

Report on an unannounced short follow-up inspection of

The Military Corrective Training Centre

7 – 10 June 2010

by HM Chief Inspector of Prisons

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Introduction

The Military Corrective Training Centre (MCTC), in Colchester, is the armed services' single central custodial facility and, at the request of the Provost Marshall (Army), it is regularly inspected by HM Inspectorate of Prisons. This unannounced short follow-up inspection found that considerable progress had been made in implementing many of the recommendations made on our last visit in 2008. While a number of areas remain to be addressed, the scale and breadth of the progress on which we report is commendable.

Arrangements to ensure the safety of detainees were much improved. Early days in custody were well managed and benefited from better risk assessment and the introduction of a buddy-buddy system. More effort had been made to address bullying issues, and those at risk of self-harm continued to be well supported. There was greater attention to the particular vulnerabilities of detained young people under 18, but still further work was required. There was little use of force, and the governance of temporary removal ('cool-down') and segregation were improved, as was the regime for the more serious offenders placed in the service custody platoon.

Accommodation remained satisfactory and recreational facilities had improved. Detainees reported mixed relationships with staff, but we observed a generally supportive approach from staff towards those in their care. It is disappointing that, despite many previous recommendations, the approach to diversity remained underdeveloped, although the approach to the small number of female detainees was now more empathetic. Overall, diversity needed a much higher management profile. The general complaints system was well managed, although we had concerns about the management of health care complaints. Faith provision was good, and the organisation and delivery of health services had improved.

The range and level of vocational training had improved and achievements were high, but there were still insufficient opportunities to meet demand because the number of detainees who were to be discharged from the services on completion of their sentence (D company) had increased. Detainees benefited from involvement in a wide range of community work projects, work experience and external training opportunities. Library and PE provision had improved.

Progress on resettlement had been significant. There was now sound strategic management, informed by a good range of data. Sentence planning was improving. Our previous concerns about public protection were being addressed by way of sentencing changes, which would restrict the number of high risk individuals being sent to MCTC and, meanwhile, appropriate multiagency support had been obtained from local agencies to manage a current high risk detainee. Accommodation, employment and financial advisory services had all improved, as had support with maintaining family ties. Work was beginning to address substance abuse issues.

It is pleasing to be able to report that in many areas the Military Corrective Training Centre has made significant strides forward in implementing the recommendations from our previous reports. It is now a commendably safe and purposeful place, with much improved support for those detainees who are not 'soldiering-on' and who need help to resettle back into civilian life. Inevitably, there is scope for further improvement, particularly in the area of diversity, but the Provost Marshall's staff are to be commended on the evident progress made in recent years.

Nigel Newcomen
HM Deputy Chief Inspector of Prisons

August 2010

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 323 male and female detainees, although in practice the population has rarely exceeded 180. 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 staff and detainees are usually, however, from the Army.

All detainees are held in accordance with rules determining committal to custody within the Armed Forces Act 2006. 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 have offended against Armed Forces law rather than criminal law, 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 discipline.

The MCTC has a staff complement of 151 (130 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 Service Custody Premises (Army) and Competent Army Authority and Inspectorate for Custody and Detention.

Number held

146 (plus nine in post-charge custody)

Certified normal accommodation

323

Operational capacity

323

Last inspection

November 2008

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.

Description of residential units

The establishment is organised around two 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 service custody platoon (SCP). 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.

Section 1: Healthy establishment summary

Introduction

HE.1 This short follow-up inspection of the Military Corrective Training Centre (MCTC) was carried out against agreed inspection criteria and in line with the Inspectorate of Prisons' four tests of a healthy custodial establishment as set out below:

Safety – that detainees are held in safety and with due regard to the insecurity of their position

Respect – that detainees are treated with respect for their human dignity and the circumstances of their detention

Activities – that detainees are able to be purposefully occupied while they are in detention

Preparation for release – that detainees are able to keep in contact with the outside world and are prepared for their release, transfer or removal.

HE.2 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 release into the community and helped to reduce the likelihood of reoffending.

HE.3 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.

- **outcomes for detainees are good against this healthy establishment test.**
There is no evidence that outcomes for detainees are being adversely affected in any significant areas.

- **outcomes for detainees are reasonably good 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. Procedures to safeguard outcomes are in place.

- outcomes for detainees are not sufficiently good 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 well being of detainees. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- outcomes for detainees are poor 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.4** This Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. Short follow-up inspections are conducted where the previous full inspection and our intelligence systems suggest that there are comparatively fewer concerns. Sufficient inspector time is allocated to enable inspection of progress and, where necessary, to note additional areas of concern observed by inspectors. Inspectors draw up a brief healthy establishment summary setting out the progress of the establishment in the areas inspected. From the evidence available they also concluded whether this progress confirmed or required amendment of the healthy establishment assessment held by the Inspectorate on all establishments but only published since early 2004.

Safety

- HE.5** At our inspection in 2008 we found that the centre was performing reasonably well against this healthy custodial environment test. We made 34 recommendations in this area, of which 31 had been achieved or partially achieved and three had not been achieved. We have made a further five recommendations.

- HE.6** Detainees now arrived with escorts of their own gender and women were dealt with by female staff. Good efforts had been made to further encourage sending units to provide detainees with the helpful information provided about the centre, in advance of their arrival. However, records showed that, despite instructions being issued as we had recommended and the addition of a DVD, detainees were still arriving with no prior information about MCTC. This needed to be remedied by those with the relevant authority.

- HE.7** Staff dealt with new arrivals efficiently and with due regard for their personal needs. The initial health reception screen now included references to drug and alcohol abuse so that any detainees requiring clinical detoxification could be identified early and referred to appropriate services. A useful first night briefing had been introduced. Completion of first night risk assessments had improved, aided by the recent introduction of the detainee assessment report (DAR). The modification of the befriending scheme to a buddy-buddy scheme was beneficial in helping new arrivals to settle in.

- HE.8** The management of child protection procedures remained efficient and the importance placed on staff training was impressive. Representation on the part of the

local safeguarding children board at the MCTC safeguarding children board meetings remained sporadic. The relationship needed to be strengthened to ensure an appropriate level of engagement with policy review and development in relation to child protection, and also with regard to the welfare of the small number of young people under 18 held at the centre.

- HE.9** Governance of the use of segregation under rule 59 or temporary removal of a detainee using the cooling down procedures had been developed and was robust. Staff had a good understanding of the procedures and those we spoke to were enthusiastic about the benefits of using the cooling down procedures to de-escalate challenging behaviour and were knowledgeable about the procedures. Personal support officers were involved in the management of detainees who were segregated. There was scope to develop the role of personal support officers in relation to the general care of all detainees. Detainees held in the service custody platoon (SCP) had much greater access to activities than previously. Individual record keeping relating to detainees held in the SCP had improved. The use of force remained low and governance arrangements were rigorous.
- HE.10** The profile of anti-bullying had been raised in the centre and an anti-bullying week had taken place. The bullying procedures had been reviewed and the committee, which detainees now participated in, had become well established. Detainees were better informed about how to seek help regarding bullying. Detainee surveys on bullying were carried out and there was no evidence that bullying was a serious or persistent problem in either company. For the very small number of cases reported, the action taken was appropriate.
- HE.11** Vulnerable detainees and those at risk of self-harm continued to be well supported. The quality of related documentation had improved. The initial assessments were more comprehensive and relevant to the detainees' risks and needs. Written contributions from staff involved in their care were generally detailed and compassionate. Detainees who had been subject to the blue star monitoring procedure were very positive about the help they had received from staff. Detainees were more actively involved in the care planning process. The meeting structure ensured that vulnerable detainees were constantly under review and all key staff were well briefed about changing circumstances.
- HE.12** On the basis of this follow-up inspection, our assessment was that outcomes for detainees were good in relation to this healthy custodial environment test.

Respect

HE.13 At our inspection in 2008 we found that the centre was performing reasonably well against this healthy custodial environment test. We made 44 recommendations in this area, of which 41 had been achieved or partially achieved and three had not been achieved. We have made one further recommendation.

HE.14 Detainees continued to live in clean, decent conditions. Some improvements had been made to the facilities with the installation of televisions in rooms and there was a wider range of recreational equipment available. Sources of written information to detainees had been modified to make them more accessible. Consideration of the needs of female detainees was more empathetic.

- HE.15** Detainees gave mixed reports of their relationships with staff although detainees from D company were generally less positive than those from A company. Staff we spoke to showed understanding of the range of difficulties detainees had faced, including those in D company. The padre provided good pastoral care and detainees from minority faiths were well catered for. The DAR had considerable potential but records remained uncoordinated.
- HE.16** Regular equality and diversity surveys were undertaken, but had limited value. The introduction of a trained lesbian and gay support officer was a welcome initiative. The trend analysis database offered the potential to undertake formal monitoring and surveying of minority groups, but no monitoring was taking place, a situation we have been critical of in previous inspections. One impact assessment had been completed relating to the discipline and staging systems. The assessment had been wide ranging, but more impact assessments needed to be done. Given the lack of monitoring information, ensuring equality of treatment of minority groups was far from certain. Overall, as we have said previously, the diversity agenda remained under-developed.
- HE.17** A robust system of quality assurance was applied to all formal complaints. In the sample of complaints which we examined, the quality of responses to complaints was good. Investigations into complaints were thorough and detainees received a written response. Monthly detainee consultation meetings were well managed and a useful supplement to the formal complaints system. Some of the responses to complaints were poor and we were not confident that all complaints were followed up robustly.
- HE.18** Detainees had much improved access to their legal representatives and were able to make free telephone calls as necessary from either the welfare department or offices on their company lines. The library now provided legal texts on CDs and detainees were also able to access legal information during the evening 'e-clinic'.
- HE.19** Most detainees we spoke to said that the staging system was fairly applied, although some said that there were occasional inconsistencies among staff in the way they allocated points. However, all said that the scheme was motivational. The time it took for detainees to move from stage 1A to stage 2 enhanced had been reduced, but remained prohibitive for detainees on short sentences.
- HE.20** The health needs assessment completed for 2006-2008 was overdue for an update. The changes as a result of the medical centre becoming a 'branch surgery' of the medical reception station provided better governance arrangements and links for education and training for staff. There had been a transformation of the initial health screen. It now served to gather all relevant clinical information from detainees and also provided staff with prompts for onward referrals. Appropriate services were provided for detainees with mental health needs and the majority of staff had benefited from mental health awareness training. Medics were using their clinical skills more effectively. Detainees were now able to see a dentist and a pharmacist. In-possession medications had been introduced with some appropriate safety measures. However, the recording of medications given to detainees was poor and the transcribing of prescriptions was still occurring, resulting in some avoidable risks. Detainees had easy access to health service specific complaints forms. Detainees continued to express poor perceptions of health services.

