

Report on an unannounced inspection of

The Military Corrective Training Centre

by HM Chief Inspector of Prisons

13–24 October 2014

Glossary of terms

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Introduction

The Military Corrective Training Centre (MCTC) in Colchester is the armed services only secure corrective training centre. It can hold 323 male and female detainees from all three services but in practice the population is usually much lower than this and it held just 44 detainees at the time of this inspection. Most detainees are serving short sentences for offences against military discipline and only a few are serving sentences that would have resulted in a custodial sentence in a civilian prison. Those sentenced to imprisonment will be held in the MCTC briefly before being transferred to a civilian prison. The centre may also hold remanded detainees under investigation who may be charged with serious offences; these may include Civilians Subject to Service Discipline (CSSD). There were three female detainees at the time of the inspection and their needs were well met. The centre occasionally holds detainees under 18 and arrangements for them were also good. We inspect the MCTC by invitation but in every other respect our inspections are the same as those for any other custodial institution.

This was another very positive inspection of the MCTC which had made very good progress on delivering the recommendations we made at our last inspection. We judged that all the outcomes under the centre's control were good – although there were a small number of significant issues of concern that needed to be addressed by higher authorities. It is fair to say that most of the detainees held in the MCTC do not present the same challenges as prisoners in civilian prisons or young offender institutions. However, the MCTC does hold some complex and challenging detainees and there is much they do from which the civilian system could learn.

In the past the MCTC, or 'glasshouse' as it was known, had a fearsome reputation. It has come a long way since then – if that reputation was ever deserved. The centre was very safe, reception arrangements were good, there was very little violence or bullying and vulnerable detainees were well cared for. Security was proportionate and there was little use of force or segregation. There was little use of drugs or alcohol. Safety was underpinned by excellent relationships between detainees and staff and plenty of good quality activity which kept detainees purposefully occupied. The MCTC's behaviour management system was known as the 'staging system' and it was very effective. The system was well understood, targets were very clear and the privileges that could be earned, including possible remission of sentence, provided a real incentive for good behaviour.

Practical resettlement services were known as HARDFACTS (Health, Accommodation, Relocation, Drugs and Alcohol, Finance, Attitudes, thinking and behaviour, and Families, Training and Support) were well organised and the centre had good links with a range of service charities to support the resettlement process. Unlike civilian prisons, detainees had good, supervised access to the internet so they could directly search for and obtain accommodation, employment and other services themselves. Visit arrangements and family support work were good although access to telephones was unnecessarily restrictive. The Padre provided important support to many detainees and had gone to considerable efforts to support a detainee who was to move to a civilian prison and prepare him for that transition. Some detainees were frustrated by a lack of certainty about whether they would be able to return to their units or would be discharged and this disrupted planning for either eventuality. In a small number of cases this might have been justified because the decision was influenced by the progress the detainee made at the centre but in many cases there was no realistic chance of the detainee returning to the services and no good reason for the delay in informing them so.

The small number of detainees held at the time of the inspection was a good example of the benefits of a small institution. It allowed for very personal and individual work with detainees. Most staff knew each individual detainee pretty well. However, numbers were expected to rise and it was important that the centre's systems kept pace with this. For example, at the time of the inspection, education and training could be tailored to individual detainee needs; if numbers rose there would also need to be a greater emphasis on an establishment wide needs assessment and matching this to likely

external employment opportunities. The resettlement strategy too would benefit from being underpinned by a needs analysis and this again, would be more important if numbers rose.

Our most serious concern was that the centre was ill-equipped to deal with the small number of high risk detainees, including sex offenders, it was sent. MCTC staff had neither the systems nor training to adequately assess or manage the risks of the most serious offenders. There were no interventions provided to challenge or treat the specific risks associated with their offending behaviour. Public protection was insufficient because the centre had no powers to monitor telephone calls and mail. Together this meant that we were not assured the centre could adequately manage the risks these detainees might pose to others in the centre or the public. Of course, the centre itself had no choice about who it admitted but it either needed the resources, training and powers to deal with these detainees effectively or they should be sent to a civilian prison where their needs and risks could be better accommodated.

Apart from our concern about high-risk detainees, the MCTC remains a model custodial institution. The re-integration or resettlement of those it holds is central to its work and the safety, mutual respect and purposeful environment that characterises what it does provides solid foundations for that central purpose to be achieved. The commandant and his staff should be congratulated on their work.

Nick Hardwick

HM Chief Inspector of Prisons

March 2015

Fact page

Background

The Military Corrective Training Centre Colchester (MCTC) is the armed services' only corrective training establishment. The MCTC was established shortly after the Second World War in a hutt camp at Berechurch, which previously held German prisoners of war. In 1988, this was replaced by a new, purpose-built facility, which now provides good quality accommodation and facilities. Although under Army command, it is a tri-service establishment with both staff and detainees from the Royal Navy, Army and Royal Air Force. The great majority of staff and detainees are, however, from the Army.

Task of the establishment

MCTC can hold up to 323 male and female detainees, although in practice the population has rarely exceeded 180.

All detainees are held in accordance with the rules determining committal to custody within the Armed Forces Act 2006. The vast majority are serving periods of detention following court martial or a summary hearing by their commanding officers. Most detainees have offended against Armed Forces law (employment rather than criminal law), and few are committed for offences that would have resulted in custody had they been civilians. The centre receives only those who have been sentenced to periods of up to two years' detention.

Those with longer sentences are held at MCTC only briefly on their way to prison. The centre may also hold remanded detainees under investigation (some of whom may be charged with serious offences) who have been committed to the centre because it was judged necessary to hold them in secure conditions. These can include Civilians Subject to Service Discipline (CSSD).

The centre staff are mostly Military Provost Staff, a branch of the Adjutant General's Corps. They are normally in post for between two and three years.

Area organisation

The Commandant is responsible to the Provost Marshal (Army), Inspector of Service Custody Premises (Army) and Competent Army Authority and Inspectorate for Custody and Detention, who in turn reports to the ACGS.

Number held

43 (plus one in post-charge custody) at the time of the inspection

Certified normal accommodation

323

Operational capacity

323

Date of last full inspection

11–18 January 2012

Short description of residential units

The establishment is organised around two companies: A Company holding those returning to the services after their period of detention, and D Company holding detainees being discharged from the services and returning to civilian life. Detainees under investigation or awaiting trial or transfer to civilian prison are located in a spur of D Company, known as the Service Custody Platoon (SCP). During the inspection, there were 19 detainees in A Company, 23 in D Company and one in the SCP.

In A and D Company and the SCP, detainees are held in a variety of shared rooms and dormitories. D block, the segregation unit and the only high-security facility within the centre, has 17 cells and one unfurnished cell. Mostly used for training, D block remains functional as a segregation unit and could be used to accommodate segregated and/or high-security detainees if required.

Commandant

Lt Col. Ian St Clare Logan (Royal Ghurkha Regiment)

Learning and skills providers

Provided in-house by directly employed civilian staff and Essex County Council (ECC).

Health Service commissioner

Ministry of Defence

Health service providers

Defence Primary Health Care (DPHC) and Department of Community Mental Health (DCMH)

IMB chair

Mr Graham Cross

About this inspection and report

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

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

A3 HM Inspectorate of Prisons carries out inspections of the Military Corrective Training Centre by invitation. These inspections mirror the expectations and processes we use to inspect other custodial establishments and we have the same free access to all areas of the establishment, detainees, personnel and records.

A4 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of detainees, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. Expectations for the Military Corrective Training Centre are based on our Expectations for prisons, but have been adapted for the context of the centre. The criteria are:

Safety	detainees, particularly 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 effectively helped to reduce the likelihood of reoffending.

A5 Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the Ministry of Defence or Judge Advocate General's office.

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

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.**

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.

A6 Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for detainees.

A7 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with detainees; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

A8 Since April 2013, the majority of our inspections have been full follow-ups of previous inspections, with most unannounced. Previously, inspections were either full (a new inspection of the establishment), full follow-ups (a new inspection of the establishment with an assessment of whether recommendations at the previous inspection had been achieved and investigation of any areas of serious concern previously identified) or short follow-ups (where there were comparatively fewer concerns and establishments were assessed as making either sufficient or insufficient progress against the previous recommendations).

This report

A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

A10 Details of the inspection team and the centre population profile can be found in Appendices I and III respectively.

A11 Findings from the survey of detainees and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

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

Summary

Safety

S1 Detainees were mostly well informed about the centre before their arrival but too many arrived out of hours. They were positive about their reception experience and felt supported by staff and detainee Arrivals Guides (previously known as befrienders), who helped to settle them in. High-quality initial vulnerability and risk assessments were undertaken. First night and induction arrangements were good but for some detainees there were unnecessary delays in being informed of their retention or dismissal status. Incidents of violence and bullying were very rare and detainees told us that they felt safe. There were very few incidents of self-harm, and vulnerable detainees were well cared for. Security processes were proportionate to the risks posed. Drug and alcohol availability was very low. The staging system was effective and there was little use of formal disciplinary measures. There was very little use of force or segregation and de-escalation techniques were well developed. Substance misuse provision was good. **Outcomes for detainees were good against this healthy custodial environment test.**

S2 At the last inspection in 2012 we found that outcomes for detainees were good against this healthy custodial environment test. We made two recommendations in the area of safety. At this follow-up inspection we found that one of the recommendations had been achieved and one had been partially achieved.

S3 Detainees were given accurate information about the role of the Military Corrective Training Centre (MCTC) before their arrival, and this had improved since the previous inspection. This was reinforced shortly after admission by Arrivals Guides (detainees trained to provide support and information to other detainees on arrival and during their early days at the centre), whose role had been strengthened since the previous inspection and who were now more accessible. The high level of out-of-hours arrivals to the centre was a significant problem and made it more difficult to settle in new admissions.

S4 Reception processes were relatively swift and most detainees said that they were treated well there. On arrival, detainees received food and drink, and were given the opportunity to make a telephone call and take a shower. There was a suitable focus on risk and vulnerability on arrival, and all detainees, including those arriving out of hours, received an initial assessment in private. The first night accommodation was clean and functional.

S5 Most detainees reported that the induction course provided them with all the information that they needed to know about the centre. Improvements were being made to the programme which would address the needs of detainees staying for long periods more closely.

S6 Following induction, detainees were placed in either A or D Company, depending on whether they were due to be dismissed or retained in the Armed Services at the end of their sentence. However, despite considerable efforts by centre staff, some detainees waited too long, without good reason, to have a final decision made about their status and whether they would be dismissed.

S7 Detainees told us that they felt safe at the centre, however, in our survey considerably more detainees than at the last inspection said they had felt unsafe at the centre at some time (21% versus 6%). Incidents of violence were extremely rare; we were told that there had been no serious violent incidents since early 2013. Only one formal complaint about bullying had been

made since the beginning of 2014. Detainees told us that bullying was very uncommon. There were well-advertised procedures to deal with bullying, and detainees had been given the opportunity to discuss the results of an internal survey on bullying.

- S8 The level of reported self-harm was low, with only one serious incident since the beginning of 2013. Detainees who had been identified as vulnerable were extremely positive about the way that staff treated them and the support they received. Care plans for vulnerable detainees who were subject to formal supervision were detailed and reflected an individualised and sensitive approach. The weekly detainee management meeting ensured that information about vulnerable individuals was shared promptly and efficiently. Use of anti-ligature clothing was rare and it had not been used in the previous 18 months. The 'anti-ligature rooms' were used more regularly but there was no central record of this, making it difficult to discern patterns or trends.
- S9 Very few young people under the age of 18 were held at the centre; when this had occurred, it had been for short periods and they had received extra support. There were no under-18s held during the inspection. Links with the local safeguarding children's board were strong and centre staff had good access to specialist training. Child protection procedures were efficient and referrals related to historical abuse.
- S10 Security arrangements were appropriate for the type of risks posed to the establishment. Access to and from outside areas were well controlled and searching arrangements were proportionate. Individual risk assessments were thorough and provided a clear insight into any risk of escape, with an appropriate level of attention paid to intelligence from sending establishments before arrival. Dynamic security² was very good and underpinned by excellent staff–detainee relationships. There had been no drug or alcohol finds, or intelligence to suggest that drugs or alcohol were readily available; as a result, suspicion testing was infrequent. Testing facilities failed to provide appropriate levels of decency or the necessary environment for evidential testing purposes.
- S11 The staging system was well publicised and an effective behaviour management system, closely linked to earned remission and well utilised to promote progression. Differentials between levels were appropriate and most detainees in our survey considered the process to be fair. Monitoring and oversight of the system were good and records showed a regular review of entries by all levels of staff.
- S12 The few uses of formal disciplinary procedures were well documented and any actions quality checked. The use of 'cool-down' rooms to manage agitated detainees was effective and management oversight was good. The use of spontaneous control and restraint was extremely rare and there had been none in the previous year. The single planned intervention in 2014 had been de-escalated efficiently and resulted only in the handcuffing of a detainee. Staff were well trained in the use of force and records were well kept.
- S13 The use of segregation for punishment or good order purposes was rare. There had been only one use for good order in the previous 12 months and management oversight had been adequate. Daily recording of interactions and behaviour was thorough. Reintegration processes were good and started immediately on location in a segregation cell.

² Dynamic security describes formal security systems that are supported by effective relationships between staff and prisoners/detainees that then enable staff to gain a comprehensive understanding of the usual patterns of behaviour and social interactions, which in turn provides 'soft' intelligence.

S14 The demand for clinical substance misuse services was very low, but appropriate specialist provision was available if required. Access to psychosocial support was excellent.

Respect

S15 *Living conditions were clean, ordered and well maintained. Staff–detainee relationships were a real strength. Staff were supportive, knew detainees well and were concerned about their welfare. The telephone allowance was inadequate to allow sufficient contact with family and friends. The management of equality and diversity had improved and detainees from minority groups were appropriately supported. Faith provision was good. Few formal complaints were made and they were well managed. Health services were very good, with high levels of satisfaction from detainees. The quality of the food provided was reasonable but the evening meal was served too early. **Outcomes for detainees were good against this healthy custodial environment test.***

S16 *At the last inspection in 2012 we found that outcomes for detainees were good against this healthy custodial environment test. We made six recommendations in the area of respect. At this follow-up inspection we found that four of the recommendations had been achieved, one had been partially achieved and one had not been achieved.*

S17 Detainees were positive about the quality of their living conditions and we found the environment on the company lines and the Service Custody Platoon (SCP) to be clean, basic and decent. Most detainees shared rooms and dormitories, with free access to attached showers and toilet facilities.

S18 The rules and the routines of the centre were clearly explained and displayed throughout, and detainees told us that they were aware of them and found them to be fair. There were sufficient telephones but most detainees were only allowed 30 minutes of telephone calls a week, which was not long enough for them to have meaningful contact with their family. There were no formal detainee consultation processes in operation for residential and domestic issues.

S19 Most detainees were confident in seeking help from staff informally and said that staff responded positively. Applications could be made daily and detainees said that this was a simple, fair and effective process.

S20 Relationships between staff and detainees were very positive across the centre, and detainees said that staff regularly checked on them to see how they were getting on and displayed genuine concern for their welfare. Staff had a good knowledge of the detainees in their care and this was supported by the detainee assessment record and ‘Fletcher’ (a detainee management information system).

S21 Equality and diversity policies had been strengthened, with detailed coverage of all protected characteristics, and were well publicised. Impact assessments had been carried out for all major operational areas, but there was not a live action plan to drive further improvement. Equality and diversity issues were comprehensively analysed and discussed at the monthly offender management working group and quarterly equality and diversity meetings, with detainee representatives at the latter.

S22 Minority groups in the establishment, such as women, children under 18 and foreign nationals, were given appropriate support. Care was taken to enable mutual association and support within these groups. Awareness of and support for lesbian, gay, bisexual and transsexual (LGBT) detainees had improved; training had been developed and a trained

member of staff identified as the point of contact. The rare allegations of racist behaviour were adequately investigated.

S23 Access to the padre had improved, both on arrival and subsequently. Facilities were good, as was access to ministers of all main faiths. The padre was appropriately brought into key discussions of support and progress plans for detainees. Continuity of spiritual care had been improved by visits from padres at home units, and visits by the centre padre to those who moved on to prison.

S24 The system of internal written complaints had fallen into disuse by detainees as they chose to have most issues dealt with through the chain of command. An average of around seven written complaints per month were made to the service visiting officer (SVO) and around six to the Independent Monitoring Board. There had been some attention to the promptness of replies, and most detainees in our survey said that responses were timely. Written responses to complaints by the SVO were thorough and appropriate.

S25 Overall health services and levels of satisfaction from detainees were impressive. Governance arrangements were good but there was no opportunity for the Commandant to be involved in the strategic oversight of health delivery and the shaping of provision. Detainees had prompt access to an appropriate range of primary care services. The medical centre provided a clean and welcoming environment but not all areas were fully compliant with infection control standards. Out-of-hours medical provision was satisfactory but custody staff had no access to an automatic defibrillator at these times, which could have delayed effective emergency treatment. Medicines management was good. Dental services were excellent and detainees were much more positive about dental services than at the time of the previous inspection. Mental health support was comprehensive and timely.

S26 The quality of the food provided was reasonable, and the quantities good. The evening meal was served at 4.30pm, which meant a long gap before breakfast, with only a small snack provided in the evening. Quality assurance and hygiene standards were maintained to a high level.

S27 The shop was locally stocked and run, and items were readily added to the stock list on request. Prices were reasonable.

Purposeful activity

S28 *The amount of time out of room was good for all detainees, although the weekend lock-up for some was too early. Good learning and skills outcomes for detainees had been maintained. A needs analysis and better data collection were required to shape and develop provision further. The range of provision was mostly adequate, although vocational training was limited. The quality of teaching and learning was good, individual needs were addressed, and detainees progressed and achieved well. Library services were adequate and recreational PE provision was good. **Outcomes for detainees were good against this healthy custodial environment test.***

S29 *At the last inspection in 2012 we found that outcomes for detainees were good against this healthy custodial environment test. We made four recommendations in the area of purposeful activity. At this follow-up inspection we found that two of the recommendations had been achieved, one had been partially achieved and one was no longer relevant.*

S30 The amount of time out of room and access to the open air were good for all detainees, although the 5.30pm lock-up at weekends for detainees in the SCP, on stage 1 (see section

on staging) and on induction was too early. Association areas were well equipped and most of the facilities were in good order.

