



Report on an unannounced inspection of

# **The Military Corrective Training Centre**

by HM Chief Inspector of Prisons

**30 October–3 November 2017**

## **Glossary of terms**

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# Introduction

The Military Corrective Training Centre (MCTC) in Colchester is the only secure training centre for the armed services. We inspect the MCTC by invitation, and further details of the centre can be found on the 'Fact page' of this report. As with the vast majority of our inspections, this inspection was unannounced.

The MCTC has had very good inspections in recent times, and this inspection proved to be no exception. I shall not reiterate in this introduction much of what is in this report as it is self-explanatory. Basically, the MCTC was a safe, decent and purposeful establishment. The experienced team of inspectors could not recall ever having been to a more respectful institution. Based on the shared military values of staff and detainees, the centre exuded an extraordinarily strong ethos where the care and rehabilitation of the detainees was the unequivocal and overriding objective.

The programme of activities available to the detainees was tailored to whether they were going to return to their units and pursue their military careers or return to civilian life following discharge. In either case, the quality of what was available was high. It was interesting to be told that detainees who had been held in the MCTC frequently returned to their units with better military skills and physically fitter than when they entered the centre, and often achieved promotion. A good range of accredited qualifications was available for those who were returning to civilian life. There was an issue with the leadership and management of learning, skills and work. A senior education and training officer had been recruited and needed to start as soon as possible.

In amongst all the very positive findings during this inspection, there was one potentially serious deficiency that was beyond the control of the centre. This related to the lack of post-release supervision or statutory engagement from the public authorities responsible for the public protection arrangements for higher-risk violent or sex offenders. This arose because of a statutory anomaly that does not include the military in the arrangements that apply to non-military offenders on release. This meant that the few offenders being released into the community who presented a high risk of harm to others were being released without proper supervision or risk-management. We have made a specific recommendation in respect of this to the Ministry of Defence and as an Inspectorate would support the necessary policy or legal changes that need to be made to resolve this issue.

It was refreshing for HM Inspectorate of Prisons to inspect a training centre where drugs and violence were virtually unknown, and where the culture was incredibly positive, forward-looking and not at all punitive. It was also notable that, since the last inspection in 2014, our previous recommendations had clearly been taken seriously, with the vast majority being fully implemented. There is no reason why the recommendations flowing from this inspection will not be addressed in a similarly positive fashion. We are confident that the MCTC will continue to provide an excellent model of a corrective training establishment.

**Peter Clarke CVO OBE QPM**  
HM Chief Inspector of Prisons

December 2017



# Fact page

## Background

The Military Corrective Training Centre (MCTC) in Colchester is the Ministry of Defence's only Tier 2 corrective training establishment. It was established shortly after the Second World War in a hatted camp at Berechurch, which previously held German prisoners of war. In 1988, this was replaced by a new, purpose-built facility. Although under Army command, it is a tri-service establishment, with staff and detainees from the Royal Navy, Army and Royal Air Force. However, the majority of detainees are from the Army and the majority of staff are Army officers and senior non-commissioned officers from the Military Provost Staff (MPS) Regiment.

## Task of the establishment

The MCTC can hold up to 323 male and female detainees, although in practice the population has rarely exceeded 180, and routinely stands at approximately 50.

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 unit commanding officers. Most detainees have offended against Armed Forces law (employment rather than criminal law), although some are committed for offences that would have resulted in custody if they had been civilians. The centre receives only those who have been sentenced to periods of up to two years' detention.

Those individuals sentenced to imprisonment at court martial are only held at the MCTC for a short period of time – usually only a matter of days – before transfer 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 is staffed by members of the MPS Regiment who have transferred in from other trades across the services, but mainly the Army. MPS Regiment personnel represent the Ministry of Defence's specialist custody capability.

## Area organisation

Commandant MCTC, who doubles as Commanding Officer of the MPS Regiment, 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 Assistant Chief of the General Staff.

## Number held

44 at the time of the inspection

## Certified normal accommodation

323

## Operational capacity

323

## Date of last full inspection

13–24 October 2014.