HE.21 On the basis of this follow-up inspection, our assessment was that outcomes for detainees remained reasonably good in relation to this healthy custodial environment test.

Purposeful activity

HE.22 At our inspection in 2008 we found that the centre was performing reasonably well against this healthy custodial environment test. We made 13 recommendations in this area, all of which had been achieved or partially achieved. We have made one further recommendation.

HE.23 Good progress had been made to increase the range and levels of vocational training that might enhance employability. New vocational training programmes such as animal husbandry, veterinary medicine, gym instructor training and opportunities to obtain the site safety certificate had been introduced. The levels of vocational training offered had been reviewed and several qualifications were now offered at level 2. The centre maximised the use of the vocational training available, but the numbers in D company had increased since the previous inspection and there were insufficient vocational training places to meet the needs of all D company detainees.

HE.24 Achievement of accredited qualifications on most programmes was high. Those on vocational programmes developed useful employability skills and the plumbing course had been improved to reflect the needs of employers better. Links with external partners were well established and highly effective. Individual coaching and support were good and helped detainees make progress in developing their work skills and their literacy and numeracy. Detainees benefited from involvement in a wide variety of community projects, relevant external training and work experience placements.

HE.25 Various aspects of the provision were delivered by different external providers, each with their own quality assurance systems. However, information and data were not sufficiently well collated to give an overall evaluation of the strengths and areas for improvement.

HE.26 The opening hours of the library had been extended. The part-time librarian was now assisted by a detainee assistant and the library was open all day every week day. The book stock and number of magazines had been increased. Bookshelves and seating areas had been improved and updated, making the library a better organised and more welcoming environment. Both library use and unreturned books were being more effectively monitored, although little use was made of these data.

HE.27 Facilities in the PE department had been improved. Good access to recreational PE had been maintained for all detainees. An additional evening recreational PE session was now available for detainees from D company who were mainly involved in education and training during the day. A YMCA gym instructor course, accredited at level 2, had been introduced. There had been improvements to the cardiovascular and other sports equipment and more staff were qualified to supervise the climbing wall in the sports hall.

HE.28 On the basis of this follow-up inspection, our assessment was that outcomes for detainees were good in relation to this healthy custodial environment test.

Resettlement

HE.29 At our inspection in 2008 we found that the centre was not performing sufficiently well against this healthy custodial environment test. We made 24 recommendations in this area, of which 21 had been achieved or partially achieved and four had not been achieved. We have made five further recommendations.

HE.30 There was now a comprehensive resettlement strategy. It included a number of promising new initiatives that had recently been implemented, including the detainee assessment report, a properly recorded sentence planning process and the collection of data for the trends analysis database. Information was now collected regarding outcomes for detainees who serve on, post release from MCTC. Various surveys and feedback forms from detainees were also beginning to be used to inform the resettlement strategy.

HE.31 A resettlement strategy group, chaired by the commandant, had been formed to monitor the resettlement strategy regularly. The designated internal membership and terms of reference were appropriate and meetings were well attended by internal staff. However, the group lacked the benefit of additional specialist input from relevant external organisations.

HE.32 The arrangements for public protection cases were effective. Considerable effort had been made to resolve the difficulties we pointed out previously regarding the small number of detainees who posed specific public protection risks which MCTC was not well placed to manage. Changes in sentencing guidelines should ensure that in the future detainees whose level of risk cannot be addressed at MCTC will not be sent there. In the meantime, good arrangements were in hand, with the assistance of local multi-agency public protection agencies (MAPPA), in relation to the management of one current high risk detainee.

HE.33 Many detainees still did not have a sentence plan, but resources for sentence planning had increased and the initial assessment process was thorough. Sentence plans we examined were comprehensive and relevant, but did not include input from the welfare department. Sentence plans were formally reviewed with the detainee, informed by written contributions from relevant disciplines.

HE.34 There was effective assistance for detainees with accommodation needs and those we spoke to were very satisfied with the assistance they received in this area. All new detainees were now promptly given detailed information regarding the financial implications of their detention and ongoing advice was given by the regimental administration officer and the Citizens' Advice Bureau. Detainees we spoke to said that they valued the financial advice given to them.

HE.35 The employment preparation course had been improved and was more timely. The introduction of four-day reintegration leave to assist detainees in preparing to settle into their communities was a good initiative. The new thinking skills programme to be delivered by the Essex Probation Service was a significant development and was a particularly appropriate response to the needs of detainees who had been absent without leave.

HE.36 There had been no overall needs analysis of the requirements for detainees with problematic alcohol use, but detainees were asked to complete an exit questionnaire

which had provided some information. This was supported by an annual report from Open Roads. The drug and alcohol awareness talk was now given to all new arrivals and the majority of those leaving the MCTC. The information that D company detainees received about accessing health and social care facilities in the community was excellent.

HE.37 The additional free letter each week and the introduction of regular free weekly telephone calls had improved detainees' access to family and friends. Staff understood the importance of regular family contact, particularly for the most vulnerable detainees, and the use of additional welfare telephone calls authorised by senior company staff was commendable. The introduction of children's play days for fathers was a good initiative.

HE.38 On the basis of this follow-up inspection, our assessment was that outcomes for detainees were now reasonably good in relation to this healthy custodial environment test.

Section 2: Progress since the last report

The paragraph reference number at the end of each recommendation below refers to its location in the previous inspection report.

Main recommendations (from the previous report)

- 2.1 **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. (HE.46)**

Partially achieved. The initial health screen had been completely transformed into a comprehensive document which gathered relevant clinical information from detainees and provided staff with prompts for onward referrals. However, there was still insufficient emphasis on the detainee's emotional wellbeing and mental health. The completed document was scanned on to DMCIP (the electronic clinical information system used by health care staff) and the paper copy was shredded. Despite the comprehensive nature of the health screen, all detainees had to see the doctor, even if they were fit and healthy, which was unnecessary. Detainees were routinely called for a secondary health screen seven days after their arrival.

Further recommendation

- 2.2 The initial health screen should place more emphasis on the detainee's emotional wellbeing and mental health.

- 2.3 **There should be a wider range of constructive activities to occupy detainees in the evenings and at weekends. (HE.47)**

Achieved. There was no formal education and training in the evenings and at weekends, but a wider range of varied constructive activities, including work on the farm, community projects and access to IT suites in the company lines, had been made available to detainees during the evenings and at weekends since the previous inspection. The education centre offered a range of courses, including literacy, numeracy, first aid, business management, information and communications technology and customer care. It was open on weekdays from 9am until 12.15pm and from 2 to 4.30pm. There was an e-clinic for detainees in the early evening each weekday which gave them access to IT outside normal classroom hours to practise their IT skills or simply to use the word processors. The on-line learning centre in the education department had been made available for a trial period during the evenings for approximately one month, as had the library, but had not attracted sufficient detainees and had since been closed during the evenings.

- 2.4 An additional evening PE session was now available for detainees from D company, most of whom were following education and training programmes during the day. There were two different PE training programmes for all detainees, a basic and an advanced, allowing development of physical skills and progression through the PE programmes. Since the previous inspection, new cardiovascular equipment had been added to the fitness suite, six new mountain bicycles were available and more staff were now trained and qualified to supervise the use of the rock-climbing wall.

- 2.5 **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.48)**

Partially achieved. A review of existing provision available to detainees leaving the services had taken place and it was set out in the resettlement strategy and available to detainees in leaflets provided by the welfare department. The recently implemented detainee assessment report (DAR) had been developed to produce sufficient detail on individual needs capable of aggregation and analysis, but the DAR had not been in use long enough for detailed analysis to have taken place. In the meantime, a range of information had been collected to begin to identify the resettlement and reintegration needs of detainees through a number of questionnaires and surveys. For example, there had been a survey of detainees to determine their reasons for going absent without leave. Volunteers took part in a quarterly equality and diversity survey, but the return rate had been poor. Detainees' visitors were invited to provide feedback about visiting arrangements and the number of visits from children was recorded. The centre had started to use this information to improve detainees' contact with family and friends, for example with the introduction of family days.

- 2.6 General information was stored on the trends analysis database (TAD). The TAD included information from questionnaires completed by detainees on arrival, after induction, prior to release and post release for those 'serving on' or returning to their units pending their discharge. The first analysis report had been published in May 2010 and the conclusions had been discussed at the resettlement management group meeting. It was too early to establish patterns and trends, but weaknesses, such as the lack of information detainees received from their units before arrival, and improvements, such as the quality of the induction process, had already been identified.

We repeat the recommendation.

- 2.7 **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.49)**

Achieved. There was a comprehensive resettlement strategy. The strategy was based on a number of promising new initiatives designed to assist in the ongoing identification and analysis of need. These included the DAR and TAD, an improved sentence planning process. The formation of an offender management unit, to oversee a more clearly defined focus on resettlement and reducing re-offending, was beginning to be effective. A proposed offender management manual had not been completed. The strategy included reintegration services for detainees continuing to serve as well as those who were being discharged, although it did not differentiate clearly between the two groups.

- 2.8 **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)**

Achieved. Since the previous inspection, the Armed Forces Act 2006 had been implemented on 31 October 2009. The legislation included broadening the sentencing powers of the Service courts so that they now reflected almost all the options that were available to civil courts in relation to detainees who had committed sexual offences. The options included the service community order, to which a sex offender treatment programme (SOTP) requirement could be

attached, a sentence of imprisonment, or an order for a suspended sentence of imprisonment to which a community requirement for SOTP could also be attached. Ministry of Defence (MOD) officials had consulted the National Offender Management Service and the Office of the Judge Advocate General. It had been agreed that the court martial reporting service working closely with Hampshire Probation Service would carry out a more detailed risk assessment of detainees who had been convicted of sexual offences at the pre-sentence report stage to better inform sentencers. Thus, it was anticipated that detainees who required sex offender treatment would be sentenced accordingly. We were assured that the new arrangements were subject to close monitoring by the MOD. Multi-agency public protection arrangements (MAPPA) had been tightened up. This included access to multidisciplinary MAPPA training for designated MCTC staff and improved intelligence gathering and information sharing through better coordination of the systems in operation.