- S31 The leadership and management of education and training had led to good outcomes for detainees over a sustained period. There had been insufficient analysis of the educational, training and career development needs of the detainee population and the business needs of potential employers to plan the future shape of the provision. Managers were appropriately self-critical and had a good understanding of the quality of the provision. Some quality assurance arrangements had been reintroduced and the recently appointed manager had introduced improved systems to monitor the quality of the provision, although it was too early to judge their effectiveness. Data collection and analysis needed to improve. Effective development of external partnerships was used to accredit specialist courses and provide external work opportunities.
- S32 Skilled teaching staff identified and overcame individual barriers to learning, particularly in relation to employability, enabling detainees to make good progress in lessons and workshops. The range of provision was mostly good, particularly in the electronic learning centre, but the types of vocational course were limited. Vocational and employability skills developed were not routinely recorded in sufficient detail.
- S33 Most of the population gained an accredited qualification during their stay. Success rates for functional skills were excellent and on vocational courses were high.
- S34 There was good development and reinforcement of military skills through military training, preparing those being retained in the Services well for reintegration to their operational units.
- S35 The library provision, including materials and legal texts, were adequate to meet detainees' needs. Access was good for D Company but limited to one session a week for A Company.
- S36 The gym was a good, well-used resource, and detainees had good access to it, and to other forms of PE. PE staff were well qualified and reinforced the benefits of healthy living and eating.

Resettlement

- S37** *The resettlement strategy was not informed by a needs analysis. Sentence planning arrangements had improved and detainees were fully engaged in the process, but assessments of risk of harm were not adequate for the few high risk of harm detainees. The monitoring of detainee communications for public protection was inadequate but multi-agency public protection arrangements (MAPPA) arrangements had improved. Detainees were positive about the support provided for a successful return to the Armed Services or into the community, and reintegration planning and services were mostly very good. There were gaps in offending behaviour provision and the treatment needs of sex offenders were not being addressed. **Outcomes for detainees were reasonably good against this healthy custodial environment test.***
- S38** *At the last inspection in 2012 we found that outcomes for detainees were good against this healthy custodial environment test. We made seven recommendations in the area of resettlement. At this follow-up inspection we found that four of the recommendations had been achieved, two had been partially achieved and one was not achieved.*

S39 The resettlement strategy described a wide range of support and interventions to meet resettlement and offending behaviour needs but it was not informed by a robust needs analysis and there was no action plan to direct development. The offender management working group provided oversight of resettlement provision and was well attended by an appropriate range of departmental representatives but there was no representation from external providers.

S40 Parole and reintegration leave were used well to provide employment opportunities and to rebuild family ties.

S41 The sentence planning process had improved. Risk factors, and offending-related and social needs were identified and outcome-focused sentence plans were formulated in consultation with detainees. Sentence plans were kept under regular review and detainees felt well supported in achieving objectives; however, there were gaps in the range of interventions which could be delivered and risk factors that could be addressed. Systems and training were not available to ensure that the small number of high-risk detainees held by the centre received a good-quality risk of harm and likelihood of reoffending assessment. This compromised plans to address offending behaviour and potentially jeopardised safety between detainees at the centre.

S42 The relationship with the local multi-agency public protection arrangements (MAPPA) coordinator had developed well and was effective in sharing information and initiating appropriate action to protect the public. The Centre was not authorised to monitor telephone calls or mail to ensure that the few high-risk offenders were not contacting potential victims or children.

S43 There was a thorough assessment of individual resettlement needs during induction which led to referrals to a wide range of helping services. Outstanding resettlement needs for those due for discharge were checked in good time. Discharge arrangements were good but were complicated by administrative delays which required some detainees who were being dismissed from the Service to return to their unit following release from the centre. Many of these were not finally discharged from the service for a further month or more.

S44 Health care discharge arrangements were good and there was effective liaison with community services for detainees requiring ongoing substance misuse and mental health support.

S45 Accommodation services were good and had contact with a range of providers. All discharged detainees were provided with a minimum of six months' support after discharge but the number of detainees being released without permanent accommodation was not recorded.

S46 Foreign national and Commonwealth detainees received help in returning to their country of origin, and assistance for families had been provided by units.

S47 Support for detainees with finance, benefit and debt concerns was good. Low-level debt issues were dealt with by the welfare department, and Citizens Advice helped detainees with more intractable problems. There was some limited financial education available in employability courses and detainees had access to internet banking.

S48 A reasonably comprehensive range of accredited offending behaviour courses was provided but there was no needs analysis and there was insufficient provision for those who had been involved in alcohol-related violence and driving under the influence of alcohol. Individual counselling and anger management treatment were valuable contributions. No specific

interventions for sex offenders were provided, resulting in them being released without their offending behaviour having been addressed.

S49 With the exception of limited telephone communication, detainees could easily establish and maintain relationships with friends and family. The visits environment was pleasant and an impressive children's area had opened. Family days were arranged regularly, although attendance was low. Good family and dependants support was provided through the welfare department, and parenting courses and Storybook Dads (in which detainees record stories for their children) were available.

S50 A good employability programme was available for those being discharged. E-clinics provided opportunities for job search and email correspondence with potential employers. Impartial careers advice and guidance were limited and the Jobcentre Plus adviser met most detainees too close to their release date to be effective.

Main concern and recommendation

S51 Concern: The centre held a small number of high-risk detainees, including sex offenders. Systems and training were not available to ensure that these detainees received high-quality risk assessments, including room sharing, risk of harm and likelihood of reoffending assessments. The centre was not authorised to monitor telephone calls or mail to ensure that high-risk offenders were not contacting potential victims or children. No specific interventions for sex offenders were provided, resulting in sex offenders being released without their offending behaviour having been addressed.

Recommendation: High risk detainees should not be held in the MCTC. If they continue to be so, then risk management systems should be put in place. Staff should be trained in the identification and assessment of detainees posing a risk of serious harm. The Centre should be authorised to conduct telephone and mail monitoring for these detainees (subject to Interception of Communications Commissioner Office (IOCCO) regulations) and specific interventions for sex offenders should be provided where appropriate.

Section 1. Safety

Escorts and transfers

Expected outcomes:

Detainees transferring to and from the centre are treated safely, decently and efficiently.

- I.1** Detainees knew what to expect at the centre before they arrived, and reported no difficulties with the escort experience. Too many detainees arrived at the centre out of hours.
- I.2** Before their arrival at the centre, detainees were given accurate information about the role of the Military Corrective Training Centre (MCTC). Most of those we spoke to (more than at the time of the previous inspection) had seen a DVD, describing how the centre was run, before leaving their home unit. This helped to dispel some of the perceptions which existed about the centre's previous harsh reputation. Those who had not seen the DVD were shown it shortly after they arrived at the centre.
- I.3** Detainees travelled to the centre under escort (by staff from their home unit) in hire cars, without being handcuffed. We received no complaints from detainees about their treatment during the journey.
- I.4** Records indicated that 43% of detainees arrived at the centre after 5pm. Some arrived in the middle of the night and early hours of the morning. While this was unavoidable for foreign transits relying on available flights, there was no good reason for the high number of domestic transfers arriving at the Centre out of hours.
- I.5** There were suitable arrangements to address the basic needs of detainees arriving out of hours but the lower staffing levels at these times meant that those arriving late did not receive the same level of attention or support as those admitted during the day.

Recommendation

- I.6** **Apart from exceptional circumstances, arrangements should be made to ensure that detainees are admitted to the Centre during the day.**

Early days in detention

Expected outcomes:

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

- I.7** *The early days arrangements were systematic and thorough. Detainees felt safe on their first night, were given guidance about how the centre was run and were supported by an improved Arrivals Guides scheme. There was a lack of clarity about how decisions were made regarding detainees' discharge.*
- I.8** Detainees in our discussion groups said that they had been treated well by staff on arrival in the reception area, and this was reflected in our survey. Detainees did not remain in the reception area for long and far fewer than at the time of the previous inspection said that they had spent more than two hours there.
- I.9** On arrival, all detainees received food and drink, and were given the opportunity to make a telephone call and take a shower. The first night accommodation consisted of a standard military dormitory and was clean and functional. In our survey, 95% of detainees said that they had felt safe on their first night at the centre.
- I.10** The initial risk assessments, which formed part of the detainee assessment record (DAR), were undertaken in private by staff on the first night in the centre. They were suitably focused on individual detainee vulnerability and risk of self-harm but we were concerned that staff were not sufficiently trained in assessing risk of harm to others in high risk-cases (see section on sentence planning and main recommendation S51). Detainees who were admitted late were subject to a modified risk assessment, which took less time to complete, and we found that this arrangement worked well. This was followed up by completion of the full document the next morning.
- I.11** All detainees were seen by the welfare officer and health services staff on the day of arrival, or the following day if they arrived out of hours. Detainees who needed help immediately were dealt with directly by the welfare officer, but in most cases advice about the sources of help available sufficed.
- I.12** Detainees were further helped to gain an understanding about life at the centre through the 'arrival support system'. Arrivals Guides (detainees trained to provide support and information to other detainees on arrival and during their early days at the centre) normally met new arrivals on their first evening at the centre and helped them to settle in. These were detainees who had volunteered for this task and had been recommended by the Company Sergeant Majors (CSMs). They underwent a risk assessment for their suitability. Since the previous inspection, a number of policy documents had been produced, clarifying the nature of their duties and how they were to be supervised by staff. In our survey, 70% of detainees said that they had had access to an Arrivals Guide when they first arrived, which was considerably better than the percentage at the time of the previous inspection (29%).
- I.13** The induction process started on the first working day after arrival, lasted three days and involved a combination of individual and group input on how the centre was run. Detainees were also issued with a helpful written guide to the centre. Most detainees were positive about the process and said that it had provided them with all the information that they

needed to know about the Centre. There were plans to improve the induction process by introducing weekend sessions and designing specialist input for long-term detainees.

I.14 After detainees had completed the induction process they were allocated to either A or D Company, depending on whether they were due to be retained in or dismissed from the Armed Services at the end of their sentence. Despite considerable efforts by Centre staff, some detainees waited too long, without good reason, to have a final decision made about their status (and whether they would be discharged at the end of their sentence). Others, whose discharge had been confirmed, had their final discharge date delayed until after the end of their sentence owing to administrative delays at their home unit (see also section on reintegration planning).

Bullying and violence reduction

Expected outcomes:

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

I.15 *Bullying was rare, and when it arose it was dealt with appropriately. Violence between detainees was unusual and low level.*

I.16 There were well-advertised procedures to deal with bullying. Posters in different formats were on display in all the living areas, describing the nature of bullying and what detainees should do if they experienced it. A standard 'graduated' method of dealing with detainees who had been identified as bullies was available but it was rarely required.

I.17 Only one formal complaint about bullying had been made since the beginning of 2014. When we examined this more closely, the victim told us that the complaint had been raised by others on his behalf and that he did not actually consider himself to have been the victim of bullying. We recognised that in the context of the centre it might be difficult for a detainee to describe himself as a 'victim', but we were confident that he had not been bullied and the centre had dealt with the matter appropriately.

I.18 Detainees told us that bullying did not take place. Those we spoke to, individually and in our groups, said that they felt safe at the centre. Some referred to 'squaddie banter' as a potential source of offence but they were clear that this did not amount to bullying.

I.19 The centre carried out quarterly anti-bullying surveys, which were also conducted upon release by way of a Release Reflection Survey. The survey was completed by most detainees and the results confirmed that levels of bullying were low. A representative group was given the opportunity to discuss the results of the survey. However, in spite of these findings, in our survey far more detainees than at the time of the previous inspection said they had felt unsafe at some time during their stay (21% versus 6%). We spoke separately to staff and detainees about our survey results and both groups were surprised by the findings and unable to explain them. We were similarly unable to explain it particularly in the face of extensive evidence to the contrary.

I.20 Serious violence between detainees was unusual. We were told that, since the beginning of 2013, there had been one case which had been reported externally, in which the victim had sustained a black eye. Apart from this, the type of altercations that took place mainly

consisted of pushing or shoving, and we were told that these numbered less than one a month.

Recommendation

I.21 The centre should continue to actively monitor levels of bullying and feelings of safety among detainees and this should include regular surveys and feedback from detainees during their sentence and on release.

Self-harm and suicide prevention

Expected outcomes:

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

I.22 *The level of reported self-harm was low and serious incidents were rare. There were good systems to identify and monitor vulnerability and detainees who needed support were positive about the way they were treated. Too little was done to involve detainees in the care planning process.*

I.23 Levels of self-harm were very low and there had been only one act of serious self-harm since the beginning of 2013. Records of the case were detailed and reflected that staff had provided the detainee with intensive support. Over the previous year, 14 detainees had been placed on the highest level of support and observation, known as 'blue star'; in most cases, this had been as a result of concerns raised by staff.

I.24 The weekly detainee management meeting (DMM) ensured that information about vulnerable individuals was shared promptly and efficiently. The discussions we observed at the DMM showed that managers from all areas of the centre had up-to-date and detailed knowledge about any detainees who were showing cause for concern. This led to decisions about the appropriate type of care and level of supervision that each detainee required. This information was passed to staff dealing directly with the detainees.

I.25 Care plans for vulnerable detainees who were subject to formal supervision were detailed and reflected an individualised and sensitive approach. However, there was little evidence in the records that these detainees were actively involved in helping to plan their own care. Detainees we spoke to who had been identified as vulnerable were extremely positive about the way that staff treated them and the support they received.

I.26 Anti-ligature clothing had not been used in the previous 18 months. The 'anti-ligature rooms' were used more often, but there was no recording of their use, making it difficult to discern patterns or trends. These rooms were located directly next to the staff offices on the company lines. Staff were able to observe detainees located there through a window which could be screened off using a venetian blind, to provide a reasonable level of privacy.

Recommendations

I.27 Detainees subject to supervision should be actively involved in the care planning process.

I.28 A central log should be kept for use of the anti-ligature rooms.

Child protection and child welfare

Expected outcomes:

The centre promotes the welfare of detainees under the age of 18 and protects them from all kinds of harm and neglect, including maltreatment by adults and others in a position of authority.

I.29 Few detainees under 18 year of age were held at the centre but there were suitable arrangements to look after them. There were good links with the local safeguarding children's board, and centre staff had access to specialist training. Child protection procedures were efficient. Staff at the centre adopted a commendably broad attitude towards the principle of 'duty of care'.

- I.30** Three detainees under the age of 18 had been held at the centre over the previous 18 months, for short periods of no more than three weeks. Under-18s were allocated a personal support officer, and in each case a care plan was initiated. The centre also notified parents and Essex Social Services when a detainee under the age of 18 was admitted. No such detainees were held during the inspection.
- I.31** A safeguarding and child protection policy had been produced in collaboration with Essex Safeguarding Children's Board (ESCB). This document was comprehensive and included contact details for the local social services department. There were copies available on all company lines.
- I.32** The welfare officer regularly attended ESCB meetings on behalf of the centre. This ensured that centre staff were kept up to date with relevant developments and enabled them to access relevant training via the ESCB.
- I.33** Child protection referrals were made appropriately and showed that staff had a good understanding of this area. Most of these referrals related to historical abuse, and no allegations had been made of mistreatment towards a detainee while at the centre.

Security

Expected outcomes:

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

I.34 Security procedures were appropriate to the level of risk presented. Individual risk assessments were thorough. Strong staff-detainee relationships underpinned effective dynamic security. Levels of searching were appropriate but drug testing had lapsed and testing conditions were inadequate.

- I.35** The well-considered security arrangements were proportionate to the type of establishment and the potential risks. The one exception was the management of security keys for the segregation unit (D block); these were held in an insecure cabinet in an office shared with

external agency staff. Detainee movement both within company lines and around the centre was well controlled. Most detainees were escorted across outside areas, and all living quarters and activity areas were appropriately secured. The DMMs were used effectively to inform intelligence on detainees.

- I.36 The DAR process, which included intelligence from home establishments and sending service custody facilities on detainees before their arrival at the centre, was used to assess any security risk posed by detainees, including escape risk. When there was concern about flight risk, detainees were held under 'red star' conditions, which meant that movements across the site always took place with two escorting staff, with additional security being implemented at the main gate.
- I.37 The effective interactions between staff and detainees produced an excellent level of dynamic security. The low numbers of detainees further enhanced this and staff were knowledgeable about those in their care (see also section on staff–detainee relationships).
- I.38 Levels of searching were appropriate to the risk posed. Although there were around 300 searches each month, both of staff and areas, all of which were recorded (including rub-down searches), there had been very few finds of unauthorised articles, none of which were drug or alcohol related. This correlated with the minimal intelligence received relating to drugs and/or alcohol.
- I.39 There was no mandate for regular random monthly drug testing, although there were drug testing facilities available which were used by trained MCTC staff to undertake intelligence led testing. There had been two series of tests conducted in 2014, with a total of 73 detainees tested, none of which proved positive.
- I.40 The standing orders that provided guidance on testing procedures were vague and ambiguous, leading to some confusion over the frequency of testing required. The testing suite arrangements were inadequate and did not provide a suitably clinical environment for evidential testing purposes; detainees were required to provide a sample at a nearby toilet and then walk back to the testing area carrying their sample.

Recommendations

- I.41 **The management of Class 2 security keys for the segregation unit should be improved to ensure appropriate levels of control and accountability at all times.**
- I.42 **The facilities and procedures for the compulsory drug testing of detainees should be improved, to provide conditions suitable for evidential testing.**

Staging system

Expected outcomes:

Detainees understand the purpose of the staging system and how to progress through it. The staging system provides detainees with incentives and rewards for effort and performance. The system is applied fairly, transparently and consistently.

- I.43 *The well-publicised and understood staging system was an effective tool for managing behaviour. The system was transparent and fair, and offered sufficient incentive for detainees to want to progress. Reporting and monitoring processes were regular and well monitored.*

I.44 The staging system was an integral element of life at the centre and provided an effective behavioural management system. Processes were well explained during induction and information was further reinforced via useful flowcharts on noticeboards across both companies.

