should be able to communicate with solicitors during working hours, and without a ten minute limit, and all such calls should be able to be made in private.

Substance use

Expected outcomes:

Detainees with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their sentence. All detainees are safe from exposure to and the effects of substance use while in the establishment.

- 3.90 There were reasonable arrangements for the clinical treatment of drug or alcohol abuse, but they were rarely needed. Counselling was available. Drug testing was random, but there were no records kept and there was the potential for duplication and inappropriate targeting of detainees. A short drug and alcohol awareness talk for new arrivals had recently been introduced, but there was no similar provision on release.

Clinical management

- 3.91 In our survey, 15% of detainees stated that they had a problem with drugs and 28% had a problem with alcohol on arrival. The centre had a comprehensive drug and alcohol detoxification policy which had been produced in August 2008. We were told that it had been used for one detainee in relation to alcohol. Staff commented that it was anticipated it would not be needed often. The initial reception screen was perfunctory (see health services section) and did not elicit much information about drug or alcohol abuse.
- 3.92 The policy had been devised by the Army Primary Healthcare Services (Eastern) with input from the Defence Community Mental Health Services. It included assessments, prescribing regimen and a patient consent form. If necessary, there were arrangements for a detainee to be admitted as an inpatient to either the garrison medical centre or mental health services in the community.
- 3.93 We had some concerns that welfare staff did not always communicate effectively with the medical centre to ensure that those who admitted to substance abuse were provided with symptomatic relief as well as psycho-social support.

Drug testing

- 3.94 In our survey, 16% stated that it was easy or very easy to obtain illegal drugs while at the centre. Drug testing was undertaken on a random basis, usually if requested by the sending unit. However, at the time of our inspection there was no testing taking place because the member of staff with responsibility for the task had been deployed on active service. Any positive drug finds were apparently reported to the commandant, but there were no statistics kept. Compulsory drug testing could also be carried out by the Army's central drug testing team, in line with other Army establishments.
- 3.95 There was one passive drug dog and handler. They carried out random room searches and checks of new arrivals. There were no records kept of the searches so there was potential for duplication and inappropriate targeting of detainees.

Recommendations

- 3.96 The initial reception screen should identify detainees with drug or alcohol abuse issues and symptomatic relief should be provided if required.
- 3.97 There should be effective lines of communication (with the consent of detainees) between the welfare officer, medical centre staff and mental health staff so that detainees requiring help with drug and alcohol abuse issues receive a comprehensive care package.
- 3.98 Additional staff should be trained to carry out drug testing to cover staff absences.
- 3.99 Records should be kept of the outcome of all drug tests, whether at the request of the sending unit or otherwise.
- 3.100 Staff should keep comprehensive records of searches and monitor them to ensure that there is no unnecessary duplication or inappropriate targeting of detainees.

Section 4: Health services

Expected outcomes:

Detainees are cared for by a health service that assesses and meets their health needs while in detention and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which detainees could expect to receive in the community.

4.1 There was a long term plan for the MCTC medical centre to become a 'branch surgery' of garrison which would ensure the professional development of staff and provide cross deployment. Initial health screening for new receptions was perfunctory and detainees reported negatively on the quality of care from the doctor. There was a risk that some health concerns, especially mental health, were not identified. The medical centre was adequate but arranged in such a way that there was potential for medical confidentiality to be breached. A community mental health nurse post had been created and mental health services had in general improved. Primary care services were adequate overall. Health promotion displays were excellent and smoking cessation courses were offered. Some detainees could have their medication in possession, and there was effective risk management. Detainees had no access to medication at night and could not see a pharmacist. There was confusion about detainees' entitlement to dental services, which needed urgent attention. The separate complaints system for health services needed some attention. There had been major improvements in clinical governance and a health needs assessment and comprehensive training needs analysis had been undertaken.

General

- 4.2 Primary health services were provided by Army Primary Health Care Service (Eastern) (APHCS). Until a month before the inspection, the medical centre staff had been responsible for the healthcare of staff as well as detainees at the centre. A health needs assessment had been undertaken since the previous inspection, dated 2006-2008. It included staff as well as detainees so needed to be repeated, but it revealed that 31% of all attendances at the centre were for musculoskeletal problems. The second most common attendance (18%) was for skin complaints.
- 4.3 The medical centre was of an adequate size, with a large waiting area with excellent health promotion displays using a variety of media. The medics worked from the duty room, which was also the reception area for detainees to book in. There was a large doctors' room, but access to it was via the duty room, so there was the potential for medical confidentiality to be breached. The pharmacy was neat and tidy, as was the nurses' room. There was a large treatment room, which also housed a bath that could be screened off when in use. A defibrillator stored in the treatment room was checked daily. The crash bag was kept by the entrance to the centre. During the inspection the contents of the crash bag were being reviewed.

Clinical governance

- 4.4 The practice manager post had just been taken up by a sergeant from another primary care unit, as her predecessor was leaving on promotion. Their handover coincided with the inspection. The deputy practice manager was a leading medical assistant (Royal Navy) and

there were three other army medics (lance corporals trained as healthcare assistants) in post. There were no administrative staff, so the medics spent the majority of their time undertaking administrative tasks. There was also a civilian manager for the region.

- 4.5 Medical cover was provided by staff from the garrison while the full time GP post was being advertised. The post was shared between an army doctor and a civilian GP. Other staff included a part-time civilian nurse and a civilian physiotherapist from the medical reception station (MRS) who provided 20 hours per week. She worked closely with the remedial instructor in the MCTC gymnasium.
- 4.6 It was intended that in time the MCTC medical centre would become a 'branch surgery' of the main garrison MRS and that both the nurse and the medics would eventually rotate their posts with staff from the garrison. This would benefit their professional development and the cross deployment of staff to provide absence cover.
- 4.7 MCTC was one of several primary care centres within the region. Staff submitted quarterly reports which formed part of the eastern region's overall clinical governance reporting. These reports included performance indicators, clinical risk management issues, significant event analysis and clinical audit results. While it was a report for the whole region, there was some evidence that the MCTC was appropriately seen as different from other units. There was a newly formed medicines and therapeutics committee which had met once.
- 4.8 Following our last inspection, a comprehensive training needs analysis had been undertaken. Staff each had a training plan with short, medium and long-term goals. All staff had undertaken resuscitation training within the previous six months. Every member of the team had to undertake child protection training at the beginning of their time at the centre.
- 4.9 There was an electronic clinical information system (DMCIP) which was being rolled out across the armed services. The eastern region had been one of the first areas to receive the system, which had several advantages. If a detainee arrived from a unit where DMCIP was already in use, staff in the medical centre had instant access to his or her clinical records. However, not all detainees who arrived from units with no access to DMCIP came with their clinical records (FMed4), which caused some problems. FMed4 files were stored in the duty room. DMCIP had sophisticated built-in Caldicott guardianship arrangements. Each medical centre had a Caldicott guardian: at the MCTC it was the practice manager. If a member of MCTC medical centre staff accessed the clinical records of a patient who was not at the MCTC, the practice manager would receive a phone call and email from the Caldicott guardian of the unit where the patient was based.
- 4.10 FMed4 records were sent back to the detainee's sending unit when they returned, or to a central store in Glasgow if the individual was released from the armed forces.
- 4.11 Medications were prescribed electronically, and the medics transcribed the prescriptions on to drug administration charts which were kept alphabetically by company in a ring binder.
- 4.12 There was a separate complaints system for detainees to complain about health services, but it was not well advertised. Detainees were encouraged in the first instance to speak to the practice manager who asked the complainant to complete a complaints form. Detainees then received a written acknowledgement from the practice manager within two days. The policy stated that the complaint would then be investigated and the complainant would receive a further written response, including an explanation and apology where appropriate. There had been two complaints in the previous year. The documentation that we observed did not show a

complete audit trail of the complaint being addressed. In both instances the complainant had left the MCTC.

- 4.13 Staff worked to Ministry of Defence clinical policies which were available to them electronically. There was a pandemic flu policy.

Primary care

- 4.14 When detainees arrived at the centre, they were seen by a medic who carried out a perfunctory health assessment. We did not believe that issues of concern, especially in relation to mental health, were always identified (see paragraph 4.34). Of equal concern was the fact that in the two weeks prior to the inspection, 46 of the 80 detainee admissions had arrived between 5pm and 6am. Seven (9%) had arrived after 10pm when staff from the medical centre were not on duty, so they did not see a member of the health services team until the following morning. In our survey, 22% of detainees stated that they had health problems on arrival at the centre, which was significantly worse than the 6% in our 2004 survey. All detainees who arrived at the centre were seen by a doctor on the day after their arrival.
- 4.15 If detainees wanted to attend the medical centre, they had to see one of the medics at 7pm for triage. An empty room on each of the company lines was allocated for the purpose. The medic took details of the detainees' problems and added them to the list for attendance at the medical centre the following day. The medic did not have any clinical equipment or homely remedies available during the triage session. They did not have triage algorithms to consult, but felt that their training and experience were sufficient.
- 4.16 Detainees attending the medical centre were escorted from company lines to the reception waiting room where they were supervised. They usually had to wait until all the company had been seen before returning to their company lines. There appeared to be little differentiation as to whether they were seen by the nurse or the doctor, unless they had arrived within the previous 24 hours or required a doctor's examination. Medics did not often see patients. At the time of the inspection, both doctors were male. We were assured that a female detainee could request to see a female doctor, but it was not clear how female detainees would know this.
- 4.17 From our observations and anecdotal evidence from staff, it seemed that more detainees attended on some days of the week than others. It was suggested that this pattern was directly linked to the activities that detainees were due to undertake on that day from which attendance at the medical centre would excuse them.
- 4.18 In our survey, 78% of detainees said it was easy or very easy to see the nurse, which was significantly better than 47% in our previous survey. 81% rated the quality of care from the nurse as good or very good, while only 63% said the same about the doctor. This was significantly worse than the response in 2004, when 92% thought the quality of care from the doctor was either good or very good. We were made aware of one occasion when the doctor was extremely and unnecessarily rude to a patient. The incident was documented in full in the detainee's clinical records. While the issue was dealt with quickly when brought to the attention of his chain of command, it served to illustrate the survey results.
- 4.19 In our previous inspection we noted that, according to Army practice, soldiers registered fully with a medical centre only if they were posted to a unit for more than eight weeks. This rule had applied to detainees at the MCTC but had been altered so that, once a detainee arrived at the centre, the medical centre staff were responsible for all his or her primary care needs. This was an improvement and meant that detainees who were due for vaccinations while at the

centre could receive them without delay. The medical centre staff were reviewing the vaccination status of A company in particular.

- 4.20 Detainees could be referred to the physiotherapist by the doctor. At the time of the inspection, the physiotherapist did not have access to DMCIP, which was a problem. There was no waiting list for the physiotherapist. The physiotherapist could allow detainees to undertake only 'foundation B fitness' if they were being treated. While this was helpful for some, some detainees might have benefited from 'foundation A fitness' with only slight modifications, which was possible at the garrison. In the previous three months, there had been nine new referrals to the physiotherapist. The physiotherapist could refer detainees to their unit physiotherapist if they still required treatment at the end of their sentence.
- 4.21 Chlamydia screening was available at the centre and detainees could be referred to the local genito-urinary medicine (GUM) clinic if required. Condoms were available for detainees going on home leave and for members of D company on release. All farm workers were given the 'flu vaccination.
- 4.22 Smoking cessation courses were run by two of the medics on two afternoons a week and were available to detainees serving more than four weeks at the centre. They had a one-to-one appointment with a medic who provided nicotine replacement therapy (NRT) and support. At the time of the inspection, there were nine participants, with four waiting to start the programme. All those under the age of 18 were given NRT.
- 4.23 If a detainee became unwell overnight, staff could contact the garrison MRS for advice or the detainee could be taken to the local accident and emergency department. However, night staff we spoke to seemed unaware of the fact that they could seek advice from nurses at the MRS.
- 4.24 Attendance at outside clinical appointments such as the local optician, the garrison dentist and GUM clinic were arranged by the company clerks. Detainees requiring x-rays were taken to the local hospital which provided an enhanced reporting service for all military personnel.

Pharmacy

- 4.25 Pharmacy supplies were obtained under contract from a local pharmacy. If a detainee was prescribed medication, it was usually obtained on the same day. A small stock of homely remedies was kept in the medical centre and a dual labelling system was used to identify if these medications were provided to a detainee. The pharmacist and pharmacy technician from the garrison made regular visits to the medical centre to check stocks against orders. Detainees were unable to see a pharmacist.
- 4.26 There were four treatment times per day, three of which were at meal times. Medications were administered from a trolley in the dining area and detainees were called to see the medic who was positioned behind a screen to offer confidentiality. The medication round at 9pm was conducted under the supervision of company staff and medics went to the detainees' rooms. Medics had undertaken some customised training for the administration of medications at the centre. This training had been evaluated favourably by all participants.
- 4.27 An in-possession policy had recently been introduced which included a comprehensive risk assessment document. At the time of the inspection, only detainees on level 3 of the staging programme were allowed their medication in possession, so implementation of the policy was slow and needed to be adopted across the centre. All detainees who had their medication in possession were considered at the weekly risk assessment meeting. This was a good initiative

because consideration could be given to the risks of in-possession medication to fellow detainees in the dormitory.

- 4.28 Detainees could obtain homely remedies such as mild analgesics at any of the treatment times, but not overnight when there were no clinical staff at the MCTC. Medics administered homely remedies under patient group directions.

Dental services

- 4.29 Dental services were provided by Defence Dental Services (DDS) based at the garrison. There was some dispute as to what detainees were entitled to from the DDS. The DDS standard operating procedures stated that military personnel away from their base unit were only entitled to emergency treatment from another dental department. Routine treatment could only be provided if a member of staff transferred to a new unit, because his dental records would then be held by the DDS of his new unit. It appeared that detainees were considered by the Colchester Garrison DDS to be 'temporary' and therefore only entitled to emergency treatment, despite the fact that similar rules had been changed for all other primary health services. As a consequence, some detainees in A company would miss their routine dental checks. We were assured by DDS staff that detainees could access routine dental care if required; we were further assured that this could occur even if the detainee's dental notes were not available. However, when this was put to the test during the inspection, such routine care was denied.
- 4.30 Detainees requiring emergency dental care had to be at the Colchester Garrison DDS by 8am. If they were late, they were denied treatment on that day. While centre staff made every effort to meet the 8am deadline, it took two members of staff away from duties because the centre minibus driver did not start his shift until 8.30am. In our survey, one detainee commented: 'Getting to the dentist as a soldier under sentence is hard and you only get treatment if you are in pain...I gave up in the end.'