2.9 There should be sufficient dedicated Provost Marshal staff to fully cover custodial responsibilities at MCTC as well as elsewhere. (HE51)

Partially achieved. We previously reported on pressures on the centre as a result of redeployment overseas of theoretically non-deployable custodial staff and the resulting lack of progress in the implementation of our recommendations, particularly in important areas, such as resettlement. We were told that there was recognition at the highest levels in the army and the wider MOD that military provost staff (MPS) overstretch was a problem. A transfer of staffing liability from the other services had resulted in a gain of four MPS sergeants for MCTC, in real terms the overall staffing level had not increased and operational pressure to support in Afghanistan remained a factor. However, optimum use had been made of the staff resources available to MCTC to cover custodial responsibilities and staff had been properly allocated to developmental work. As a consequence, good progress had been made overall.

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

Achieved. The range of vocational training had been improved with some higher level courses now in place. Accredited courses were available in telescopic crane operation, fork-lift truck driving at NVQ levels 1 and 2, an abrasive wheel course, animal husbandry, veterinary medicine and a YMCA gym instructor course at level 2. Workshop accommodation was generally good and reflected commercial standards. Detainees were developing good commercial skills in the garage workshop. Plans to open a workshop to provide opportunities for detainees to follow accredited qualifications in tiling and home maintenance were at an advanced stage.

Recommendations

Courts, escorts and transfers

2.11 At least one of the service personnel escorting a detainee should be of the same gender as the detainee. (1.6)

Achieved. The arrivals we observed were attended by at least one escort of the same gender. The two female detainees at MCTC told us that they had each had a female escort.

2.12 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)

Partially achieved. Written information about MCTC was available in the Joint Service Publication (JSP) 837 which set out the requirements that all services were required to adhere to when sending detainees to MCTC. JSP 837 also contained an annex for detainees and a clear instruction for sending units to issue detainees with this information before they were despatched. The centre had made other efforts to ensure that sending units were provided with information about MCTC by delivering relevant training to local staff involved in custodial duties, which included a DVD to show to detainees in advance of their transfer to the centre. However, admission records showed that the majority of detainees still arrived without any prior information about the facility.

We repeat the recommendation.

Arrival and first days in detention

- 2.13 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)**

Achieved. Procedures were in place to ensure that essential documentation and information were provided. Staff told us this had been helped by the introduction of standardised documentation. We observed documentation being faxed to the reception team and several telephone calls from sending units to liaise with reception staff about arrival times and procedures to be followed.

- 2.14 All detainees should be offered food and a hot drink on arrival in reception. (1.32)**

Achieved. Microwaveable meals were now held in the gatehouse for detainees who had not eaten and arrived too late for a meal in the cookhouse.

- 2.15 Detainees arriving out of hours should be interviewed in a room suitable for searching and conducting assessment interviews. (1.33)**

Achieved. The room used offered an appropriate level of privacy for newly arrived detainees.

- 2.16 A female member of staff should always be detailed to receive a female detainee on arrival. (1.34)**

Achieved. Female staff were available on site throughout the day. All the female staff we spoke to expected to be asked to assist with the reception of a new female detainee. There was a rota of female staff who were on call outside the day shift and, on notification that a female detainee was en route, female staff were assigned to attend the centre to undertake her reception.

- 2.17 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)**

Achieved. The DAR was completed for any detainee who arrived before the evening shift and covered all relevant aspects of a detainee's history and risk factors. Detainees who arrived late were assessed using the first night assessment tool. The first night risk assessment included suitability to share a dormitory. This provided sufficient information to enable an assessment of risk and suitability for sharing to be made, and was followed up with the more detailed DAR the following day. Quality assurance arrangements were in place and DARs we examined during the inspection had been completed to a good standard.

2.18 All detainees should be able to shower on their first night. (1.36)

Achieved. The admission questionnaire completed on the first night recorded whether the detainee had been offered and had taken a shower. Records that we examined showed that detainees were being offered a shower and that most were accepting the offer.

2.19 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)

Achieved. The detainee handbook was written in a suitable style with good use of graphics and a layout that made the information easy to use. The written information was supplemented by briefings from platoon staff and other staff with specialist roles who covered much of the information contained in the document. Access to a designated peer supporter (buddy-buddy) meant that detainees were able to ask informally for clarification of anything they were uncertain about.

2.20 Information about access to the Samaritans should be given to detainees on their first night. (1.38)

Achieved. All new detainees were told about access to the Samaritans as part of the admission process and this was recorded on their admission questionnaire. Information about the Samaritans was also included in the detainee handbook which they were given.

2.21 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)

Achieved. First night briefings were taking place and all detainees had the opportunity to see a buddy-buddy on their first night. The buddy-buddy scheme was a development of the previous befriender scheme and was a good initiative which provided additional support to new detainees. Detainees who had been at the centre for a reasonable period of time and had reached level 3 on the staging scheme were trained for the buddy-buddy role, as well as undertaking other trusted activities around the centre.

2.22 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)

Partially achieved. Detainees were asked to provide feedback on the content and quality of their induction and specifically whether it had told them what they needed to know. The feedback system had only recently been introduced and the completed questionnaires had yet to be analysed.

Further recommendation

- 2.23** Completed induction feedback forms should be used to evaluate the process and form the basis of ongoing revision and review.

Residential units

- 2.24** 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)

Achieved. A DAR was completed for every detainee admitted to the centre which provided a detailed initial assessment and relevant risk information. The DAR was used to allocate detainees to suitable accommodation in the centre, including a change of location.

2.25 There should be a policy, including written procedures and guidance, on the care and treatment of female detainees resident in company lines. (2.11)

Partially achieved. Some written guidance and procedures had been produced for female detainees covering arrangements for showering and how the staging system would be applied, but this was not sufficient to take account of all aspects of their different and specific needs. There had been no impact assessment to inform the development of procedures relating to all aspects of the care and treatment of female detainees (see also paragraph 2.55). Two female detainees were held at the time of the inspection, who both reported that they were content with their living conditions and treatment.

We repeat the recommendation.

2.26 Written information for detainees should be provided in a range of media and accessible language so that it is easily understood. (2.12)

Achieved. Noticeboards on the company lines had been updated with a range of useful information about daily routines and services available to detainees. A straightforward, easily understood information leaflet was supplied to all new detainees as part of the induction process.

Additional information

2.27 Detainees continued to live in clean, decent conditions. Some improvements had been made to the facilities with the installation of televisions in rooms and there was a wider range of recreational equipment available on the company lines.

Staff-detainee relationships

2.28 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)

Not achieved. Information relating to detainees continued to be recorded in a range of unconnected ways, including different databases and log books dispersed across the centre. The DAR provided a potential tool for all contact with detainees to be recorded centrally, but it was not yet being fully used.

We repeat the recommendation.

Additional information

2.29 Descriptions of relationships between staff and detainees as described to us by detainees were mixed. Some detainees offered negative opinions about staff and this was more evident from detainees resident in D company. We also came across detainees who spoke well of the support they had received and we saw several examples in case records where it was evident that staff had shown a compassionate approach towards detainees and their problems. Staff we spoke to at all levels were keen to point out that the vast majority of detainees at MCTC had offended against Armed Forces law rather than criminal law and senior staff were clearly empathetic towards detainees, having, as they described, had many shared experiences while on operations. While they described an eagerness to equip detainees returning to service with

the skills necessary to become better servicemen and women, they were equally sympathetic towards those in D company who had lost their careers.

Bullying

- 2.30 **The new anti-bullying procedures should be evaluated after 12 months to establish their effectiveness. (3.10)**

Achieved. An internal review of the anti-bullying procedures by the deputy commandant had found that the procedures were bedding in successfully and generally enabled staff to deal with bullying more effectively. This conclusion was consistent with our own findings.

- 2.31 **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)**

Achieved. Membership of the anti-bullying committee from all key areas in the centre, including designated anti-bullying staff, had been formally designated in a standing order and attendance at meetings was good. The committee was chaired by the deputy commandant. Attendance by detainees at the committee had become an established practice and records indicated that they were actively involved in discussions.

- 2.32 **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)**

Achieved. Surveys were carried out every two months to determine how safe detainees felt in the centre. The findings were examined by the deputy commandant and discussed at the anti-bullying committee. No significant difference had been found in perceptions of safety between detainees in A and D companies.

- 2.33 **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)**

Achieved. On arrival, all detainees were given an information booklet explaining how they could seek support if they were concerned about being bullied. This was reinforced by information on display in the company lines, which described what constituted bullying in the setting of military detention and how victims of bullying by others could obtain help.

- 2.34 **The centre should collect and analyse intelligence on bullying to monitor trends and inform strategy and policy. (3.14)**

Achieved. A significant amount of information was gathered on various aspects of safety, including bullying. In addition to the surveys undertaken with detainees on A and D companies, exit surveys were conducted with all detainees leaving the centre. A central record of all bullying incidents was discussed routinely at the anti-bullying committee.

Additional Information

- 2.35 Significant improvements had been made in the way bullying was dealt with. Information issued to detainees and on display gave an unambiguous message of zero tolerance towards any form of bullying. There was no evidence that bullying was a serious or persistent problem. Bullying which occurred tended to involve name calling and verbal abuse between detainees.

- 2.36 There had only been three allegations of bullying since the beginning of the year and action taken had been appropriate.
- 2.37 The profile of anti-bullying had risen in the centre since the previous inspection, for example an anti-bullying week had taken place in November 2009.

Child protection and child welfare

- 2.38 **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)**

Not achieved. Existing guidance for staff, which had previously been contained in the child protection procedures, had been transferred into a guidance booklet, but the substance of the guidance was unchanged and did not provide relevant illustrative examples to assist staff working with children at the centre.

We repeat the recommendation.

Additional information

- 2.39 Following the previous inspection, we reported that, after major restructuring within Essex Social Care Children's Services, there were signs of renewed engagement with MCTC. There had been further local restructuring, but a reasonable level of contact remained. The centre's child protection coordinator continued to attend meetings of the Essex Safeguarding Children Board (ESCB) regularly and the area manager for the local children's trust had recently visited the centre to gain a better understanding of safeguarding issues relevant to the population. However, there had been representation from the local safeguarding children board at only half the centre safeguarding children board meetings over the previous year.
- 2.40 Some multi-agency training delivered by the local authority was still accessible to centre staff, although the number of places on offer had diminished due to demand from the local authority's own workforce. The centre made optimum use of the external training available and 17 members of staff had attended a Train the Trainers course. An up-to-date child protection training database ensured that all staff received comprehensive basic child protection training and annual refresher training. Annual refresher training was tailored to the themes indicated by ESCB and was currently focussing on sexual abuse.
- 2.41 In the previous 12 months, five detainees under the age of 18 had been held at the centre. Over the same period, there had been three disclosures of historic abuse by adult detainees. Internal case files relating to child protection referrals were comprehensive and well ordered and indicated a good level of post-disclosure care offered to the detainee.