I.45 The system was based on scores across a range of indicators such as general conduct, attitude, effort and determination, turnout and bearing. Target scores were required to progress to the next stage and there was a direct link for detainees to gain remission of part of their sentence. This and the degrees of (relative) freedom that each progressive stage offered provided an incentive to detainees and were some of the key elements that promoted good behaviour. Other incentives included a higher weekly allowance to spend in the shop and, at the top level, the opportunity for town visits at weekends.

I.46 There were set timescales for the minimum time to be spent at each stage; while this was reasonable for most, those on short sentences had little or no opportunity to progress to the higher levels. Use of the lowest level, 1B (basic), was rare and records of the few instances in the previous year showed these to have been for only short periods, with a quick return to level 1. Detainees we spoke to and in our survey considered the system to be fair and transparent.

Disciplinary procedures

Expected outcomes:

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

I.47 Most detainees subscribed to the ethos of military discipline, which underpinned behaviour at the centre. Consequently, formal disciplinary hearings were rare, as was the use of force. Staff were well trained in the use of force, and de-escalation was seen as a priority. Cool-down rooms on company lines were used infrequently, for short periods and to good effect. Management oversight and monitoring of disciplinary arrangements were thorough.

I.48 Most detainees subscribed to the required standard of military discipline, which underpinned behaviour throughout the centre. Serious charges of indiscipline were adjudicated on by the Commandant or, for the most serious of charges, by an independent adjudicator for a court martial. There were processes for obtaining legal advice in both cases; however, there had been no serious charges laid in 2014.

I.49 Minor administrative action (MAA) could be taken by CSMs and there had been five such hearings during 2014 – one in A Company and four in D Company. Any member of staff could refer detainees to the CSMs, who would then review the incident and decide on the course of action – either to proceed, defer to the staging system or refer to the commanding officer. Punishments awarded at MAA level usually consisted of extra cleaning duties on company lines, usually for no more than three days. Records of hearings (although not contemporaneous) were kept and overseen by senior managers.

The use of force

I.50 The use of force was extremely rare and there had been no application of control and restraint (C&R) techniques in the previous year. Staff training in the use of force was very good and the one potential planned use of C&R (in January 2014) had been de-escalated well,

to the extent that only the application of handcuffs had been necessary. The incident had been video-recorded and this, along with the high quality of individual reports, provided a clear explanation of how the incident had been managed and resolved. There had been an appropriate level of authorisation and scrutiny of the incident to ensure proportionality and to identify any learning points.

I.51 The centre had three 'cool-down' rooms that were available for staff to use to give detainees time to calm down in the event of any disagreements or if individuals were agitated about personal issues. These had been used effectively on four occasions in 2014 to de-escalate potential flashpoints. The rooms were prescribed to be used for no more than two hours at a time and records showed that they had been used for less than this in all cases. Monitoring by the CSMs was effective and statistics were reported at the Commandant's monthly management meeting.

Segregation

I.52 There were two categories of segregation at the centre; one was for good order, usually reserved for detainees who failed to abide by the requirements of the staging system, and the other was for disciplinary measures, imposed by the Commandant. It was clear from the records and the segregation policy that there was a strong philosophy of keeping segregation to an absolute minimum and for the shortest possible period.

I.53 In the previous year, no detainees had been segregated for disciplinary reasons and only one for good order. There was a discrete segregation building (D block), with formal 'prison-style' accommodation comprising 17 cells. However use of this segregation building was rare, with the preferred accommodation being a room on the Service Custody Platoon (SCP), where detainees were detained on a restricted regime. During segregation on the SCP, and dependent on their behaviour, detainees could continue to engage in activities but were not allowed to attend association, and meals were usually served in their room rather than in the mess halls.

I.54 Formal segregation had been used only once in 2014, for four days in total. Daily recording of the detainee's behaviour, staff contacts, the regular managerial oversight and the available regime routine was good but available records made it difficult to distinguish time spent between the SCP and the formal segregation block.

I.55 Detainees subject to segregation were immediately engaged in effective reintegration planning to identify their individual issues and any action required to return to them to company lines. This was undertaken by the detainee and their personal support officer (see section on staff–detainee relationships).

Substance misuse

Expected outcomes:

Detainees with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their detention.

I.56 Detainees with substance misuse issues received good psychosocial support. Demand for clinical services was very low but there were satisfactory arrangements if they were required.

I.57 Demand for clinical services was low. In our survey, no detainees reported a problem with drugs and 15% with alcohol on arrival at the centre. The centre had a contract with a local hospital to provide inpatient detoxification for detainees who required this service, but this had not been needed since the previous inspection and no one had required clinical treatment for drugs. Detainees were screened for drug and alcohol issues by custodial staff on arrival and again by health services staff during the reception interview. Welfare staff also discussed substance misuse issues with all detainees within a few days of arrival. Detainees with a substance misuse issue were offered a referral to drug and alcohol counselling. All detainees received a drug and alcohol awareness session from specialist staff during their induction.

I.58 A community provider, Open Road, provided drug and alcohol counselling sessions and had received 52 referrals since April 2014. All detainees were seen within two weeks and were appropriately prioritised by presenting need and sentence length. Brief, solution-focused therapy was provided for those serving short sentences. In our survey, 83% of detainees with an alcohol problem said that they had received support, all of whom had found it helpful.

I.59 Support from community services such as Alcoholics Anonymous could be accessed as required. Open Road counsellors communicated effectively with other relevant departments, including health and welfare. Specialist support for detainees with substance misuse and mental health issues was provided by the Department of Community Mental Health.

I.60 Smoking cessation services were very accessible and 20% of detainees were using this service during the inspection.

I.61 An annual activity report by Open Road informed service provision.

Section 2. Respect

Company lines

Expected outcomes:

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

Detainees are aware of the rules and routines of the centre which encourage responsible behaviour.

2.1 *The company lines and the Service Custody Platoon (SCP) were in a good, clean condition. Most dormitories had attached showers and toilets, and detainees had their own lockable cupboards. Suitable clothing and bedding were provided and there were good laundry arrangements. Company line and SCP rules were clearly displayed and explained to all detainees. The application process was fair and efficient. There were sufficient telephones but detainees had insufficient telephone credit to maintain meaningful contact with their family. There was no formal detainee consultation process for residential and domestic issues.*

2.2 The detainee living quarters mainly consisted of dormitories and shared rooms. All dormitories, showers, toilets and communal areas were functional, well ordered and very clean. Detainees were positive about their living conditions and told us that they were expected to maintain their dormitories and ablution areas to a high standard. This was ensured through the staff undertaking daily inspections and linking the standards to detainee progress indicators. There was an ample supply of cleaning materials. All dormitories had a functioning emergency call bell. Detainees told us that staff were visible on the company lines and the SCP, provided good supervision and always responded quickly when detainees knocked on the door to summon assistance.

2.3 Most dormitories had attached showers and toilets. Detainees on stage 3 (the highest level of the staging system) had free access to toilets and shower rooms, which were located close to their dormitory, at any time.

2.4 All detainees were required to wear uniform and other military-issue clothing. The quantities of clothing and range of sizes available met the needs of all detainees. Laundry facilities were good and detainees could use them daily. There were weekly bedding changes.

2.5 There were lockable cupboards above each bed which were allocated to each detainee. Each dormitory had a television, which was required to be switched off by 10pm each night. Detainees told us that the company lines were quiet at night. Some personal hygiene products were available free of charge and these could be supplemented with purchases from the shop.

2.6 At the time of the inspection, there were three female detainees at the centre. Because of the lower numbers of women detained, they were usually allocated dormitories that were smaller, but of a similar standard to the others. Female detainees were able to work and associate with other detainees, with appropriate supervision.

2.7 The rules and routines of the centre were prominently displayed and all detainees told us that these had also been verbally explained to them. All detainees told us that they understood them and found them to be reasonable.

- 2.8 The application process was used mainly to access services (such as a dentist) or personal property, or to see a padre. It was available daily and detainees said that it was simple, fair and that they usually got a response within 24 hours. Detainees told us that staff were very helpful, which reduced the need for formal applications.
- 2.9 Each company line had sufficient telephones for detainee use; these were either hooded or in booths to aid privacy. However, we heard many complaints about the time entitlement on these telephones. Each detainee was permitted 30 minutes a week; this was provided at public expense, but only those on stage 3 could purchase additional telephone credit. Many detainees told us that this meant that they were unable to maintain meaningful contact with their family (see also section on purchases).
- 2.10 Detainees were permitted one letter a week to be posted at public expense; however, there was no restriction on the quantity of mail that they could receive, and they could send unlimited mail if they funded it themselves. With the exception of legally privileged mail (see also section on legal rights), all incoming mail was opened, but not read, in front of the detainee to check for unauthorised enclosures.
- 2.11 Personal property was securely stored in the centre and could be accessed through the application process. However, with the exception of civilian clothing to be used by stage 3 detainees on parole, there was little in stored personal property that would be allowed to be kept on the company lines.
- 2.12 There were no formal detainee consultation processes in place for detainees to raise communal residential and domestic issues.

Recommendation

- 2.13 **A formal detainee consultation processes should be developed for residential and domestic issues.**

Staff-detainee relationships

Expected outcomes:

Detainees are treated with respect by staff throughout the duration of their detention, and are encouraged to take responsibility for their own actions and decisions.

- 2.14 The relationships between staff and detainees were exceptionally good. Staff displayed a supportive approach and had a good knowledge of the detainees in their care. Individual consultation meetings were effective. The recently introduced computer-based detainee management system enabled staff to make better-informed decisions.
- 2.15 All staff we spoke to and observed on the company lines and SCP displayed genuine concern for the detainees in their care. Relationships between staff and detainees were respectful and courteous. We were impressed by the level of staff knowledge of the personal circumstances and sentence progression of the detainees in their care.
- 2.16 There were formal one-to-one consultations between staff and detainees to discuss individual progress. Many detainees told us that they felt comfortable discussing most issues with staff and that they had a member of staff they could turn to if they had a problem. In our survey, 92% of detainees said that a member of staff had checked on them personally in

the previous week to see how they were getting on, compared with 57% at the time of the previous inspection.

- 2.17 We observed how staff used the staging system to encourage detainees to take responsibility for their progression, and we saw staff assisting and supporting detainees who had failed to meet daily and weekly targets. Reports contained constructive staff comments and we saw staff entering into supportive and helpful conversations with detainees who needed to improve.
- 2.18 Personal support officers were allocated to detainees who had been identified with particular risks or a need for additional support. It was clear that all staff were made aware of detainees' issues and were able to offer support and, where necessary, referrals to the welfare department.
- 2.19 Since the previous inspection, a computer-based detainee management system had been introduced (known as 'Fletcher'). This system contained comprehensive and current information about detainees and, along with the detainee assessment record (DAR), enabled staff to make better-informed decisions about their subsequent care.

Equality and diversity

Expected outcomes:

The centre promotes a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no detainee is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality.

- 2.20 *The governance of equality issues had improved through comprehensive policies and detailed monitoring and analysis. There was suitable provision for the small numbers of women, children under 18, foreign nationals, civilians and other minority groups, especially through facilitating peer support. There was a greater focus on lesbian, gay, bisexual and transsexual issues. There was some evidence that vigilance was still needed in eliminating racist undercurrents in detainees' interactions with each other.*
- 2.21 The governance of equality issues had improved. Policy documents had been developed to give specific guidance on all protected characteristics. Data were collected on the representation of those with protected characteristics in all significant areas of operational life, and were analysed each month in depth. However, the high-level equality action plan was not dynamic and did not clearly identify and follow up issues in order to promote and drive improvement. Equality impact assessments had been carried out on all major policies and practices.
- 2.22 Any issues arising were discussed by a large multidisciplinary group of staff at the monthly offender management working group, and also at the quarterly equality and diversity meeting, which included detainee representatives. Staff nominated these representatives, taking care to invite people from minority groups such as foreign nationals, women and civilian detainees. Because of the high turnover and lower numbers, it was not realistic to select and train long-term representatives for each characteristic.
- 2.23 Given the low overall numbers of detainees, those with a protected characteristic were in many cases in a very small minority. Managers ensured that people who therefore risked isolation, such as women and foreign nationals, were enabled to be together in association

periods. There were no detained children at the time of the inspection. Arrangements for under-18s were satisfactory, with a personal support officer allocated in every case, and recording of care planning and monitoring.

2.24 There was a greater focus than previously on the rights and needs of lesbian, gay, bisexual and transsexual (LGBT) detainees. There was a suitably trained member of staff to act as the liaison officer for these individuals, and a staff training package had been developed locally. It was uncommon for a male detainee to disclose as gay, but staff and detainees said that changing attitudes in the armed forces generally were reflected in more open and respectful attitudes to differences of sexual orientation.

2.25 In the current year there had been only two complaints which contained a racial aspect. They had been thoroughly investigated within the establishment. Each of them raised further issues about a detainee culture in which 'banter' could sometimes come close to the boundaries of acceptability. Staff were aware of the need to ensure respectful dealings between detainees but the records of investigation of these complaints did not evidence a determination to confront fully the possibility of racist undercurrents in these interactions.

Recommendation

2.26 **Investigations into racist incidents should evidence a thorough examination of racist undercurrents during 'banter' between detainees.**

Faith and religious activity

Expected outcomes:

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

2.27 *Access to the padre had improved and was now good. All major faiths were provided for and sessional padres attended for minority faiths when required.*

2.28 Our surveys since 2008 showed that access to the padre had continued to improve, both on arrival and subsequently, and in our current survey 86% said that they could see the padre in private when they so wished. The padre was fully involved in the formal management processes of the centre, and in the informal life of the company lines; detainees appreciated his accessibility. The padre was now appropriately brought into key discussions of support and progress plans for detainees.

2.29 There were weekly Anglican and Roman Catholic services. Ministers of other faiths were brought in promptly when required. The 'Alpha Course' (an introduction to the basics of the Christian faith) ran on Sunday afternoons, facilitated by local volunteers. The Christian chapel was well equipped and maintained; there was also a bare but adequate multi-faith room and a plentiful supply of requisites for the main faiths. Arrangements for Ramadan and other specific faith needs were well catered for. Detainees did not have to choose between attendance at worship and other programmed activities.

2.30 Continuity of spiritual care had been improved by visits from padres at some units, and visits by the centre padre to those who moved on to prison, usually at HMP Chelmsford. The padre had also established helpful links with his counterparts in prison chaplaincies, sharing good practice.

Complaints

Expected outcomes:

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

- 2.31** *Most issues were dealt with informally to detainees' satisfaction. Those which went to the service visiting officer and Independent Monitoring Board were handled fairly and courteously.*
- 2.32** The complaints system worked reasonably well. Detainees were told on arrival that they could make a written complaint through the chain of command and would receive a written reply. Almost no complaints were in fact made in this way but detainees were generally content that any grievances were dealt with either by staff they spoke to about any problems or by the service visiting officer (SVO), who visited each Thursday, or the Independent Monitoring Board (IMB). In our survey, 68% said that it was easy to make a complaint, and 82% that complaints were dealt with fairly, similar to the figures at the time of the previous inspection.
- 2.33** Complaint forms were readily available. Complaint outcomes were monitored, and discussed at monthly multidisciplinary meetings. Work had been done to improve the speed of response by the SVO and IMB, and 75% of detainees in our survey said that they had received timely answers.
- 2.34** The IMB received an average of six applications each month, of which about 40% alleged unfair treatment; food was the next most common complaint, at around 15%. No applications related to equality, bullying or victimisation issues. The SVO received an average of seven complaints a month. The profile of topics of these complaints was similar to those submitted to the IMB. Detainees could request a private interview with the SVO confidentially. The contents of complaints to the SVO, and actions resulting, were recorded and followed through, and we considered responses to be courteous and appropriate.

Legal rights

Expected outcomes:

Detainees are fully aware of, and understand their sentence or detention, following their arrival to the centre and on release. Detainees are supported by the centre staff to freely exercise their legal rights.

- 2.35** *Most detainees were well briefed about their sentence and matters relating to their detention. The provision of legal advice and consultation was good.*
- 2.36** As part of the induction process, detainees were told about their legal status, how the different companies operated and what would happen after their sentence was complete. They were informed of their minimum sentence time and how additional remission could be earned. All detainees we spoke to understood their sentence, although too many were unclear about whether they would remain in the service or be discharged immediately on completion of their sentence (see sections on early days in detention and reintegration planning).

2.37 Detainees could speak to legal representatives in private, either on the telephone or in person, and there was a video-conferencing facility available. Legally privileged letters were not opened by staff. The welfare department had also arranged for a local firm of solicitors to operate a monthly service for any detainee requiring legal advice. These initial consultations were free. Citizens Advice also attended regularly. There was a small collection of military, civil and criminal legal books in the library.

Health services

Expected outcomes:

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

2.38 Overall, health services provision was excellent and detainees were positive about it. Governance arrangements were good but the Commandant was not sufficiently involved. Detainees had prompt access to primary care services. Custody staff had no access to an automatic defibrillator out of hours. Medicines management was good, and both dental services and mental health support were impressive.

Governance arrangements

2.39 Defence Primary Health Care (DPHC) provided primary care services and the Department of Community Mental Health (DCMH) provided mental health services. The Defence Public Health Unit had started a new health needs assessment earlier in 2014, but it was unfinished because the staff had been redeployed to work on the Ebola outbreak. Clinical governance arrangements were good. There was a satisfactory network of health governance meetings but there was no partnership board and the Commandant was not sufficiently involved and therefore unable to help shape and inform future delivery. Working relationships between DPHC, the centre and other health service providers were good. Learning from adverse incidents, audits and complaints was shared and informed service delivery.

2.40 The welfare pre-discharge questionnaire included questions about health provision. In this and our own survey, detainees were very positive about access to and the quality of primary care services.

2.41 The medical centre ran as a branch of the medical reception station (MRS) at nearby Merville Barracks. A senior nurse and practice manager provided managerial and clinical leadership across both units. Combat medical technicians (CMTs) were on site between 6.30am and 5.30pm, Monday to Friday. A senior practice nurse and GP provided daily clinics. Out-of-hours support was available from the MRS.