Mental health

- 4.31 Mental health services were provided by the Department of Community Mental Health (DCMH), a separate unit from APHCS. Since our last inspection, DCMH had created a community mental health nurse post (CPN) specifically to cater for the needs of detainees. The civilian post holder was part of the wider DCMH team and had access to specialists, such as a consultant psychiatrist, and to peer supervision. She also had the advantage of having experience of working with clients with substance use issues. Detainees were referred to the DCMH team and all referrals were discussed by the team at weekly meetings. The team had performance targets to see all new referrals within 20 days, and urgent cases within one day. In the previous quarter these targets had been achieved across the region, including the MCTC.
- 4.32 Detainees were seen in the medical centre. The CPN had her own room with comfortable furniture and a DMCIP terminal, although there had been some problems with DCMH staff accessing the clinical records system. The CPN obtained written consent from all her clients to share relevant information about them with other disciplines. She saw all 'blue star' detainees and attended the weekly risk assessment meeting (see section on reception into detention). At the time of the inspection, the caseload from the centre numbered approximately 30 patients. However, we came across some detainees, who were not known to the CPN, who said that they had been under the care of a CPN prior to arrival at the centre. In our survey, 31% of A company and 47% of D company said they had emotional wellbeing or mental health problems. A breakdown of referrals to DCMH from January 2007 to October 2008 indicated

that 56 of the 104 referrals (54%) had no psychiatric disorder, while 30 (29%) had some type of adjustment disorder. We were concerned that some detainees with low-level mental health conditions had not been identified on arrival and were not being seen by appropriate personnel.

- 4.33 Detainees could also be seen by the welfare officers, who, like the CPN, could refer them on to the chaplain or drug and alcohol counsellors. The CPN was also the DCMH liaison officer between the Ministry of Defence and The Priory, which was used for those with acute mental health or detoxification disorders.
- 4.34 Some staff had received two-part mental health awareness training, but there were some notable exceptions, such as one of the welfare officers.

Recommendations

- 4.35 The health needs assessment should be repeated to ensure that the relevant services are being provided for detainees.
- 4.36 The medical centre rooms should be reorganised to ensure patient confidentiality and make best use of available space.
- 4.37 Medics should be able to use their clinical skills rather than undertake administrative tasks.
- 4.38 Plans for the medical centre to become a 'branch surgery' of the MRS should be implemented.
- 4.39 The medicines and therapeutics committee should revise the system for prescribing and administering medications to remove the need for the transcribing of prescriptions.
- 4.40 The health services complaints system should be clearly expressed and prominently displayed so that detainees are aware of how to use it.
- 4.41 The complaints process should be fully completed even if the detainee leaves the centre while a complaint is being investigated.
- 4.42 Detainees should be able to return to their scheduled activities after their appointment if clinically able to do so.
- 4.43 Female detainees should be made aware that they can see a female doctor if requested.
- 4.44 Medical centre and MCTC staff should analyse patterns of attendance at the medical centre to determine trends.
- 4.45 Detainees' poor perceptions of the quality of care provided by doctors should be investigated and any necessary action taken.
- 4.46 There should be more flexibility regarding the practice of detainees being allocated to 'fitness A' or 'fitness B' to ensure that their individual needs are met.
- 4.47 MCTC night staff should routinely consider the availability of health professionals at the garrison, from whom they could seek advice.

- 4.48 Detainees should be able to consult a pharmacist.
- 4.49 Detainees should have access to simple analgesia and other homely remedies when medics are not on duty.
- 4.50 Dental services should be available to all detainees regardless of their length of time at the centre.
- 4.51 The mental health needs of all detainees should be considered and appropriate services provided.
- 4.52 All staff should have mental health awareness training.

Good practice

- 4.53 *The arrangements for the confidentiality of clinical records held electronically were good.*
- 4.54 *Medics received customised training on the administration of medications which identified the uniqueness of the task against their usual duties.*
- 4.55 *All detainees who had their medication in possession were considered at the weekly risk assessment meeting. This was a good initiative because consideration could be given to the risks of in-possession medication to fellow detainees in the dormitory.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors).

Detainees are offered opportunities in education, vocational training and work skills programmes which meet their identified needs and promote personal responsibility. Education, vocational training and work skills opportunities also form part of the detainees' sentence plan and assist them to reintegrate into the services or civilian life.

- 5.1 There were sufficient activity places for the population, but detainees on the military custody platoon (MCP) were not given enough to do. There were no evening or weekend classes. Basic skills programmes were well managed and well taught. Pass rates in national tests were high, but there remained inadequate basic skills support for those on vocational programmes. Detainees with specific learning needs received individual support. Many detainees accessed courses through the learn direct centre, including a large number of business and management courses, and the success rate on these courses was high. There were still too few nationally recognised qualifications available. Skills in garage work and welding were well developed, reflecting industry standards, but plumbing skills were poor. Quality assurance of education and skills was poor. A few detainees were on community work placements or training courses. The library did not open in the evenings or at weekends and it was not well used.
- 5.2 There were sufficient activity places for the population. Those in A company were undertaking military training and had access to basic skills programmes. The majority of D company were undertaking education or training. Nine were working on the farm, one was on an external work placement, one was working in the laundry, one was waiting for release and one was unallocated. Most detainees attended their allocated activity full time. There was insufficient activity available for the ten detainees on the military custody platoon (MCP). They were provided with two one-hour basic skills classes each week and the remainder of their time was allocated to mandatory physical training, personal administrative and general duties and legal visits. One detainee, who had been in the MCP for over 180 days, had been given an individual education timetable and worked part time in the library.
- 5.3 Education and training were managed by the senior education officer. The education department was open on weekdays from 9am to 12.40pm and from 2 to 4.30pm. There were no evening or weekend classes.
- 5.4 The education centre provided programmes in literacy, numeracy and first aid. There was an appropriate range of vocational training, including welding, plumbing and garage skills. Garage skills consisted of tyre repair and fitting, and exhaust pipe fitting. There were also courses in fork lift truck driving, telescopic crane operations and an NVQ in plant operations through a private training provider. A learn direct centre, part of the Army hub, provided a range of skills for life, information and communications technology and business and management courses. In the past 12 months, approximately 170 detainees had enrolled on 660 courses, including a high proportion of business and management courses. Success rates on these courses were high.

- 5.5 Basic skills programmes were well managed and well taught and pass rates were high. In the previous eight months pass rates for literacy qualifications were 92% at level 1 and 85% at level 2. The pass rates for numeracy qualifications were 89% and 90% respectively. A good range of learning resources was used to support learning, including computers, text books, coloured paper and dictionaries. Tutors also made good use of everyday items such as daily newspapers and journals to support learning. They provided good individual support to detainees and were particularly effective in managing the mixed ability groups.
- 5.6 When required, tutors had arranged individual support for detainees with specific needs. For example, one detainee who was unable to read was given daily individual support using the Toe-by-Toe programme. His reading developed and he progressed to a taught literacy programme. Basic skills tutors also ran the Storybook Dads programme: about 60 detainees had used this programme to keep in contact with their children during the previous year.
- 5.7 There was inadequate basic skills support for those on vocational programmes. Detainees on vocational programmes who were not attending literacy or numeracy courses were given a self-study pack to complete. The pack was not well designed or appropriate for those with low literacy skills.
- 5.8 Detainees' welding and garage skills were well developed, reflecting industry standards. Welding was to a good standard and detainees in the garage competently changed tyres and exhaust systems using industry standard equipment. A local employer accepted detainees from the garage skills programme. In the preceding 12 months, 119 detainees had achieved a fork lift truck driving licence and 60 had achieved a telescopic crane operations award.
- 5.9 Plumbing skills were not well developed. As reported in the previous inspection, poor work skills were reflected in poor general housekeeping, untidy work areas and dirty and damaged equipment. Detainees did not demonstrate the quality of work required by employers and were not encouraged to do so.
- 5.10 The centre had been slow to implement nationally recognised qualifications. There were no qualifications available in the farm, gym, kitchen, or in garage skills. Only level 1 was available in welding and in plumbing the award did not reflect the range of plumbing skills taught and was not appropriate for general plumbing roles.
- 5.11 The centre provided some good individual support for those who were eligible for work placements. One detainee was on a work placement in the town working as a tyre fitter. The previous two detainees who had used this work placement had found employment in tyre fitting in their local area. Before the inspection, another detainee had a work placement as an administrator in a local hospice. Other detainees had been sent on bespoke training courses, including a chainsaw operators' course and a college course on animal welfare.
- 5.12 Individual training programmes were based on assessments including an appropriate consideration of the detainee's literacy and numeracy skills, previous education and employment history. This was recorded on a database and used by various staff to plan attendance at courses. However, learning plans did not focus sufficiently on outcomes. Courses available through other departments, such as welfare, were not incorporated into these plans (see also resettlement section).
- 5.13 The quality assurance of education and skills was underdeveloped and observation of vocational instructors was not sufficiently structured. The range of data and information available was not fully analysed or evaluated to give an overall view of the quality of provision and to inform improvements.

Library

- 5.14 The library was linked to the army library service. It was located in the education centre and was managed by a part-time librarian. She had recently been appointed and was not a qualified librarian. A company had access to the library on Wednesdays and D company had access throughout the week while attending the education department. Those in MCP could access the library on request, usually on Wednesdays, and they had their own small selection of books on the unit. However, the library did not open during the evenings or at weekends. Access to the main library for those with restricted mobility was satisfactory.
- 5.15 The stock of 2,200 books was low for the population, but was being extended through new purchases. There was an appropriate number of easy reader books for those with low levels of literacy. There were good links with the education department and a good range of books relevant to the vocational programmes offered. There were no foreign language books in accordance with army policy that service personnel should read in English. There were very few legal texts (see legal rights section). Daily newspapers were delivered to the library, but delivery was sporadic. One day during the inspection there were no newspapers delivered. The librarian had begun a simple survey of those who used the library to inform new purchases, but had not undertaken a comprehensive survey of needs across the centre.
- 5.16 The library was not extensively used, with just 190 issues in the preceding month. It had an effective computer system to allow access to the army library catalogue. Detainees could use this to request books, but these could take some time to arrive as army libraries were situated across the world and books would be sent by second class post. Stock loss was about 3.5%, but this was not routinely assessed.

Recommendations

- 5.17 Detainees in the military custody platoon (MCP) should be fully occupied during the day in activities which meet their individually assessed needs, subject to risk assessment.
- 5.18 Vocational training should be introduced in the kitchen, the farm and the PE programme.
- 5.19 There should be opportunities for detainees to develop their literacy and numeracy skills in vocational contexts.
- 5.20 The plumbing workshop, training and qualifications available should reflect the needs of external employers.
- 5.21 There should be more opportunities for detainees to achieve nationally recognised qualifications.
- 5.22 Learning plans should identify what detainees are expected to achieve and include all aspects of their learning in the centre.
- 5.23 The observation of teaching and learning in vocational areas should be based on clear and relevant criteria and be formally recorded.
- 5.24 The education centre should carry out a comprehensive annual evaluation of the quality of provision and use this to inform an improvement plan.

- 5.25 The opening hours of the library should be extended to evenings and weekends.
- 5.26 The library should carry out a detailed survey of needs across the centre and library stock should be increased in line with the needs of the population.

Housekeeping point

- 5.27 Stock loss in the library should be routinely monitored.

Physical education and health promotion

Expected outcomes:

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

- 5.28 PE facilities were good and detainees had good access to the gym. All activities were available for both men and women and included an appropriate range of compulsory fitness and recreational PE, including team games. Links with the medical centre were good and remedial PE was available. Changing and shower facilities were satisfactory. The PE department kept a comprehensive record of accidents and injuries. There were no opportunities for detainees to achieve vocational qualifications.
- 5.29 PE facilities were good and included a sports hall with a climbing wall and a large and well-equipped weights and fitness room containing treadmills, step machines, cross trainers and static bikes. Outside facilities included exercise areas, a tennis court and an assault course. Changing and shower facilities were satisfactory for both men and women.
- 5.30 All detainees were given a timetable of PE activities during induction. A company detainees had five sessions of compulsory PE each week and two sessions of recreational PE at weekends. D company detainees had access to the gym six times a week: two planned sessions and four recreational sessions. Detainees who were on stage 3 also had access on four evenings until 7.15pm. Detainees located in the MCP had compulsory sessions every morning.
- 5.31 All detainees were given a medical assessment during their induction and the results were passed to the PE staff who assigned detainees to one of two foundation programmes depending on their assessed level of fitness (see also health services section). The PE timetable reflected both levels of fitness. Many of the compulsory and planned PE activities were run in outside exercise areas or on the assault course. A company detainees were also expected to attend swimming once a week. Team sports, including volley ball, badminton and seven-a-side football, were played in the sports hall at weekends.
- 5.32 All activities were available for both men and women and clean gym kit was provided. The PE department kept a comprehensive record of accidents and injuries and referred detainees to the medical centre for reassessment where necessary.
- 5.33 There were no opportunities for detainees to achieve vocational qualifications (see section on learning and skills and work activities).

Faith and religious activity

Expected outcomes:

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

- 5.34 The full-time padre was accessible during induction and on regular visits to the accommodation blocks. Very few detainees at the centre had declared non-Christian religions. In addition to a Christian chapel, there was a small multi-faith unit, but it was little used. Diverse religious texts and contacts were available on request, but could have been better promoted to encourage confidence.
- 5.35 At the time of the inspection, 79% of the population who had declared religions were Christians; there was one Muslim, one Sikh, one Buddhist and five of other religions. The full-time Church of England padre was assisted by a part-time Roman Catholic officiating chaplain. The padre also assisted the neighbouring garrison which had a large contingent in the field. To some extent this limited his ability to attend all meetings such as the weekly orders group meetings and diversity meetings, although he attended whenever possible.
- 5.36 Detainees were asked about their religion on arrival and the padre had a regular slot in the induction process to introduce himself and arrange for needs to be met. His photograph was displayed around the centre and he undertook regular walkabouts, often during the evening when detainees were present in their accommodation and could approach him. They could also apply to see him or use the chapel. He was often called upon to help with personal problems or bereavement.
- 5.37 Church of England and Roman Catholic services were held every Sunday in a pleasant chapel. Anyone could present themselves to attend, although they had to be escorted from their accommodation to the chapel. The chapel also ran an Alpha course, to discuss general issues of spirituality and morality, and participated in teaching core values. Feedback on the Alpha meetings was positive.
- 5.38 A small multi-faith unit in the accommodation block was modestly furnished. During the inspection, the multi-faith room was used for some private interviews, but we were told it was infrequently used. The key had to be obtained from the gate office in A block. Neither the multi-faith room nor the library held many religious texts. However, texts could be easily obtained either from the central army library or from the padre, and we met people with religious texts in their rooms supplied on request by the padre. The padre had contact details of religious communities in the area, and people could be escorted to a service in the community, but usually the first port of call for advice on minority religions was ministers attached to the army. They occasionally visited and sometimes spoke direct over the telephone with detainees.
- 5.39 Although the individuals who declared minority religions did not complain to us of unmet needs, we had some concern that commitment to religious diversity was not conspicuous and that some detainees might be wary of stepping forward to ask. In the preceding month, the multi-faith room had hosted a meeting of Fijians to celebrate Fiji day. This was largely the result of the centre initiating consultation with this group about their specific needs (see section on foreign national detainees).

Recommendation

- 5.40 Availability of the multi-faith room, and contact details of local religious communities whose ministers might be able to visit, should be actively publicised to support members of minority religions.

Time out of room

Expected outcomes:

All detainees are actively encouraged to engage in out-of-room activities, and the centre offers a timetable of regular and varied extramural activities.