Self-harm and suicide

- 2.42 **Monitoring checks should not be carried out at regular and predictable intervals. (3.34)**

Achieved. Sufficient and appropriate monitoring checks were carried out at irregular intervals. A number of different management checks were conducted to ensure that the system of monitoring operated correctly.

- 2.43 **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)**

Achieved. Vulnerable detainees at the centre continued to be well supported. Relevant staff met frequently to discuss the care and support of vulnerable detainees. Family members and friends did not attend reviews due to the significant distance that the majority of detainees were from their family homes. However efforts were made to make telephone contact with families where appropriate.

- 2.44 **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)**

- 2.45 **Achieved.** The standard of written records on vulnerable detainees had improved and was now good. Cases were dealt with methodically and risk was managed carefully. The DAR was used to produce initial assessments of all newly admitted detainees and they were comprehensive and relevant. This information was linked to the monitoring procedures for vulnerable detainees. Written contributions concerning vulnerable detainees were detailed and reflected a high level of concern for detainees' welfare. The blue star (the highest level of monitoring for vulnerable detainees) and VSO (very special observation) files which we examined showed regular and frequent contributions, some of which demonstrated a particularly compassionate approach by staff towards detainees. Vulnerable detainees, or any detainees causing concern to staff, were routinely discussed at the weekly company risk assessment (CRA) meeting. A recommendation on how the case should be dealt with was made at the CRA and then considered by a multidisciplinary group of senior staff at the weekly detainee management meeting (DMM), chaired by the commandant. The meeting structure ensured that vulnerable detainees had a relevant care plan with appropriately assigned actions, were constantly under review and that all key staff were briefed about changing circumstances and lessons learned.

- 2.46 **Detainees should be actively involved in planning their care. (3.37)**

Achieved . Vulnerable detainees were now given more opportunity to contribute to discussions and agreements about how they would be cared for. All detainees who had been assessed as vulnerable were recorded on a daily risk list. Each of these detainees was interviewed every weekend by a duty platoon commander, which gave them the opportunity to discuss the way they were being treated. A note of this discussion was passed to the officer in charge of the relevant company and fed into the discussions which took place at the CRA meetings and, in turn, to the DMM meetings. The decisions reached at the DMM were fed back directly to detainees by a member of staff on the company lines. We received very positive accounts from detainees, who had been subject to the blue star monitoring procedure, of the help they had received from staff.

- 2.47 **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)**

Partially achieved. A record was kept of all detainees subject to formal monitoring. The deputy commandant examined this to identify obvious concerns, but there was no formal analysis of patterns and trends. The TAD provided the opportunity for improved data analysis. **We repeat the recommendation.**

- 2.48 **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)**

Achieved. Three members of staff, who worked directly with vulnerable detainees, had completed relevant suicide and self-harm prevention training, run by the Prison Service. Staff that we spoke to said they had found the training useful, as it had been adapted to accommodate the differences between a prison and a military correction setting. Staff who had completed this training were in the process of devising an internal training package so that they could deliver an awareness-raising programme to staff in the centre.

- 2.49 **A log should be maintained recording any use of anti-ligature clothing and robust governance arrangements should be put in place. (3.40)**

Not achieved. We were informed that anti-ligature clothing was used only in exceptional circumstances and had been used once during the previous year. This had been noted in the detainee's file, but there was no log to monitor the overall use of the procedure.
We repeat the recommendation.

- 2.50 **The befriending scheme should be developed so that it is an integral part of the support system for vulnerable detainees. (3.41)**

Partially achieved. Greater use had been made of the befriending initiative, which was now known as the buddy-buddy scheme. It was designed to provide peer support to anxious detainees on admission. There were 18 trained peer supporters who were used frequently. There was scope to develop the scheme so that some of the peer supporters could be trained to provide guidance and assistance to vulnerable detainees.

Further recommendation

- 2.51 The buddy-buddy scheme should be developed so that some peer supporters are equipped to provide help to vulnerable detainees.

Diversity

- 2.52 **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)**

Not achieved. Tools and systems had been put in place to facilitate monitoring, but were not yet being used for that purpose.
We repeat the recommendation.

- 2.53 **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)**

Partially achieved. An impact assessment of the staging process and discipline had been commissioned externally and completed by a captain from MPS(V). The assessment had been wide ranging and covered the celebration of diversity, racist complaints, aspects of segregation, the care of vulnerable detainees and diversity issues relating to disability and

mental health. The report had specifically highlighted the importance of ethnic monitoring in all relevant areas and not just in relation to the staging system and aspects of discipline which the centre had focussed on. At the time of the inspection, there was no action plan in place or in development to progress the recommendations of the report. More impact assessments needed to be done and, in the absence of any monitoring data, it was difficult for the centre to progress this work much further.

We repeat the recommendation.

Additional information

- 2.54 Although the management of diversity remained underdeveloped, some progress had been made since the previous inspection. A trained lesbian and gay support officer was available to detainees and this was advertised on posters around the centre. A more flexible approach was being taken to the care of female detainees. The two female detainees at the centre during the inspection had been allowed to share accommodation despite being based in different companies, a practice not previously permitted. Some important discussions had taken place on what constituted minority groups in the MCTC context. The education department were doing valuable work to improve the skills of detainees with low-level literacy and numeracy abilities. Regular equality and diversity surveys were carried out with detainees, but did not provide much useful information to inform policy development or staff training.

Contact with the outside world

- 2.55 **Detainees should be offered one free letter a week. (3.64)**

Achieved. Detainees had previously been given a free letter and stamp each week, but now received a weekly allowance to buy a letter and stamp. Detainees we spoke to were not aware of the change in arrangements and said that the weekly free letter had been taken away.

Housekeeping point

- 2.56 The arrangements for free mail should be clarified with detainees.

- 2.57 **All detainees should have the opportunity to use a telephone daily. (3.65)**

Partially achieved. All detainees were allowed three, free 10-minute calls a week, or six five-minute calls if they preferred. This was an increase on the arrangements that we previously reported on. Staff understood the importance of regular family contact and their willingness and actions to allow detainees to make calls home, particularly those who were especially vulnerable, was commendable.

- 2.58 **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)**

Achieved. There was an explanatory notice by the reception desk in the visits hall about what to do if concerned about a detainee and concern forms were clearly visible and freely available. They had only been in place for a week at the time of the inspection and had not so far been used. The form allowed visitors to raise a concern with any member of staff, including the commandant. Completed forms were to be placed in a confidential box and opened and distributed by a member of the welfare department.

- 2.59 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)

Partially achieved. Detainees and families could sit on comfortable chairs around small tables. The tables and chairs were not fixed to the floor, allowing a reasonable space between different visitor groups. A limited range of refreshments were available from vending machines, which provided hot and cold drinks, but only crisps and confectionery as snacks. A microwave was available to heat up food brought by visitors, particularly baby food.

Further recommendation

- 2.60 Sandwiches or hot food should be available for visitors to purchase.

- 2.61 Transport should be arranged for visitors who cannot otherwise easily travel to the centre from the train station. (3.68)

Not achieved. The welfare department had examined 104 visits which had taken place between April and September 2009. The report concluded that the provision of transport from the station to the centre would not be cost effective. This was based on the number of times that taxis had not been used during that period, which was reported to be 59. Visitors had not been asked for their views.

We repeat the recommendation.

- 2.62 The centre should arrange regular family days for detainees with children. (3.69)

Achieved. The bi-monthly children's play days which took place between 10am and 3pm on Saturdays were an excellent innovation. Attendance was initially low, but had now increased and approximately 10 families had attended the most recent family day. Play days were the responsibility of the deputy welfare officer who was using local expertise to develop ideas on how detainees could use the time with their children.

- 2.63 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)

Not achieved. There was still no children's play area in the visitors' centre, although a business case had been submitted to build a new play area in the centre.

We repeat the recommendation.

Applications and complaints

- 2.64 Regular consultation should take place with detainees concerning the internal complaints system to continuously monitor confidence in the system. (3.78)

Achieved. Monthly consultation meetings with detainees from A company and, separately, detainees from D company were now taking place. These meetings provided detainees with the opportunity to raise issues or complaints in a more informal setting. The meetings were minuted with a clear description of the response to the issues raised and the subsequent action taken. This was a positive supplement to the formal complaints system.

2.65 Detainees who write formal complaints should receive a written response reporting the outcome. (3.79)

Achieved. All detainees routinely received a written copy of the response to the internal complaints they submitted. In addition, those who submitted their complaints verbally to the service visiting officer (SVO) received a full written report detailing the nature of their complaint, the SVO's investigation of that complaint and any action recommended. Detainees were also asked to sign this report to acknowledge that they had been informed of the outcome and had received the reply.

2.66 A system of quality assurance should be introduced to ensure that complaints are investigated and dealt with to a consistently high standard. (3.80)

Achieved. Forty-three complaints had been received since the beginning of 2010, the vast majority of which had been made to the SVO. All complaints were reviewed personally by the adjutant or the deputy commandant. This applied to internal complaints as well as those submitted to the SVO. We considered this a robust approach to quality assurance which enabled the responses to complaints to be reviewed before they were reported to detainees. However, there was no audit trail of this action. Despite this, the quality of responses was good in the sample of complaints we examined. All written complaints submitted via the internal system or to the SVO were entered on to a recently introduced complaints database. The opportunity to monitor the efficiency of the complaints system and analyse the complaints received for any repetitive patterns or trends through the TAD was not yet being used.

Legal rights

2.67 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)

Achieved. There was clear written guidance on the financial and administrative consequences of detention, including reduction in rank, the stopping of pay and allowances and the possibility of overpayment and the requirement to reimburse the money. There were also potential implications for annual leave entitlement and the loss of a full pension. The regimental administration officer delivered a weekly information session to all new detainees, clarifying the issues and giving detainees assistance to resolve any personal financial problems.

2.68 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)

Achieved. Detainees we spoke to said that they received good financial advice from the regimental administration officer, the welfare department and Citizens' Advice Bureau (CAB), which held a monthly advice surgery at the centre and offered subsequent individual sessions. CAB provided expert financial advice in particularly complex cases. Detainees serving short sentences said that there was sometimes not enough time to see the CAB for ongoing advice. Detainees who had unresolved financial difficulties after discharge were referred by the welfare department to the appropriate advice and welfare organisations which supported ex-service men and women.