2.42 The small experienced team was well motivated and knew their patients well. Health services staff used a comprehensive range of policies, including on communicable diseases and information sharing, but some were out of date. Staff had good access to training but CMTs did not receive formal clinical supervision.

2.43 The medical centre was clean and welcoming, with good health promotion displays; however, most rooms had fixtures and fittings that did not comply with infection control standards. All consultations were held in private.

- 2.44** All health services staff were trained in life support and had appropriate access to emergency equipment; however, we found expired items in the main emergency bag, despite regular checks. Custodial staff were all trained in emergency first aid but had no out-of-hours access to a defibrillator, which could have delayed effective treatment. An ambulance was called immediately in emergency situations and staff reported prompt response times.
- 2.45** Health services staff were clearly identifiable and we saw very good interactions with detainees. Health services, including access to a practitioner of the same gender, were easily accessible and well advertised. CMTs gave a weekly health promotion talk to all new arrivals.
- 2.46** The health care complaint system was confidential and well publicised, but complaints and responses were inappropriately included in the clinical records. Three complaints had been received in the previous six months. The responses we saw had been courteous, timely and dealt with all the issues raised.
- 2.47** All detainees received occupational health services such as immunisation and hearing tests while at the centre. Access to all relevant community screening programmes, mobility aids and specialist support was very good. Health promotion activity was well organised but there was no access to barrier protection.

Recommendations

- 2.48** **A partnership board for health services should meet quarterly, with senior representation from all health partners and the Commandant or his/her representative.**
- 2.49** **All clinical areas should be fully compliant with infection control guidelines.**
- 2.50** **Custodial staff should be trained to use, and have easy access to, an automatic defibrillator out of hours.**
- 2.51** **Detainees should have easy confidential access to barrier protection.**

Housekeeping points

- 2.52** Health services staff should have access to a full range of in-date policies and procedures that receive regular review.
- 2.53** Emergency response equipment should be in date and receive regular, recorded checks.
- 2.54** Health care complaints received from detainees should not be held with individual health records.

Delivery of care (physical health)

- 2.55** A health services professional saw all new detainees on the next working day after their arrival for a comprehensive health screen. Detainees could be seen more urgently if the reception risk assessment highlighted any health concerns. Appropriate referrals were made and liaison with community services was good. All detainees saw a CMT again a few days after arrival, to review their mental health.

2.56 Detainees could see a CMT at each mealtime during the week and could also request services by application. CMTs triaged all requests using agreed algorithms to ensure that detainees saw the appropriate health services professional. Waiting times for all services were short. A nurse with specialist training provided clinics for lifelong conditions. There were excellent physiotherapy and physical rehabilitation services on site. Inpatient services were available at Merville Barracks if required. Arrangements for out-of-hours medical support were appropriate and well understood by custodial staff.

2.57 All DPHC, including the Military Corrective Training Centre (MCTC), shared the same clinical system, so health services staff could access the full health records of military detainees, ensuring continuity of care. The clinical records we sampled were very good.

2.58 Health services staff told us that referrals for secondary care were seldom required but that access was good, and that cancellations were rare. However, we could not verify any of this as there was no mechanism to monitor it.

Housekeeping point

2.59 Access to secondary appointments, including cancellations, should be monitored, to inform service delivery.

Pharmacy

2.60 Medicines were supplied promptly, with written information, by the dispensary in the MRS. We were told that detainees could speak to a pharmacy technician about medicines but this service was not advertised. The level of prescribing was low and appropriate for the population. Medicines, including controlled drugs, were stored in an orderly and secure manner in the dispensary but ad hoc paracetamol and ibuprofen administered by CMTs was incorrectly stored as loose strips rather than in the original boxes. Appropriate reference books were available.

2.61 Medication was administered three times daily in a screened area in the dining hall. Satisfactory in-possession risk assessments and regular spot checks of in-possession medication were completed. The pharmacy dispensed all medication for detainees on supervised consumption into calendar blister packs (individualised boxes containing foil-covered medications, organised into compartments by day and time). CMTs assisted detainees to self-administer from these packs when they were on site and the staff sergeant did this out of hours. Staff sergeants received regular training to complete this task, and processes for handing these packs over and storing them were robust and safe. Three detainees were receiving supervised medication at the time of the inspection.

2.62 Health services staff could issue an appropriate range of medicines to detainees without a GP prescription. Detainees could easily access pain relief out of hours.

2.63 The regional medicines and therapeutics committee met quarterly and there was satisfactory analysis of prescribing and clinical audits.

Housekeeping points

2.64 Detainees should be made aware of the access to the pharmacy technician during induction.

2.65 All ad hoc medication should be stored in, and administered from, the original pack.

Dentistry

2.66 In our survey, detainees were much more positive about the access to, and the quality of, dental services than at the time of the previous inspection (96% versus 51% and 71% versus 30%, respectively). The centre had a weekly dedicated clinic at the Merville Barracks dental surgery and additional appointments were available if required. Waiting times for routine appointments were consistently good, at under four weeks. There was excellent access to emergency dental care. Medication prescribed by the dentist was immediately collected from the MRS dispensary, ensuring that treatment started quickly.

2.67 The dental surgery complied fully with best practice in infection control. The service received an independent annual inspection and all equipment was serviced regularly.

Delivery of care (mental health)

2.68 Working relationships between mental health staff and those from other departments in the centre were very good. DCMH staff attended the weekly detainee management meeting. Custodial staff had adequate access to mental health awareness training and demonstrated a good awareness of mental health issues.

2.69 CMTs screened all new arrivals for mental health issues, and anyone who screened positive saw the GP within two working days. Detainees with mild mental health issues received support from the GP, and access to counselling and anger management support was excellent. The GP or the DCMH at the detainee's parent unit could refer those with moderate or severe mental health issues to the DCMH team at Merville Barracks prior to the detainee's arrival at the centre.

2.70 The DCMH team included senior mental health nurses, a social worker and a consultant psychiatrist. Several nurses provided psychologically informed therapies and a clinical psychologist saw detainees with complex issues, including acquired brain injuries. A senior nurse and psychiatrist provided services at the MCTC. Additional services, including an intensive anger management group, were available at Merville Barracks as needed. Detainees with an urgent need were assessed within one working day and routine referrals were seen within two weeks. The team had received 54 referrals from the centre in the previous six months and were supporting three detainees during the inspection.

2.71 Detainees requiring hospital care could be transferred quickly to South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) and two detainees had been admitted to the SSSFT for mental health issues since the previous inspection.

Catering

Expected outcomes:

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

2.72 *The food provided was adequate in quality and quantity, but the evening meal was served too early. Standards of hygiene were good.*

2.73 In our survey, 36% of respondents said that the food provided was good or very good. The quality of the food we saw was, and tasted, reasonably good. Portion sizes were appropriate and carefully controlled, at 3,200 calories per day. Managers responded to any food-related issues raised by detainees swiftly. There was a choice of three hot dishes at lunch and dinner. Detainees ate together, with a large dining hall for each company.

2.74 The evening meal was served too early, at 4.30pm. A small snack, comprising a piece of fruit and a couple of biscuits, was provided in the evening but detainees complained that they were very hungry by breakfast time.

2.75 Catering services were delivered by Sodexo. Regular hygiene checks took place by a variety of internal and external agencies, and the centre manager responsible maintained regular liaison with the contractor. The kitchen and food servery areas were very clean.

Recommendation

2.76 The evening meal should not be served before 5pm.

Purchases

Expected outcomes:

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

2.77 The shop was modestly but reasonably stocked, with fair prices. Only those on stage 3 could buy additional telephone credit.

2.78 Detainees told us that the stock in the centre shop was limited. In our survey, just over half of detainees said that they were content with the range of goods available and we found the range to be limited but adequate.

2.79 A grocery pack was issued when detainees first arrived, to last until the regular Wednesday opening. A local member of staff ran the shop, responding promptly to detainee requests. Prices were held at a reasonable level and stock was procured from local sources.

2.80 Detainees were given 30 minutes of telephone calls free of charge each week. Additional telephone credit could be purchased on cards in the shop, but only by those on stage 3 (see also section on company lines).

Recommendation

2.81 All detainees should be able to buy telephone credit using their regular weekly allowance.

Section 3. Purposeful activity

Time out of room

Expected outcomes:

All detainees are actively encouraged to engage in activities available during unlock, and the centre offers a timetable of regular and varied activities.³

- 3.1** *The amount of time out of rooms was good, at over 12 hours for most detainees. Levels of daytime occupation were high for both companies. Association arrangements were good but too short for some at weekends.*
- 3.2** All detainees had more than 12 hours out of their rooms during the week and only slightly less at weekends. The exception to this was those on induction, on stage 1 and those located in the Service Custody Platoon (SCP), who were locked up too early, at 5.30pm, at weekends.
- 3.3** Both companies had regular access to the exercise and activity yards, and could attend recreational gym sessions in the evenings. Military detainees in the SCP attended activities with A Company. There was a wide range of weekend activities, including further access to the gym, volleyball (on company lines yards), pool, table tennis, sports and games, play station 3, DVDs, visits, the chapel and the alpha club, and external activities for A Company.
- 3.4** Association took place daily, including in the SCP, and was well supervised by staff. High levels of engagement during association were reported by detainees and observed during the inspection. Most detainees had two hours' association each evening before being confined to rooms, and those on stage 2 and above were able to leave their rooms and have access to telephones after stage 1 detainees had been locked up.
- 3.5** Association areas were equipped with a range of table and board games, and some craft kits were available. Most equipment was in good order, with the exception of one of the pool tables on D company.

Recommendation

- 3.6** **Access to weekend evening association should be increased for detainees on stage 1, induction and in the Service Custody Platoon.**

³ Time out of room, in addition to formal 'purposeful activity', includes any time detainees are out of their rooms to associate or use communal facilities.

Learning and skills and work activities

Expected outcomes:

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

3.7 *The leadership and management of learning and skills and work were good. Good learning and skills outcomes for detainees had been maintained. A needs analysis and better data collection were required further to shape and develop provision. The range of provision was adequate, although vocational training was limited. The quality of teaching and learning was good, individual needs were addressed, and detainees progressed and achieved well. Library services were adequate.*

3.8 *Ofsted⁴ made the following assessments about the learning and skills and work provision:*

<i>Overall effectiveness of learning and skills and work:</i>	<i>good</i>
<i>Achievements of detainees engaged in learning and skills and work:</i>	<i>good</i>
<i>Quality of learning and skills and work provision:</i>	<i>good</i>
<i>Leadership and management of learning and skills and work:</i>	<i>good</i>

Management of learning and skills and work

3.9 *The leadership and management of learning and skills and work were good. The learning and skills strategy provided a clear direction, with a good focus on developing detainees' functional and employability skills. The effective management of education and training had led to good outcomes for detainees over a sustained period. The recently appointed manager had already introduced improved systems to monitor the quality of the provision, although it was too early to judge their effectiveness.*

3.10 *Senior officers and managers had set a clear direction for the development of learning and skills and the need to occupy all detainees meaningfully. There had been good efforts recently to extend the range of vocational training and work.*

3.11 *The collection and analysis of data required improvement. For example, there had been insufficient analysis of the educational, training and career development needs of the detainee population and the business needs of potential employers to plan the future shape of the provision. No analysis of achievement or progression data had been carried out to identify trends over time in the performance and participation of different groups of detainees.*

⁴ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

3.12 Effective development of external partnerships had been used to accredit specialist courses and provide work opportunities, offering detainees a choice of vocational and work-based training; for example, the Colchester Institute assessed the welding qualifications and TQ Pearson provided external accreditation of fork-lift truck driving. Relationships with local employers supported work experience for two detainees during the inspection. The education training in English and mathematics was provided by Essex County Council (ECC).

3.13 Managers had been highly effective in maintaining the quality of teaching, learning and assessment since the previous inspection. Their evaluation of the teaching observation outcomes had informed useful staff development and the sharing of good practice among teachers. Observations of teaching and learning completed by ECC were detailed, comprehensive and clearly showed how the teacher could improve. However, those completed by centre staff were insufficiently detailed to inform teachers of the effectiveness of learning and agree specific actions for improvement.

3.14 Quality assurance arrangements had recently been reviewed and some which had fallen out of use had been reintroduced; while there was no current self-assessment report (SAR), the position statement provided was appropriately self-critical and reflected accurately the quality of the provision. The quality improvement plan was reasonably detailed and useful but did not include specific, measurable progress indicators for each planned action.

Recommendations

3.15 **The centre should improve the collection and analysis of data to support a detailed needs analysis of the detainee population, in order to plan and monitor the provision to ensure that the needs of all groups of detainees are met.**

3.16 **The full range of quality improvement activities should be consistently applied, accurately to monitor all aspects of education, training and work, identify specific, measurable targets for performance and support self-assessment.**

Provision of activities

3.17 The centre had enough activity places for its current, reduced number of detainees, and all were engaged in education, employment or training. It made good use of the available activity places and all detainees were fully occupied during the core day. The variety and range of education classes were good; the range of courses in the electronic learning centre (ELC) was particularly broad, but the types of vocational courses were limited.

3.18 Detainees could attend education full or part time and study a variety of subjects. All of D Company and a small minority of A Company detainees participated in education courses. Subjects included functional skills at levels 1 and 2 in English, mathematics and information communication technology (ICT), and business skills. The range of courses delivered through the ELC included project management and using proprietary software applications.

3.19 A few vocational qualifications had been discontinued since the previous inspection, including tiling and plumbing courses. Replacement construction skills programmes were due to start in November in 2014, taught by centre staff. The establishment had provided six new work places on a new farm, which made good use of the centre grounds. A few horticultural plumbing qualifications had been achieved.

Quality of provision

3.20 The quality of teaching, learning and assessment was good in education courses. Most detainees were motivated well and made good progress in lessons. They valued the opportunities to develop their skills and gain qualifications.

3.21 Teachers used their subject knowledge and experience well to link learning effectively to the needs of detainees. Many detainees developed good independent learning skills, particularly in the ELC. The use of homework to extend learning further was limited. Education accommodation and resources were good; detainees had good access to computers and used them to develop a range of useful skills.

3.22 The development of English and mathematics skills was given a high priority and most detainees were successful in gaining these qualifications. As recognised by managers and teachers, initial assessment of English and mathematics required further improvement to plan individual learning more appropriately. Information on the prior qualifications and experiences of each detainee from their unit of origin was used well to inform the advice on courses given to each detainee.

3.23 The use of individual learning plans (ILPs) required improvement. Skilled teaching staff identified and overcame individual barriers to learning, particularly relating to employability, resulting in detainees making good progress with their training. However, these were not always sufficiently recorded as areas for development in ILPs. Lesson content was generally recorded on ILPs, rather than the learning and skills that had been developed.

3.24 Vocational training was good and detainees benefited from individual coaching that focused on improving their employability. Trainers were generally highly experienced in their occupational areas and provided good industry-related advice to detainees. Vocational training areas and contract workshops were clean, tidy, well equipped and well maintained.

3.25 Assessment was well planned and verification accorded with awarding body requirements. Teachers and trainers assessed detainees' learning regularly and gave good verbal feedback on their work; however, their written feedback varied in its quality and usefulness for detainees in making improvements. A few ILPs contained good reflective examples by detainees about their learning and progress, but these were insufficiently linked to sentence plans.

Housekeeping points

3.26 The centre should use the results of initial assessments better, to plan learning that meets the needs of individual detainees.

3.27 Teachers' and trainers' written feedback on detainees' assessed work and in their individual learning plans should be detailed enough for them to recognise the skills that they have developed and what they need to do to improve.

3.28 Progress required in learning should be linked to and included in the sentence planning process.

Education and vocational achievements

- 3.29** Most detainees gained an accredited qualification during their stay. Success rates for functional skills were excellent, and on vocational courses were high.
- 3.30** Good development and reinforcement of military skills through military training prepared A Company well for reintegration to their operational units. Detainees demonstrated good construction craft skills in workshops.
- 3.31** Most detainees made good progress in education and vocational training sessions, and teachers frequently confirmed their learning by reviewing detainees' objectives for each session. Detainees developed their self-confidence by achieving new knowledge and skills alongside useful communication and social skills; however, not all vocational and employability skills developed were recognised and recorded in sufficient detail. Relationships between detainees and teachers and trainers were respectful. Education and vocational training areas were calm environments with a quiet, purposeful atmosphere.
- 3.32** Attendance and punctuality at education, training and work were excellent.

Recommendation

- 3.33** **All vocational and employability skills gained should be recognised and recorded.**

Library

- 3.34** The library was adequate for the needs of the current population. Access for A Company was limited to one session a week (a library trolley service that had been available during the previous inspection for those in A Company had been stopped), but for D Company was good.
- 3.35** The service catered appropriately for all detainee groups. The service was suitably promoted and operated in-house by military services, with book loan arrangements available with other military libraries throughout England. Opportunities to develop library services further had been missed – for example, there was no book club provision.
- 3.36** Library materials were adequate to meet detainees' leisure and training needs. Daily newspapers and a wide range of magazines were available, although only a few audio books and no CDs. Relevant and up-to-date military legal reference and online textbooks were made available either in the library or in detainees' accommodation blocks.
- 3.37** The collection and analysis of data to assess the effectiveness of the service were limited.

Recommendation

- 3.38** **Library staff should use data effectively to monitor stock and the use of the library by different groups of detainees.**

Physical education and health promotion

Expected outcomes:

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

3.39 *Most detainees regularly attended PE, although few of those in D Company attended their scheduled recreational PE sessions. The PE facilities were good and staff were well qualified and experienced. There were a small number of useful PE vocational courses, delivered by centre staff.*

3.40 PE and healthy living provision was good. The gym was a good resource and well used, and detainees had good access to it, and to other forms of physical exercise. Indoor facilities were very good and consisted of a sports hall with large cardiovascular and resistance weights areas. The facilities were open from early morning until late evening, seven days a week.

3.41 All detainees in A Company attended daily mandatory PE as part of their military training and D company could attend in the evenings on a recreational basis, although few made regular use of this facility. PE attendance records were not analysed to identify detainees who regularly used the facilities.

3.42 Well-qualified, experienced PE instructors provided a wide range of military and recreational PE activities. Detainees underwent appropriate health assessments before participating in physical exercise for the first time and they could not use the facilities unless they had completed the PE induction.