## Short description of residential units

The establishment is organised around two operational companies: A Company holds detainees returning to their unit (RTU) after their period of detention, and D Company holds detainees pending discharge from the services and who will subsequently return to civilian life. Detainees under

investigation, awaiting trial or transfer to a civilian prison, are located in a specialist part of D Company known as the Service Custody Platoon (SCP). During this inspection, there were 27 detainees in A Company, 15 in D Company and two in the SCP.

In A Company, D Company and the SCP, detainees are held in a variety of shared rooms and dormitories. The segregation unit, and the only high-security facility within the centre, has been decommissioned and is now used only for training.

**Commandant**

Lieutenant Colonel Jamie Nowell – MERCIAN (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**

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:

<b>Safety</b>	detainees, particularly the most vulnerable, are held safely
<b>Respect</b>	detainees are treated with respect for their human dignity
<b>Purposeful activity</b>	detainees are able, and expected, to engage in activity that is likely to benefit them
<b>Resettlement</b>	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
- **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; detainee 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, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.

## 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 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 prison population profile can be found in Appendices I and IV respectively.

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

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<sup>1</sup> The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

# Summary

## Safety

**S1** Detainees were positive about their reception, first night and induction experience. Staff focused well on vulnerability and risk. Detainees felt safe. Incidents of violence and bullying were rare. Reports of bullying were investigated, but too often dismissed as 'banter'. Arrangements to identify and support those at risk of suicide and self-harm were good. There was no evidence of illicit drugs and alcohol being available. The staging system was effective in managing behaviour and there had been no recent use of formal disciplinary measures. There had been no use of force for several years, and there was little use of segregation. Substance misuse provision met need. **Outcomes for detainees were good.**

**S2** At the last inspection in 2014 we found that outcomes for detainees in the Military Corrective Training Centre (MCTC) were good against this healthy prison test. We made six recommendations in the area of safety. At this follow-up inspection we found that five of the recommendations had been achieved and one was no longer relevant.

**S3** As a consequence of detainees no longer being routinely admitted to the MCTC out of hours, some detainees were displaced to neighbouring SCF East during the night. This meant that some detainees arrived for a full day of induction, assessment and activity at the MCTC having had a disrupted night and having been similarly assessed at SCF East.

**S4** Early days and induction arrangements were good overall. Detainees were treated courteously by staff and helped to settle in by 'arrivals guides' (also known as 'befrienders'; detainees trained to provide support and information to other detainees).

**S5** Staff were skilful in identifying and managing immediate risks and vulnerabilities. Induction was delivered reliably, and a wide range of information was available from a variety of sources, including peer supporters and detainees.

**S6** Delayed decisions by detainees' parent units, concerning whether detainees would remain in service or be discharged, were often cited by detainees as causing them unnecessary anxiety and distress during their early days at the MCTC.

**S7** The MCTC was an extremely safe establishment. Incidents of violence and bullying were rare, with only one incident of low-level violence in the previous six months.

**S8** The few incidents of reported bullying were investigated but some were too readily dismissed as 'banter', with no further action taken.

**S9** There had been no self-inflicted deaths since we started reporting in 2004. Arrangements to identify and manage those at risk of suicide and self-harm were robust, and detainees reported feeling cared for and supported. However, some measures for those deemed low risk were disproportionate – notably, observations at least three times per hour, room night lights remaining on throughout the night and razors being removed from all detainees for their first 24 hours. The weekly detainee management meeting was a positive and effective means of sharing information and providing assistance for detainees who needed additional support.

S10 No under-18s had been held at the MCTC since before the previous inspection, but we were assured that staff were trained in child protection and were properly sighted on child protection issues.

S11 Security arrangements were well considered and proportionate to the risks presented. Dynamic security was a real strength, enabling regular monitoring and recording of detainee behaviour and identifying any potential emerging issues. There had been no alcohol or drug finds since before the previous inspection. No detainees had tested positive for drugs. The minimal amount of intelligence received about drug or alcohol availability was acted on swiftly.

S12 The staging system was a well understood and publicised system, and underpinned all behaviour management. There were clear incentives to progress through the stages. The management of those on the lowest level was effective, with clear behavioural targets set and monitored. Monitoring and oversight of the process was thorough, although detainees reported some disquiet about the lack of objectivity of some of the decision making.