2.69 A stock of legal reference material relevant to centre detainees should be maintained in the library. (3.88)

Achieved. The library held legal information on CD-ROMs which detainees could use in the library or in their company's offices. The welfare department provided a monthly legal advice surgery. Detainees could access legal information on the internet during the 30-minute evening e-clinic, which took place four days a week.

- 2.70 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)**

Achieved. Detainees could receive free telephone legal advice from their legal representatives in the privacy of the company lines and welfare department offices. The welfare department could offer advice beforehand. Detainees we spoke to said they found it beneficial to receive advice from welfare staff before their telephone calls.

Substance use

- 2.71 The initial reception screen should identify detainees with drug or alcohol abuse issues and symptomatic relief should be provided if required. (3.96)**

Achieved. The initial health screen had been completely revamped and gathered relevant clinical information from detainees while providing staff with prompts for early treatment and onward referrals.

- 2.72 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)**

Achieved. Staff we spoke to were confident that there were good lines of communication between the welfare officer, medical centre staff and mental health staff. Some commented that the revamped initial health screen had assisted in this process.

- 2.73 Additional staff should be trained to carry out drug testing to cover staff absences. (3.98)**

Achieved. The compulsory drug testing (CDT) manager for the centre was the regimental sergeant major (RSM), and a staff sergeant was in charge of the testing team of five. The team carried out the required 90 tests a quarter.

- 2.74 Records should be kept of the outcome of all drug tests, whether at the request of the sending unit or otherwise. (3.99)**

Achieved. Results of any failed tests of staff and detainees at the centre were sent to the RSM as CDT manager. Appropriate action could be taken in discussion with the detainee's commanding officer. The RSM was in the process of building a comprehensive database of results for detainees.

- 2.75 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)**

Partially achieved. Records of all individual and room searches were made in the daily occurrence books. These books were quality assured monthly by senior staff, but the potential

for unnecessary duplication or inappropriate targeting of detainees had not been fully eliminated by this recording method.

Housekeeping point

- 2.76 The records of individual and room searches should be monitored to ensure that there is no unnecessary duplication or inappropriate targeting of detainees.

Health services

- 2.77 The health needs assessment should be repeated to ensure that the relevant services are being provided for detainees. (4.35)

Not achieved. During our previous inspection, we had consulted a health needs assessment dated 2006-2008, which covered detainees and staff. This had not been repeated and staff could not identify whether service provision was relevant for the detainee population.
We repeat the recommendation.

- 2.78 The medical centre rooms should be reorganised to ensure patient confidentiality and make best use of available space. (4.36)

Partially achieved. Some structural changes had been made to the medical centre and a door had been fitted to the duty room to provide some level of confidentiality. However, we observed that detainees waiting in the medical centre could clearly hear clinical staff talking about other patients in the duty room.
We repeat the recommendation.

- 2.79 Medics should be able to use their clinical skills rather than undertake administrative tasks. (4.37)

Achieved. While medics continued to undertake clerical tasks, their clinical responsibilities had increased. They were able to undertake vaccinations and chlamydia screening and to triage patients using clear algorithms.

- 2.80 Plans for the medical centre to become a 'branch surgery' of the MRS should be implemented. (4.38)

- 2.81 **Achieved.** Health services at the centre were now a branch surgery of the main medical reception station (MRS) on the garrison. The changes had resulted in improved governance and access to training and professional support for clinical staff and a commitment to providing clinical services for detainees in line with those for all other military personnel. There was a practice manager at the centre whose line manager was the area manager, who also had management responsibilities for the MRS and other medical centres in the region. The practice nurse at the centre was a deputy matron from the MRS. Relationships between the centre staff and staff on company lines had improved. The practice manager gave company staff monthly updates to ensure that they were fully conversant with new procedures and ways of working.

- 2.82 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)

Not achieved. Since the previous inspection, an in-possession policy had been introduced and the majority of detainees now managed their own medications, rather than queuing for 'see to take' medications. Detainees signed a contract confirming that they understood the ramifications of failing to take their medications or of passing them to others. They had a tick sheet to record when they had taken the prescribed medications and both the company staff and medics carried out random checks.

- 2.83 The medics recorded the administration of the in-possession medications on the back of a copy of the detainee's contract and the detainee was asked to sign when he received the medication. This system was open to transcribing errors and we found examples where it was impossible to identify whether the detainee had actually received his medication.
We repeat the recommendation.

Good practice

- 2.84 *The in-possession medication record sheet held by detainees was an easy and effective way for the patient and clinical staff to identify compliance with medication.*

- 2.85 **The health services complaints system should be clearly expressed and prominently displayed so that detainees are aware of how to use it. (4.40)**

Achieved. Detainees were given information on how to complain about health services on arrival. Leaflets and complaint forms were readily available on company lines. Staff on the company lines were clear that there was a separate system for health service complaints.

- 2.86 **The complaints process should be fully completed even if the detainee leaves the centre while a complaint is being investigated. (4.41)**

Partially achieved. The practice manager kept a record of all written complaints. The numbers had increased dramatically within the past year, but this seemed to correlate with the promotion of the complaints system. Some of the responses from individual members of staff were poor and there was no monitoring or quality assurance system. The system did not provide assurance that all complaints were followed up robustly. Detainees were also invited to make comments in a comments/compliments book in the medical centre. While the vast majority of comments were favourable, a few were negative. Complaints entered in the comments/compliments book were not responded to other than by invitation for the complainant to see the practice manager.

We repeat the recommendation.

- 2.87 **Detainees should be able to return to their scheduled activities after their appointment if clinically able to do so. (4.42)**

Partially achieved. Detainees were brought to the medical centre in groups and only those on stage 3 of the staging system were allowed to return to their unit unescorted. In contrast to the previous inspection, detainees did not have to spend the whole morning or afternoon waiting to return because there were more opportunities to be escorted back to their company lines or scheduled activity. However, some detainees waited over 1.5 hours in the medical centre.

We repeat the recommendation.

- 2.88 **Female detainees should be made aware that they can see a female doctor if requested. (4.43)**

Achieved. The information leaflet about health services stated that female detainees could ask to see a female doctor if they wished. However, in reality there were few female doctors in line with services available to other military staff. Female detainees often elected to see the female nurse and, if they needed to see a doctor, a chaperone was easily arranged.

2.89 Medical centre and MCTC staff should analyse patterns of attendance at the medical centre to determine trends. (4.44)

Partially achieved. The duty medic compiled daily surveillance reports which informed the Army Primary Health Care Service (APHCS) quarterly report to identify attendance patterns and trends across the service. We did not observe any obvious misuse of the medical centre by detainees to avoid other activities, but the medical centre did not analyse patterns of attendance in conjunction with MCTC staff.

2.90 Detainees' poor perceptions of the quality of care provided by doctors should be investigated and any necessary action taken. (4.45)

Partially achieved. The centre had considered that, since the doctor who had been present at the previous inspection had left the MCTC medical centre, the main concerns of detainees about the quality of health care would simultaneously diminish. However, a review of complaints revealed that some detainees continued to have poor perceptions of the quality of care provided by medical staff. As part of the governance arrangements for the medical centre, staff were required to submit patient safety incident report forms (PSIRs), which were appropriately passed up the chain of command for investigation. However, this was not affecting the poor perceptions of health care held by some detainees and work needed to be carried out directly with them to address this.

We repeat the recommendation.

2.91 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)

Achieved. There was a good working relationship between the physiotherapist and the PE department. The physiotherapist worked closely with the remedial instructor and they devised flexible, individual care plans for patients. If necessary, detainees could have a tailored fitness programme, for example incorporating parts of the standard fitness programmes.

2.92 MCTC night staff should routinely consider the availability of health professionals at the garrison, from whom they could seek advice. (4.47)

Achieved. There were unit standing orders entitled Medical cover – out of hours [USO 304] which provided clear instructions for custodial staff about what to do if a detainee became unwell when none of the medical centre staff was on duty. The instructions gave details of who should be contacted at the MRS and details of the local NHS walk-in centre.

2.93 Detainees should be able to consult a pharmacist. (4.48)

Achieved. Detainees were given a practice information leaflet on arrival at the centre, which explained how a detainee could see a pharmacist if he/she wished to do so. We were told that no detainee had taken advantage of this service. The pharmacist did not actively seek out detainees on medication to undertake reviews.

2.94 Detainees should have access to simple analgesia and other homely remedies when medics are not on duty. (4.49)

Partially achieved. Detainees could obtain paracetamol or ibuprofen from staff on company lines during 'silent hours' (out of hours/night state), but no other homely remedies, such as indigestion remedies. There was a clear audit trail and a system to ensure that, if a detainee requested medication on more than three nights over a seven-night period, he/she was referred to the medical centre for a routine appointment.

We repeat the recommendation.

2.95 Dental services should be available to all detainees regardless of their length of time at the centre. (4.50)

Achieved. While there was no formal service level agreement between the MCTC and the dental service at the garrison, detainees were able to receive dental treatment in line with the services provided for other military personnel. We were told that there were no longer problems in detainees being seen, as there had been at the time of the previous inspection. The dental service (DDS) validation lists of detainees held at MCTC were passed on so that the records of detainees who had left the centre could be retrieved and put with their personal files.

2.96 The mental health needs of all detainees should be considered and appropriate services provided. (4.51)

Achieved. Detainees had access to services from the Department of Community Mental Health Services. They continued to provide a community mental health nurse for the care of detainees. She was supported by a corporal who was a registered mental health nurse. During the previous fiscal year, 131 detainees had been referred to them, a similar number to the previous year.

2.97 There were comprehensive arrangements to meet the needs of detainees with severe and enduring mental health problems who required a period of clinical detoxification as an inpatient. APHCS had a contract with South Staffordshire Mental Health Trust, specifically for MCTC. There was provision for a detainee to be admitted within four hours of the bed being requested and the arrangements included accommodation for the MPS staff accompanying the detainee. If necessary, the detainee could be taken directly to the South Staffordshire unit from his original base and MPS staff would meet him/her there. These arrangements had not been used since the contract had been agreed.

2.98 All staff should have mental health awareness training. (4.52)

Partially achieved. The training department held records of all staff training, including parts 1 and 2 of the mental health awareness training. The records showed that the vast majority of staff had completed the training. Custodial staff commented on how useful the training had been.