- 5.41 Detainees were out of their rooms and occupied most of the day, with variations according to status. Occupants of the military custody platoon (MCP) had little purposeful activity. During most evenings and weekends, purposeful activity was limited for all.
- 5.42 Between reveille at 6am and lights out at 10pm, most detainees were out of their rooms for more than 12 hours on weekdays, but less at weekends. Between 7 and 8.15pm most were locked up, or confined to rooms, for an hour between evening meal and evening free time. For much of the time during the day they were occupied with training, education, or other scheduled activities. Activities, level of free movement, and time out, varied according to stage and company. The MCP timetable was less structured than timetables in A and D companies. Unsentenced MCP detainees were occupied some of the time with sorting out their cases, but during much of the day they just sat around in their association room, which had a television and bookcase (see also sections on learning and skills and the MCP).
- 5.43 Although they were kept busy most of the day, for most detainees the evenings and weekends brought stretches of boredom. Those on the lower stages only had occasional access to a communal television. Free association was restricted, particularly for women (see section on diversity). There were a few board games that could be borrowed. Detainees had radios in their rooms, some without aerials; they could have books, magazines or communal newspapers. Some reading materials could be sent in. The lack of recreational activity encouraged reading, but long-term detainees got through the modest library stock quite quickly. Some had not told their families where they were and had nobody to send in reading materials. Some just tidied and re-tidied their rooms.

Recommendation

- 5.44 Detainees' rooms should be equipped with working radios.

Section 6: Good order and discipline

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-detainee relationships based on mutual respect as well as attention to situational and procedural matters. Rules and routines are well publicised, proportionate and fair and encourage responsible behaviour.

6.1 Rules of the centre were prominently displayed, but notices were not always user friendly. Rules were appropriate and, in general, fairly though strictly applied by staff. The level of security information was low, but there was no indication of under-reporting. When security information was reported, it was through the chain of command. There were no routine searches and target searches revealed few finds. Overall, security was proportionate and did not place unnecessary restrictions on detainees.

6.2 Rules of the centre were explained in the information pack issued to new arrivals and displayed on the walls in detainee rooms. These notices were, however, typical of many at the centre which had not been written or presented to take account of the literacy limitations of many detainees (see also section on arrival and first days in detention). Published rules were also explained verbally by staff as part of the induction process, but this did not cover all the notices on display. It was evident from talking to detainees that, for many, the best source of information was the detainees they shared a room with.

6.3 Staff expected detainees to achieve and maintain high standards consistent with those applied in their units. On A company, which held detainees who, on completion of their sentence, would remain in the armed forces, the levels of military discipline were generally accepted. Detainees on D company told us that they felt less inclined to accept the levels of discipline insisted on by staff as they were due to be discharged from the armed forces on completion of their sentence. Nevertheless, despite their reluctance, the majority of detainees on D company complied with the routines and few complained to staff.

6.4 Staff were clear that unofficial sanctions and group punishments were not permitted and we received no complaints from detainees regarding such actions. Overall, detainees had a good understanding of what was expected of them and generally felt that the rules were applied fairly by staff.

Security

6.5 Security was managed through a warrant officer 2 who reported to the adjutant. Issues relating to security were discussed at the weekly orders meeting which was attended by senior staff. There was no security intelligence system. Instead, all information was reported through the chain of command. This worked well and was appropriate given the low level of information received. We reviewed company daily occurrence books and were satisfied that there was generally little that merited reporting and there was no evidence of under-reporting of security-related information. Morning inspections were carried out and included a property check as part of the procedure. There was no routine room searching and no strip searching. All room searches were targeted, based on information received or following indications by the drug

dog. Even when there had been positive indications, little was found. Detainees received a rub-down search as they left activities.

- 6.6 Relevant information was disseminated to staff through the detainee database, the risk assessment system or personal email. These arrangements worked well.
- 6.7 Punctuality was insisted on by staff and, despite many detainees having to be escorted to activities, they arrived on time. As they progressed through the staging system, detainees could earn the right to move around the centre unescorted.
- 6.8 The centre was calm and there had been no recent history of disorder or of detainees absconding. The perimeter fence was regularly patrolled. Night staff were assisted in this task by a detainee on level 3 of the staging scheme. All staff and visitors entering the centre were booked in at the gatehouse which was adjacent to the vehicle barrier. Tools were stored on shadow boards and contingency plans were being reviewed. Overall, levels of security were proportionate and did not negatively impinge on access to the regime for detainees.

The staging system

Expected outcomes:

The staging system is well publicised, designed to provide incentives and encourage good behaviour, and is applied fairly, transparently and consistently.

- 6.9 The staging system was applied fairly and, although the range of privileges was limited, they were nevertheless valued by detainees who worked hard to progress in the scheme. The daily points system made it clear to detainees and staff how detainees were progressing, but it took too long for detainees to be eligible to progress beyond the first level. Weekly reports and reviews were completed well and appeals were dealt with fairly.
- 6.10 The centre operated an incentives scheme known as the staging system which had recently been revised. The key change had been the increase in the number of levels from three to six. These levels comprised stage 1 induction, 1A standard, 1B basic, stage 2 enhanced, 2A enhanced plus and stage 3 trustee. At the time of inspection, 116 detainees were on either stage 1 induction or 1A standard, four were on stage 1B basic, 13 were on either stage 2 or 2A and 19 were on stage 3. Information about the staging scheme was explained on induction and publicised in all detainee rooms. Staff and detainees had a very good understanding of the scheme and how it worked in practice.
- 6.11 Detainees were assessed daily and received points Monday to Friday under five headings: turnout/bearing, locker/bed space, communal task, employment/attitude and approach. Under each heading they were scored between 1 and 5, the highest mark indicating exceptional effort, while the lowest mark indicated that significant improvement was required. Detainees could earn up to 25 points per week. 18 points or more across each of the five headings earned them a 'recommend'. Detainees who achieved five consecutive recommends were considered for upgrade to stage 2 enhanced. Those who did not achieve five consecutive recommends were considered for upgrade when they had achieved their sixth recommend overall. The minimum five weeks it took for detainees to be upgraded to stage 2 enhanced was too long given the short sentences being served by many of the detainees. Based on the population profile at the time of inspection, we estimated that approximately 40 to 50 detainees (42% of the population) would never be able to progress to stage 2.

- 6.12 New arrivals joined the scheme on stage 1 induction. Their status was automatically raised to stage 1A standard after they had been interviewed by the commandant, which normally took place a few days after their reception. Following this progression, detainees were issued with duvets instead of sheets and blankets and were no longer required to make bed packs. They also received a second free 10-minute phone call each week and could watch television on Friday and Saturday evenings.
- 6.13 Further privileges were gained as detainees progressed through the staging system by earning daily points leading to recommends. Privileges comprised more association, greater freedom within and outside company lines, less formal inspections on certain days and consideration for reintegration leave. Detainees on the highest level (stage 3) had the most access to association, a further reduction in the number of full inspections, access to a play station 2 and the right to have their own MP3 player. Stage 3 detainees could also pay for additional phone calls and be considered for outside work placements and short periods of parole.
- 6.14 Detainees on stage 1B basic had no access to out-of-dormitory association, had to make bed packs and only received one 10-minute telephone call per week. They were still able to attend core day activities. We spoke to several detainees who were either on stage 1B basic or had recently been taken off it. All of them were aware of the reasons for their status and we received few complaints.
- 6.15 The weekly reports were generally completed well and contained some supportive comments by staff. The company sergeant major (CSM) took the views of the platoon sergeants into account and we noted an example where the CSM had exercised a level of discretion and had taken into account the individual's previous good performance as well as the specific score for the week. The gate sergeant in education also contributed to the weekly report. While he took the views of the relevant staff into account, it would have been preferable for those directly supervising the detainee in education or training to make their own written contributions.
- 6.16 Each week detainees were called up individually by the CSM who went through their report with them and explained where they needed to improve. This personal approach was effective and served to motivate the majority of detainees. The commandant made the final decision regarding the placement of individual detainees within the staging system. One of the recent changes was the introduction of a pro forma for staff to complete when they considered it necessary to refer detainees for possible downgrading. Over the first full month (October 2008) since the form's introduction, only ten referrals had been made, one on A company and nine on D company. As part of the process, detainees were asked if they wished to appeal and several of them had. Appeals were referred to the officer commanding A and D companies who had upheld two of them.
- 6.17 Overall, the staging scheme was administered fairly and good records were maintained. While the range of additional privileges was somewhat limited, the vast majority of detainees were clearly motivated to progress within the scheme. This was a consistent message from our groups and from speaking to individual detainees.

Recommendations

- 6.18 The length of time it takes for detainees to progress from stage 1A standard to stage 2 enhanced should be reduced.
- 6.19 Relevant education staff should contribute directly to the weekly reviews of the staging system.

Discipline

Expected outcomes:

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

6.20 Breaches of discipline were dealt with fairly, there were good governance arrangements and punishments were proportionate. There was no effective monitoring of the use of single cells as calm-down rooms. Levels of use of force were very low. The quality of documentation was good and there were sound governance arrangements. Unfurnished accommodation had not been used for 18 months. The military custody platoon (MCP) was impressively clean and staff had established good relationships with their charges. Some elements of the regime were good, including access to association. However, opportunities for purposeful activity were poor and exercise in the open air was not routinely offered. Self-assessments completed by detainees who were segregated needed to be further developed before they could be considered effective reintegration plans. Although segregation was rarely used, governance was poor.

Detainee disciplinary procedures

- 6.21 There was a range of procedures available for dealing with breaches of discipline by detainees. More serious breaches were dealt with through formal hearings under section 83 of the Imprisonment and Detention (Army) Rules 1979. Section 83 hearings were dealt with by the commandant, or the officer commanding A and D companies. Over the previous 12 months there had been 25 section 83 hearings: seven of them had been dealt with by the commandant. Records of these hearings indicated that charges had been properly investigated. Of the seven charges dealt with by the commandant, three had been dismissed, which was an indication that they had been conducted fairly. Where applicable, punishments normally involved close confinement under rule 90, extra military instruction, reduction in the detainee's level on the staging system or admonishment. None of the punishments had involved rule 90 since April 2008. Overall, section 83 punishments were appropriate and not excessive.
- 6.22 Less serious breaches of discipline were dealt with through the AGAI67 (army general administration instruction) procedures. There was good governance of the AGAI system. All hearings were reviewed by a senior member of staff, in addition to weekly reviews by the officer commanding A and D companies, and monthly by the commandant. Detainees were always asked if they wanted a formal review. If they did, the matter was referred to the officer commanding A and D companies. There had been 133 AGAI hearings since the start of April 2008. Punishments were limited to short periods of extra work, extra military parades or a reduction in staging. All those we reviewed were dealt with appropriately. Minor breaches of discipline were dealt with through the staging system (see section on the staging system).
- 6.23 A policy had recently been published on the use of the three single cells on A and D company lines as calm-down rooms, but a number of staff we spoke to were not familiar with it and it was not being followed. Staff could not tell us how many times these cells had been used for calm-down purposes, or for how long detainees had been held in them. No record was kept of the frequency of and reason for the use of the single rooms as calm-down rooms. Anecdotal evidence suggested that they were rarely used on A company, but were put to frequent use on D company. Members of staff had the authority to locate a detainee in a calm-down room if

they were in an agitated or distressed state. The policy was clear that detainees should be removed from this form of temporary separation at the earliest opportunity, but there was no requirement for senior managers to authorise temporary separation at any stage or quality assure the use of the calm-down rooms.

The use of force

- 6.24 Staff received training in control and restraint (C&R) as part of their induction course, followed by annual refresher training. At the time of inspection, 85% of staff had received C&R refresher training over the previous 12 months.
- 6.25 The use of force was very low. There had been two use of force incidents in 2007 and three during the 11 months of 2008 up to the time of the inspection. Two of the incidents of use of force had involved the use of C&R. All those subject to use of force had been seen by a medic and a report had been submitted and correctly filed. Reports by staff involved in the incidents were generally thorough and provided a full account of the circumstances leading up to the incident and their role in it. There was also some evidence that staff had tried to de-escalate the situation before resorting to the use of force.
- 6.26 Governance arrangements were good, with all documentation following an incident reviewed and commented on by the regimental sergeant major and the commandant. Procedures required planned use of force incidents to be videoed. We viewed the tape from the only planned incident during the previous two years. Staff involved in the incident did not use excessive force or mistreat the detainee in any way, but they were hesitant throughout the procedure and poorly prepared. Following a use of force incident, detainees were usually moved to a single cell on company lines to de-escalate the situation. Although an unfurnished cell was available in C company, this unit had been closed and had not been used for 18 months.

Military custody platoon

- 6.27 The military custody platoon (MCP) was the designated location for detainees who were in military custody before courts martial or summary dealing, detainees sentenced to imprisonment by courts martial in transit to HM Prisons, and detainees who were segregated from others for behaviour problems. The MCP was situated in a discrete area adjoining D company and was accessed via the secure corridor. There were 26 spaces in three dormitories which could hold up to eight detainees each and two single cells. Three single cells on D company were occasionally used as an overflow for the MCP. Whenever possible, the number of detainees held in the dormitories in the MCP was limited to six.
- 6.28 Staff with good interpersonal skills had been selected to work in the MCP and those we met appeared well suited for the role. Normal staffing during the core part of the day was three: a staff sergeant in charge and two sergeants. At all other times the unit was locked down and patrolled by staff from D company. Checks were carried out on detainees in the MCP at frequent but irregular intervals not exceeding 30 minutes. These checks were signed for on D company lines. During patrol states there was an audible alarm on D company which sounded if an emergency call bell was activated.
- 6.29 The MCP was impressively clean throughout. The dormitories were sparsely furnished but each detainee had his own locker and communal facilities, which included showers in a separate area at the back of each dormitory. The single cells had integral toilets, but they had not been fitted with privacy screens. There was ample natural light in all detainee

accommodation. There was an association room and a small exercise area. At the time of our inspection, there were seven occupants in the MCP, all but one of whom were being held pending investigation prior to a court martial. Detainees could be held pending such investigations for long periods and at the time of inspection one detainee had already been held for 184 days. Two others had been held for periods exceeding 20 days. One detainee was being held in MCP pending transfer to serve a prison sentence. Such detainees were usually transferred to HMP Chelmsford within a few days. Staff in the MCP had compiled a file on the prison system to help prepare detainees for their transfer.