S13 There had been no use of the formal disciplinary process in the current year. There had been no use of force since January 2014, but all staff were appropriately trained.

S14 The dedicated segregation block had closed since the previous inspection, and the use of a segregation room within company lines was rare. The records we observed indicated that segregation was appropriate, with managerial oversight and authority. Reintegration processes were good, with all segregated detainees returning to company lines within a week.

S15 Clinical substance misuse services were available but rarely used. Access to psychosocial support was excellent and services were well used.

## Respect

**S16** *Living conditions and the provision of clean bedding, clothing and basic essentials were good. Access to telephone credit had improved. Applications were well managed. Positive staff-detainee relationships were a real strength. Consultation arrangements were effective. Equality and diversity arrangements met the needs of most detainees with protected characteristics. Faith provision met need. Detainees had access to a range of complaint mechanisms but lacked confidence in them. Health services were very good. The quality of the food provided had improved and was very good. Outcomes for detainees were good.*

**S17** *At the last inspection in 2014 we found that outcomes for detainees in MCTC were good against this healthy prison test. We made eight recommendations in the area of respect.<sup>2</sup> At this follow-up inspection we found that all of the recommendations had been achieved.*

S18 Living conditions were clean, modest and in good decorative order. Detainees had decent clothing, bedding and basic essentials, and access to a range of recreation activities, including those on the most limited regime. Detainees complained about their sleep being disrupted by night lights being left on during the night, which we too found to be unnecessary. Access to telephone credit had improved and was now reasonable, and additional welfare calls were

<sup>2</sup> This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

provided where appropriate. Applications were easy to make and detainees said that they were dealt with fairly.

S19 Staff-detainee relationships were extremely good overall, and in our survey 97% of detainees said that most staff treated them with respect, and almost all detainees said that they had a member of staff they could turn to if they had a problem. Detainees were consulted regularly about residential and domestic issues, and they valued this.

S20 We observed a staff group who knew detainees well and provided both direction and support. However, 29% of detainees in our survey said that they had been victimised by staff.

S21 The strategic management of diversity and inclusion was good. Quarterly meetings met need and those staff with responsibility for equality were visible to detainees. Equality data analysis was adequate but there was insufficient focus on monitoring protected characteristics and identifying trends across time. Consultation with detainees about equality issues was impressive, with a quarterly survey.

S22 The investigation of the very small number of discrimination incidents was thorough and resulted in action against staff where appropriate. There were small numbers of detainees with protected characteristics. The needs of most were met or were dealt with on an individual basis. However, we had concerns about the potential isolation that the very few female detainees faced.

S23 The full-time Anglican padre offered good support around the centre, and ministers of other faiths could visit on request. Padres from parent units were encouraged to visit.

S24 Detainees had a variety of avenues of complaint. Many complaints were resolved informally on company lines, but detainees also had good access to the service visiting officer or Independent Monitoring Board. The small numbers of service complaints submitted were taken seriously. However, in our survey, only 50% of detainees said that complaints were dealt with fairly. There was insufficient analysis of complaints to identify any trends or inform action.

S25 Levels of detainee satisfaction with health services were impressive. Some aspects of clinical governance required improvement, including the management of complaints and lack of clinical audits. Detainees had prompt access to an appropriate range of primary care services. All staff had access to automated external defibrillators across the centre. Medicines management was good, although the range of patient group directions (enabling nurses to supply and administer prescription-only medicine) needed review. Dental services were exemplary. In our survey, a third of detainees said that they had emotional or mental health issues, and mental health support was good and timely, with individualised packages of care.

S26 The quality of the food provided was exceptionally good, and in our survey more detainees than at the time of the previous inspection said that it was good or very good. Detainees could buy a limited, but adequate, range of goods from the on-site shop, and prices were reasonable.