Learning and skills and work activities

2.99 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)

Achieved. At the time of the inspection, nine detainees were located in the SCP (service custody platoon previously known as MCP). The length of stay for detainees held in the SCP varied from a few days to several months. All SCP detainees had compulsory morning PE sessions and two sessions of recreational PE at weekends. Detainees who had not had their

discharge confirmed were expected to continue with military training and some complained that continuation with military training was pointless since their discharge was inevitable in their view. However, all detainees who were in the SCP also had access to vocational training and education, subject to a risk assessment and their individual needs. A range of options had been tried for one detainee in the SCP, who had been particularly difficult to manage, to provide him with activity to meet his specific needs and to keep him fully occupied during the day.

2.100 Vocational training should be introduced in the kitchen, the farm and the PE programme. (5.18)

Achieved. Vocational training was available in the kitchen, where detainees had access to a food hygiene course at level 1. An external provider, Sodexo, delivered the practical aspects of the course. However, uptake of this course had been disappointing.

2.101 Nationally recognised vocational training had been introduced recently into the PE department. A pilot YMCA qualification at level 1 had been introduced in January 2010. An evaluation of this course had led to the introduction of the YMCA course at level 2 from May 2010. Six detainees had successfully completed the first course, one of whom had gone on to the YMCA qualification at level 2. At the time of the inspection, there were 12 detainees following the level 2 qualification.

2.102 The farm provided good opportunities for detainees to gain experience in an agricultural setting. Good links were in place with Easton College (Norwich), which provided assessment for farm-related qualifications at the main college, and there were some good opportunities to undertake work placements. Work on the farm was carried out voluntarily and attendance was good. Provision for vocational qualifications on the farm had been improved with access to qualifications in animal husbandry and veterinary medicine now available at NVQ level 2. Achievement of qualifications was good, with 50 of the 51 detainees achieving success.

2.103 There should be opportunities for detainees to develop their literacy and numeracy skills in vocational contexts. (5.19)

Achieved. Vocationally relevant literacy and numeracy support was provided and the sequencing generally worked well in improving detainees' literacy and numeracy skills prior to starting vocational courses. Tutors in workshops generally provided good individual support and group sessions were available in the plumbing workshop. There were good links between workshops and the external provider of literacy and numeracy courses. The achievement of qualifications in literacy and numeracy at level 1 was prioritised and all detainees were expected to achieve this before embarking on vocational training, military training or other courses.

2.104 The plumbing workshop, training and qualifications available should reflect the needs of external employers. (5.20)

Achieved. The plumbing course had been improved to reflect the needs of employers better. The content of the course and the skills being developed provided good opportunities for detainees to enhance their employability potential. At the time of the inspection, detainees had an opportunity to obtain an internally recognised certificate in plumbing. There were well advanced plans to introduce a nationally recognised accredited qualification into the workshop and the centre was ready to introduce the course within a few weeks.

2.105 There should be more opportunities for detainees to achieve nationally recognised qualifications. (5.21)

Achieved. The qualification levels available had been reviewed and amended to meet the needs of the detainee population better, and achievement and skills development in education and training courses were good. Skills for life qualifications were prioritised and detainees who had not obtained a literacy and numeracy qualification at level 1 were placed in an appropriate class to achieve this before being moved on to other training. Most of the vocational training provided opportunities to obtain nationally accredited qualifications. Qualifications in agricultural estate plumbing and garage skills were offered at level 1. The range of qualifications on offer which were new to the centre included animal husbandry, veterinary medicine, the YMCA gym instructor course (all three now available at level 2), certificates in site safety, desk top publishing, and a new home maintenance course due to start in July 2010. Many of the nationally recognised qualifications formerly offered at level 1, such as welding and fork-lift truck driving, were now offered at level 2.

2.106 Detainees were also given the opportunity to undertake relevant work placements in the community, to take part in community projects and to participate in short courses in the community to meet their individual needs. External projects with an animal rescue centre and Colchester Zoo had been successful in providing further opportunities for work experience.

2.107 The range of opportunities and support for detainees to access external training courses remained good and links with external training providers were well established and highly effective. Some detainees were supported to work towards specific qualifications. For example, one detainee with a university place on release was receiving support to develop his study skills and another was working towards an A level biology qualification.

2.108 Learning plans should identify what detainees are expected to achieve and include all aspects of their learning in the centre. (5.22)

Partially achieved. Training plans (learning plans) continued to be based on individual assessments which included literacy and numeracy. These now formed part of the sentence planning process for new detainees. Assessment information was recorded effectively and used appropriately to plan individual training. The centre used different styles of training plan for different courses, since different external providers each had their own style of training plan. The different styles did not make a material difference to the detainee, but individual training plans were not routinely used in all courses. If they were used, they were generally effective in planning individual learning and setting learning targets, which mainly focussed on completion of a short course. Not all training plans were completed fully. Individual training plans were not used consistently in all workshops to plan and review detainees' learning. In the plumbing workshop, the use of training plans was well developed and they included information on prior assessment of levels of literacy and numeracy and other prior learning.

Further recommendation

2.109 Individual training plans should be routinely used and fully completed.

2.110 The observation of teaching and learning in vocational areas should be based on clear and relevant criteria and be formally recorded. (5.23)

Achieved. A structured and systematic approach to the observation of teaching and learning in vocational courses had been developed as part of individual performance management.

Instructional officers were formally observed twice a year. Records of observations were formally recorded using clear and consistent criteria relevant to teaching and learning. Where areas for improvement had been identified, disciplinary action was taken, but there was insufficient focus on identifying and sharing good practice to improve the quality of provision overall.

2.111 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)

Partially achieved. The education and training department reported quarterly to the centre's resettlement strategy group. The department had an awareness of some of its main strengths and areas for improvement which had been acquired mainly through informal, day-to-day assessment and evaluation. However, formal and systematic evaluation of the quality of provision remained underdeveloped and lacked coherence across the range of provision. Information about participation, attendance, achievement and retention was regularly collected, but was not routinely analysed and used to inform improvement planning. Most of the external providers had their own arrangements for quality assurance and quality improvement. Some carried out their own self assessments, although there was no formal self assessment of vocational training. A self assessment of the Learndirect hub had been carried out, but we regarded many of the identified strengths as normal practice. Self assessment of the skills for life provision was undertaken by its sub-contracted provider, Essex County Council. However, none of these was incorporated into an overall self assessment or evaluation of education and training provision at the centre.

**2.112 Detainees regularly completed evaluations of their education and training at the end of each course. This feedback was analysed and the centre was quick to respond and take action where areas for improvement had been identified.
We repeat the recommendation.**

2.113 The opening hours of the library should be extended to evenings and weekends. (5.25)

Partially achieved. The opening hours of the library had been extended during weekdays, although it was still not open at weekends. However, detainees we spoke to said that they had sufficient access to the library. The centre had recently operated a trial opening of the library until 7pm each evening. The library had been little used by detainees during the evening opening period and the trial had been discontinued. The library was open from 9am until 4pm each weekday. The part-time librarian was supported by a detainee who covered the running of the library for the remainder of the week. The library's central location in the education department made it easily accessible during the week to detainees from D company who were routinely following educational and vocational courses. Detainees from A company and from the SCP were allocated specific library time during the week. Library use was being more effectively monitored, although little use was made of the data.

2.114 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)

Partially achieved. The library had been refurbished with new shelving and comfortable seating. It provided a welcoming environment for detainees who used it regularly during their break times in the education centre. A detailed and formal survey of needs had not been carried out. However, library stock had been increased and a range of mainly military magazines were now available. Up-to-date legal texts, both in print and on the computer, were now more readily available, as were easy readers, fiction and nonfiction and a small range of reference books. Requests for books were still processed through the Army library service but,

due to the nature of this service, requests could take a long time to arrive. Some detainees were not aware that book requests could be made. The librarian had a good awareness of the most popular type of books and ensured that, when the budget permitted, appropriate stocks were ordered. Links with the education department continued to be good and the library was responsive to requests for materials to support education classes. The library continued to support vocational training well by carrying appropriate stocks of books. The daily newspaper deliveries to the library were still unreliable. They were often not collected from the gate and delivered to the library until late in the afternoon.

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

Achieved. Stock loss and unreturned books were now routinely monitored and annual stock losses had been reduced to 2.5%. Unreturned books were being followed up more effectively and the introduction of a system to record any exchanges of library books between detainees facilitated the improved tracking of the whereabouts of unreturned books.

Additional information

- 2.116 Significant improvements had been made to the quantity, range and type of vocational training available at MCTC and the provision was being used to best effect. However, there had been an increase in the number of detainees in D company and there were insufficient vocational training places to meet the needs of all detainees. Some were prohibited from taking a vocational training course because they did not have the required level of literacy. Priority was given to the achievement of a literacy qualification for all detainees. This helped some detainees' access to vocational training, but some detainees on short sentences were not able to take an appropriate course within the time they had available to complete it. A literacy qualification was also useful to detainees from A company who were then in a better position to apply for promotion.

Faith and religious activity

- 2.117 **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)**

Achieved. The padre met all newly arrived detainees during the induction programme to inform them about religious services and the availability of the multi-faith room was mentioned in the detainee handbook. Members of minority faiths were supported by civilian chaplains to the military who understood the context in which detainees lived and worked. Their availability was also included in the detainee handbook.

Time out of room

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

Achieved. Since the previous inspection, television sets had been installed in detainees' rooms in place of radios.

The staging system

- 2.119 The length of time it takes for detainees to progress from stage 1A standard to stage 2 enhanced should be reduced. (6.18)

Achieved. The time it took to progress from stage 1A standard to stage 2 enhanced had been reduced. However, it remained inaccessible to many detainees on short sentences who, regardless of good behaviour, would never be able to achieve enhanced status.

Further recommendation

- 2.120 The length of time it takes for detainees to progress from stage 1A standard to stage 2 enhanced should be reduced to make it accessible to detainees on short sentences.

- 2.121 Relevant education staff should contribute directly to the weekly reviews of the staging system. (6.19)

Achieved. Education staff completed weekly reports which contributed to the weekly reviews of the staging system.

Additional information

- 2.122 The staging system was clearly publicised on the company noticeboards and detainees we spoke to had a good understanding of it. The majority of detainees we spoke to said that the system was fairly administered and motivational. Detainees who had reached the highest stage (3) said that it was worthwhile and those on stage 2 said they would aim to progress to the next stage. However, some detainees on stage 2 said they felt some staff were inconsistent in attributing points, although they did not feel they were deliberately unfair.