- 6.30 While held in the MCP, detainees were subject to the same levels of discipline as those held on the company lines. We spoke to the detainees held in the MCP, all of whom confirmed that they were treated well by staff. The detainee held the longest had some grievances about the restrictions imposed on him by virtue of his status, but had no complaints about his treatment by staff.
- 6.31 On location to the MCP, detainees had the rules and routines of the unit explained in a one-to-one interview with staff. The rules and routines were also prominently publicised in the rooms and in the corridor. It was normal practice for detainees to be held in a single cell for observation and assessment on their first night in the MCP, which was appropriate. It was not clear from the published routines that detainees were entitled to daily exercise in the open air. Staff told us that detainees could always use the exercise yard on request, but none of the detainees we spoke to was aware that they could. A review of the MCP register confirmed that exercise in the open air was rarely provided.
- 6.32 Other elements of the basic regime were generally sound. Association, including television and board games, was provided at times when detainees were not fully employed and during midweek evenings. In the television room there was also a DVD library and a small range of books and magazines. A radio and newspaper was provided for each detainee.
- 6.33 There was a high level of inactivity for detainees held in the MCP (see also learning and skills and work activities and time out of room sections). Subject to risk assessment, they could attend PE for a session each day and church services, visits and the library. Education staff attended the unit to provide basic skills training for a total of two hours per week. However, detainees located in the MCP were not permitted to attend the education centre or vocational training courses. An exception to the general restrictions had been made for the individual who had been held for 184 days who was allowed to work in the main library each day.
- 6.34 All detainees held in the MCP were placed on special observations and had to be checked every 30 minutes. Monitoring entries were recorded on the high risk record and also on the database. None of the entries reviewed provided evidence of engagement by staff, which was unfortunate as we saw examples of good engagement.
- 6.35 The MCP register showed that the officer commanding A and D companies visited regularly, as did healthcare, the padre and the Independent Monitoring Board.
- 6.36 The commandant could authorise detainees to be segregated under rule 37 of the Imprisonment and Detention (Army) Rules 1979. The single rooms on company lines were usually used for this purpose although it was sometimes necessary to relocate a detainee to the MCP. All detainees held on rule 37 were required to complete a form of self assessment. They were also allocated a personal support officer who could offer support and encouragement to the detainee to complete a realistic self assessment and to develop achievable personal targets and a reintegration plan. Staff described this to us as the detainee's reintegration plan but it was not adequate for this purpose. We reviewed the

completed self assessments and considered the vast majority to be poorly completed. This was a missed opportunity to get detainees to evaluate their behaviour and performance.

- 6.37 Monitoring of the use of segregation in the MCP was inadequate: it was not possible to establish the extent of its use or how long detainees remained segregated. A review of the completed self assessment forms confirmed that the average period was approximately 3.5 days.

Recommendations

- 6.38 There should be effective governance arrangements for segregation and the temporary separation of detainees, including the use of the calm-down rooms, to ensure that there is proper oversight of the use and length of temporary separation. This should include regular reports to the weekly orders group.
- 6.39 All staff should be instructed on the policy relating to temporary separation of detainees, including the use of the calm-down room, and related governance arrangements.
- 6.40 Tapes of planned use of force incidents should be examined and learning points disseminated to staff.
- 6.41 Toilets in the single cells in the MCP should be fitted with privacy screens.
- 6.42 Detainees in the MCP should have daily exercise in the open air.
- 6.43 Monitoring entries should be recorded daily on detainees held in the MCP and should reflect the high levels of engagement by staff.
- 6.44 Personal support officers should assist detainees held under rule 37 to complete their self assessments and develop individual targets which should form part of their reintegration plans.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 Detainees had three cooked meals a day, eaten communally. Food was the main topic of complaints. There was a long gap between dinner and breakfast the following day, punctuated only by a beverage and a snack. Arrangements for diversity and special diets were not sufficient.
- 7.2 We received many complaints about food, which was also foremost in complaints to the Independent Monitoring Board and army visiting officer. In our survey, only 17% of respondents said the food was good.
- 7.3 Catering was supplied by a combination of army and contracted Sodexo personnel. They provided three cooked meals a day on a 14-day menu cycle. A cup of tea was served with meals and between meals in the morning, afternoon and evening. Other than those on stage three, detainees did not have access to hot water to make their own beverages and flasks of warm drinks and snacks were not issued for use in their rooms. All meals were eaten communally in the dining hall, or cookhouse. Detainees were allocated to numbered tables and the companies queued by rota, so that the same people were not always last. However, detainees on the higher, more privileged stages usually queued first. There were four main options at lunch and dinner, but the favourite option sometimes ran out by the time the end of the queue was served. People could help themselves to supplementary vegetables, subject to portion control. Officers supervised the servery queue and the dining hall.
- 7.4 During our observations, the main options were all meat. Apart from one day when salad was on the menu, we saw no main vegetarian or healthy option, although a piece of fruit was available most days, nor was any dish marked as halal. We were told that people with particular needs would be identified on reception and this information would be communicated to the kitchen. However, following investigation, we were not convinced that this line of communication was working effectively. There was reliance on people presenting a healthcare chit to justify a special arrangement, or making an application. Appropriate food would then be ordered and prepared. Promotion of diversity, which might have encouraged the confidence to ask, was lacking.
- 7.5 The last meal of the day was served between 4.30 and 5.15pm. A snack – crisps and biscuits, or some fruit – was distributed to be eaten later, and a beverage was offered during the evening. However, we received a lot of complaints about hunger in the 14-hour gap between the evening meal and breakfast, which snacks available in the shop did not satisfy. With the start of winter, staff were considering offering soup in the evening before lock-up.
- 7.6 A recent environmental health report found catering conditions to be satisfactory. We found the kitchen to be clean and staff were suitably dressed.

Recommendations

- 7.7 Menus should include healthy options and should reflect the dietary needs of all detainees.
- 7.8 The centre should undertake a needs assessment and detainee opinion survey to inform menus and improve evening provision.
- 7.9 Cookhouse notice boards should advertise the options available to meet minority needs.
- 7.10 Kitchen staff should receive appropriate training in diversity.

Detainees' shop

Expected outcomes:

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

- 7.11 Shop stock was modest. Less than half of surveyed detainees thought the shop sold a sufficient range of goods. Detainees were required to buy essential items such as toiletries, leaving little of their small allowance for other purchases. The full allowance was written off every week, whether or not they spent it, giving no incentive to budget or save.
- 7.12 Detainees could visit the shop at least once a week to buy toiletries, smoking items, snacks, stationery and telephone cards. New arrivals received a free reception pack, containing toiletries, stationery and smokers' requisites if required, to tide them over until the next shop day. The shop was non profit-making and charged reasonable prices. Even after some recent suggestions had been taken up to extend the range of toiletries to suit women and ethnic minorities, the shop list contained only 59 items. Less than half of surveyed detainees thought the shop sold a wide enough range to meet needs.
- 7.13 The shop sold sweets, cereal bars and squashes, but no foodstuffs of substance. This was a source of complaint, since its customers were young men with healthy appetites, encouraged by daily physical exercise. There was no formal consultation mechanism. Occasional suggestions were considered and responsible staff were involved in the equality and diversity meeting. A suggestion recently adopted was to stock puzzle books, but there were no other hobby materials.
- 7.14 First and second class stamps were sold, but no stamps corresponding to overseas postage rates.
- 7.15 There was a limit on what detainees could spend in the shop. The few occupants of the MCP held on remand were subject to less restriction: they still received pay and were permitted up to £30 a week. Companies A and D received no pay and had to make do with a small weekly allowance. For the lowest stage this was just £6.16 a week. With this they had to buy essentials, such as razors, boot polish and toiletries. Shaving, polishing shoes and keeping clean were compulsory, although only an initial supply was given free in the reception pack.

They then had to buy their own. What was left of the allowance had to cover tobacco, stationery and sweets. A hidden cost of people using blunt razors was the high number of applications to healthcare for skin complaints.

- 7.16 Even if someone did not spend the full weekly allowance, no change was given. The full allowance was taken on the assumption that it was surplus to necessity. This encouraged people to spend it all, and did nothing to encourage sensible budgeting or saving.

Recommendations

- 7.17 There should be regular consultation with detainees to improve shop stock.
- 7.18 The shop should stock a wider range of healthier or more substantial foodstuffs, stationery and stamps suitable for overseas post, and hobby materials.
- 7.19 Essential toiletries, including shaving materials, and boot polish should be provided free.
- 7.20 The weekly allowance should not have to be spent in full, or written off in full, with no incentive to budget or save.

Section 8: Resettlement

Expected outcomes:

Resettlement and reintegration services are supported by strategic partnerships in the community and informed by assessment of detainee risk and need. All detainees have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Detainees, together with all relevant staff, are involved in drawing up and reviewing plans.

- 8.1 Despite recommendations in previous inspection reports, no resettlement needs analysis had been carried out and there was still no resettlement strategy or suitable management arrangements. There was no information about the immediate outcome for those returned to units. Data collection and analysis were limited and the structural links between the welfare department and resettlement lacked coordination. Sentence planning arrangements had recently been introduced. Input was required from a wider range of sources and all detainees were covered. An employment preparation programme was useful, but it was delivered far too late. Public protection was a rapidly increasing area of work and formal procedures were currently inadequate to address individual risk and need. Some services were available for detainees who had problems with accommodation and employment, but there was limited support for those with financial difficulties. There appeared to be considerable unmet need among detainees being discharged into the community.

Management of resettlement

- 8.2 The management arrangements for resettlement had not changed since we last inspected. Despite recommendations in both previous inspection reports, no needs analysis had been carried out and there was still no resettlement strategy or a suitable committee to oversee this area of work.
- 8.3 We received anecdotal information from a number of staff that the large number of people serving overseas had altered the population profile at the centre. Some preliminary work had been carried out in an attempt to discover why service personnel were going absent without leave. Apart from this, there was no useful information about the demographics or the needs of the current population to enable staff to help individuals returning to service or plan reintegration services for those being discharged into the community. As at the time of the last inspection, staff believed that some A company detainees were returned to their units only to be almost immediately discharged from the services, without having had access to the resettlement support available for those in D company. However, there was no information about the prevalence of this, in order to determine whether and what additional support was needed.
- 8.4 The management of the resettlement department came under the ambit of the education department, which was responsible for sentence planning arrangements, as well as education and vocational training. Links between the resettlement department and the welfare department, which provided the reintegration services, were informal and there was no joint planning.

Sentence planning and reintegration services

- 8.5 Approximately 70% of detainees in D company had a sentence plan. A sergeant major had recently been given responsibility for introducing a sentence planning system. He had been carrying out this work for the past two months. The plans were simple, and included some useful information about the detainees' individual circumstances, but they were too limited in scope. They were based on a 'motivational interview', and relied mainly on self-reported information from detainees about what they wanted to do when they left the centre and how they might use their time in custody to achieve this. The single sentence planning review that we observed was conducted well. However, information and existing assessments from other sources, such as the welfare or education departments, were not readily available and were not used to inform the process. No formal targets were set and there was no method of reviewing the plans. It was not intended to extend the system to detainees held in A company who were returning to their units.
- 8.6 The welfare department consisted of a team of three staff who concentrated on providing practical help with reintegration issues. In our survey, 93% of detainees said that they had been seen by a member of staff from welfare. Their primary function was to link detainees with the welfare organisations run by each of the services, and to encourage detainees to seek the assistance which they needed through that route. All newly admitted detainees were interviewed by a member of the welfare team on the next working day after they had arrived. A brief individual needs analysis was conducted and detainees were issued with a service-wide standard publication which outlined their basic welfare entitlements on discharge.
- 8.7 Detainees were also asked if they had problems relating to drugs and alcohol. If the detainee agreed, the welfare officer could refer him or her to a drugs and alcohol counsellor from the local community, who provided two sessions per week at the centre. They had seen 150 clients in 2007. Eighty percent of detainees stated in our survey that they knew whom to contact at the centre for help with drug or alcohol problems.
- 8.8 Detainees in D company received a leaver's medical before discharge. They were given a letter to take to their GP giving details of how the GP could obtain a copy of their clinical records if required. APHCS staff did not provide detainees with any advice or support on accessing health services on release, but they were provided with a list of helpful telephone numbers by the welfare officer. In our survey, only 10% of respondents said that they knew whom to contact at MCTC about accessing health services on release, significantly worse than 24% reported in our previous survey. Only 7% of D company detainees said that they knew whom to contact in MCTC about accessing health services on release. All detainees leaving the MCTC were weighed when they left.
- 8.9 Detainees who needed help with accommodation were referred to the full-time specialist housing worker. A pre-employment course for detainees intending to return to civilian employment was run by the education department. The content of the course was appropriate, but it was delivered too late in the sentence to assist detainees to find employment before they were discharged. An intensive 3.5 days did not provide the opportunity to develop employment related behaviours or to carry out job search effectively. Detainees were not referred to this course until at best two weeks before their release date. During our inspection, many of those on the programme were being released within five days. Detainees under 19 years old were given access to the Connexions service. A specialist from Jobcentre Plus interviewed each detainee before release and put those without employment in contact with their local office, arranging interviews within one or two days of release.

- 8.10 Support for detainees with financial difficulties or debt problems was limited to monthly group presentations delivered by the local Citizens Advice Bureau. Individual sessions were very limited and accommodated five or six detainees a year. Given the feedback which we received about this problem from our discussion groups, this level of service was inadequate (see also legal rights section). The lack of provision in the area was confirmed by poor survey results, with only 25% of detainees reporting that they knew whom to contact regarding financial issues on release. This was significantly worse than the finding of 40% during the 2004 inspection. In the survey almost a third of detainees said they thought that they would have a problem with their finances on release. This was the highest category of concerns.²
- 8.11 In response to recommendations made in a previous inspection, a general life skills programme had been introduced. This course was delivered in three two-hour sessions by a highly qualified family therapist, and covered parenting, relationships, offending behaviour and social skills. The content appeared to be relevant, but was not based on a needs analysis or linked with work being carried out by the resettlement department, including sentence planning.
- 8.12 All detainees due to return to the community were interviewed about two weeks before their discharge by the senior officer responsible for resettlement, who was also in charge of education and training. This interview followed a standard procedure and was conducted as part of the service-wide 'early leavers' scheme. In practice, detainees were given a copy of the services' standard issue 'Transition to civilian life - a welfare guide', and a reminder about the support available from the parent welfare organisations. The senior officer estimated that 30% of detainees interviewed at this stage continued to have significant welfare problems. There appeared to be no formal link between this work carried out by the resettlement department on discharge and the work completed by the welfare department earlier in the detainee's sentence.

Public protection

- 8.13 There were effective arrangements for identifying detainees who posed public protection concerns at an early stage. This was done by a clerk who examined the background information on all new admissions. If an individual met the criteria, the clerk prepared a brief report and passed this to the deputy commandant, who was the public protection co-ordinator at the centre. This information was also copied to the local probation service (Essex) public protection co-ordinator based at Chelmsford. There was no method for reviewing and monitoring public protection cases. They were discussed at the weekly risk management meeting, but only in terms of sharing new information. No consideration was given to imposing restrictions on mail, telephone contact or visits for any of the detainees subject to public protection procedures. This was concerning, given that some of the detainees had committed serious offences.
- 8.14 A company commander had recently been allocated responsibility for public protection work. He had arranged an initial meeting with a local public protection co-ordinator employed by the probation service to discuss future working arrangements to meet the public protection requirements for detainees being discharged into the community. There were no suitable programmes to address the risks and needs of detainees who had been convicted of violent or sexual offences. The situation regarding detainees convicted of a sexual offence was

² The Royal British Legion reported that the greatest needs of the 18–44 year-old age group, corresponding to the MCTC population, were financial difficulties (lack of money and debt) – *Greatest welfare needs of the ex-service community*, RBL, 2006

particularly worrying. They were actively encouraged to fabricate a 'cover story' to allow them to serve their sentence without attracting an adverse reaction from their fellow detainees. It was possible that, in these circumstances, those in denial of their offence could become more entrenched in their thinking. We were further concerned by the fact that, unlike individuals convicted of a serious offence in a civil prison, detainees discharged from the centre would not be subject to statutory supervision on release.