## Purposeful activity

**S27** *Time out of room was extremely good. All detainees were actively involved in learning and training. The leadership, management and strategic oversight of learning and skills and work activities required improvement. The variety and range of education classes available were good, with a suitable focus on improving English and mathematics, but the range of vocational training offered was too limited. The quality of teaching, learning and assessment was good, and detainees progressed and achieved well. Library services were adequate and PE provision was very good. Outcomes for detainees were reasonably good.*

**S28** *At the last inspection in 2014 we found that outcomes for detainees in MCTC were good against this healthy prison test. We made six recommendations in the area of purposeful activity. At this follow-up inspection we found that three of the recommendations had been achieved and three had not been achieved.*

**S29** The amount of time out of room for all detainees was very good, at a minimum of 12½ hours a day for those on the lowest level of the regime and those in the SCP, and more for all others. Detainees on the higher levels of the regime were unlocked and had access to communal areas until around 10pm. Association periods were regular and detainees had ample opportunity for time in the open air.

**S30** The leadership and management of learning, skills and work activities required improvement. The current management structure failed to ensure that there was effective strategic oversight of the provision and that quality assurance arrangements were in place. There was a continued and successful focus on improving detainees' English and mathematics skills. Partnership working with external education and vocational training providers was effective and ensured that a range of accredited programmes was offered to all detainees. The collection and analysis of performance data were inconsistent and uncoordinated, so target setting for improvement was underdeveloped.

**S31** There were enough activity places for the small number of detainees held during the inspection, and all were engaged in education, employment or training. The variety and range of education programmes were good but the range of vocational training programmes was limited. Detainees returning to their units undertook a comprehensive physical and military training programme designed to accredit their skills to service standards.

**S32** The quality of teaching, learning and assessment was good. Tutors used the initial assessment of detainees' English and mathematics skills well to identify starting points, and provided a wide range of activities to support learning. Experienced vocational trainers used their skills effectively to provide detainees with a rich introduction to commercial work and standards.

**S33** Most detainees were motivated to learn and were respectful to staff and each other. They quickly adapted to self-study and independent learning. Detainees' attendance and punctuality were exemplary, and retention was high. However, on occasion, learning was interrupted by detainees attending other appointments.

**S34** Detainees achieved well on all education and vocational training programmes, especially in English and mathematics at levels 1 and 2. Detainees' achievements and external work placement were not always recognised or recorded.

**S35** The library was adequate for the needs of the current population. It was open during the working week but not in the evenings or at weekends. Some information about library usage was collected but it was not shared with senior MCTC managers.

S36 The PE and healthy living provision was good and provided demanding physical training for detainees returning to their units. Gym facilities were very good and available to all detainees, seven days a week. There were no formal qualifications offered for those being discharged.

## Resettlement

**S37** *The resettlement strategy was not informed by a needs analysis. For most detainees, offender management was adequate. For higher-risk detainees, the introduction of risk of harm assessments was positive but detainee assessment and planning required improvement. Public protection arrangements had improved considerably overall but the post-release management of some higher-risk offenders was poor due to issues outside the centre's control. Reintegration planning, advice and support were excellent. Offending behaviour provision in particular had improved and was impressive. **Outcomes for detainees were reasonably good.***

S38 At the last inspection in 2014 we found that outcomes for detainees in the MCTC were reasonably good against this healthy prison test. We made six recommendations in the area of resettlement. At this follow-up inspection we found that one of the recommendations had been achieved, two had been partially achieved, two had not been achieved and one was no longer relevant.

S39 The resettlement strategy was focused on the rehabilitative purposes of the centre but no comprehensive needs analysis had been carried out to shape provision. Oversight of offender management and interventions was reasonably good overall but there was no overarching action plan to monitor progress. A small number of detainees presented a risk of harm to the public on release, yet there was no requirement for public protection oversight or statutory supervision. While this was outside the control of the MCTC, it meant that the risk management of these detainees was poor. Temporary release risk assessments were of a reasonably good quality but decisions to award temporary release to higher-risk detainees were too focused on rewarding good behaviour displayed during detention, rather than protecting the public.

S40 The centre held a complex mix of detainees. Most were serving short sentences for military indiscipline, and their sentence management was adequate.