3.43 PE staff delivered vocational qualifications under a subcontract to the YMCA, but there had been no training needs analysis to inform the range and type of accredited courses offered. The courses ran throughout the year, to meet the needs of individual detainees, and success rates were high, although detainees who completed the course were not used to deliver PE to others.

3.44 PE staff had links with the health services and substance misuse teams. There were effective exercise programmes for detainees with injuries or undertaking rehabilitation regimes. Detainees who used the gym developed a good understanding of the importance of a healthy diet and the benefits of exercise.

3.45 The main PE accommodation and equipment, including the showers, were well maintained. Facilities for female detainees were good and offered a degree of privacy; however, the showers for men were open and communal.

Recommendation

3.46 **Detainees who are appropriately qualified should support PE staff in providing activities for others.**

Housekeeping points

3.47 The centre should monitor the use of the PE facilities by different groups of detainees.

3.48 Modesty screens should be installed in men's gym showers.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a detainee's return to Service or civilian life starts on their arrival at the centre. Resettlement underpins the work of the whole centre, supported by strategic partnerships in the Armed Services and the community and informed by assessment of detainee risk and need. Good planning ensures a seamless transition back into the Services or the community.

- 4.1** *There was a detailed resettlement strategy but it was not informed by a robust needs analysis and there was no action plan to guide development. The offender management working group had improved but did not include community-based representatives or have a business plan. Good use was made of temporary release to support resettlement objectives.*
- 4.2** *There was a detailed resettlement strategy, which fully described the approach to addressing offending behaviour and preparing detainees for discharge or return to service. The acronym 'HARDFACTS' (Health, Accommodation, Relocation, Drugs and Alcohol, Finance, Attitudes, thinking and behaviour, Children and families, Training and Support) was used to describe the resettlement pathways addressed within the strategy, and 'ASPIRE' (Assess, Sentence Plan, Implement, Review, Evaluate) to describe the offender management process.*
- 4.3** *Although the strategy described how detainees were progressed through their sentence, it did not explicitly link practice or developments with information about detainee need or characteristics. There was a good information-gathering process and a quarterly report of trends analysis was prepared, but it was not always clear how this information had been used to design the strategy or if it measured effectiveness. There was no action plan to develop the strategy. Some investigation of need had been undertaken to inform services, such as the monitoring of visitors to decide if transport from the station should be provided for them, but this approach was not used consistently.*
- 4.4** *Because of the lack of a robust offending needs analysis and subsequent action plan, we could not be confident that the range of interventions provided adequately addressed the risk of harm or likelihood of reoffending presented by detainees.*
- 4.5** *Since the previous inspection, the offender management working group had been refreshed and provided oversight of resettlement provision. It met monthly, attendance from all relevant departments was good and it was effective in responding to immediate concerns. However, as a strategic group it lacked input from important community-based providers of resettlement services and did not have a longer-term business plan informed by an analysis of detainee need.*
- 4.6** *The strategy made good use of parole (day release at weekends) and reintegration leave (overnight temporary release) for those who had progressed sufficiently in the regime. There were good examples of how these facilities had been used to maintain or rebuild family ties, improve employability and start employment.*

Recommendations

- 4.7 The resettlement strategy should be informed by a needs analysis to inform an action plan and this should be incorporated into a business plan for the offender management working group.**
- 4.8 Community-based providers should contribute to the offender management working group.**

Sentence management and planning

Expected outcomes:

All detainees have a sentence plan based on an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in detention. Detainees, together with all relevant staff, are involved in drawing up and reviewing plans.

- 4.9 Sentence planning had improved, with clear offending-related objectives included. Sentence planners were not trained to undertake full risk assessments. Detainees were provided with a good level of support in achieving objectives.**
- 4.10 The quality of sentence planning had improved considerably. There was a dedicated sentence planner, who used information from pre-sentence reports (if available), criminal records, military criminal records, court documentation and unit reports, as well as interviews with detainees to inform an assessment of risk and need. The centre occasionally held a very small number of high-risk detainees. Systems and training were not available to ensure that these detainees received a high-quality risk of harm and likelihood of reoffending assessment. This compromised plans to address offending behaviour and potentially jeopardised safety between detainees at the centre; similarly, the sentence planner had not been formally trained in preparing the level of risk assessment which was provided in pre-sentence reports, so the understanding of risk of harm, including risks to staff and other detainees, and the likelihood of reoffending was not always reliable (see main recommendation S51). However, as far as possible, offending-related needs were identified and sentence planning objectives were set to address offending behaviour, although the range of interventions available did not meet all detainees' needs or address all risk factors (see section on HARDFACTS: Attitudes, thinking and behaviour).**
- 4.11 In our survey, 78% of detainees said that they had a sentence plan and those we spoke to told us that they were aware of what the plan contained and had been involved in preparing it, and that their progress was closely monitored and supported. In spite of some gaps in provision, 82% of detainees with a sentence plan said that they could achieve some of their targets in the centre.**

Public protection

- 4.12 Although high-risk detainees were identified promptly, measures to monitor and restrict them at the centre were weak. Links with multi-agency public protection arrangements (MAPPA) had developed well and appropriate restrictions were placed on detainees granted temporary release.**

4.13 Detainees with a current or previous violent or sexual offence were identified promptly and at the time of the inspection the centre held three detainees convicted or charged with sexual offences and six with offences of violence. The behaviour and progress of high-risk detainees was discussed at the weekly detainee management meeting. The local multi-agency public protection arrangements (MAPPA) coordinator was informed, but in the centre monitoring and control of their risk to potential victims were weak. The centre could refuse permission for a detainee to telephone or write to a victim directly but did not have the authority to monitor calls or to censor mail to ensure that high-risk offenders did not contact potential victims or children. The understanding of potential risk to staff or other detainees was incomplete and we were concerned to find that a detainee who had sexually assaulted a colleague was sharing a room with a younger detainee (see main recommendation S51).

4.14 The relationship with the local MAPPA coordinator had improved and he was confident that he was informed of all detainees who raised public protection concerns; however, because the military judicial system was outside MAPPA processes, risk levels could not be set. When detainees with convictions for sexual or violent offences were considered for parole or reintegration leave he was consulted, and in a number of cases he had taken action with the centre to prevent inappropriate temporary release or to put in place requirements to prevent harm to known victims.

4.15 As well as liaison with the MAPPA coordinator, arrangements for temporary release on parole or reintegration leave were subject to thorough assessment, considering offending behaviour as well as their conduct on site, with appropriate restrictions on activities such as gambling, inappropriate purchases and drinking in place for all detainees. Reintegration leave plans were specific and detailed.

Reintegration planning

Expected outcomes:

Detainees' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual detainee in order to maximise the likelihood of successful reintegration back into the Armed Services or into the community.

4.16 Assessment and planning for reintegration needs were good and a wide range of support was available to help detainees to resettle. Too many detainees were uncertain about their future in the Services or could not leave immediately at the end of their sentence. Health care discharge arrangements were good and there was effective liaison with community services for detainees requiring ongoing substance misuse and mental health support. A comprehensive range of accommodation support was provided for individuals and families. Foreign national and Commonwealth service personnel were assisted in returning or applying to remain in the UK. The welfare department and Citizens Advice provided help with debt problems and detainees could access their bank accounts. A wide range of offending behaviour programmes was available but there were gaps in provision. Visiting entitlements and arrangements were effective. Detainees were positive about the support they had received to maintain contact with family and friends. The welfare department had extensive links with charities and veterans support services.

4.17 Reintegration plans were drawn up during induction by the sentence planner, welfare officers and education department. They were included within the overall sentence plan on the detainee assessment record for both those being discharged and those returning to their unit. Individual assessments of reintegration need were realistic, informed by unit reports

and pre-sentence reports, and led to clear reintegration objectives, in discussion with the detainee, delivered by a wide range of helping services.

- 4.18** For too many detainees, reintegration planning was hampered without good reason by uncertainty over their future direction (see also section on early days in custody). While, for some, it was made clear at court martial that they were to be discharged, some who expected or wished to be discharged were uncertain as to when they would leave the Service because they had to return to their units for decisions or for administrative processes to be completed at the end of their sentence. Of the 193 detainees released from D Company in the previous 12 months, 33 had been returned to their unit for later discharge as their units had failed to complete paperwork adequately. One detainee ending his sentence during the inspection had been expecting to be discharged but was told in his final week that he had to return to his unit for a medical assessment, which could take up to three months to complete. He told us that all his training at the centre had been preparing him for a return to civilian life and that he had had to cancel three job interviews as a result of this delay in his discharge.
- 4.19** Discharge arrangements were comprehensive and detainees' needs were checked up to 28 days before release. They had briefings about discharge matters such as finance, claiming benefits and services charities which could provide support. Practical matters such as reclaiming property, access to suitable clothing and settling finances were all dealt with in good time for discharge.

Recommendation

- 4.20** **Detainees should be informed about their future regarding military service in good time to prepare for discharge or to continue serving, and those due for discharge should be free to enter civilian life at the end of their sentence.**

HARDFACTS: Health

- 4.21** Health services staff saw all detainees before discharge and those on medication received adequate supplies to take home. Detainees leaving the service received a talk on accessing community health services and were offered a summary of their medical records to give their GP.
- 4.22** There had been no requirement for end-of-life or palliative care services since the previous inspection. We were told that detainees with these needs would not be detained at the centre.
- 4.23** The Department of Community Mental Health (DCMH) team started discharge planning early for detainees with severe and enduring mental health problems, to ensure continuity of care post-release. DCMH could provide mental health support for up to six months, and the social worker for up to a year following discharge from the armed forces, ensuring effective continuity of care.

HARDFACTS: Accommodation

- 4.24** The welfare department provided a wide range of support with accommodation problems, and in our survey 94% of those likely to be discharged knew where to get help.

- 4.25** No record was kept of the number of detainees discharged without permanent accommodation. All were provided with the cost of temporary accommodation and could receive support for up to six months after discharge. The welfare department had links with a wide range of service providers, including the Spaces hostel schemes, supported by English Churches Housing, which provided support beyond six months, and with charities and businesses which helped veterans to resettle.
- 4.26** Family accommodation support and advice were provided through joint services housing advice, and service family accommodation was maintained through application for the family grant.
- 4.27** Detainees with private accommodation were helped to maintain tenancies during a short sentence by referral to Citizens Advice and applications to service charities.

HARDFACTS: Relocation

- 4.28** At the previous inspection, a number of foreign national and Commonwealth service personnel had been concerned that they would have to fund their return home on discharge; it had subsequently been clarified that this was not the case and that support would be provided by home units.
- 4.29** However, there had been cases with the added complications of family members and where detainees had wished to settle in the UK rather than return. In these cases, the welfare department at the centre had provided advice and assistance in applying for leave to remain. Detainees had received help in the form of assistance with funding and interim accommodation from a range of charities, which had been contacted by the welfare department.

HARDFACTS: Drugs and alcohol

- 4.30** Good communication between counsellors and other centre departments ensured effective throughcare for detainees with substance use issues. All detainees received drug and alcohol awareness training from Open Road before release. Counsellors arranged community appointments with drug and alcohol services as required.

HARDFACTS: Finance, benefit and debt

- 4.31** Support for detainees under this pathway was good. An assessment of detainees' financial needs was made during induction and low-level issues such as informing creditors of their situation and suspending repayments were dealt with promptly by the welfare department. A wide range of written material addressing concerns about pay, pensions and financial management was provided.
- 4.32** A briefing on financial matters was provided during induction by Citizens Advice and they dealt with more intractable matters of detainee debt on an individual basis. Information on money management was included in employability courses.
- 4.33** Detainees with bank accounts could use computers in the welfare department to manage their finances on line.
- 4.34** Before discharge, Jobcentre Plus set up benefits claims for detainees and gave them a briefing on money management.

HARDFACTS: Attitudes, thinking and behaviour

- 4.35** A productive relationship had been established between the centre and Essex Community Rehabilitation Company (ECRC) for the provision of offending behaviour programmes. In our survey, 54% of detainees said that they had been involved in offending behaviour programmes, of whom 83% said that the programmes would help them on release.
- 4.36** The thinking skills programme was provided to all eligible detainees and was delivered in short modules so that those serving sentences that were too short to enable completion of the full programme could benefit from some of it.
- 4.37** There was a range of interventions for detainees involved in violent offending, including ART (Aggression Replacement Therapy), and the RESOLVE course had recently been established. A domestic abuse programme, DASAR (Domestic Abuse Specified Activity Requirement), had been introduced and four detainees had completed the programme.
- 4.38** As well as group work interventions, detainees had access to individual programmes to address thinking skills, anger management, violent behaviour, racially aggravated offending and substance use. The Open Road counselling service worked with detainees on issues of substance misuse and violent offending as well as providing support for those with post-traumatic stress disorder or who had been bereaved.
- 4.39** In spite of providing a reasonably comprehensive range of interventions, we were concerned that some types of offending which seemed prevalent or presenting a high risk of harm were not addressed because provision was not based on a systematic assessment of need. Many detainees had been involved in alcohol-related violence and in driving under the influence of alcohol but there were no specific interventions available for these behaviours. A small number of sex offenders were sent to the centre and there were no interventions provided to challenge or treat the specific risks associated with their offending behaviour, resulting in them being released without this having been addressed (see main recommendation S51).

Recommendation

- 4.40** **The range of interventions provided should meet the full range of offending-related need, as identified by a robust needs analysis.**

HARDFACTS: Children, families and contact with the outside world

Expected outcomes:

Detainees are enabled to re-establish or maintain relationships with their children and families, and can regularly communicate with the outside world.

- 4.41** With the exception of the limited telephone communication allowed (see section on company lines), detainees could easily establish and maintain relationships with friends and family, and they were satisfied with the arrangements for visits. These took place at weekends, with two two-hour sessions per day. In addition, detainees on stage 3 were allowed temporary release ('parole') to leave the centre to meet family at the weekend, and reintegration leave for longer periods at home.

4.42 We did not witness any of the visiting sessions but the administrative arrangements were efficient and detainees told us that they rarely encountered any problems in arranging or attending visits. Visitors were able to apply for future visits while at the centre.

4.43 Subject to assessment, some family members could be entitled to financial assistance with travel and accommodation. Detainees who normally lived in non-UK bases, such as in Germany and Cyprus, could arrange for their families to visit them by applying to the welfare department.

4.44 On arrival, visitors could use the visitors centre located at the main gate. This had a toilet with access for people with disabilities, a baby changing facility, comfortable seating and a vending machine. No hot drinks could be purchased there but they were available in the visits hall (see below). A selection of useful information leaflets was available, including how to raise concerns about a detainee and a suggestions and feedback system. Visitors were not routinely searched. We were told that a drugs dog was occasionally present during the briefing given to visitors before they entered the visits room.

4.45 The visits hall was a pleasant and suitable venue and allowed sufficient privacy. Visitors could buy hot and cold drinks and cold snacks from the vending machine.

4.46 Detainees told us that staff were flexible in allowing visitors extra time in visits if they had been delayed en route to the centre. Visitors and detainees were actively encouraged to complete feedback forms at the end of each session. The forms we reviewed were overwhelmingly positive.

4.47 In October 2013, a children's centre had been constructed adjacent to the visits area. This was an impressive facility which included toilets, baby changing facilities, soft play toys, mats, sofas chairs, books and games. There was also access to a small outside grassed area, where families could spend time. This centre was also used to deliver a parenting course known as 'incredible years'. This was delivered by trained centre staff and had received positive feedback from participants. The Storybook Dads programme (in which detainees record stories for their children) was also run at the centre, further to support family ties with younger children. Family days took place several times a year; however, although well advertised, the take-up was low.

4.48 The welfare department provided valuable family support to visitors and was a conduit through which detainees could access assistance from their unit's family welfare department. The concept of 'duty of care' at the centre sometimes included detainees' dependants. For example, a detainee currently being held was involved in a custody dispute with his partner, and was being supported to relocate to an area close to where his child was resident in order to help his prospects of being assessed as a suitable carer. Barnardos staff visited the centre monthly to deliver presentations about services in the community that were available for detainees who had children.

HARDFACTS: Training, education and employment

4.49 Career advice and guidance for detainees being retained in the Services on release were effective. Longer-term career advice and guidance were limited. Sentence planning tended to guide detainees towards activities that were readily available to occupy them throughout their sentence, rather than identifying and supporting career aspirations.

4.50 Staff delivered a good employability programme for those being discharged, and detainees were helped to produce CVs. Access to impartial careers advice and guidance was limited. Increasing numbers of detainees made use of e-clinics in the electronic learning centre for

job search and email correspondence with potential employers. All D Company detainees met a Jobcentre Plus adviser shortly before discharge. However, this was too late and limited their ability to complete effective job search activities while at the centre.

4.51 Since April 2014, an external organisation (Future Horizons Partnership) had offered further advice and support to detainees following their discharge and had started to collect information about their progression to work, education or training; it was too early to judge the effectiveness of this new arrangement.

Recommendation

4.52 Impartial careers advice should be provided sufficiently far in advance of discharge.

HARDFACTS: Support

4.53 To support detainees, both during their time at the centre and following return to their unit or on discharge, the welfare department had established good relationships with a range of charities and support services. These included the Royal British Legion, Soldiers, Sailors and Airmen Families Association (SSAFA) and welfare organisations specific to each branch of the services. Specific aspects of resettlement were supported through specialist organisations or departments such as the Regular Forces Employment Agency and Joint Services Housing Advice.

Section 5. Summary of recommendations and housekeeping points

The reference numbers at the end recommendation refers to the paragraph location in the report.