Discipline

- 2.123 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)

Achieved. Since the previous inspection, robust monitoring arrangements, including several tiers of management checks, had been introduced relating to the use of segregation and temporary separation in designated cool-down rooms. We were told that staff and detainees made good use of the cool-down rooms, allowing detainees who needed to regain their composure the opportunity to do so without staff intervention. Cool-down rooms were not locked and detainees sometimes asked to use the facility themselves. Any member of staff employed as a platoon commander was permitted to place a detainee in a cool-down room, but the decision needed to be reviewed and approved at the earliest opportunity by a senior member of staff at no less a rank than warrant officer 2. Staff were required to monitor detainees regularly to ensure their safety. A system of frequent review was built in and reviews were recorded. Detainees placed in a cool-down room were required to remain there for a minimum of 60 minutes. This seemed contradictory to the philosophy of minimum intervention which underpinned the use of the cool-down rooms. A 'cooling-off rooms' register was

maintained and this was monitored at the monthly orders meeting. However, there was no overall analysis of the use of the cool-down rooms to identify any patterns or trends. The potential to do so using the new IT system had been recognised and this was under consideration.

2.124 Any decision to lock the door of a cool-down room amounted to segregation, requiring the approval of the commandant. In addition to staff monitoring and ongoing review, detainees placed in segregation were required to comply with a reintegration plan designed to affect his or her return to their company at the earliest opportunity.

2.125 **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)**

Achieved. The robust governance arrangements regarding the use of segregation or temporary separation included clear guidance to staff. We spoke to a number of staff on company lines who were all keen to explain in what circumstances detainees would be separated from others and the rules relating to the procedures. All were familiar with the documentation required to secure approval and monitor the procedures. They were enthusiastic about the benefits of using the cool-down rooms to de-escalate challenging behaviour.

2.126 **Tapes of planned use of force incidents should be examined and learning points disseminated to staff. (6.40)**

Achieved. The control and restraint policy had been reviewed in February 2010 and, although there had been a clear policy instruction to comply with this recommendation, there had not been any incidents of planned use of force since the previous inspection. However, there was CCTV coverage of two spontaneous incidents and the tape had been examined to extract learning points. Staff had received additional training on methods of entry in relation to planned interventions. Debriefing arrangements for staff and detainees following spontaneous use of force had been enhanced and relevant messages from debriefs were being incorporated into use of force training sessions. In addition, efforts were being made to obtain relevant tapes from the Prison Service for training purposes.

Additional information

2.127 All staff had been trained in the use of force and were required to carry out eight hours' refresher training annually. Although comparatively higher than previously reported, the use of force remained low at six incidents during the previous six months, with half involving one detainee who had lost control and caused considerable damage to his room. The records that we examined were detailed and in good order. Governance arrangements were robust, ensuring that reports were completed immediately following the incident and placed before the RSM without delay and then the commandant within 24 hours of the incident.

2.128 **Toilets in the single cells in the MCP should be fitted with privacy screens. (6.41)**

Not achieved. There were two single cells in the SCP, neither of which had privacy screens at the time of the inspection. We were told that one of the detainees who had been located in one of the single cells had removed his privacy screen and had used the screws to harm himself. A local safety inspection of all privacy screens in the centre had highlighted potential risks to detainees and, in light of this, a decision had been taken to remove the screens.

Notwithstanding identified safety concerns, the decency issue had not been resolved as detainees using the toilet could clearly be seen through the cell observation panel.

We repeat the recommendation.

2.129 Detainees in the MCP should have daily exercise in the open air. (6.42)

Achieved. At the time of the inspection, nine detainees were held in the SCP. Eight were being held before courts martial and one detainee was awaiting transfer to a civil prison. Daily exercise in the designated yard area was scheduled and detainees located in the SCP who we spoke to confirmed that they were routinely offered the opportunity to go outside. Managers carried out checks to ensure that detainees in the SCP were routinely offered daily outdoor exercise and that the records of those who declined were annotated accordingly. Our own checks indicated that the practice of recording declinations was not embedded.

2.130 Monitoring entries should be recorded daily on detainees held in the MCP and should reflect the high levels of engagement by staff. (6.43)

Partially achieved. Significant events involving detainees located in the SCP were entered in the daily occurrence book as well as the detainee database, but these tended to be disciplinary in nature rather than relating to welfare issues. This was particularly evident for the most challenging detainee held at the time of the inspection. Staff were honest in explaining their approach to record keeping and said that they were more likely to record disciplinary issues than welfare issues. However, they were optimistic about the recently introduced detainee assessment report (DAR) and felt that once the DAR was fully operational, this would encourage staff to provide a more rounded view of their interaction with detainees.

2.131 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)

Partially achieved. Detainees segregated under rule 59 (previously rule 37) were required to work through a detailed reintegration workbook. The workbook required a good deal of self reflection and analysis and segregated detainees were expected to set themselves personal targets and complete a daily journal. The policy on segregation recognised that the detainee would require 'an above average degree of supervision and mentoring initially'. Records that we examined indicated that the level of personal officer support was variable in assisting detainees to develop personal targets.

Catering

2.132 Menus should include healthy options and should reflect the dietary needs of all detainees. (7.7)

Achieved. Healthy options were available at all meals, with fruit and salad available at least twice a day. Religious and medical diets were catered for as necessary.

2.133 The centre should undertake a needs assessment and detainee opinion survey to inform menus and improve evening provision. (7.8)

Partially achieved. There was regular consultation with detainees at monthly detainee consultation meetings and these discussions were informing revision of menus. Catering staff monitored the choices available and replaced any that were consistently less popular with

detainees. The policy of rotating the order in which detainees selected their food meant that all detainees had their first choice of meal at least once a day.

2.134 Cookhouse noticeboards should advertise the options available to meet minority needs. (7.9)

Achieved. All options were displayed on the cookhouse noticeboards and a chef was available at each servery to answer any questions detainees might have about the food choices.

2.135 Kitchen staff should receive appropriate training in diversity. (7.10)

Achieved. All new staff, including kitchen staff, attended introductory training at the centre. This was supplemented by training provided by Sodexo, the company which ran the kitchen. The catering manager had recently attended a Sodexo one-day diversity event and he kept comprehensive training records for all kitchen staff.

Detainees' shop

2.136 There should be regular consultation with detainees to improve shop stock. (7.17)

Achieved. Consultation took place each month.

2.137 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)

Achieved. Stamps for overseas post were available. Regular consultation was taking place with detainees about the range of items they would like to buy, including foodstuffs and hobby materials.

2.138 Essential toiletries, including shaving materials, and boot polish should be provided free. (7.19)

Achieved. Boot polish, shaving materials and sanitary items for female detainees were provided free. Detainees could buy alternative or additional items from the shop if they wished to do so.

2.139 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)

Not achieved. Extensive discussions between the Ministry of Defence and MCTC had taken place following this recommendation. The allowance enabled detainees to buy some necessary items each week and was not a substitute for their forfeited pay while at the centre. The guidance stated that the allowance could not be saved without attracting tax liabilities.

Resettlement

2.140 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)

Partially achieved. A resettlement strategy group (RSG), chaired by the commandant, met quarterly to monitor the implementation of the resettlement strategy. The group had appropriate terms of reference and designated internal membership and meetings were well attended. However, there was no representation from external specialists or service providers. The meeting received reports from internal departments and external agencies for consideration, although it was not clear from the minutes what had been considered from the reports.

Further recommendation

2.141 Service providers should be invited to attend the RSG to share information, discuss progress and contribute to developments in policy and practice.

2.142 **Sentence plans should be based on a comprehensive assessment of individual need based on information from all available sources in the centre. (8.16)**

Partially achieved. The new sentence planning arrangements had been introduced in March 2010 and two newly appointed staff were responsible for the sentence planning of all detainees. Initial assessments were based on the completed DAR, prepared by staff on the induction platoon, and other detainee records held on company lines. However, there was no indication that sentence planners used the pre-sentence reports prepared by external probation officers, and we were advised that it could not be guaranteed that pre-sentence reports would be made available. Before the initial sentence plan was finalised, detainees were interviewed at length by the sentence planning staff and individual plans and targets completed. Detainees we spoke to who had sentence plans said they found them helpful and they appreciated the time and care sentence planning staff took to develop their plans. However, a significant number of detainees did not have sentence plans. They told us that they felt disadvantaged not knowing when, or if, they would be assessed.

Further recommendations

2.143 Sentence planning staff should ensure that pre-sentence reports are made available so that they form part of the initial assessment process.

2.144 All detainees should have a sentence plan.

2.145 **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)**

Partially achieved. The centre requested information on detainees six months after they had returned to their units. Units regularly did not submit the information required and centre staff were doing what they could to address this issue. Centre staff encouraged units to apply for detainees discharge during their sentence at MCTC and emphasised to units the benefits of detainees being discharged directly from MCTC rather than following a return to unit. Detainees considered likely to be discharged were placed into D Coy. However, the resettlement strategy did not cover the specific needs of these detainees.

We repeat the recommendation.

2.146 **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)**

Partially achieved. The sentence plans we examined included a number of appropriate and time-bound targets. There were arrangements for targets to be formally reviewed with the detainee by the sentence planning staff. Although reviews were not multidisciplinary, written feedback was provided by departments delivering the selected activities or services and these were taken into account as part of the review. There were no links with the welfare department, which offered personal support to detainees and their families and facilitated access to key resettlement services such as accommodation, financial and legal advice.

2.147 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)

Partially achieved. The sentence plans we examined focussed primarily on courses to meet the detainee's educational and vocational training needs.
We repeat the recommendation.

2.148 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)

Achieved. The employment preparation course now began earlier in detainees' sentences. It was planned into each sentence according to the sentence length and individual needs. Detainees from D company took part in a First Steps course after induction. This started the process of employment preparation with support and training for CV writing and interview. In the two weeks prior to release, detainees undertook further employment preparation work which included job search skills and an interview with Jobcentre Plus. Detainees were released to a wide range of different locations and good links had been established with several local job centres. There were opportunities to carry out work experience with a local employer. Right Turn courses had been introduced in the education department to develop an awareness of citizenship for detainees in A company.

2.149 Restrictions on mail, telephone contact and visits should be imposed where appropriate and reviewed on a regular basis. (8.21)

Achieved. Restrictions on mail, telephone contact and visits were imposed when required and, at the time of the inspection, they had been imposed in one particularly complex case, which was being managed effectively. The arrangements for public protection cases were effective and there was good liaison on specific cases between the centre's public protection lead and Essex Police.