Recommendations

- 8.15 Senior managers should provide the strategic overview and direction necessary to ensure the resettlement strategy is implemented, monitored and reviewed in the most effective way. Service providers should be included to share information, discuss progress and contribute to developments in policy and practice.
- 8.16 Sentence plans should be based on a comprehensive assessment of individual need based on information from all available sources in the centre.
- 8.17 Data should be collected on detainees who return to their units, to determine how many are subsequently swiftly discharged, and the needs of such detainees should form part of the resettlement strategy.
- 8.18 Sentence plans should include formal target setting as well as a system of ongoing multidisciplinary review and revision and should involve the detainee.
- 8.19 Sentence plans should address the individual behaviour or offence for which the detainee is serving a sentence, as well as personal development, education and vocational training needs.
- 8.20 The employment preparation course should begin earlier in detainees' sentences so that detainees have more opportunity to find employment before they are released.
- 8.21 Restrictions on mail, telephone contact and visits should be imposed where appropriate and reviewed on a regular basis.
- 8.22 Detainees leaving the military after their stay at the centre should be provided by health service staff with information on how to access health and social care services on release, and support to do so if required.

Resettlement – drugs and alcohol

- 8.23 During induction, detainees had a short drug and alcohol awareness talk. This was a new initiative and the contents of the talk were still being revised. While this was a good start, it was not repeated as part of any pre-release course, so, for example, detainees did not receive any information on harm minimisation before leaving the centre. In our survey, 26% thought that they would have a problem with drugs on release (25% A company and 28% D company), while 39% (40% A company and 40% D company) thought they would have problems with alcohol when they left.
- 8.24 If detainees from D company were being seen by a drugs or alcohol worker, they could be referred to community services on release.

Recommendations

- 8.25 The drug and alcohol awareness talk should be evaluated regularly and repeated as part of arrangements for all detainees leaving the centre.
- 8.26 There should be a needs analysis to assess what services are required for detainees with problematic alcohol use.

Section 9: Recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendations

- 9.1 The initial health screen should be overhauled, so that an up-to-date history is obtained from the patient, to complement clinical information available from DMCIP. There should be more emphasis placed on the detainee's emotional wellbeing and mental health and the identification of learning disabilities. (HE46)
- 9.2 There should be a wider range of constructive activities to occupy detainees in the evenings and at weekends. (HE47)
- 9.3 An analysis of the resettlement and reintegration needs of all detainees should be carried out. This should include a thorough review of existing provision available to detainees leaving the services. (HE48)
- 9.4 The resettlement needs analysis should be used to inform a comprehensive resettlement strategy and associated development of a range of resettlement and reintegration services for detainees who return to their units, as well as those who are discharged. (HE49)
- 9.5 The centre should work with local public protection agencies to carry out a comprehensive needs analysis of detainees who are public protection risks. This should inform the development of a strategy to ensure that their criminogenic needs are addressed during custody and multi-agency public protection measures are in place on release. (HE50)
- 9.6 There should be sufficient dedicated Provost Marshal staff to fully cover custodial responsibilities at MCTC as well as elsewhere. (HE51)
- 9.7 The range of relevant vocational training courses should be increased. (HE52)

Recommendations

Escorts and transfers

- 9.8 At least one of the service personnel escorting a detainee should be of the same gender as the detainee. (1.6)
- 9.9 All units should be aware of the policy instruction on providing prior information to detainees, and should ensure that information on the MCTC is given to detainees before their arrival. (1.7)

Arrival and first days in detention

- 9.10 The procedures set out in the unit guide for committal should be adhered to by sending units so that all essential documentation and information about the detainee is provided in advance. (1.31)
- 9.11 All detainees should be offered food and a hot drink on arrival in reception. (1.32)
- 9.12 Detainees arriving out of hours should be interviewed in a room suitable for searching and conducting assessment interviews. (1.33)
- 9.13 A female member of staff should always be detailed to receive a female detainee on arrival. (1.34)
- 9.14 The first night risk assessment should include an assessment of the detainee's suitability to share a dormitory with others on the first night in detention. (1.35)
- 9.15 All detainees should be able to shower on their first night. (1.36)
- 9.16 Admission information should be available in a range of media and written in plain English to ensure that it is accessible to all detainees. (1.37)
- 9.17 Information about access to the Samaritans should be given to detainees on their first night. (1.38)
- 9.18 All new arrivals should be given a first night briefing by staff and told that they have the opportunity of speaking to a befriender on their first night. (1.39)
- 9.19 On completion of induction, detainees should be asked to evaluate the process and their comments used to inform a review of the revised programme. (1.40)

Residential units

- 9.20 There should be a written risk assessment process for dormitory sharing, which records the reasons for allocation, the risks that may arise and how these can be managed and reduced. (2.10)
- 9.21 There should be a policy, including written procedures and guidance, on the care and treatment of female detainees resident in company lines. (2.11)
- 9.22 Written information for detainees should be provided in a range of media and accessible language so that it is easily understood. (2.12)

Staff-detainee relationships

- 9.23 A system should be devised which records and coordinates the regular activities and significant work being undertaken with detainees by different members of staff. (2.20)

Bullying

- 9.24 The new anti-bullying procedures should be evaluated after 12 months to establish their effectiveness. (3.10)
- 9.25 There should be a designated membership for the anti-bullying committee to ensure that it is multidisciplinary and that all relevant departments are represented. (3.11)
- 9.26 The centre should make efforts to establish the reasons why perceptions about safety and about the level of bullying on D company are poorer than on A company. (3.12)
- 9.27 Information about bullying and the support available to victims should be given to detainees on reception and this should be set out clearly in the admissions book. (3.13)
- 9.28 The centre should collect and analyse intelligence on bullying to monitor trends and inform strategy and policy. (3.14)

Child protection and child welfare

- 9.29 Guidance for staff on recognising indicators of child abuse and neglect should be revised in conjunction with Essex Social Care Children's Services Department to ensure that it is helpful and relevant to staff working with the population at MCTC. (3.23)

Self-harm and suicide

- 9.30 Monitoring checks should not be carried out at regular and predictable intervals. (3.34)
- 9.31 Regular reviews should take place involving a range of staff from different disciplines and family and friends as appropriate to ensure that individual care and support is provided to detainees at risk. (3.35)
- 9.32 Documentation associated with the monitoring and review system for vulnerable detainees should contain detailed and up-to-date records. This should include updated assessments, staff observations which record interaction with the detainee, a detailed care plan, and details of action points agreed at the review. (3.36)
- 9.33 Detainees should be actively involved in planning their care. (3.37)
- 9.34 Data relating to the number of vulnerable detainees subject to formal monitoring should be collected and analysed to determine any patterns and trends. (3.38)
- 9.35 Key staff involved in work relating to the management of vulnerable detainees and suicide and self-harm prevention should receive appropriate training relevant to the implementation of the monitoring systems in operation at the centre. (3.39)
- 9.36 A log should be maintained recording any use of anti-ligature clothing and robust governance arrangements should be put in place. (3.40)
- 9.37 The befriending scheme should be developed so that it is an integral part of the support system for vulnerable detainees. (3.41)

Diversity

- 9.38 Formal monitoring should take place to ensure that minority groups are not discriminated against and that they have appropriate access to services and activities that meet their needs. (3.51)
- 9.39 The centre should undertake impact assessment of policies and procedures as they affect minority groups. The outcome should be used to inform a review of written policy and staff training. (3.52)

Contact with the outside world

- 9.40 Detainees should be offered one free letter a week. (3.64)
- 9.41 All detainees should have the opportunity to use a telephone daily. (3.65)
- 9.42 Posters and leaflets should be displayed in the visitors' centre advising visitors how to report in confidence concerns about bullying or vulnerability of detainees. (3.66)
- 9.43 The visits hall should be more comfortably furnished and arranged to ensure easy contact between detainees and their families. Sandwiches or hot food should be available for visitors to purchase. (3.67)
- 9.44 Transport should be arranged for visitors who cannot otherwise easily travel to the centre from the train station. (3.68)
- 9.45 The centre should arrange regular family days for detainees with children. (3.69)
- 9.46 The children's play area should be improved so that detainees are able and encouraged to play with their children in a safe and child-centred environment. (3.70)

Applications and complaints

- 9.47 Regular consultation should take place with detainees concerning the internal complaints system to continuously monitor confidence in the system. (3.78)
- 9.48 Detainees who write formal complaints should receive a written response reporting the outcome. (3.79)
- 9.49 A system of quality assurance should be introduced to ensure that complaints are investigated and dealt with to a consistently high standard. (3.80)

Legal rights

- 9.50 For the benefit of staff, detainees and their advisers, clear guidance, written in plain language, should be compiled on the immediate and long-term financial consequences of detention or imprisonment. (3.86)

- 9.51 Advice should be available from financial advice specialists to advise and assist detainees, particularly when the consequences of detention and financial loss impact on dependants. (3.87)
- 9.52 A stock of legal reference material relevant to centre detainees should be maintained in the library. (3.88)
- 9.53 Staff should be reminded that all detainees should be able to communicate with solicitors during working hours, and without a ten minute limit, and all such calls should be able to be made in private. (3.89)

Substance use

- 9.54 The initial reception screen should identify detainees with drug or alcohol abuse issues and symptomatic relief should be provided if required. (3.96)
- 9.55 There should be effective lines of communication (with the consent of detainees) between the welfare officer, medical centre staff and mental health staff so that detainees requiring help with drug and alcohol abuse issues receive a comprehensive care package. (3.97)
- 9.56 Additional staff should be trained to carry out drug testing to cover staff absences. (3.98)
- 9.57 Records should be kept of the outcome of all drug tests, whether at the request of the sending unit or otherwise. (3.99)
- 9.58 Staff should keep comprehensive records of searches and monitor them to ensure that there is no unnecessary duplication or inappropriate targeting of detainees. (3.100)

Health services

- 9.59 The health needs assessment should be repeated to ensure that the relevant services are being provided for detainees. (4.35)
- 9.60 The medical centre rooms should be reorganised to ensure patient confidentiality and make best use of available space. (4.36)
- 9.61 Medics should be able to use their clinical skills rather than undertake administrative tasks. (4.37)
- 9.62 Plans for the medical centre to become a 'branch surgery' of the MRS should be implemented. (4.38)
- 9.63 The medicines and therapeutics committee should revise the system for prescribing and administering medications to remove the need for the transcribing of prescriptions. (4.39)
- 9.64 The health services complaints system should be clearly expressed and prominently displayed so that detainees are aware of how to use it. (4.40)
- 9.65 The complaints process should be fully completed even if the detainee leaves the centre while a complaint is being investigated. (4.41)

- 9.66 Detainees should be able to return to their scheduled activities after their appointment if clinically able to do so. (4.42)
- 9.67 Female detainees should be made aware that they can see a female doctor if requested. (4.43)
- 9.68 Medical centre and MCTC staff should analyse patterns of attendance at the medical centre to determine trends. (4.44)
- 9.69 Detainees' poor perceptions of the quality of care provided by doctors should be investigated and any necessary action taken. (4.45)
- 9.70 There should be more flexibility regarding the practice of detainees being allocated to 'fitness A' or 'fitness B' to ensure that their individual needs are met. (4.46)
- 9.71 MCTC night staff should routinely consider the availability of health professionals at the garrison, from whom they could seek advice. (4.47)
- 9.72 Detainees should be able to consult a pharmacist. (4.48)
- 9.73 Detainees should have access to simple analgesia and other homely remedies when medics are not on duty. (4.49)
- 9.74 Dental services should be available to all detainees regardless of their length of time at the centre. (4.50)
- 9.75 The mental health needs of all detainees should be considered and appropriate services provided. (4.51)
- 9.76 All staff should have mental health awareness training. (4.52)

Learning and skills and work activities

- 9.77 Detainees in the military custody platoon (MCP) should be fully occupied during the day in activities which meet their individually assessed needs, subject to risk assessment. (5.17)
- 9.78 Vocational training should be introduced in the kitchen, the farm and the PE programme. (5.18)
- 9.79 There should be opportunities for detainees to develop their literacy and numeracy skills in vocational contexts. (5.19)
- 9.80 The plumbing workshop, training and qualifications available should reflect the needs of external employers. (5.20)
- 9.81 There should be more opportunities for detainees to achieve nationally recognised qualifications. (5.21)
- 9.82 Learning plans should identify what detainees are expected to achieve and include all aspects of their learning in the centre. (5.22)
- 9.83 The observation of teaching and learning in vocational areas should be based on clear and relevant criteria and be formally recorded. (5.23)

- 9.84 The education centre should carry out a comprehensive annual evaluation of the quality of provision and use this to inform an improvement plan. (5.24)
- 9.85 The opening hours of the library should be extended to evenings and weekends. (5.25)
- 9.86 The library should carry out a detailed survey of needs across the centre and library stock should be increased in line with the needs of the population. (5.26)

Faith and religious activity

- 9.87 Availability of the multi-faith room, and contact details of local religious communities whose ministers might be able to visit, should be actively publicised to support members of minority religions. (5.40)

Time out of room

- 9.88 Detainees' rooms should be equipped with working radios. (5.44)

The staging system

- 9.89 The length of time it takes for detainees to progress from stage 1A standard to stage 2 enhanced should be reduced. (6.18)
- 9.90 Relevant education staff should contribute directly to the weekly reviews of the staging system. (6.19)

Discipline

- 9.91 There should be effective governance arrangements for segregation and the temporary separation of detainees, including the use of the calm-down rooms, to ensure that there is proper oversight of the use and length of temporary separation. This should include regular reports to the weekly orders group. (6.38)
- 9.92 All staff should be instructed on the policy relating to temporary separation of detainees, including the use of the calm-down room, and related governance arrangements. (6.39)
- 9.93 Tapes of planned use of force incidents should be examined and learning points disseminated to staff. (6.40)
- 9.94 Toilets in the single cells in the MCP should be fitted with privacy screens. (6.41)
- 9.95 Detainees in the MCP should have daily exercise in the open air. (6.42)
- 9.96 Monitoring entries should be recorded daily on detainees held in the MCP and should reflect the high levels of engagement by staff. (6.43)
- 9.97 Personal support officers should assist detainees held under rule 37 to complete their self assessments and develop individual targets which should form part of their reintegration plans. (6.44)

Catering

- 9.98 Menus should include healthy options and should reflect the dietary needs of all detainees. (7.7)
- 9.99 The centre should undertake a needs assessment and detainee opinion survey to inform menus and improve evening provision. (7.8)
- 9.100 Cookhouse notice boards should advertise the options available to meet minority needs. (7.9)
- 9.101 Kitchen staff should receive appropriate training in diversity. (7.10)

Detainees' shop

- 9.102 There should be regular consultation with detainees to improve shop stock. (7.17)
- 9.103 The shop should stock a wider range of healthier or more substantial foodstuffs, stationery and stamps suitable for overseas post, and hobby materials. (7.18)
- 9.104 Essential toiletries, including shaving materials, and boot polish should be provided free. (7.19)
- 9.105 The weekly allowance should not have to be spent in full, or written off in full, with no incentive to budget or save. (7.20)