Main recommendation To the Provost Marshal (Army)

5.1 High risk detainees should not be held in the MCTC. If they continue to be so, then risk management systems should be put in place. Staff should be trained in the identification and assessment of detainees posing a risk of serious harm. The Centre should be authorised to conduct telephone and mail monitoring for these detainees (subject to Interception of Communications Commissioner Office (IOCCO) regulations) and specific interventions for sex offenders should be provided where appropriate. (S51)

Recommendations To the Ministry of Defence

Escorts and transfers

5.2 Apart from exceptional circumstances, arrangements should be made to ensure that detainees are admitted to the Centre during the day. (I.6)

Reintegration planning

5.3 Detainees should be informed about their future regarding military service in good time to prepare for discharge or to continue serving, and those due for discharge should be free to enter civilian life at the end of their sentence. (4.20)

Recommendations To the Commandant

Bullying and violence reduction

5.4 The centre should continue to actively monitor levels of bullying and feelings of safety among detainees and this should include regular surveys and feedback from detainees during their sentence and on release. (I.21)

Self-harm and suicide prevention

5.5 Detainees subject to supervision should be actively involved in the care planning process. (I.27)

5.6 A central log should be kept for use of the anti-ligature rooms. (I.28)

Security

5.7 The management of Class 2 security keys for the segregation unit should be improved to ensure appropriate levels of control and accountability at all times. (I.41)

5.8 The facilities and procedures for the compulsory drug testing of detainees should be improved, to provide conditions suitable for evidential testing. (1.42)

Company lines

5.9 A formal detainee consultation processes should be developed for residential and domestic issues. (2.13)

Equality and diversity

5.10 Investigations into racist incidents should evidence a thorough examination of racist undercurrents during 'banter' between detainees. (2.26)

Health services

5.11 A partnership board for health services should meet quarterly, with senior representation from all health partners and the Commandant or his/her representative. (2.48)

5.12 All clinical areas should be fully compliant with infection control guidelines. (2.49)

5.13 Custodial staff should be trained to use, and have easy access to, an automatic defibrillator out of hours. (2.50)

5.14 Detainees should have easy confidential access to barrier protection. (2.51)

Catering

5.15 The evening meal should not be served before 5pm. (2.76)

Purchases

5.16 All detainees should be able to buy telephone credit using their regular weekly allowance. (2.81)

Time out of room

5.17 Access to weekend evening association should be increased for detainees on stage 1, induction and in the Service Custody Platoon. (3.6)

Learning and skills and work activities

5.18 The centre should improve the collection and analysis of data to support a detailed needs analysis of the detainee population, in order to plan and monitor the provision to ensure that the needs of all groups of detainees are met. (3.15)

5.19 The full range of quality improvement activities should be consistently applied, accurately to monitor all aspects of education, training and work, identify specific, measurable targets for performance and support self-assessment. (3.16)

5.20 All vocational and employability skills gained should be recognised and recorded. (3.33)

5.21 Library staff should use data effectively to monitor stock and the use of the library by different groups of detainees. (3.38)

Physical education and health promotion

5.22 Detainees who are appropriately qualified should support PE staff in providing activities for others. (3.46)

Strategic management of resettlement

5.23 The resettlement strategy should be informed by a needs analysis to inform an action plan and this should be incorporated into a business plan for the offender management working group. (4.7)

5.24 Community-based providers should contribute to the offender management working group. (4.8)

HARDFACTS: Attitudes, thinking and behaviour

5.25 The range of interventions provided should meet the full range of offending-related need, as identified by a robust needs analysis. (4.40)

HARDFACTS: Training, education and employment

5.26 Impartial careers advice should be provided sufficiently far in advance of discharge. (4.52)

Housekeeping points

To the Commandant

Health services

5.27 Health services staff should have access to a full range of in-date policies and procedures that receive regular review. (2.52)

5.28 Emergency response equipment should be in date and receive regular, recorded checks. (2.53)

5.29 Health care complaints received from detainees should not be held with individual health records. (2.54)

5.30 Access to secondary appointments, including cancellations, should be monitored, to inform service delivery. (2.59)

5.31 Detainees should be made aware of the access to the pharmacy technician during induction. (2.64)

5.32 All ad hoc medication should be stored in, and administered from, the original pack. (2.65)

5.33 The centre should use the results of initial assessments better, to plan learning that meets the needs of individual detainees. (3.26)

5.34 Teachers' and trainers' written feedback on detainees' assessed work and in their individual learning plans should be detailed enough for them to recognise the skills that they have developed and what they need to do to improve. (3.27)

5.35 Progress required in learning should be linked to and included in the sentence planning process. (3.28)

Physical education and health promotion

5.36 The centre should monitor the use of the PE facilities by different groups of detainees. (3.47)

5.37 Modesty screens should be installed in men's gym showers. (3.48)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Alison Perry	Team leader
Paul Rowlands	Inspector
Ian Macfadyen	Inspector
Andrew Rooke	Inspector
Martin Kettle	Inspector
Gary Boughen	Inspector
Joe Simmonds	Researcher
Amy Radford	Researcher

Specialist inspectors

Majella Pearce	Health services and substance misuse inspector
Gerard McGrath	Ofsted inspector
Richard Beaumont	Ofsted inspector
Daryl Jones	Ofsted inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Detainees, particularly the most vulnerable, are held safely.

At the last inspection, in 2012, detainees were being briefed better by their sending units about what to expect at the Military Corrective Training Centre (MCTC). New receptions were dealt with sensitively on arrival, including those who arrived after hours. Initial assessments were thorough and detainees were appreciative of the prompt help they received as part of the reception process. Befrienders were an important component of good first night arrangements. Induction had improved. Staff took effective measures to prevent bullying, and detainees said that there was almost no bullying or violence. Vulnerable detainees were well cared for and child protection was managed efficiently. Security was sound and disciplinary procedures were applied fairly to individuals with an appropriate element of discretion. More needed to be done to ensure consistency when elements of judgement and discretion were involved. The use of force and segregation for disciplinary reasons was rare and cool-down rooms were used effectively. All detainees we spoke to said they felt safe at the MCTC and, in our survey, detainees reported much more positively than previously about feelings of safety. Outcomes for detainees were good against this healthy custodial environment test.

Recommendations

Appropriate training and ongoing support should be provided to detainees acting as befrienders.
(1.12)

Achieved

Care plans should be regularly reviewed with input from the detainee as well as appropriate staff.
(1.25)

Partially achieved

Respect

Detainees are treated with respect for their human dignity.

At the last inspection, in 2012, the living environment was clean and decent and detainees were more positive about the food and accessing the telephones. The majority of staff demonstrated a genuinely caring approach towards detainees and detainees valued the help that they received from staff: there was a good level of mutual respect. Good attention was paid to legal rights. Detainees from minority groups felt that they were treated equitably. Quality checks on investigations into allegations of discriminatory treatment had identified some concerns about the behaviour of some staff. Equality monitoring had improved substantially but needed to be put into use. Detainees' religious beliefs were respected and the help on offer from the padre was well known. Complaints were managed efficiently and detainees reported more favourably with regard to complaints being dealt with fairly. Health services had improved and were good. Outcomes for detainees were good against this healthy custodial environment test.

Recommendations

A comprehensive equality and diversity policy should set out principles and standards for the treatment of detainees under each of the protected characteristics defined in the Equality Act 2010, including strategies for engagement and consultation and regular surveys focussing on equality issues. (2.26)

Achieved

Detainee representatives should be appointed for the minority groups defined in the Equality Act 2010. (2.27)

Partially achieved

Detainees of the same nationality should be able to associate together. (2.28)

Achieved

The padre should be consulted about detainees he is involved with at appropriate times, for example reviews of vulnerable detainees on observation or when sentence plans are discussed. (2.35)

Achieved

There should be no unnecessary delay in discharging detainees from the Armed Services at the end of their sentence. (2.46)

Not achieved

The reasons for detainees' apparent dissatisfaction with dental services should be explored and all detainees should have access to appropriate dental care, regardless of their length of time at the centre. (2.70)

Achieved

Purposeful activity

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

At the last inspection, in 2012, detainees spent a lot of their time out of their rooms and were mostly engaged in purposeful activities. Good efforts had been made to increase the range of recreational activities at the weekend. There was particularly effective planning of detainees' learning, a good range of work and vocational training and success rates were high. Detainees developed good employability skills and gained useful accreditations but more needed be done to make better use of unit accreditation. There was an excellent range of useful project work in the community and links with local and service community groups were very good. Library and PE provision were good and detainees achieved extremely well on the YMCA course. Outcomes for detainees were good against this healthy custodial environment test.

Recommendations

Detainees in the SCP should be encouraged to undertake a full timetable of purposeful activity to meet their needs. (3.5)

Achieved

Better use should be made of unit accreditation to provide a wider range of qualifications which detainees on very short sentences can develop on release. (3.15)

Achieved

Links with external organisations and companies should be developed further to improve the opportunities for detainee work placements. (3.20)

Achieved

Detainees who are qualified as gym instructors should support PE staff in providing induction and other activities for detainees. (3.31)

Partially achieved

Resettlement

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

At the last inspection, in 2012, a resettlement needs analysis and improved management information were promising developments but were not being fully used to inform ongoing work on resettlement services. Pre-release arrangements were good and the sentence planning process had improved. The helpful support that was delivered by the welfare department needed to be better integrated with sentence planning. Public protection arrangements needed strengthening. Good attention was paid to all reintegration pathways, with particularly impressive support in relation to accommodation, employment and offending behaviour programmes. Detainees reported more favourably about pre-release support and maintaining contact with their families. Outcomes for detainees were good against this healthy custodial environment test.

Main recommendations

A review of public protection procedures should be carried out jointly with the local MAPPA manager to ensure that risks to the public are being correctly identified and managed, both within the centre and on release. (HE.43)

Achieved

Recommendations

The trends analysis database should be used to collect all relevant data about detainees and their resettlement needs in order to produce regular needs analyses to inform the ongoing review and revision of the resettlement policy. (4.5)

Not achieved

All disciplinary procedures, including the staging system, should be monitored routinely to ensure that they are applied consistently and fairly. Monitoring should include all protected characteristics and identification of any patterns or trends which should be acted on as necessary. (4.11)

Achieved

Sentence plans should be based on a full assessment of risks and needs which is undertaken with the detainee and informed by contributions from all relevant departments in the centre. The sentence plan should contain outcome focused objectives identifying relevant and timely interventions and be subject to ongoing review. (4.12)

Partially achieved

The relocation needs of foreign national detainees should be kept in focus, and reflected in regular discussion at the equality and diversity meetings. (4.36)

Achieved

All detainees convicted of a sexual offence should be assessed to determine if they need specialist intervention. (4.47)

Achieved

A systematic approach should be developed to help detainees, particularly in D Company, to identify their previous experience, knowledge and employability skills. (4.57)

Partially achieved

Appendix III: Detainee population profile

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

Gender	Number of detainees		% 100	
Male	39		93	
Female	3		7	
Total	42			

Service background	Male		Female	
	Number	%	Number	%
Army	33	84.6	2	66.7
Royal Navy	2	5.1	1	33.3
Royal Marines				
Royal Air Force	3	7.7		
Civilian	1	2.6		
Total	39	100	3	100

Status	Male		Female	
	Number	%	Number	%
Sentenced	35	89.7	3	100
Unsentenced	3	7.7		
Civilian	1	2.6		
Total	39	100	3	100

Sentence	Male		Female	
	Number	%	Number	%
Not sentenced	3	7.7		
7 days or less				
8 to 14 days				
15 to 21 days	4	10.3		
22 to 28 days	2	5.1	1	33.3
29 to 60 days	5	12.8		
61 to 90 days	1	2.6		
3 to 6 months	3	7.7	1	33.3
6 months to 1 year	12	30.8	1	33.4
1 to 2 years	8	20.5		
2 years or more	1	2.6		
Total	39	100	3	100

Length of stay	Male		Female	
	Number	%	Number	%
Less than 1 month	6	15.4	1	33.3
1 month to 3 months	6	15.4		
3 months to 6 months	3	7.7	1	33.3
6 months to 1 year	12	30.8	1	33.4
1 year to 2 years	8	20.5		
2 years or more	1	2.6		
Variable length of stay (awaiting DCM)	3	7.7		
Total	39	100	3	100

Main offences	Male		Female	
	Number	%	Number	%
AWOL	26	66.7	1	33.3
Dishonesty	7	17.9		
Disobedience	2	5.1		
Drugs				
Drunkenness	1	2.6		
Indecency	3	7.7	2	66.7
Duty				
Violence	22	56.4	1	33.3
Under investigation				
Misc military offences				
Misc civilian offences				
Total	39	156.4	3	133.3

Percentage rates higher than population due to multiple offences per individual

Age	Male		Female	
	Number	%	Number	%
16 years				
17 years				
18 years			1	33.3
19 to 21 years	12	30.8		
22 to 29 years	23	59	2	66.7
30 to 39 years	2	5.1		
40 years or more	2	5.1		
Total	39	100	3	100

Home address	Male		Female	
	Number	%	Number	%
Within 50 miles of the MCTC	3	7.7		
Between 50 and 100 miles of the MCTC	9	23.1		
Over 100 miles from the MCTC	13	33.3	3	100
Overseas	14	35.9		
NFA				
Total	39	100	3	100

Nationality	Male		Female	
	Number	%	Number	%
British	38	97.4	2	66.7
Foreign nationals	1	2.6	1	33.3
Total	39	100	3	100

Ethnicity	Male		Female	
	Number	%	Number	%
White				
British	38	97.4	2	66.7
Irish				
Other white				
Mixed				
White and black Caribbean				
White and black				

African				
White and Asian				
Other mixed				
Asian or Asian black				
Indian				
Pakistani				
Bangladeshi				
Other Asian				
Black or black British				
Caribbean				
African	1	2.6		
Other black			1	33.3
Chinese or other ethnic group				
Chinese				
Other ethnic group				
Total	39	100	3	100

Religion	Male		Female	
	Number	%	Number	%
Baptist				
Church of England	23	59	2	66.7
Roman Catholic	4	10.3	1	33.3
Other Christian denominations	1	2.6		
Muslim				
Sikh				
Hindu				
Buddhist				
Jewish				
Other	1	2.6		
No religion	10	25.5		
Total	39	100	3	100

Appendix IV: Summary of detainee questionnaires and interviews

Detainee survey methodology

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

Sampling

Questionnaires were offered to all detainees in the MCTC.

Distributing and collecting questionnaires

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

Respondents with literacy difficulties were offered the option of an interview. Respondents who did not read English were offered an interview via a telephone interpreting service.

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

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

Survey response

At the time of the survey on 13th October 2014 the detainee population at the MCTC was 42. Using the method described above, questionnaires were distributed to 39 detainees.

We received a total of 37 completed questionnaires, a response rate of 95%. Two questionnaires were returned blank.

Company	Number of completed survey returns
A	15
D	20
SCP	2

Presentation of survey results and analyses

Over the following pages we present the survey results for the MCTC.

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

We also present two comparative analyses. In both the comparative analyses that follow, statistically significant differences are indicated by shading. Results that are significantly better are indicated by

green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in detainees' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from the MCTC in 2014 compared with the responses of detainees surveyed at the MCTC in 2011.
- A comparison within the 2014 survey between the responses of A Company and D Company. Due to the small numbers being compared, filtered questions were not included in the analysis.

Survey summary

Section I: About You

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

Q1.1 What company line are you from?

A company	15 (41%)
D company	20 (54%)
SCP (Service Custody Platoon)	2 (5%)

Q1.2 Are you male or female?

Male	34 (92%)
Female	3 (8%)

Q1.3 Which service are you from?

Army	30 (81%)
Royal Navy	3 (8%)
Royal Marines	0 (0%)
Royal Air Force	3 (8%)
Civilian	1 (3%)

Q1.4 How old are you?

17 and under	0 (0%)
18	1 (3%)
19–21	10 (28%)
22– 29	22 (61%)
30–39	1 (3%)
40 and over	2 (6%)

Q1.5 Are you sentenced?

Yes	35 (95%)
No - awaiting trial/under investigation	2 (5%)

Q1.6 How long is your sentence?

Not sentenced	2 (6%)
7 days or under	0 (0%)
8 to 14 days	0 (0%)
15 to 21 days	5 (14%)
22 to 28 days	2 (6%)
29 to 60 days	4 (11%)
61 to 90 days	2 (6%)
3 months to less than 6 months	6 (17%)
6 months to less than a year	8 (22%)
1 year to less than 2 years	5 (14%)
2 years or more	2 (6%)

Q1.7 Are you a foreign national? (i.e. do not have UK citizenship.)