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

Achieved. Health services staff delivered a comprehensive presentation to D company personnel during their last week at the centre. This included information about the differences between military and community health services and details about NHS Direct and the NHS website. There were eye-catching displays about NHS services in the medical centre and on company lines.

Good practice

- 2.151 *The comprehensive health care information displayed on noticeboards and written information given to detainees in D company were excellent and served to meet their specific needs.*

Additional information

- 2.152 The welfare department had a full-time housing officer, who had assisted 210 detainees with accommodation issues during 2009. Detainees we spoke to who had used the service said that they valued the accommodation advice they had received. Effective links had been made with housing providers, service welfare organisations and specialist charities, which offered support to detainees who were being discharged.
- 2.153 The use of reintegration leave, to assist in the resettlement of detainees with their families and local communities, was very effective. The arrangements for reintegration leave, which was offered primarily to detainees on D company serving long sentences, were described in a clear and comprehensive policy. Detainees we spoke to who had been on reintegration leave had valued the experience.
- 2.154 The two citizenship group programmes, Right Turn for detainees serving on and First Steps for those being discharged, were positive innovations which were subject to appropriate external evaluation. A new thinking skills programme had been successfully piloted with 12 detainees. It was about to be fully implemented and funding had been provided for Essex Probation Service to deliver seven more courses to up to 84 detainees. This was a significant development and a particularly appropriate response to the needs of detainees who had been absent without leave.

Resettlement – drugs and alcohol

- 2.155 **The drug and alcohol awareness talk should be evaluated regularly and repeated as part of arrangements for all detainees leaving the centre. (8.25)**

Partially achieved. The drug and alcohol awareness talk was delivered to all new arrivals and the majority of those leaving the centre. However, there had been no formal evaluation of the talk.

We repeat the recommendation.

- 2.156 **There should be a needs analysis to assess what services are required for detainees with problematic alcohol use. (8.26)**

Not achieved. There had been no overall needs analysis of the requirements of detainees with problematic alcohol use. The centre's pre-release questionnaire statistics showed that 12.6% of detainees declared problems with alcohol on arrival at the centre and 6.1% thought they would have a problem when they left. Open Roads, a registered charity which provided drug and alcohol counselling services at the centre, compiled an annual report, the most recent identifying that 140 of the 145 detainees seen stated that alcohol was the most popular recreational substance.

We repeat the recommendation.

Section 3: Summary of recommendations

The following is a list of both repeated and further recommendations included in this report. The reference numbers in brackets refer to the paragraph location in the main report.

Main recommendations (from the previous report)

- 3.1 The initial health screen should place more emphasis on the detainee's emotional wellbeing and mental health. (2.2)
- 3.2 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. (2.5)

Recommendations

Courts, escorts and transfers

- 3.3 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. (2.12)

Arrival and first days in detention

- 3.4 Completed induction feedback forms should be used to evaluate the process and form the basis of ongoing revision and review. (2.23)

Residential units

- 3.5 There should be a policy, including written procedures and guidance, on the care and treatment of female detainees resident in company lines. (2.25)

Staff-detainee relationships

- 3.6 A system should be devised which records and coordinates the regular activities and significant work being undertaken with detainees by different members of staff. (2.28)

Child protection and child welfare

- 3.7 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. (2.38)

Self-harm and suicide

- 3.8 Data relating to the number of vulnerable detainees subject to formal monitoring should be collected and analysed to determine any patterns and trends. (2.47)
- 3.9 A log should be maintained recording any use of anti-ligature clothing and robust governance arrangements should be put in place. (2.49)
- 3.10 The buddy-buddy scheme should be developed so that some peer supporters are equipped to provide help to vulnerable detainees. (2.51)

Diversity

- 3.11 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. (2.52)
- 3.12 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. (2.53)

Contact with the outside world

- 3.13 Sandwiches or hot food should be available for visitors to purchase. (2.60)
- 3.14 Transport should be arranged for visitors who cannot otherwise easily travel to the centre from the train station. (2.61)
- 3.15 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. (2.63)

Health services

- 3.16 The health needs assessment should be repeated to ensure that the relevant services are being provided for detainees. (2.77)
- 3.17 The medical centre rooms should be reorganised to ensure patient confidentiality and make best use of available space. (2.78)
- 3.18 The medicines and therapeutics committee should revise the system for prescribing and administering medications to remove the need for the transcribing of prescriptions. (2.82)
- 3.19 The complaints process should be fully completed even if the detainee leaves the centre while a complaint is being investigated. (2.86)
- 3.20 Detainees should be able to return to their scheduled activities after their appointment if clinically able to do so. (2.87)
- 3.21 Detainees' poor perceptions of the quality of care provided by doctors should be investigated and any necessary action taken. (2.90)

- 3.22 Detainees should have access to simple analgesia and other homely remedies when medics are not on duty. (2.94)

Learning and skills and work activities

- 3.23 Individual training plans should be routinely used and fully completed. (2.109)
- 3.24 The education centre should carry out a comprehensive annual evaluation of the quality of provision and use this to inform an improvement plan. (2.111)

The staging system

- 3.25 The length of time it takes for detainees to progress from stage 1A standard to stage 2 enhanced should be reduced to make it accessible to detainees on short sentences. (2.120)

Discipline

- 3.26 Toilets in the single cells in the MCP should be fitted with privacy screens. (2.128)

Resettlement

- 3.27 Service providers should be invited to attend the RSG to share information, discuss progress and contribute to developments in policy and practice. (2.141)
- 3.28 Sentence planning staff should ensure that pre-sentence reports are made available so that they form part of the initial assessment process. (2.143)
- 3.29 All detainees should have a sentence plan. (2.144)
- 3.30 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. (2.145)
- 3.31 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. (2.147)

Resettlement – drugs and alcohol

- 3.32 The drug and alcohol awareness talk should be evaluated regularly and repeated as part of arrangements for all detainees leaving the centre. (2.155)
- 3.33 There should be a needs analysis to assess what services are required for detainees with problematic alcohol use. (2.156)

Housekeeping points

Contact with the outside world

- 3.34 The arrangements for free mail should be clarified with detainees. (2.56)

Substance use

- 3.35 The records of individual and room searches should be monitored to ensure that there is no unnecessary duplication or inappropriate targeting of detainees. (2.76)

Good practice

Health services

- 3.36 The in-possession medication record sheet held by detainees was an easy and effective way for the patient and clinical staff to identify compliance with medication. (2.84)

Resettlement

- 3.37 The comprehensive health care information displayed on noticeboards and written information given to detainees in D company were excellent and served to meet their specific needs. (2.151)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Fay Deadman	Team leader
Louise Falshaw	Head of research
Angela Johnson	Inspector
Ian Macfadyen	Inspector
Ian Thomson	Inspector
Elizabeth Tysoe	Head of health care
Linda Truscott	Lead inspector Ofsted
Steve Miller	Inspector Ofsted

Appendix II: MCTC population profile

Gender	Number of detainees	%
Male	144	98.7
Female	2	1.3
Total	146	100

Service background	Male		Female	
	Number	%	Number	%
Army	124	84.9	2	1.3
Royal Navy	8	5.5		
Royal Marines	2	1.3		
Royal Air Force	7	4.8		
Civilian	3	2.2		
Total	144	98.7	2	1.3

Status	Male		Female	
	Number	%	Number	%
Sentenced	133	91.0	2	1.3
Unsentenced	8	5.4		
Civilian	3	2.3		
Total	144	98.7	2	1.3

Sentence	Male		Female	
	Number	%	Number	%
Not Sentenced	8	5.4		
7 days or less	Nil			
8 to 14 days	1	0.6		
15 to 21 days	7	4.7		
22 to 28 days	7	4.7		
29 to 60 days	27	18.4	1	0.65
61 to 90 days	11	7.5		
3 to 6 months	40	27.7	1	0.65
6 months to 1 year	31	21.5		
1 to 2 years	11	7.6		
2 years or more	1	0.6		
Total	144	98.7	2	1.3

Length of stay	Male		Female	
	Number	%	Number	%
Less than 1 month	21	14.3		
1 month to 3 months	58	39.7	2	1.3
3 months to 6 months	29	19.8		
6 months to 1 year	21	14.3		
1 year to 2 years	6	4.1		
2 years or more	1	0.6		
Variable length of stay (awaiting DCM)	8	5.4		
Total	144	98.7	2	1.3

Main offences	Male		Female	
	Number	%	Number	%
AWOL	89	60.9	1	0.65
Dishonesty	16	10.9	1	0.65
Disobedience	Nil			
Drugs	1	0.6		
Drunkenness	1	0.6		
Indecency	4	2.9		
Duty	1	0.6		
Violence	24	16.6		
Under investigation	8	5.6		
Misc military offences	Nil			
Misc civilian offences	Nil			
Total	144	98.7	2	1.3

Age	Male		Female	
	Number	%	Number	%
16 years	Nil			
17 years	Nil			
18 years	1	0.6		
19 to 21 years	48	32.9		
22 to 29 years	75	51.5	2	1.3
30 to 39 years	20	13.7		
40 years or more	Nil			
Total	144	98.7	2	1.3

Home address	Male		Female	
	Number	%	Number	%
Within 50 miles of the MCTC	3	2.0		
Between 50 and 100 miles of the MCTC	9	6.2		
Over 100 miles from the MCTC	125	85.7	2	1.3
Overseas	7	4.8		
NFA				
Total	144	98.7	2	1.3

Nationality	Male		Female	
	Number	%	Number	%
British	137	93.9	1	0.65
Foreign nationals	7	4.8	1	0.65
Total	144	98.7	2	1.3

Ethnicity	Male		Female	
	Number	%	Number	%
<i>White</i>				
British	133	91.0	1	0.65
Irish				
Other white	1	0.6		
<i>Mixed</i>				
White and black Caribbean	3	2.1		
White and black African	1	0.6	1	0.65
White and Asian				
Other mixed				
<i>Asian or Asian black</i>				
Indian				
Pakistani				
Bangladeshi				
Other Asian	1	0.6		

<i>Black or black British</i>				
Caribbean				
African				
Other black	5	3.6		
<i>Chinese or other ethnic group</i>				
Chinese				
Other ethnic group				
Total	144	98.7	2	1.3

Religion	Male		Female	
	Number	%	Number	%
Baptist				
Church of England	74	50.6	1	0.65
Roman Catholic	7	4.5		
Other Christian denominations	39	27.5	1	0.65
Muslim				
Sikh				
Hindu				
Buddhist				
Jewish				
Other	3	2.0		
No religion	21	14.1		
Total	144	98.7	2	1.3