S41 For the small number of higher-risk offenders charged with serious criminal offences, the detainee assessment reports (DARs) we saw were not comprehensive and did not lead to an individualised sentence plan. The DAR was not a live document, and progress with detainees and changes in their circumstances were not recorded routinely. The weekly offender management meeting was good practice, and risk of harm assessments had been introduced for all detainees.

S42 The quality of public protection work within the MCTC had improved considerably. Detainees' mail and telephone calls could, with approval, be monitored, and processes had been developed for approving contact with children.

S43 Detainees could access a wide range of resettlement help, and pre-release reviews of resettlement needs were undertaken by the welfare unit and others.

S44 Detainees in the Service Custody Platoon were not prepared well enough for their transfer to prison.

- S45 Health care discharge arrangements were good and there was liaison with community mental health services for detainees who required them.
- S46 Support for detainees requiring assistance with accommodation was good. In the previous six months, no detainees had left the MCTC without a fixed address, and 88% had been released to permanent or sustainable accommodation. Citizens Advice offered advice to maintain current tenancies, and mortgage advice services were available to help those with their own homes.
- S47 Small numbers of foreign national/Commonwealth detainees were discharged. The welfare department signposted these detainees for support and advice appropriately.
- S48 For detainees with substance misuse issues, good communication between counsellors, other MCTC departments and external drug and alcohol services ensured effective throughcare for detainees.
- S49 In our survey, 50% of detainees said that they had had money worries on arrival. The loss of income upon sentencing and, for some, the additional prospect of discharge often had serious implications for detainees and their families. The welfare department was well sighted on these issues. Detainees from both A and D Companies were able to access a wide variety of support and financial advice from military welfare services, service charities, Jobcentre Plus and Citizens Advice.
- S50 The range of offending behaviour work provided by Essex Community Rehabilitation Company (CRC) was excellent, including provision for those convicted of domestic violence. Longer-term detainees convicted of sex offences could take part in the thinking skills programme, and could also undertake bespoke one-to-one work. A few had received individual offence-focused work from specialist probation or CRC staff.
- S51 In our survey, 94% of detainees said that their family and friends lived more than 50 miles away. The centre was flexible and supportive in helping detainees to maintain contact with their families. Facilities for young children on visits were excellent, and included child play days and a Barnardo's family worker. Detainees could access a parenting course and Storybook Soldiers (in which detainees record stories for their children), and apply for reintegration leave to establish family links when needed.
- S52 There were effective links with external agencies to support detainees to find employment after discharge, and the centre provided a good employment preparation programme. A small number of detainees were released temporarily to attend training or employment in the community. Current data suggested that 60% of the detainees who left in 2016/17 had entered education, training or employment.

## Main concern and recommendation

- S53 Concern: Due to statutory anomalies, there was no post-release supervision or statutory engagement from authorities responsible for public protection for higher-risk violent and/or sex offenders (other than sexual offenders' registration (SOR) on release for those who were eligible). This meant that higher-risk offenders were being released into the community without being supervised and without their risk being fully managed.

**Recommendation: Provision should be made to ensure statutory supervision for higher-risk detainees in the community on release, and for military detention to be included in multi-agency public protection arrangements (MAPPA).**

# Section 1. Safety

## Escorts and transfers

### Expected outcomes:

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

- I.1** Few detainees received written information about the Military Corrective Training Centre (MCTC) before arrival but detainees we spoke to said that they had seen a DVD describing the centre and how it ran, and that they had found it useful. Although slightly out of date, the DVD was informative and continued to help to dispel some of the perceptions about the centre.
- I.2** Detainees were positive about their experience of transfer to the centre. They were generally escorted there by staff from their parent unit in appropriate vehicles, and without handcuffs. Toilet and meal breaks were facilitated as required.
- I.3** In response to a recommendation in our previous report, the centre now generally accepted detainees at the MCTC only between 8am and 5pm. However, this did not fully address our previous concerns, as detainees continued to travel late into the evening/night, resulting in some being displaced to service custody facilities (SCF). They were often admitted to neighbouring SCF East in the early hours of the morning, only to be transferred to the MCTC a few hours later. This meant that detainees were not well rested before having to engage in a full day of repeat assessments, and taking part in designated induction activities.