Yes	3 (8%)
No	34 (92%)

Q1.8	Do you understand spoken English?	Yes	37 (100%)
		No	0 (0%)
Q1.9	Do you understand written English?	Yes	37 (100%)
		No	0 (0%)
Q1.10	What is your ethnic origin?	White - British (English/Welsh/Scottish/Northern Irish)	34 (94%)
		White - Irish	1 (3%)
		White - other	0 (0%)
		Black or black British - Caribbean	0 (0%)
		Black or black British - African	0 (0%)
		Black or black British - other	1 (3%)
		Asian or Asian British - Indian	0 (0%)
		Asian or Asian British - Pakistani	0 (0%)
		Asian or Asian British - Bangladeshi	0 (0%)
		Asian or Asian British - Chinese	0 (0%)
		Mixed race - white and black Caribbean	0 (0%)
		Mixed race - white and black African	0 (0%)
		Mixed race - white and Asian	0 (0%)
		Mixed race - other	0 (0%)
		Arab	0 (0%)
		Other ethnic group	0 (0%)
Q1.11	Do you consider yourself to be Gypsy/Romany/Traveller?	Yes	0 (0%)
		No	37 (100%)
Q1.12	What is your religion?	None	9 (25%)
		Church of England	21 (58%)
		Catholic	5 (14%)
		Protestant	0 (0%)
		Other Christian denomination	0 (0%)
		Buddhist	0 (0%)
		Hindu	0 (0%)
		Jewish	0 (0%)
		Muslim	0 (0%)
		Sikh	0 (0%)
		Other	1 (3%)
Q1.13	How would you describe your sexual orientation?	Heterosexual/straight	35 (95%)
		Homosexual/gay	1 (3%)
		Bisexual	1 (3%)
Q1.14	Do you consider yourself to have a disability? (i.e. do you need help with any long-term physical, mental or learning needs.)	Yes	0 (0%)
		No	36 (100%)
Q1.15	Is this your first time in the MCTC?	Yes	32 (86%)
		No	5 (14%)
Q1.16	Do you have children under the age of 18?	Yes	14 (38%)
		No	23 (62%)

Section 2: Reception, first night and induction

Q2.1	Before you arrived, were you given anything or told that you were coming here? (please tick all that applies to you.)		
	Yes, someone told me	30 (81%)	
	Yes, I received written information	6 (16%)	
	No, I was not told anything	3 (8%)	
	Don't remember	1 (3%)	
Q2.2	How long were you in reception?		
	Less than 2 hours	32 (86%)	
	2 hours or longer	2 (5%)	
	Don't remember	3 (8%)	
Q2.3	Did you have a risk assessment?		
	Yes	30 (83%)	
	No	2 (6%)	
	Don't know/don't remember	4 (11%)	
Q2.4	Overall, how were you treated in reception?		
	Very well	14 (38%)	
	Well	19 (51%)	
	Neither	4 (11%)	
	Badly	0 (0%)	
	Very badly	0 (0%)	
	Don't remember	0 (0%)	
Q2.5	Did you have any of the following problems when you first arrived here? (Please tick all that applies to you.)		
	Loss of property	0 (0%)	Physical health
	Housing problems	2 (6%)	Mental health
	Contacting employers	1 (3%)	Needing protection from other detainees
	Contacting family	1 (3%)	Getting phone numbers
	Childcare	1 (3%)	Other
	Money worries	12 (33%)	Did not have any problems
	Feeling depressed or suicidal	5 (14%)	
Q2.6	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	Yes	10 (29%)	
	No	3 (9%)	
	Did not have any problems	22 (63%)	
Q2.7	When you first arrived here, were you offered any of the following? (Please tick all that applies to you.)		
	A reception/'get you in' pack	34 (92%)	
	A shower	17 (46%)	
	A free telephone call	29 (78%)	
	Something to eat	22 (59%)	
	Did not receive anything	1 (3%)	

Q2.8	When you first arrived here, did you have access to the following people or services? (Please tick all that applies to you.)	
	Padre	27 (73%)
	Someone from health services	25 (68%)
	Someone from the welfare department	31 (84%)
	A 'befriender'/Samaritans	26 (70%)
	MCTC shop canteen	14 (38%)
	Did not have access to any of these	3 (8%)
Q2.9	When you first arrived here, were you offered information on the following? (Please tick all that applies to you.)	
	What was going to happen to you	32 (86%)
	What support was available for people feeling depressed or suicidal	30 (81%)
	How to make routine requests (applications)	30 (81%)
	Your entitlement to visits	29 (78%)
	Health services	27 (73%)
	Padrecy	28 (76%)
	Not offered any information	1 (3%)
Q2.10	Did you feel safe on your first night here?	
	Yes	35 (95%)
	No	1 (3%)
	Don't remember	1 (3%)
Q2.11	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	4 (11%)
	Within the first week	28 (76%)
	More than a week	3 (8%)
	Don't remember	2 (5%)
Q2.12	Did the induction course cover everything you needed to know about the MCTC?	
	Have not been on an induction course	4 (11%)
	Yes	24 (65%)
	No	4 (11%)
	Don't remember	5 (14%)

Section 3: Rights and respectful custody

Q3.1	Please answer the following questions about the company line you are currently living in:	
		Yes No Don't know
	Do you normally have enough clean, suitable clothes for the week?	36 (97%) 0 (0%) 1 (3%)
	Are you normally able to have a shower every day?	36 (97%) 0 (0%) 1 (3%)
	Do you normally receive clean sheets every week?	33 (89%) 2 (5%) 2 (5%)
	Do you normally get room cleaning materials every week?	32 (89%) 3 (8%) 1 (3%)
	Is your room call bell normally answered within five minutes?	18 (51%) 2 (6%) 15 (43%)
	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	30 (86%) 4 (11%) 1 (3%)
	If you need to, can you normally get your stored property?	30 (86%) 0 (0%) 5 (14%)
Q3.2	What is the food like here?	
	Very good	2 (5%)
	Good	11 (30%)
	Neither	9 (24%)
	Bad	11 (30%)
	Very bad	4 (11%)

Q3.3	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet/don't know	8 (22%)
	Yes	20 (54%)
	No	9 (24%)
Q3.4	Are your religious beliefs respected?	
	Yes	25 (68%)
	No	1 (3%)
	Don't know/N/A	11 (30%)
Q3.5	Are you able to speak to the padre or a padre of your faith in private if you want to?	
	Yes	32 (86%)
	No	0 (0%)
	Don't know/N/A	5 (14%)
Q3.6	Can you speak to a 'befriender' at any time, if you want to?	
	Yes	26 (72%)
	No	0 (0%)
	Don't know	10 (28%)
Q3.7	How easy or difficult is it for you to attend religious services?	
	I don't want to attend	6 (17%)
	Very easy	14 (39%)
	Easy	9 (25%)
	Neither	0 (0%)
	Difficult	1 (3%)
	Very difficult	0 (0%)
	Don't know	6 (17%)

Section 4: Applications and complaints

Q4.1	Is it easy to make an application?	
	Yes	33 (92%)
	No	0 (0%)
	Don't know	3 (8%)
Q4.2	Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option.)	
		Not made one Yes No
	Are applications dealt with fairly?	11 (31%) 24 (69%) 0 (0%)
	Are applications dealt with quickly (within seven days)?	11 (31%) 23 (66%) 1 (3%)
Q4.3	Is it easy to make a complaint?	
	Yes	24 (69%)
	No	1 (3%)
	Don't know	10 (29%)
Q4.4	Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option.)	
		Not made one Yes No
	Are complaints dealt with fairly?	23 (70%) 8 (24%) 2 (6%)
	Are complaints dealt with quickly (within seven days)?	23 (68%) 8 (24%) 3 (9%)
Q4.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	4 (12%)
	No	30 (88%)

Q4.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

Don't know who they are	7 (20%)
Very easy	10 (29%)
Easy	10 (29%)
Neither	8 (23%)
Difficult	0 (0%)
Very difficult	0 (0%)

Section 5: Staging system**Q5.1 Have you been treated fairly in your experience of the staging system? This refers to stages 1, 2 (enhanced) to stage 3 (trustee level).**

Don't know what the staging system is	1 (3%)
Yes	27 (77%)
No	3 (9%)
Don't know	4 (11%)

Q5.2 Do the different levels of the staging system encourage you to change your behaviour?

Don't know what the staging system is	1 (3%)
Yes	23 (66%)
No	8 (23%)
Don't know	3 (9%)

Q5.3 Have you been physically restrained (C&R) by members of the staff at the MCTC?

Yes	3 (9%)
No	32 (91%)

Q5.4 If you have spent a night in the Service Custody Platoon (SCP), how were you treated by staff?

I have not been to the SCP	27 (87%)
Very well	2 (6%)
Well	1 (3%)
Neither	1 (3%)
Badly	0 (0%)
Very badly	0 (0%)

Section 6: Relationships with staff**Q6.1 Do most staff treat you with respect?**

Yes	32 (94%)
No	2 (6%)

Q6.2 Is there a member of staff you can turn to for help if you have a problem?

Yes	31 (91%)
No	3 (9%)

Q6.3 Has a member of staff checked on you personally in the last week to see how you are getting on?

Yes	31 (91%)
No	3 (9%)

Q6.4 How often do staff normally speak to you during your evening association/free time?

<i>Do not use association/free time</i>	3 (9%)
<i>Never</i>	1 (3%)
<i>Rarely</i>	0 (0%)
<i>Some of the time</i>	11 (32%)
<i>Most of the time</i>	16 (47%)
<i>All of the time</i>	3 (9%)

Q6.5 When did you first meet your personal (named) officer?

<i>I have not met him/her</i>	15 (44%)
<i>In the first week</i>	11 (32%)
<i>More than a week</i>	1 (3%)
<i>Don't remember</i>	7 (21%)

Q6.6 How helpful is your personal (named) officer?

<i>Do not have a personal officer/I have not met him/her</i>	15 (48%)
<i>Very helpful</i>	4 (13%)
<i>Helpful</i>	5 (16%)
<i>Neither</i>	6 (19%)
<i>Not very helpful</i>	1 (3%)
<i>Not at all helpful</i>	0 (0%)

Section 7: Safety**Q7.1 Have you ever felt unsafe here?**

<i>Yes</i>	7 (21%)
<i>No</i>	27 (79%)

Q7.2 Do you feel unsafe now?

<i>Yes</i>	2 (6%)
<i>No</i>	32 (94%)

Q7.3 In which areas have you felt unsafe? (Please tick all that applies to you.)

<i>Never felt unsafe</i>	27 (79%)	<i>At meal times</i>	0 (0%)
<i>Everywhere</i>	4 (12%)	<i>At health services</i>	0 (0%)
<i>SCP</i>	0 (0%)	<i>Visits area</i>	0 (0%)
<i>Association/communal areas</i>	2 (6%)	<i>In dorm/room showers</i>	1 (3%)
<i>Reception area</i>	0 (0%)	<i>In gym showers</i>	0 (0%)
<i>At the gym</i>	0 (0%)	<i>In corridors/stairwells</i>	0 (0%)
<i>In an exercise yard</i>	0 (0%)	<i>In your company line</i>	0 (0%)
<i>At work</i>	0 (0%)	<i>In your dorm/room</i>	2 (6%)
<i>During movement</i>	0 (0%)	<i>At religious services</i>	0 (0%)
<i>At education</i>	0 (0%)		

Q7.4 Have you been victimised by other detainees here?

<i>Yes</i>	2 (6%)
<i>No</i>	32 (94%)

Q7.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that applies to you.)	
	Insulting remarks (about you or your family or friends)	1 (3%)
	Physical abuse (being hit, kicked or assaulted)	0 (0%)
	Sexual abuse	0 (0%)
	Feeling threatened or intimidated	2 (6%)
	Having your canteen/property taken	0 (0%)
	Medication	0 (0%)
	Debt	0 (0%)
	Drugs	0 (0%)
	Your parent service	0 (0%)
	Your race or ethnic origin	0 (0%)
	Your religion/religious beliefs	0 (0%)
	Your nationality	1 (3%)
	Your from a different part of the country than others	0 (0%)
	You are from a traveller community	0 (0%)
	Your sexual orientation	0 (0%)
	Your age	0 (0%)
	You have a disability	0 (0%)
	You were new here	0 (0%)
	Your offence/charge	1 (3%)
Q7.6	Have you been victimised by staff here?	
	Yes	4 (12%)
	No	30 (88%)
Q7.7	If yes, what did the incident(s) involve/what was it about? (Please tick all that applies to you.)	
	Insulting remarks (about you or your family or friends)	2 (6%)
	Physical abuse (being hit, kicked or assaulted)	0 (0%)
	Sexual abuse	0 (0%)
	Feeling threatened or intimidated	2 (6%)
	Medication	1 (3%)
	Debt	0 (0%)
	Drugs	0 (0%)
	Your parent service	0 (0%)
	Your race or ethnic origin	0 (0%)
	Your religion/religious beliefs	1 (3%)
	Your nationality	1 (3%)
	Your from a different part of the country than others	0 (0%)
	You are from a traveller community	0 (0%)
	Your sexual orientation	0 (0%)
	Your age	2 (6%)
	You have a disability	0 (0%)
	You were new here	0 (0%)
	Your offence/charge	0 (0%)
Q7.8	If you have been victimised by detainees or staff, did you report it?	
	Not been victimised	28 (85%)
	Yes	3 (9%)
	No	2 (6%)

Section 8: Health services

Q8.1	How easy or difficult is it to see the following people?					
	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	3 (9%)	15 (44%)	13 (38%)	1 (3%)	2 (6%)	0 (0%)
The nurse	4 (12%)	15 (44%)	14 (41%)	1 (3%)	0 (0%)	0 (0%)
The dentist	6 (18%)	13 (38%)	11 (32%)	3 (9%)	1 (3%)	0 (0%)
Q8.2	What do you think of the quality of the health service from the following people?					
	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	8 (24%)	11 (32%)	9 (26%)	3 (9%)	2 (6%)	1 (3%)
The nurse	4 (12%)	14 (41%)	14 (41%)	2 (6%)	0 (0%)	0 (0%)
The dentist	13 (38%)	12 (35%)	8 (24%)	1 (3%)	0 (0%)	0 (0%)
Q8.3	What do you think of the overall quality of the health services here?					
Not been						4 (12%)
Very good						11 (33%)
Good						14 (42%)
Neither						3 (9%)
Bad						0 (0%)
Very bad						1 (3%)
Q8.4	Are you currently taking medication?					
Yes						9 (26%)
No						25 (74%)
Q8.5	If you are taking medication, are you allowed to keep some/all of it in your own cell?					
Not taking medication						25 (74%)
Yes, all my meds						4 (12%)
Yes, some of my meds						2 (6%)
No						3 (9%)
Q8.6	Do you have any emotional or mental health problems?					
Yes						7 (21%)
No						27 (79%)
Q8.7	Are you being helped/supported by anyone in the MCTC? (For example; a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)					
Do not have any emotional or mental health problems						27 (79%)
Yes						6 (18%)
No						1 (3%)
Q8.9	Have you experienced any trauma during or following combat?					
Yes						5 (15%)
No						29 (85%)
Q8.10	Are you being helped/supported by anyone in the MCTC? (For example; a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)					
Yes						3 (60%)
No						2 (40%)

Section 9: Drugs and alcohol

Q9.1	Did you have a problem with drugs when you came into the MCTC?	
	Yes	No
	0 (0%)	
	34 (100%)	

Q9.2	Did you have a problem with alcohol when you came into the MCTC?	
	Yes	5 (15%)
	No	29 (85%)
Q9.3	Is it easy or difficult to get illegal drugs in the MCTC?	
	Very easy	3 (9%)
	Easy	1 (3%)
	Neither	0 (0%)
	Difficult	0 (0%)
	Very difficult	5 (15%)
	Don't know	25 (74%)
Q9.4	Is it easy or difficult to get alcohol in the MCTC?	
	Very easy	1 (3%)
	Easy	1 (3%)
	Neither	3 (9%)
	Difficult	0 (0%)
	Very difficult	5 (15%)
	Don't know	24 (71%)
Q9.5	Have you developed a problem with illegal drugs since you have been in the MCTC?	
	Yes	1 (3%)
	No	33 (97%)
Q9.6	Have you received any support or help (for example substance misuse teams) for your drug problem, while in the MCTC?	
	Did not/do not have a drug problem	33 (97%)
	Yes	1 (3%)
	No	0 (0%)
Q9.7	Have you received any support or help (for example substance misuse teams for your alcohol problem, whilst in the MCTC?	
	Did not/do not have an alcohol problem	29 (85%)
	Yes	4 (12%)
	No	1 (3%)
Q9.8	Was the support or help you received, whilst in MCTC, helpful?	
	Did not have a problem/did not receive help	29 (88%)
	Yes	4 (12%)
	No	0 (0%)

Section 10: Activities

Q10.1	Are you currently involved in the following? (Please tick all that apply)	
	Military training programme	18 (53%)
	Vocational or skills training	10 (29%)
	Education (including basic skills)	14 (41%)
	Offending behaviour programmes	7 (21%)
	Estates (farm)	7 (21%)
	Outside work projects	0 (0%)
	Other projects e.g. charity work	2 (6%)
	Not involved in any of these	3 (9%)

Q10.2 If you have been involved in any of the following, while in the MCTC, do you think they will help you on release?

	Not been involved	Yes	No	Don't know
Military training programme	11 (39%)	12 (43%)	5 (18%)	0 (0%)
Vocational or skills training	12 (50%)	11 (46%)	0 (0%)	1 (4%)
Education (including basic skills)	8 (32%)	16 (64%)	0 (0%)	1 (4%)
Offending behaviour programmes	10 (48%)	9 (43%)	1 (5%)	1 (5%)
Estates (farm)	9 (36%)	9 (36%)	5 (20%)	2 (8%)
Outside work projects	18 (86%)	2 (10%)	0 (0%)	1 (5%)
Other projects e.g. charity work	17 (81%)	2 (10%)	1 (5%)	1 (5%)

Q10.3 How often do you usually go to the library?

Don't want to go	8 (24%)
Never	3 (9%)
Less than once a week	7 (21%)
About once a week	10 (29%)
More than once a week	6 (18%)

Q10.4 Does the library have a wide enough range of materials to meet your needs?

Don't use it	12 (35%)
Yes	20 (59%)
No	2 (6%)

Q10.5 How many times do you usually go to the gym each week?

Don't want to go	1 (3%)
0	3 (9%)
1 to 2	2 (6%)
3 to 5	15 (44%)
More than 5	13 (38%)

Q10.6 How many times do you usually go outside for exercise each week?

Don't want to go	3 (9%)
0	13 (39%)
1 to 2	10 (30%)
3 to 5	4 (12%)
More than 5	3 (9%)

Q10.7 How many times do you usually have association each week?

Don't want to go	6 (19%)
0	6 (19%)
1 to 2	6 (19%)
3 to 5	6 (19%)
More than 5	8 (25%)

Q10.8 How many hours do you usually spend out of your room on a weekday? (Please include hours at education, training etc)

Less than 2 hours	2 (6%)
2 to less than 4 hours	3 (9%)
4 to less than 6 hours	9 (26%)
6 to less than 8 hours	6 (18%)
8 to less than 10 hours	4 (12%)
10 hours or more	6 (18%)
Don't know	4 (12%)

Section 11: Contact with family and friends

Q11.1	Have staff supported you and helped you to maintain contact with your family/friends while in the MCTC?	
	Yes	28 (85%)
	No	5 (15%)
Q11.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	4 (12%)
	No	29 (88%)
Q11.3	Have you had any problems getting access to the telephones?	
	Yes	3 (9%)
	No	31 (91%)
Q11.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	8 (24%)
	<i>Very easy</i>	4 (12%)
	<i>Easy</i>	6 (18%)
	<i>Neither</i>	1 (3%)
	<i>Difficult</i>	4 (12%)
	<i>Very difficult</i>	5 (15%)
	<i>Don't know</i>	6 (18%)
Q11.5	How far are you from family/friends?	
	<i>Less than 50 miles</i>	4 (12%)
	<i>50 to 100 miles</i>	4 (12%)
	<i>Over 100 miles</i>	24 (71%)
	<i>Overseas</i>	2 (6%)

Section 12: Preparation for release (both back into the community and the Armed Services)

Q12.1	Do you have a sentence plan?	
	<i>Not sentenced</i>	2 (6%)
	<i>Yes</i>	25 (74%)
	<i>No</i>	7 (21%)
Q12.2	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/not sentenced</i>	9 (26%)
	<i>Very involved</i>	10 (29%)
	<i>Involved</i>	8 (24%)
	<i>Neither</i>	3 (9%)
	<i>Not very involved</i>	0 (0%)
	<i>Not at all involved</i>	4 (12%)
Q12.3	Who is working with you to achieve your sentence plan targets?	
	<i>Do not have a sentence plan/not sentenced</i>	9 (29%)
	<i>Company and Platoon commanders</i>	12 (39%)
	<i>Personal/named officer</i>	3 (10%)
	<i>Staff from other departments</i>	13 (42%)
Q12.4	Can you achieve any of your sentence plan targets in the MCTC?	
	<i>Do not have a sentence plan/not sentenced</i>	9 (27%)
	<i>Yes</i>	20 (61%)
	<i>No</i>	2 (6%)
	<i>Don't know</i>	2 (6%)

Q12.5 Are there plans for you to achieve any of your sentence plan targets elsewhere?