Resettlement

- 9.106 Senior managers should provide the strategic overview and direction necessary to ensure the resettlement strategy is implemented, monitored and reviewed in the most effective way. Service providers should be included to share information, discuss progress and contribute to developments in policy and practice. (8.15)
- 9.107 Sentence plans should be based on a comprehensive assessment of individual need based on information from all available sources in the centre. (8.16)
- 9.108 Data should be collected on detainees who return to their units, to determine how many are subsequently swiftly discharged, and the needs of such detainees should form part of the resettlement strategy. (8.17)
- 9.109 Sentence plans should include formal target setting as well as a system of ongoing multidisciplinary review and revision and should involve the detainee. (8.18)
- 9.110 Sentence plans should address the individual behaviour or offence for which the detainee is serving a sentence, as well as personal development, education and vocational training needs. (8.19)
- 9.111 The employment preparation course should begin earlier in detainees' sentences so that detainees have more opportunity to find employment before they are released. (8.20)
- 9.112 Restrictions on mail, telephone contact and visits should be imposed where appropriate and reviewed on a regular basis. (8.21)

- 9.113 Detainees leaving the military after their stay at the centre should be provided by health service staff with information on how to access health and social care services on release, and support to do so if required. (8.22)

Resettlement – drugs and alcohol

- 9.114 The drug and alcohol awareness talk should be evaluated regularly and repeated as part of arrangements for all detainees leaving the centre. (8.25)
- 9.115 There should be a needs analysis to assess what services are required for detainees with problematic alcohol use. (8.26)

Housekeeping points

Arrival and first days in detention

- 9.116 The induction checklist should indicate whether the detainee has been issued with the new admission information book. (1.41)
- 9.117 A record should be kept of the work of the befrienders. (1.42)

Residential units

- 9.118 A record should be kept of when detainees are permitted to make an additional telephone call to ensure a level of consistency and equity. (2.13)

Contact with the outside world

- 9.119 Visits staff should ensure that the vending machines are in working order and fully stocked. (3.71)

Learning and skills and work activities

- 9.120 Stock loss in the library should be routinely monitored. (5.27)

Examples of good practice

Health services

- 9.121 The arrangements for the confidentiality of clinical records held electronically were good.(4.53)
- 9.122 Medics received customised training on the administration of medications which identified the uniqueness of the task against their usual duties. (4.54)
- 9.123 All detainees who had their medication in possession were considered at the weekly risk assessment meeting. This was a good initiative because consideration could be given to the risks of in-possession medication to fellow detainees in the dormitory. (4.55)

Appendix 1: Inspection team

Anne Owers	Chief Inspector of Prisons
Fay Deadman	Team leader
Elizabeth Tysoe	Health inspector
Ian Macfadyen	Inspector
Steve Moffatt	Inspector
Eileen Bye	Inspector
Lucy Young	Inspector
Ian Thomson	Inspector
Phil Romain	Ofsted inspector

Appendix 2: Population profile

Population breakdown by:

(i) Gender	Number of detainees	%
Male	146	98.7
Female	2	1.3
Total	148	100

(ii) Service background	Men		Women	
	Number	%	Number	%
Army	129	87.2	1	0.65
Royal Navy	12	8.1		
Royal Marines	2	1.3		
Royal Air Force	3	2	1	0.65
Civilian	NIL			
Total	146	98.6	2	1.3

(iii) Status	Men		Women	
	Number	%	Number	%
Sentenced	139	93.9	2	1.3
Unsentenced	7	4.7		
Civilian				
Total	146	98.6	2	1.3

(iv) Sentence	Men		Women	
	Number	%	Number	%
Not sentenced	7	4.7		
7 days or less	NIL			
8 to 14 days	1	0.65		
15 to 21 days	11	7.4		
22 to 28 days	12	8.1		
29 to 60 days	26	17.6	1	0.65
61 to 90 days (57-83)	4	2.7		
3 to 6 months	44	29.7		
Six months to 1 year	31	21	1	0.65
1 to 2 years	10	6.8		
2 years or more	NIL			
Total	146	98.65	2	1.3

(v) Length of stay	Men		Women	
	Number	%	Number	%
Less than 1 month	31	21		
1 month to 3 months	30	20.3	1	0.65
3 months to 6 months	68	46	1	0.65
6 months to 1 year	8	5.4		
1 year to 2 years	2	1.3		
2 years or more	NIL			
Variable length of stay (awaiting DCM)	7	4.7		
Total	146	98.7	2	1.3

(vi) Main Offence	Men		Women	
	Number	%	Number	%
AWOL	102	68.9	1	0.65
Dishonesty	4	2.7	1	0.65
Disobedience	4	2.7		
Drugs	5	3.4		
Drunkenness	4	2.7		

Indecency	3	2		
Duty	2	1.3		
Violence	15	10.1		
Under investigation	7	4.7		
Misc military offences (please specify)	NIL			
Misc civilian offences (please specify)	NIL			
Total	146	98.5	2	1.3

(vii) Age	Men		Women	
	Number	%	Number	%
16 years	NIL			
17 years	NIL			
18 years	7	4.7		
19-21 years	51	34.5	1	0.65
22-29 years	76	51.4	1	0.65
30-39 years	10	6.8		
40 years or more	2	1.3		
Total	146	98.5	2	1.3

(viii) Home Address	Men		Women	
	Number	%	Number	%
Within 50 miles of the MCTC	6	4		
Between 50 and 100 miles of the MCTC	5	3.4		
Over 100 miles from the MCTC	126	85.1	2	1.3
Overseas	9	6		
NFA	NIL			
Total	146	98.5	2	1.3

(ix) Nationality	Men		Women	
	Number	%	Number	%
British	139	93.9	2	1.3
Foreign Nationals	7	4.7		
Total	146	98.6	2	1.3

(x) Ethnicity	Men		Women	
	Number	%	Number	%
White				
British	135	91.2	2	1.3
Irish	1	0.65		
Other White	NIL			
Mixed				
White and Black Caribbean	1	0.65		
White and Black African	NIL			
White and Asian	1	0.65		
Other Mixed	1	0.65		
Asian or Asian British				
Indian	NIL			
Pakistani	NIL			
Bangladeshi	NIL			
Other Asian	1	0.65		
Black or Black British				
Caribbean	1	0.65		
African	2	1.3		
Other Black	3	2		
Chinese or other ethnic group				
Chinese	NIL			
Other ethnic group	NIL			
Total	146	98.4	2	1.3

(xi) Religion	Men		Women	
	Number	%	Number	%
Baptist	NIL			
Church of England	72	48.7	1	0.65
Roman Catholic	19	12.8		
Other Christian denominations	26	17.6	1	0.65
Muslim	1	0.65		
Sikh	1	0.65		
Hindu	NIL			
Buddhist	1	0.65		
Jewish	NIL			
Other	5	3.4		
No religion	21	14.2		
Total	146	98.65	2	1.3

Appendix 3: Summary of questionnaires and interviews

Detainee survey methodology

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

At the time of the survey on 8 September 2008, the detainee population at the MCTC was 128. This included three women.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. There were no refusals.

Methodology

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

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

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

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

Response rates

In total, 115 respondents completed and returned their questionnaires. This represented 89% of the detainee population.

Comparisons

The following details the results from the survey. Data from each establishment have been weighted to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2008 against the responses of detainees surveyed at MCTC in 2004.
- Survey responses from detainees in Company A against the responses from detainees in Company D.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in detainees' background details and between companies.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question as well as examples of comments made by detainees. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary, so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1 or 2 % from that shown in the comparison data as the comparator data have been weighted for comparison purposes.

Section 1: About You

In order for us to ensure that everyone is treated equally within the MCTC, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of the centre's life. Your responses to these questions will remain both anonymous and confidential.

Q1.1	Which company are you with?	
	<i>A</i>	53%
	<i>MCP</i>	4%
	<i>D</i>	43%
Q1.2	Are you male or female?	
	<i>Male</i>	97%
	<i>Female</i>	3%
Q1.3	Which service are you from?	
	<i>Army</i>	85%
	<i>Royal Navy</i>	9%
	<i>Royal Marines</i>	2%
	<i>Royal Air Force</i>	4%
	<i>Civilian</i>	6%
Q1.4	What is your age?	
	<i>16</i>	0%
	<i>17</i>	0%
	<i>18</i>	5%
	<i>19 - 21</i>	30%
	<i>22 - 29</i>	57%
	<i>30 - 39</i>	5%
	<i>40 and over</i>	3%
Q1.5	Are you sentenced?	
	<i>Yes</i>	96%
	<i>No - awaiting trial/under investigation</i>	4%
Q1.6	How long is your sentence?	
	<i>Not sentenced</i>	4%
	<i>Seven days or under</i>	0%
	<i>Eight to 14 days</i>	0%
	<i>15 to 21 days</i>	3%
	<i>22 to 28 days</i>	6%
	<i>29 to 60 days</i>	10%
	<i>61 to 90 days</i>	10%
	<i>Three months to less than six months</i>	30%
	<i>Six months to less than a year</i>	24%
	<i>One year to less than 2 years</i>	9%
	<i>Two years or more</i>	2%

Q1.7	How long have you been here?			
	<i>Less than 1 month</i>			27%
	<i>1 to less than 3 months</i>			38%
	<i>3 to less than 6 months</i>			24%
	<i>6 to less than 12 months</i>			10%
	<i>12 months to less than 2 years</i>			1%
	<i>2 years or more</i>			0%
Q1.8	Are you a foreign national? (i.e. do not hold UK citizenship)			
	<i>Yes</i>			6%
	<i>No</i>			94%
Q1.9	Is English your first language?			
	<i>Yes</i>			94%
	<i>No</i>			6%
Q1.10	What is your ethnic origin?			
	<i>White - British</i>	89%	<i>Asian or Asian British - Bangladeshi</i>	0%
	<i>White - Irish</i>	1%	<i>Asian or Asian British - Other</i>	0%
	<i>White - Other</i>	3%	<i>Mixed Race - White and Black Caribbean</i>	2%
	<i>Black or Black British - Caribbean</i> ...	0%	<i>Mixed Race - White and Black African</i>	0%
	<i>Black or Black British - African</i>	1%	<i>Mixed Race - White and Asian</i>	1%
	<i>Black or Black British - Other</i>	1%	<i>Mixed Race - Other</i>	2%
	<i>Asian or Asian British - Indian</i>	0%	<i>Chinese</i>	0%
	<i>Asian or Asian British - Pakistani</i>	0%	<i>Other ethnic group</i>	2%
Q1.11	What is your religion?			
	<i>None</i>	26%	<i>Hindu</i>	1%
	<i>Church of England</i>	38%	<i>Jewish</i>	0%
	<i>Catholic</i>	14%	<i>Muslim</i>	0%
	<i>Protestant</i>	10%	<i>Sikh</i>	1%
	<i>Other Christian denomination</i>	3%	<i>Other</i>	5%
	<i>Buddhist</i>	2%		
Q1.12	How would you describe your sexual orientation?			
	<i>Heterosexual/ Straight</i>			99%
	<i>Homosexual/Gay</i>			0%
	<i>Bisexual</i>			1%
	<i>Other</i>			0%
Q1.13	Do you consider yourself to have a disability?			
	<i>Yes</i>			3%
	<i>No</i>			97%
Q1.14	How many times have you been here before?			
	<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
	76%	12%	11%	0%

Q1.15	Do you have any children under the age of 18?	
	Yes	35%
	No.....	65%

Section 2: Reception, first night and induction

Q2.1 Before you arrived here did you receive any written information about what would happen to you?

Yes	17%
No.....	77%
Don't remember.....	7%

Q2.2 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you)

Didn't ask about any of these	4%	<i>Feeling depressed or suicidal</i>	70%
<i>Loss of property</i>	13%	<i>Health problems</i>	61%
<i>Housing problems</i>	39%	<i>Needing protection from other detainees</i>	19%
<i>Contacting family</i>	76%	<i>Accessing phone numbers</i>	37%
<i>Ensuring dependants were being looked after</i>	29%	<i>Other</i>	6%
<i>Money worries</i>	59%		

Q2.3 Did you have any of the following problems when you first arrived here? (Please tick all that apply)

Didn't have any problems	24%	<i>Feeling depressed or suicidal</i>	20%
<i>Loss of property</i>	10%	<i>Health problems</i>	22%
<i>Housing problems</i>	23%	<i>Needing protection from other detainees</i>	0%
<i>Contacting family</i>	27%	<i>Accessing phone numbers</i>	18%
<i>Ensuring dependants were looked after</i>	22%	<i>Other</i>	3%
<i>Money worries</i>	47%		

Q2.4 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health/ medical services?	96%	3%	1%
Were you seen by a member of staff from welfare?	93%	6%	1%
Did you have a risk assessment?	79%	13%	7%

Q2.5 Overall, how well did you feel you were treated in reception?

Very well	Well	Neither	Badly	Very badly	Don't remember
14%	40%	29%	13%	1%	3%

Q2.6 On your day of arrival, were you offered information on the following? (Please tick all that apply)

<i>Information about what was going to happen to you</i>	43%
--	-----

<i>Information about what support was available for people feeling depressed or suicidal.....</i>	45%
<i>Information about how to make routine requests.....</i>	50%
<i>Information about your entitlement to visits.....</i>	68%
<i>Information about health services.....</i>	52%
<i>Information about the chaplaincy/ padre.....</i>	52%
Not offered anything.....	15%

Q2.7 On your day of arrival, were you offered any of the following? (Please tick all that apply)

<i>A reception pack/'get you in' pack.....</i>	93%
<i>The opportunity to have a shower.....</i>	64%
<i>The opportunity to make a free telephone call.....</i>	80%
<i>Something to eat.....</i>	53%
Did not receive anything.....	1%

Q2.8 Did you meet any of the following people within the first 24 hours of your arrival at the MCTC? (Please tick all that apply)

<i>Chaplain or religious leader.....</i>	17%
<i>Someone from health services.....</i>	70%
<i>A listener/Samaritans.....</i>	4%
Did not meet any of these people.....	27%

Q2.9 Did you have access to the MCTC shop/canteen within the first 24 hours of your arrival at the MCTC?

<i>Yes.....</i>	38%
<i>No.....</i>	63%

Q2.10 Did you feel safe on your first night here?

<i>Yes.....</i>	82%
<i>No.....</i>	12%
<i>Don't remember.....</i>	5%

Q2.11 How soon after your arrival did you go on an induction course?

<i>Have not been on an induction course.....</i>	28%
<i>Within the first week.....</i>	53%
<i>More than a week.....</i>	4%
<i>Don't remember.....</i>	14%

Q2.12 Did the induction course cover everything you needed to know about the MCTC?