## Recommendation

- I.4** **Detainees should be adequately rested on arrival at the Military Corrective Training Centre, to ensure that they can fully participate in all activities required of them.**

## 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.5** Early days arrangements were good. Detainees were treated well by reception staff and spent the minimum time required there. On arrival on the induction platoon, they were offered a free telephone call. First night accommodation consisted of a standard military dormitory, and was clean and well ordered.
- I.6** Initial risk assessments, known locally as the detainee assessment report (DAR), generally took place quickly after arrival. The interviewer referred to other documentation, where available, to inform their risk assessment. Interviews were conducted sensitively by skilled staff, who were properly focused on identifying and managing immediate risks and

vulnerabilities. The DAR was used as a template but was enhanced with supplementary and exploratory questions.

- I.7 All detainees were seen by welfare staff and health services staff either on the day of arrival or the next day, depending on their time of arrival at the centre. Peer supporters, known as 'arrivals guides' (also known as 'befrienders'; detainees trained to provide support and information to other detainees), saw all new arrivals and helped them to settle in and understand what to expect from their time at the MCTC.
- I.8 The induction process started on the first working day after arrival. It lasted for three days and provided a wide variety of helpful information from a range of sources and support agencies. In our survey, almost all detainees said that they had completed an induction course. When not involved with induction, detainees were required to engage with military training and other activities.
- I.9 On completion of induction, detainees were allocated to either A or D Company, depending on whether they were to be retained in or discharged from their respective service at the end of their sentence. While most detainees knew what was going to happen to them, many waited for too long for decisions from their parent unit, particularly concerning dismissal. MCTC staff were proactive in chasing decisions but, despite this, some delays were unnecessarily long, which was a cause of anxiety and frustration (see also paragraph 4.20 and recommendation 4.25).
- I.10 Most detainees held in the Service Custody Platoon (SCP; see paragraph 2.4) undertook their induction separately but we were satisfied that it covered everything they needed to know.

## 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.11 There were comprehensive policies, protocols and unit standing orders concerning arrangements for managing violence and bullying. Four anti-bullying surveys were carried out per year, and analysed and discussed by the quarterly anti-bullying committee. This meeting was well attended, including by detainee representatives.
- I.12 During the inspection, detainees were extremely positive about feelings of safety, and this was reflected in our survey. We concluded that the MCTC was an extremely safe establishment.
- I.13 Incidents of violence and bullying were rare, with only one reported incident of low-level violence in the previous six months. Investigations into the few reported allegations of bullying were mixed. Most were good but the few concerning elements of 'banter' were not always investigated rigorously enough and were often dismissed, and it was not always clear from the records when action had been taken. The issue of 'banter' was a recurrent theme in the centre's anti-bullying surveys, our survey, service visiting officer complaints, and in discussions and observations with detainees. While it was mostly accepted, and of a jovial nature, we considered that not enough was done to tackle that which became, or was perceived to be, unacceptable or inappropriate.

## Recommendation

**I.14 The issue of ‘banter’ should be fully addressed. Incidents should be investigated thoroughly and action taken where appropriate.**

## 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.15** Arrangements to identify and manage those at risk of self-harm were robust, and detainees reported feeling cared for and supported. A range of comprehensive unit standing orders and protocols governed safer custody procedures. Safer custody team meetings focused mostly on strategic issues, rather than on improving care and support for detainees, but this did not detract from good outcomes for those in need. The weekly multidisciplinary detainee management meeting was a positive initiative which allowed for the effective sharing of information about detainees who were vulnerable for a variety of reasons and needed additional monitoring or support. The meeting we attended dealt with some complex issues in a sensitive, caring and supportive way, and demonstrated that there was a whole-centre approach to managing vulnerable detainees. In one case we came across, this extended beyond the detainee’s stay at the MCTC, to ensure continuity of care when returning to their unit, which was extremely positive.

**I.16** A comprehensive database captured a range of useful data on aspects of safer custody. Levels of self-harm were low and serious incidents were rare. Only one low-level incident had been reported in the previous six months. At the time of the inspection, five ‘caremaps’ (documents used to plan and manage the care afforded to those in need of additional support, including those who have self-harmed) were open and 22 had been opened in the previous six months, mostly because of concerns identified on admission, including for those with mental ill health as well as those at risk of suicide or self-harm.