<i>Do not have a sentence plan/not sentenced</i>	9 (27%)
<i>Yes, on return to my parent service</i>	1 (3%)
<i>Yes, in the community</i>	2 (6%)
<i>No plans</i>	8 (24%)
<i>Don't know</i>	13 (39%)

Q12.6 Do you feel that any member of staff has helped you to prepare for your release?

<i>Yes</i>	18 (58%)
<i>No</i>	13 (42%)

**Q12.7 Do you know of anyone in the MCTC who can help you with the following on release?
(please tick all that applies to you.)**

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
<i>Employment</i>	9 (29%)	20 (65%)	2 (6%)
<i>Resettling back into your unit/platoon/ship/squadron</i>	9 (30%)	17 (57%)	4 (13%)
<i>Accommodation</i>	9 (29%)	18 (58%)	4 (13%)
<i>Benefits</i>	10 (32%)	16 (52%)	5 (16%)
<i>Finances</i>	7 (22%)	19 (59%)	6 (19%)
<i>Education</i>	9 (28%)	19 (59%)	4 (13%)
<i>Drugs and alcohol</i>	9 (31%)	16 (55%)	4 (14%)
<i>Maintaining contact with family/friends</i>	7 (22%)	21 (66%)	4 (13%)



Detainee Survey Responses 2014

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

Key to tables

	Any percent highlighted in green is significantly better		Military Corrective Training Centre 2014		Military Corrective Training Centre 2011		A Company		D Company
	Any percent highlighted in blue is significantly worse								
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Number of completed questionnaires returned				37	110	15	20		
SECTION 1: General Information									
1.1	Are you male?		93%	100%					
1.2	Are you in the Army?		81%	91%					
1.3	Are you under 21 years of age?		31%	35%					
1.4	Are you sentenced?		95%	97%					
1.5	Is your sentence less than 2 weeks?		0%	2%					
1.6	Are you a foreign national?		7%	11%					
1.7	Can you understand spoken English?		100%	96%					
1.8	Can you understand written English?		100%	99%					
1.9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)		2%	14%					
1.10	Do you consider yourself to be Gypsy/Romany/ Traveller?		0%	2%					
1.11	Are you Muslim?		0%	0%					
1.12	Are you homosexual/gay or bisexual?		5%	2%					
1.13	Do you consider yourself to have a disability?		0%	5%					
1.14	Is this your first time in the MCTC?		86%	75%					
1.15	Do you have any children under the age of 18?		38%	38%					
SECTION 2: Reception, first night and induction									
2.1	Before you arrived here did someone tell you you were coming here?		81%	71%					
2.2	Before you arrived here did you receive any written information?		17%	14%					
2.3	Did you spend more than 2 hours in reception?		5%	29%					
2.4	Did you have a risk assessment?		83%	83%					
2.5	Were you treated well/very well in reception?		88%	79%					
2.6	When you first arrived:								
2.6a	Did you have any problems?		39%	58%					
2.6b	Did you have any problems with loss of property?		0%	8%					
2.6c	Did you have any problems with housing?		5%	13%					
2.6d	Did you have any problems contacting family?		2%	17%					
2.6e	Did you have any problems with childcare arrangements?		2%	5%					
2.6f	Did you have any money worries?		34%	43%					

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2.6g	Did you have any problems with feeling depressed or suicidal?		15%	17%	6%	23%
2.6h	Did you have any physical health problems?		12%	4%	12%	10%
2.6i	Did you have any mental health problems?		7%	13%	6%	10%
2.6j	Did you have any problems with needing protection from other detainees?		0%	1%	0%	0%
2.6k	Did you have any problems getting phone numbers?		0%	9%	0%	0%
2.7	Did you receive any help/support from staff in dealing with any of these problems?		79%	82%		
2.8	On your day of arrival, were you offered any of the following:					
2.8a	A reception pack/'get you in' pack?		93%	95%	100%	86%
2.8b	A shower?		45%	59%	28%	61%
2.8c	A free telephone call?		79%	83%	72%	86%
2.8d	Something to eat?		60%	69%	72%	50%
2.9	When you first arrived here, did you have access to the following people or services:					
2.9a	A Chaplain?		74%	36%	72%	70%
2.9b	Someone from health services?		67%	54%	65%	65%
2.9c	Someone from the welfare department?		83%	67%	72%	91%
2.9d	A 'befriender'/Samaritans?		70%	29%	72%	65%
2.9e	MCTC shop/ canteen?		38%	29%	12%	50%
2.10	When you first arrived here, were offered any of the following:					
2.10a	Information about what was going to happen to you?		86%	71%	88%	96%
2.10b	What support was available for people feeling depressed or suicidal?		81%	65%	59%	96%
2.10c	How to make routine requests?		81%	72%	65%	91%
2.10d	Your entitlement to visits?		79%	66%	72%	86%
2.10e	Health services?		74%	66%	65%	78%
2.10f	Chaplaincy?		76%	53%	65%	78%
2.11	Did you feel safe on your first night here?		95%	90%	100%	96%
2.12	Have you been on an induction course?		88%	90%	88%	91%
For those who have been on an induction course:						
2.13	Did the course cover everything you needed to know about the MCTC?		73%	68%		
SECTION 3: Rights and Respectful Custody						
3.1	On the company line you are currently living in:					
3.1a	Are you normally offered enough clean, suitable clothes for the week?		98%	94%	100%	96%
3.1b	Are you normally able to have a shower every day?		98%	100%	100%	96%
3.1c	Do you normally receive clean sheets every week?		88%	96%	88%	91%
3.1d	Do you normally get cleaning materials for your room every week?		88%	71%	94%	86%

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3.1e	Is your room call bell normally answered within five minutes?	53%	35%	56%	41%
3.1f	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	85%	84%	88%	85%
3.1g	Can you normally get your stored property, if you need to?	85%	65%	88%	85%
3.2	Is the food in the MCTC good/very good?	36%	35%	53%	26%
3.3	Does the shop/canteen sell a wide enough range of goods to meet your needs?	55%	56%	41%	65%
3.4	Do you feel your religious beliefs are respected?	67%	56%	53%	74%
3.5	Are you able to speak to the Padre/ a Chaplain of your faith in private if you want to?	86%	71%	88%	86%
3.6	Are you able to speak to a 'befriender' at any time, if you want to?	73%	44%	88%	61%
3.7	Is it easy/ very easy for you to attend religious services?	63%	44%	53%	73%
SECTION 4: Applications and complaints					
4.1	Is it easy to make an application?	93%	89%	88%	96%
For those who have made an application:					
4.2a	Do you feel applications are dealt with fairly?	100%	89%		
4.2b	Do you feel applications are dealt with quickly? (within 7 days)	96%	89%		
4.3	Is it easy to make a complaint?	68%	69%	59%	71%
For those who have made a complaint:					
4.4a	Do you feel complaints are dealt with fairly?	82%	64%		
4.4b	Do you feel complaints are dealt with quickly? (within 7 days)	75%	67%		
4.5	Have you ever been prevented from making a complaint when you wanted to?	13%	4%	12%	5%
4.6	Is it easy/very easy to see the Independent Monitoring Board?	58%	48%	53%	59%
SECTION 5: Staging system					
5.1	Have you been treated fairly in your experience of the staging system?	78%	70%	82%	77%
5.2	Do the different levels of the staging system encourage you to change your behaviour?	65%	54%	72%	64%
5.3	Have you been physically restrained by staff at the MCTC?	8%	2%	12%	0%
5.4	If you have spent a night in the SCP, were you treated well/very well by staff?	75%	95%		
SECTION 6 : Relationships with staff					
6.1	Do most staff treat you with respect?	95%	86%	94%	95%
6.2	Is there a member of staff you can turn to for help if you have a problem?	92%	96%	88%	95%
6.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	92%	57%	94%	90%
6.4	Do staff normally speak to you most of the time/all of the time during association?	56%	47%	59%	55%
6.5	Do you have a personal officer?	56%	24%	59%	50%
For those with a personal officer:					
6.6	Do you think your personal officer is helpful/very helpful?	56%	89%		

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SECTION 7: Safety						
7.1	Have you ever felt unsafe at MCTC?		21%	6%	12%	29%
7.2	Do you feel unsafe now?		5%	5%	6%	5%
7.3	Have you been victimised by other detainees here?		5%	7%	0%	10%
7.4	If yes, what did this involve:					
7.4a	Insulting remarks made about you, your family or friends?		3%	4%	0%	5%
7.4b	Physical abuse?		0%	2%	0%	0%
7.4c	Sexual abuse?		0%	0%	0%	0%
7.4d	Feeling threatened or intimidated?		5%	2%	0%	10%
7.4e	Having your canteen/property taken?		0%	1%	0%	0%
7.4f	Medication?		0%	0%	0%	0%
7.4g	Debt?		0%	1%	0%	0%
7.4h	Drugs?		0%	0%	0%	0%
7.4i	Your parent service?		0%	2%	0%	0%
7.4j	Your race or ethnic origin?		0%	4%	0%	0%
7.4k	Your religion/religious beliefs?		0%	4%	0%	0%
7.4l	Your nationality?		3%	2%	0%	5%
7.4m	Your from a different part of the country?		0%	2%	0%	0%
7.4n	Your from a traveller community?		0%	0%	0%	0%
7.4o	Your sexual orientation?		0%	0%	0%	0%
7.4p	Your age?		0%	1%	0%	0%
7.4q	You have a disability?		0%	1%	0%	0%
7.4r	You were new here?		0%	0%	0%	0%
7.4s	Your offence/charge?		3%	1%	0%	5%
7.4t	Have you been victimised by staff here?		13%	7%	12%	10%
7.5	If yes, what did this involve:					
7.5a	Insulting remarks made about you, your family or friends?		5%	3%	6%	5%
7.5b	Physical abuse?		0%	0%	0%	0%
7.5c	Sexual abuse?		0%	0%	0%	0%
7.5d	Feeling threatened or intimidated?		5%	3%	12%	0%
7.5e	Medication?		3%	1%	6%	0%
7.5f	Debt?		0%	1%	0%	0%
7.5g	Drugs?		0%	0%	0%	0%
7.5h	Your parent service?		0%	2%	0%	0%

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7.5i	Your race or ethnic origin?		0%	1%	0%	0%
7.5j	Your religion/religious beliefs?		3%	0%	6%	0%
7.5k	Your nationality?		3%	1%	6%	0%
7.5l	Your from a different part of the country?		0%	0%	0%	0%
7.5m	Your from a traveller community?		0%	0%	0%	0%
7.5n	Your sexual orientation?		0%	0%	0%	0%
7.5o	Your age?		5%	0%	12%	0%
7.5p	You have a disability?		0%	0%	0%	0%
7.5q	You were new here?		0%	1%	0%	0%
7.5r	Your offence/charge?		0%	1%	0%	0%
For those who have been victimised by staff or other detainees:						
7.6	Did you report any victimisation that you have experienced?		60%	27%		
SECTION 8: Healthcare						
8.1	Is it easy/very easy to see the doctor?		82%	74%	82%	85%
8.2	Is it easy/very easy to see the nurse?		85%	75%	82%	90%
8.3	Is it easy/very easy to see the dentist?		71%	30%	65%	71%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:						
8.4a	The doctor?		77%	51%		
8.4b	The nurse?		94%	82%		
8.4c	The dentist?		96%	51%		
8.4d	The overall quality of health services?		85%	68%		
8.4e	Are you currently taking medication?		26%	23%	12%	38%
For those currently taking medication:						
8.6	Are you allowed to keep possession of some/all of your medication in your own room?		70%	73%		
8.7	Do you have any emotional or mental health problems?		21%	21%	18%	15%
8.8	For those with emotional/ mental health problems, are you being/ supported by anyone in at the MCTC?		88%	79%		
8.9	Have you experienced any trauma during or following combat?		15%		12%	10%
8.10	For those who have experienced any trauma during or following combat, are you being/ supported by anyone in at the MCTC?		60%			
Section 9: Drugs and alcohol						
9.1	Did you have a drug problem when you came into the MCTC?		0%	6%	0%	0%
9.2	Did you have an alcohol problem when you came into the MCTC?		15%	18%	6%	24%
9.3	Is it easy/very easy to get illegal drugs in the MCTC?		13%	11%	12%	5%
9.4	Is it easy/very easy to get alcohol in the MCTC?		5%	8%	0%	5%
9.5	Have you developed a problem with illegal drugs since you have been in the MCTC?		3%	5%	0%	0%

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For those with drug or alcohol problems:						
9.6	Have you received any support or help for your drug problem, while in the MCTC?	100%	60%			
9.7	Have you received any support or help for your alcohol problem, while in the MCTC?	83%	70%			
For those who have received help:						
9.8	Was the support or help you received helpful?	100%	80%			
SECTION 10: Activities						
10.1	Are you currently involved in any of the following activities:					
10.1a	A Military training programme	54%	38%		94%	15%
10.1b	Vocational or skills training?	29%	21%		28%	33%
10.1c	Education (including basic skills)?	41%	41%		12%	67%
10.1d	Offending Behaviour Programmes?	21%	11%		28%	15%
10.1e	Estates (farm)	21%	17%		12%	29%
10.1f	Outside work placements	0%	7%		0%	0%
10.1g	Other projects (e.g. charity work)	5%	4%		6%	5%
10.2a	Have you been involved in a military training programme in the MCTC?	59%	62%		94%	31%
For those who have been in a military training programme whilst in the MCTC:						
10.2b	Do you feel the military training programme will help you on release?	70%	65%			
10.3a	Have you been involved in vocational or skills training whilst in the MCTC?	50%	50%		58%	47%
For those who have had vocational or skills training whilst in the MCTC:						
10.3b	Do you feel the vocational or skills training will help you on release?	93%	78%			
10.4a	Have you been involved in education whilst in the MCTC?	68%	68%		55%	82%
For those who have been involved in education whilst in the MCTC:						
10.4b	Do you feel the education will help you on release?	95%	89%			
10.5a	Have you been involved in offending behaviour programmes whilst in the MCTC?	54%	39%		67%	50%
For those who have been involved in offending behaviour programmes whilst in the MCTC:						
10.5b	Do you feel the offending behaviour programme(s) will help you on release?	83%	65%			
10.6a	Have you been involved in the estates whilst in the MCTC?	64%	57%		58%	69%
For those who have been involved in the estates whilst in the MCTC:						
10.6b	Do you feel the estates will help you on release?	56%	33%			
10.7a	Have you been involved in outside work placements whilst in the MCTC?	13%	47%		25%	7%
For those who have been involved in outside work placements whilst in the MCTC:						
10.7b	Do you feel the outside work placements will help you on release?	67%	50%			
10.8a	Have you been involved in projects in the MCTC?	21%	38%		38%	7%
For those who have been involved in projects whilst in the MCTC:						
10.8b	Do you feel the projects will help you on release?	50%	50%			

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10.9	Do you go to the library at least once a week?		46%	37%	41%	55%
10.10	Does the library have a wide enough range of materials to meet your needs?		59%	40%	35%	76%
10.11	Do you usually go to the gym more than twice a week?		82%	81%	88%	76%
10.12	Do you usually go outside for exercise three or more times a week?		21%	42%	18%	25%
10.13	Do you usually have association more than five times each week?		25%	28%	6%	42%
10.14	Do you usually spend ten or more hours out of your room on a weekday?		18%	26%	12%	24%
SECTION 11: Contact with family & friends						
11.1	Have staff supported you and helped you to maintain contact with family/friends while in the MCTC?	84%	70%		88%	84%
11.2	Have you had any problems with sending or receiving mail?		13%	25%	12%	5%
11.3	Have you had any problems getting access to the telephones?		8%	21%	12%	0%
11.4	Is it very easy/ easy for your friends or family to get here?	29%	12%		18%	38%
11.5	Do you live more than 50 miles from your family/friends?	87%	95%		94%	90%
Section 12: Preparation for release						
For those who are sentenced:						
12.1a	Do you have a sentence plan?	78%	83%			
For those with a sentence plan:						
12.1b	Were you involved/very involved in the development of your plan?	72%	49%			
For those with a sentence plan who is working with you to achieve your sentence plan:						
12.2a	Company and Platoon Commanders?	56%	45%			
12.2b	Personal/ named custody officers?	12%	16%			
12.2c	Staff from other departments?	60%	56%			
12.2d	Can you achieve any of your sentence plan targets in the MCTC?	82%	69%			
12.2e	Can you achieve any of your sentence plan targets elsewhere (on return to the Armed Services/ in the community?)	11%	16%			
12.2f	Do you feel that any member of staff has helped you to prepare for release?	58%	40%		57%	62%
12.3	Do you know of anyone in the MCTC who can help you with the following:					
12.3a	Employment?	92%	51%		89%	94%
12.3b	Resettling back into unit/ship/squadron?	79%	42%		82%	83%
12.3c	Accommodation	81%	73%		67%	94%
12.3d	Benefits	75%	61%		78%	79%
12.3e	Finances	76%	61%		83%	69%
12.3f	Education	82%	59%		80%	88%
12.3g	Drugs and alcohol	78%	58%		80%	83%
12.3h	Maintaining contact with family/ friends?	83%	60%		83%	88%