<i>Have not been on an induction course.....</i>	28%
<i>Yes.....</i>	35%
<i>No.....</i>	18%
<i>Don't remember.....</i>	19%

Section 3: Legal rights and respectful custody

Q3.1 Please answer the following questions about the accommodation block you are currently living on:

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	85%	11%	0%	4%
Are you normally able to have a shower every day?	100%	0%	0%	0%
Do you normally receive clean sheets every week?	95%	2%	4%	0%
Do you normally get cell cleaning materials every week?	88%	7%	4%	1%
Is your cell call bell normally answered within five minutes?	30%	5%	61%	4%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	22%	0%	3%
Can you normally get your stored property, if you need to?	46%	21%	23%	10%

Q3.2 What is the food like here?

Very good	Good	Neither	Bad	Very bad
2%	16%	27%	36%	19%

Q3.3 Does the shop/canteen sell a wide enough range of goods to meet your needs?

Have not bought anything yet	11%
Yes.....	46%
No.....	43%

Q3.4 Is it easy or difficult to get either

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	46%	30%	5%	7%	0%	12%
An application form	34%	25%	8%	6%	0%	27%

Q3.5 Have you made an application/ made a request for an appointment?

Yes.....	63%
No.....	37%

Q3.6 Please answer the following questions concerning applications (If you have not made an application please tick the 'not made one' option)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	36%	54%	11%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	37%	44%	19%

Q3.7 Have you made a complaint?

Yes.....	27%
No.....	73%

Q3.8 Please answer the following questions concerning complaints (If you have not made a complaint please tick the 'not made one' option)

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	73%	10%	17%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	73%	14%	12%
Were you given information about how to make an appeal?	36%	36%	27%

Q3.9 Have you ever been made to or encouraged to withdraw a complaint since you have been here?

Not made a complaint	73%
Yes.....	9%
No.....	18%

Q3.10 How easy or difficult is it for you to see/contact the Independent Monitoring Board (IMB)?

	<i>Don't know who they are</i>	Very easy	Easy	Neither	Difficult	Very difficult
	28%	22%	23%	19%	5%	3%

Q3.11 Please answer the following questions about your religious beliefs?

	Yes	No	<i>Don't know/ N/A</i>
Do you feel your religious beliefs are respected?	42%	11%	47%
Are you able to speak to a religious leader of your faith in private if you want to?	50%	6%	43%

Q3.12 Can you speak to a listener at any time, if you want to?

	Yes	No	<i>Don't know</i>
	28%	15%	57%

Q3.13 Please answer the following questions about staff in the MCTC?

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	84%	16%
Do most staff treat you with respect?	71%	29%

Section 4: Safety

Q4.1 Have you ever felt unsafe in the MCTC?

Yes.....	22%
No.....	78%

Q4.2 Do you feel unsafe in the MCTC at the moment?

Yes.....	8%
No.....	92%

Q4.3 In which areas of the MCTC do you feel/have you ever felt unsafe? (Please tick all that apply)

Never felt unsafe	82%	<i>At meal times</i>	7%
<i>Everywhere</i>	5%	<i>At health services</i>	0%
<i>Single room</i>	3%	<i>Visits area</i>	0%
<i>Association areas</i>	6%	<i>In accommodation showers</i>	4%
<i>Reception area</i>	4%	<i>In gym showers</i>	1%
<i>At the gym</i>	4%	<i>In corridors/stairwells</i>	5%
<i>In an exercise yard</i>	6%	<i>In accommodation block</i>	7%
<i>At work</i>	3%	<i>In your room</i>	6%
<i>During movement</i>	6%	<i>At religious services</i>	0%
<i>At education</i>	6%		

Q4.4 Have you been victimised by another detainee or group of detainees here?

Yes	16%
No.....	84%

Q4.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)

<i>Insulting remarks (about you or your family or friends)</i>	11%	<i>Because you were new here</i>	3%
<i>Physical abuse (being hit, kicked or assaulted)</i>	5%	<i>Because of your sexuality</i>	1%
<i>Sexual abuse</i>	3%	<i>Because you have a disability</i>	0%
<i>Because of your race or ethnic origin</i>	0%	<i>Because of your religion/religious beliefs</i>	4%
<i>Because of drugs</i>	1%	<i>Being from a different part of the country than others</i>	3%
<i>Having your canteen/property taken</i>	2%	<i>Because of your offence/ crime</i>	5%

Q4.6 Have you been victimised by a member of staff or group of staff here?

Yes	17%
No.....	83%

Q4.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)

<i>Insulting remarks (about you or your family or friends)</i>	9%	<i>Because of your sexuality</i>	4%
<i>Physical abuse (being hit, kicked or assaulted)</i>	1%	<i>Because you have a disability</i>	0%
<i>Sexual abuse</i>	1%	<i>Because of your religion/religious beliefs</i>	3%
<i>Because of your race or ethnic origin</i>	1%	<i>Being from a different part of the country than others</i>	3%
<i>Because of drugs</i>	1%	<i>Because of your offence/ crime</i>	4%
<i>Because you were new here</i>	3%		

Q4.8 If you have been victimised by detainees or staff, did you report it?

Not been victimised	78%
----------------------------------	-----

Yes 12%
 No..... 10%

Q4.9 Have you ever felt threatened or intimidated by another detainee/group of detainees in here?

Yes 16%
 No..... 84%

Q4.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes 18%
 No..... 82%

Q4.11 Is it easy or difficult to get illegal drugs in the MCTC?

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
13%	3%	8%	3%	10%	62%

Section 5: Health services

Q5.1 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	11%	19%	45%	18%	8%	0%
The nurse	14%	23%	55%	9%	0%	0%
The dentist	36%	6%	16%	8%	16%	18%
The optician	57%	3%	9%	15%	5%	11%

Q5.2 Are you able to see a pharmacist?

Yes 59%
 No..... 41%

Q5.3 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	9%	25%	33%	14%	13%	8%
The nurse	15%	30%	39%	10%	6%	0%
The dentist	51%	13%	14%	18%	3%	3%
The optician	71%	5%	6%	15%	0%	3%

Q5.4 What do you think of the overall quality of the health services here?

<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
6%	13%	45%	19%	10%	8%

Q5.5 Are you currently taking medication?

Yes 37%
 No..... 63%

- Q5.6 If you are taking medication, are you allowed to keep possession of your medication in your own room?**
- | | |
|------------------------------------|-----|
| <i>Not taking medication</i> | 56% |
| Yes..... | 3% |
| No..... | 41% |
- Q5.7 Do you feel you have any emotional wellbeing/ mental health issues?**
- | | |
|----------|-----|
| Yes..... | 38% |
| No..... | 62% |
- Q5.8 Are your emotional wellbeing/mental health issues being addressed by any of the following? (Please tick all that apply)**
- | | |
|--|-----|
| <i>Do not have any issues / Not receiving any help</i> | 72% |
| Doctor..... | 11% |
| Nurse..... | 4% |
| Psychiatrist..... | 11% |
| Mental Health In Reach team e.g. the CPN..... | 15% |
| Counsellor..... | 12% |
| Other..... | 8% |
- Q5.9 Did you have a problem with either of the following when you came into the MCTC?**
- | | Yes | No |
|---------|-----|-----|
| Drugs | 15% | 85% |
| Alcohol | 28% | 72% |
- Q5.10 Have you developed a problem with either of the following since you have been in the MCTC?**
- | | Yes | No |
|---------|-----|-----|
| Drugs | 1% | 99% |
| Alcohol | 2% | 98% |
- Q5.11 Do you know who to contact in the MCTC to get help with your drug or alcohol problem?**
- | | |
|--|-----|
| Yes..... | 26% |
| No..... | 6% |
| <i>Did not / do not have a drug or alcohol problem</i> | 68% |
- Q5.12 Have you received any intervention or help (including CARATs, Health Services etc.) for your drug/alcohol problem, whilst in the MCTC?**
- | | |
|--|-----|
| Yes..... | 14% |
| No..... | 17% |
| <i>Did not / do not have a drug or alcohol problem</i> | 69% |
- Q5.13 Was the intervention or help you received, whilst in the MCTC, helpful?**
- | | |
|--|-----|
| Yes..... | 11% |
| No..... | 5% |
| <i>Did not have a problem/Have not received help</i> | 84% |

Q5.14 Do you think you will have a problem with either of the following when you leave the MCTC?

	Yes	No	Don't know
Drugs	9%	74%	17%
Alcohol	12%	61%	28%

Q5.15 Do you know who in the MCTC can help you contact external drug or alcohol agencies on release?

Yes.....	15%
No.....	20%
N/A.....	65%

Section 6: Purposeful Activity

Q6.1 Are you currently involved in any of the following activities? (Please tick all that apply)

Military training programme.....	50%
Projects e.g. charity work.....	6%
Vocational or skills training.....	18%
Education (including basic skills).....	39%
Offending behaviour programmes.....	2%
Estates (farm).....	13%
Outside work placements.....	4%
Not involved in any of these	13%

Q6.2 If you have been involved in any of the following, whilst in the MCTC, do you think it will help you on release?

	Not been involved	Yes	No	Don't know
Military training programme	25%	42%	29%	4%
Projects e.g. charity work	70%	9%	14%	7%
Vocational or skills training	53%	28%	14%	6%
Education (including basic skills)	39%	46%	9%	6%
Offending behaviour programmes	70%	4%	18%	8%
Estates (farm)	59%	10%	24%	6%
Outside work placements	70%	5%	17%	8%

Q6.3 How often do you go to the library?

Don't want to go	14%
Never.....	12%
Less than once a week.....	13%
About once a week.....	42%
More than once a week.....	7%
Don't know.....	11%

Q6.4 On average how many times do you go to the gym each week?

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
7%	4%	4%	19%	31%	27%	8%

Q6.5 On average how many times do you go outside for exercise each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
3%	32%	12%	22%	19%	12%

Q6.6 On average how many hours do you spend out of your room on a weekday? (Please include hours at education, at work etc)

<i>Less than 2 hours</i>	2%
<i>2 to less than 4 hours</i>	6%
<i>4 to less than 6 hours</i>	23%
<i>6 to less than 8 hours</i>	26%
<i>8 to less than 10 hours</i>	10%
<i>10 hours or more</i>	23%
<i>Don't know</i>	10%

Q6.7 On average, how many times do you have association each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
4%	14%	14%	14%	23%	31%

Q6.8 How often do staff normally speak to you during association time/evening unlock?

<i>Do not go on association</i>	10%
<i>Never</i>	6%
<i>Rarely</i>	19%
<i>Some of the time</i>	37%
<i>Most of the time</i>	21%
<i>All of the time</i>	6%

Section 7: Resettlement
(to be answered by all respondents, including Acoy)

Q7.1 When did you first meet your personal officer?

<i>Still have not met him/her or not yet allocated one</i>	66%
<i>In the first week</i>	17%
<i>More than a week</i>	4%
<i>Don't remember</i>	12%

Q7.2 How helpful do you think your personal officer is?

<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
72%	4%	10%	10%	3%	2%

Q7.3 Do you have a sentence plan?

<i>Not sentenced</i>	5%
----------------------	----

Yes 23%
 No..... 72%

Q7.4 How involved were you in the development of your sentence plan?
Do not have a sentence plan 78%
Very involved..... 4%
Involved..... 6%
Neither..... 7%
Not very involved 2%
Not at all involved..... 3%

Q7.5 Do you feel that any member of staff has helped you to address your offending behaviour whilst at the MCTC?
Not sentenced 5%
 Yes 21%
 No..... 74%

Q7.6 Do you feel that any member of staff has helped you to prepare for your release?
 Yes 22%
 No..... 78%

Q7.7 Have you had any problems with sending or receiving mail?
 Yes 31%
 No..... 55%
 Don't know..... 14%

Q7.8 Have you had any problems getting access to the telephones?
 Yes 41%
 No..... 53%
 Don't know..... 5%

Q7.9 How far are you from family/friends?
Less than 50 miles 5%
50 to 100 miles..... 4%
Over 100 miles..... 77%
Overseas..... 14%

Q7.10 Did you have a visit from family/friends in the first week that you were here?
Not been here a week yet 6%
 Yes 7%
 No..... 85%
 Don't remember 2%

Q7.11 Does the MCTC give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)
Don't know what my entitlement is 21%
 Yes 70%
 No..... 9%

Q7.12	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
	11%	73%	16%	0%	0%

Q7.13	Have you been helped to maintain contact with your family/friends whilst in the MCTC?	
	Yes.....	45%
	No.....	55%

Q7.14	Do you know who to contact to get help with the following within the MCTC: (please tick all that apply)		
	<i>Don't know who to contact</i>	41%	<i>Help with your finances in preparation for release</i> 25%
	<i>Maintaining good relationships</i>	18%	<i>Claiming benefits on release</i> 21%
	<i>Avoiding bad relationships</i>	13%	<i>Arranging a place at college/continuing education on release</i> 14%
	<i>Finding a job on release</i>	23%	<i>Continuity of health services on release</i> 10%
	<i>Resettling back into unit/ship/squadron on release</i>	13%	<i>Opening a bank account</i> 14%
	<i>Finding accommodation on release</i>	38%	

Q7.15	Do you think you will have a problem with any of the following on release from the MCTC? (please tick all that apply)		
	<i>No problems</i>	38%	<i>Help with your finances in preparation for release</i> 32%
	<i>Maintaining good relationships</i>	28%	<i>Claiming benefits on release</i> 18%
	<i>Avoiding bad relationships</i>	19%	<i>Arranging a place at college/continuing education on release</i> 21%
	<i>Finding a job on release</i>	27%	<i>Continuity of health services on release</i> 14%
	<i>Resettling back into unit/ship/squadron on release</i>	19%	<i>Opening a bank account</i> 8%
	<i>Finding accommodation on release</i>	21%	

Q7.16	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>	5%
	Yes.....	35%
	No.....	61%

Thank you for completing this survey



Detainee Survey Responses MCTC 2008

Detainee Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
		MCTC 2008	MCTC 2004	A Company	D Company
Number of completed questionnaires returned		115	88	61	49
SECTION 1: General Information					
1	Are you male?	98%	99%	99%	96%
2	Are you in the Army?	85%	89%	82%	87%
3	Are you under 21 years of age?	36%	43%	40%	31%
4	Are you sentenced?	95%	97%	100%	100%
5	Is your sentence less than 2 weeks?	0%	0%	0%	0%
6	Have you been in this MCTC less than a month?	27%	39%	40%	11%
7	Are you a foreign national?	6%	12%	10%	2%
8	Is English your first language?	94%	94%	91%	98%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	8%	8%	9%	7%
10	Are you Muslim?	0%		0%	0%
11	Are you homosexual/gay or bisexual?	1%		2%	0%
12	Do you consider yourself to have a disability?	3%		2%	4%
13	Is this your first time in the MCTC?	76%	71%	82%	69%
14	Do you have any children under the age of 18?	35%	36%	25%	46%
SECTION 2: Reception, first night and induction					
1	Before you arrived here did you receive any written information about what would happen to you?	16%	15%	18%	16%
2	In the first 24 hours, did staff ask you if you needed help/support with the following:				
2a	Problems with loss of property?	13%		16%	8%
2b	Housing problems?	39%		40%	41%
2c	Problems contacting family?	76%		77%	76%
2d	Problems ensuring dependants were looked after?	30%		33%	25%
2e	Money problems?	59%		61%	55%
2f	Problems of feeling depressed/suicidal?	70%		72%	65%
2g	Health problems?	62%		65%	59%
2h	Problems in needing protection from other detainees?	20%		25%	14%
2i	Problems accessing phone numbers?	37%		40%	32%
3	When you first arrived:				

Key to tables

		MCTC 2008	MCTC 2004	A Company	D Company
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
3a	Did you have any problems?	76%	83%	71%	81%
3b	Did you have any problems with loss of property?	10%	7%	7%	13%
3c	Did you have any housing problems?	23%	22%	17%	30%
3d	Did you have any problems contacting family?	27%	23%	25%	30%
3e	Did you have any problems ensuring dependants were being looked after?	22%	17%	14%	28%
3f	Did you have any money worries?	47%	48%	45%	51%
3g	Did you have any problems with feeling depressed or suicidal?	19%	25%	19%	19%
3h	Did you have any health problems?	22%	6%	16%	30%
3i	Did you have any problems with needing protection from other detainees?	0%	2%	0%	0%
3j	Did you have problems accessing phone numbers?	18%		16%	21%
4a	Were you seen by a member of health/medical services in reception?	95%	93%	100%	89%
4b	Were you seen by a member of staff from welfare?	93%	94%	96%	89%
4c	Did you have a risk assessment?	79%	84%	82%	77%
5	Were you treated well/very well in reception?	54%	54%	56%	49%
6	On your day of arrival, were offered any of the following information:				
6a	Information about what was going to happen to you?	43%	33%	46%	38%
6b	Information about what support was available for people feeling depressed or suicidal?	45%	34%	47%	40%
6c	Information about how to make routine requests?	50%	31%	56%	42%
6d	Information about your entitlement to visits?	69%	49%	72%	62%
6e	Information about health services?	52%		57%	44%
6f	Information about the chaplaincy/ padre?	52%		51%	51%
SECTION 2: Reception, first night and induction continued					
7	On your day of arrival, were you offered any of the following:				
7a	A reception pack/'get you in' pack?	93%	35%	88%	98%
7b	The opportunity to have a shower?	64%	51%	74%	51%
7c	The opportunity to make a free telephone call?	80%	23%	78%	79%
7d	Something to eat?	53%	66%	62%	45%
8	Within the first 24 hours did you meet any of the following people:				
8a	The chaplain or a religious leader?	17%	29%	15%	19%
8b	Someone from health services?	70%	71%	75%	62%
8c	A listener/Samaritans?	3%	11%	3%	4%
9	Did you have access to the MCTC shop/canteen within the first 24 hours?	38%	45%	43%	33%
10	Did you feel safe on your first night here?	83%	81%	91%	69%

Key to tables

		MCTC 2008	MCTC 2004	A Company	D Company
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
11	Have you been on an induction course?	72%		69%	82%
For those who have been on an induction course:					
12	Did the course cover everything you needed to know about the MCTC?	48%	51%	53%	43%
SECTION 3: Legal Rights and Respectful Custody					
1	For the wing/unit you are currently on:				
1a	Are you normally offered enough clean, suitable clothes for the week?	85%	84%	88%	80%
1b	Are you normally able to have a shower every day?	100%	100%	100%	100%
1c	Do you normally receive clean sheets every week?	95%	95%	96%	94%
1d	Do you normally get cleaning materials for your room every week?	88%	75%	85%	92%
1e	Is your room call bell normally answered within five minutes?	30%	31%	28%	32%
1f	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	76%	80%	86%	61%
1g	Can you normally get your stored property, if you need to?	47%	46%	53%	35%
2	Is the food in the MCTC good/very good?	17%	23%	18%	17%
3	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	46%	49%	40%
4a	Is it easy/very easy to get a complaints form?	76%		71%	80%
4b	Is it easy/very easy to get an application form?	58%		62%	52%
5	Have you made an application?	64%		57%	77%
SECTION 3: Legal Rights and Respectful Custody continued					
For those who have made an application:					
6a	Do you feel applications are dealt with fairly?	84%	72%	90%	78%
6b	Do you feel applications are dealt with promptly? (within 7 days)	69%		74%	65%
7	Have you made a complaint?	27%		18%	37%
For those who have made a complaint:					
8a	Do you feel complaints are dealt with fairly?	36%	27%	73%	15%
8b	Do you feel complaints are dealt with promptly? (within 7 days)	53%		91%	29%
9	Have you ever been made to or encouraged to withdraw a complaint since you have been in the MCTC?	33%	56%	8%	47%
10	Were you given information about how to make an appeal?	37%		40%	35%
11	Is it easy/very easy to see the Independent Monitoring Board?	45%	15%	49%	35%
12a	Do you feel your religious beliefs are respected?	42%	50%	46%	32%
12b	Are you able to speak to a religious leader of your faith in private if you want to?	50%	53%	47%	51%
13	Are you able to speak to a Listener at any time, if you want to?	28%	27%	33%	20%
14a	Is there a member of staff, in the MCTC, that you can turn to for help if you have a problem?	84%	68%	90%	75%
14b	Do most staff, in the MCTC, treat you with respect?	71%	50%	77%	61%

Key to tables

Any percent highlighted in green is significantly better	MCTC 2008	MCTC 2004
Any percent highlighted in blue is significantly worse		
Any percent highlighted in orange shows a significant difference in detainees' background details		
Percentages which are not highlighted show there is no significant difference		

A Company	D Company
-----------	-----------

SECTION 4: Safety

1	Have you ever felt unsafe in the MCTC?	22%	18%
2	Do you feel unsafe in the MCTC at the moment?	8%	
4	Have you been victimised by another detainee?	16%	14%
5	Since you have been here, has another detainee:		
5a	Made insulting remarks made about you, your family or friends?	12%	12%
5b	Hit, kicked or assaulted you?	6%	6%
5c	Sexually abused you?	2%	3%
5d	Victimised you because of your race or ethnic origin?	0%	3%
5e	Victimised you because of drugs?	1%	1%
5f	Taken your canteen/property?	2%	3%
5g	Victimised you because you were new here?	2%	3%
5h	Victimised you because of your sexuality?	1%	
5i	Victimised you because you have a disability?	0%	
5j	Victimised you because of your religion/religious beliefs?	3%	
5k	Victimised you because you were from a different part of the country?	2%	5%
5l	Victimised you because of your offence/crime?	6%	

10%	35%
3%	13%
9%	25%
6%	19%
2%	11%
0%	6%
0%	0%
0%	2%
0%	4%
0%	6%
0%	2%
0%	0%
3%	4%
0%	4%
4%	6%

SECTION 5: Safety continued

6	Have you been victimised by a member of staff?	17%	19%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	9%	7%
7b	Hit, kicked or assaulted you?	1%	1%
7c	Sexually abused you?	1%	1%
7d	Victimised you because of your race or ethnic origin?	1%	4%
7e	Victimised you because of drugs?	1%	1%
7f	Victimised you because you were new here?	2%	4%
7g	Victimised you because of your sexuality?	4%	
7h	Victimised you because you have a disability?	0%	
7i	Victimised you because of your religion/religious beliefs?	3%	
7j	Victimised you because you were from a different part of the country?	3%	3%
7k	Victimised you because of your offence/crime?	4%	
For those who have been victimised by staff or other detainees:			
8	Did you report any victimisation that you have experienced?	53%	4%

7%	31%
4%	17%
0%	3%
0%	3%
0%	3%
0%	3%
0%	6%
0%	9%
0%	0%
0%	6%
0%	6%
0%	9%
0%	80%

Key to tables

		MCTC 2008	MCTC 2004	A Company	D Company
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
9	Have you ever felt threatened or intimidated by another detainee/ group of detainees in here?	16%		6%	29%
10	Have you ever felt threatened or intimidated by a member of staff in here?	18%		8%	35%
11	Is it easy/very easy to get illegal drugs in the MCTC?	16%	14%	11%	26%
SECTION 5: Healthcare					
1a	Is it easy/very easy to see the doctor?	64%	77%	64%	66%
1b	Is it easy/very easy to see the nurse?	78%	47%	77%	79%
1c	Is it easy/very easy to see the dentist?	23%	22%	21%	24%
1d	Is it easy/very easy to see the optician?	11%	11%	9%	11%
2	Are you able to see a pharmacist?	58%		66%	44%
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:					
3a	The doctor?	63%	92%	68%	58%
3b	The nurse?	81%	83%	84%	75%
3c	The dentist?	55%	40%	58%	48%
3d	The optician?	39%	39%	36%	31%
4	The overall quality of health services?	62%		74%	43%
Healthcare continued					
5	Are you currently taking medication?	37%		30%	43%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own room?	6%		7%	5%
7	Do you feel you have any emotional well being/mental health issues?	38%		31%	47%
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	0%		0%	0%
8b	A doctor?	40%		33%	44%
8c	A nurse?	13%		8%	20%
8d	A psychiatrist?	40%		25%	50%
8e	The Mental Health In-Reach Team?	57%		54%	56%
8f	A counsellor?	43%		33%	56%
9a	Did you have a drug problem when you came into the MCTC?	15%		15%	17%
9b	Did you have an alcohol problem when you came into the MCTC?	28%		31%	26%
10a	Have you developed a drug problem since you have been in the MCTC?	1%		0%	2%
10b	Have you developed an alcohol problem since you have been in the MCTC?	2%		2%	2%
For those with drug or alcohol problems:					
11	Do you know who to contact in the MCTC for help?	80%		92%	63%

Key to tables

Any percent highlighted in green is significantly better		MCTC 2008	MCTC 2004	A Company	D Company
Any percent highlighted in blue is significantly worse					
Any percent highlighted in orange shows a significant difference in detainees' background details					
Percentages which are not highlighted show there is no significant difference					
12	Have you received any help or intervention whilst in the MCTC?	45%		46%	44%
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	68%		88%	64%
14a	Do you think you will have a problem with drugs when you leave the MCTC? (Yes/don't know)	26%	25%	25%	28%
14b	Do you think you will have a problem with alcohol when you leave the MCTC? (Yes/don't know)	39%	40%	40%	39%
For those who may have a drug or alcohol problem on release, do you know who in the MCTC:					
15	Can help you contact external drug or alcohol agencies on release?	42%		42%	37%
SECTION 6: Purposeful Activity					
1	Are you currently involved in any of the following activities:				
1a	A Military training programme	50%		91%	2%
1b	A project (e.g. charity work)	6%		0%	15%
1c	Vocational or skills training?	18%		6%	34%
1d	Education (including basic skills)?	39%		18%	68%
1e	Offending Behaviour Programmes?	2%		3%	0%
1f	Estates (farm)	13%		0%	32%
1g	Outside work placement	5%		0%	11%
Purposeful Activity continued					
2ai	Have you been involved in a military training programme in the MCTC?	75%		99%	48%
For those who have been in a military training programme whilst in the MCTC:					
2aii	Do you feel the military training programme will help you on release?	56%		65%	29%
2di	Have you been involved in projects in the MCTC?	30%		26%	38%
For those who have been involved in projects whilst in the MCTC:					
2bii	Do you feel the projects will help you on release?	32%		20%	40%
2ci	Have you been involved in vocational or skills training whilst in the MCTC?	48%	60%	37%	62%
For those who have had vocational or skills training whilst in the MCTC:					
2cii	Do you feel the vocational or skills training will help you on release?	58%	51%	29%	71%
2di	Have you been involved in education whilst in the MCTC?	61%	55%	46%	78%
For those who have been involved in education whilst in the MCTC:					
2dii	Do you feel the education will help you on release?	75%	60%	60%	82%
2ei	Have you been involved in offending behaviour programmes whilst in the MCTC?	30%		31%	31%
For those who have been involved in offending behaviour programmes whilst in the MCTC:					
2eii	Do you feel the offending behaviour programme(s) will help you on release?	13%		17%	8%
2fi	Have you been involved in the estates whilst in the MCTC?	41%		26%	59%
For those who have been involved in the estates whilst in the MCTC:					
2fii	Do you feel the estates will help you on release?	25%		10%	31%

Key to tables

		MCTC 2008	MCTC 2004	A Company	D Company
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
2gi	Have you been involved in outside work placements whilst in the MCTC?	31%		26%	38%
For those who have been involved in outside work placements whilst in the MCTC:					
2gii	Do you feel the outside work placements will help you on release?	16%		10%	20%
3	Do you go to the library at least once a week?	50%	62%	60%	39%
4	On average, do you go to the gym at least twice a week?	78%		77%	79%
5	On average, do you go outside for exercise three or more times a week?	41%	50%	56%	23%
6	On average, do you spend ten or more hours out of your room on a weekday?	23%	12%	19%	28%
7	On average, do you go on association more than five times each week?	23%	24%	18%	31%
8	Do staff normally speak to you most of the time/all of the time during association/evening unlock?	27%	11%	34%	13%
SECTION 7: Resettlement					
1	Do you have a personal officer?	34%		31%	33%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	49%		35%	71%
For those who are sentenced:					
3	Do you have a sentence plan?	24%		25%	24%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	44%		38%	64%
For those who are sentenced:					
5	Do you feel that any member of staff has helped you address your offending behaviour whilst at the MCTC?	22%		20%	24%
6	Do you feel that any member of staff has helped you to prepare for release?	22%		22%	22%
7	Have you had any problems with sending or receiving mail?	31%	24%	23%	40%
8	Have you had any problems getting access to the telephones?	42%	18%	35%	54%
9	Do you live less than 50 miles from family/friends?	6%	0%	6%	4%
10	Did you have a visit from family/ friends in the first week that you were here?	7%	3%	6%	8%
11	Does the MCTC give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	70%	63%	72%	68%
Resettlement continued					
12	Did you receive one or more visits in the last week?	16%		18%	15%
13	Have you been helped to maintain contact with family/friends whilst in the MCTC?	45%		49%	39%
14	Do you know who to contact within the MCTC to get help with the following:				
14b	Maintaining good relationships?	18%		21%	13%
14c	Avoiding bad relationships?	13%		15%	13%
14d	Finding a job on release?	23%	35%	18%	33%
14e	Resettling back into unit/ship/squadron?	13%	19%	21%	2%
14f	Finding accommodation on release?	38%	36%	33%	48%
14g	With money/finances on release?	25%	40%	33%	17%

Key to tables

		MCTC 2008	MCTC 2004	A Company	D Company
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
14h	Claiming benefits on release?	21%	29%	16%	29%
14i	Arranging a place at college/continuing education on release?	14%	18%	13%	17%
14j	Accessing health services on release?	10%	24%	13%	7%
14k	Opening a bank account on release?	14%		11%	17%
15	Do you think you will have a problem with any of the following on release from the MCTC?				
15b	Maintaining good relationships?	28%		20%	38%
15c	Avoiding bad relationships?	19%		5%	33%
15d	Finding a job?	27%		13%	44%
15e	Resettling back into unit/ship/squadron?	19%		29%	8%
15f	Finding accommodation?	20%		7%	35%
15g	Money/finances?	32%		27%	40%
15h	Claiming benefits?	17%		5%	31%
15i	Arranging a place at college/continuing education?	20%		4%	40%
15j	Accessing health services?	15%		0%	31%
15k	Opening a bank account?	8%		4%	15%
	For those who are sentenced:				
16	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	36%	35%	43%	29%