**I.17** The assessment of risk to detainees was very good, and staff were well sighted on behaviour and factors that increased such risk. Staff were proactive in exploring issues with detainees, and identified and managed individual risk well overall. However, some measures for the majority assessed as low risk were disproportionate and unnecessarily disruptive, including observing everyone at least three times per hour, leaving room night lights switched on throughout the night (see also paragraph 2.3) and removing razors from all detainees during their first 24 hours in custody.

**I.18** The system for monitoring detainees at risk had changed in the few weeks before the inspection. The resulting caremap was much improved and allowed for better assessment, monitoring and support for those individuals identified as being at risk of self-harm or requiring other support, including for mental health issues. The caremaps we reviewed were generally of a good standard and evidenced good engagement with detainees, who were kept purposefully occupied. A new policy had been introduced, whereby detainees were more involved in planning their own care, by setting goals and actions specific to their individual needs, and this appeared to be working well. However, some of the changes in documentation were not yet fully embedded and quality assurance was not yet wholly effective. Nevertheless, detainees were extremely positive about the care and support they received from staff during their time of crisis.

**I.19** Anti-ligature clothing was used infrequently, most recently in July 2017. However, we were not confident that this use had been proportionate to the risk posed. Recording of the use of anti-ligature rooms had improved but there were still a few unrecorded uses. Some detainees described their use as punitive rather than supportive, and from the evidence we were supplied with we understood this perception.

## Recommendations

**I.20** **Measures to address risk should be proportionate to the risk posed, and be applied on the basis of an individualised risk assessment.**

**I.21** **Anti-ligature rooms and anti-ligature clothing should be used only in exceptional circumstances, as a last resort when all other options to support and care for detainees at risk of suicide or self-harm have been exhausted.**

## 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.22** There was a good focus across the three services from diverting under-18s from detention. This approach had proved successful, and there had been no detainees aged under 18 in the centre since before the previous inspection.

**I.23** Arrangements to safeguard child welfare and safety were impressive and well embedded. A comprehensive child protection policy underpinned quarterly safeguarding meetings. A senior ranking officer represented the Commandant at the Essex Safeguarding Children's Board. Staff were trained in child protection measures and understood their responsibilities, including in reporting issues such as when detainees disclosed historic abuse.

## 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.24** The centre was appropriately focused on the potential security risks to the establishment. External threat was monitored in line with other military and government establishments, and the current threat rating was published at the main gate.

**I.25** Information on arriving detainees was scrutinised from DARs, the detainee's parent unit, and any pre-sentence report from the Probation Service (where available), and details of historic offending from the Police National Computer (PNC) and Redcap Royal Military Police database. This included an appropriate focus on the flight risk of detainees who had previously been absent without leave. Any emerging concerns were discussed at the weekly detainee management meeting.

- I.26** Physical security arrangements were appropriate and proportionate. Most detainees were escorted around the outside areas, but those who had attained stage 2 or higher (see section on staging system) had relatively free access around the site. All external doors were controlled by an electronic locking system.
- I.27** Positive and regular staff–detainee interaction provided excellent dynamic security, and staff we spoke to demonstrated a sound knowledge of those in their care. These relationships were further underpinned by the shared service discipline and appropriate level of camaraderie of serving personnel. All detainees were subject to regular monitoring and a daily behaviour report, enabling any potential emerging issues to be identified.
- I.28** Searching procedures were appropriate to the risk posed. There were regular searches of detainee accommodation and communal areas. The low incidences of finds of any form of contraband reflected the minimal intelligence received. Over the previous year, when there had been intelligence to suggest the availability of drugs, the response had been prompt and thorough, with all detainees being drug tested within 24 hours and searches of all detainee areas. All tests had returned as negative and there had been no finds of drugs or alcohol since before the previous inspection.
- I.29** Drug testing was carried out in line with British military procedures, with compulsory drug testing teams potentially arriving at any time to test all service personnel, including staff and detainees alike. Additionally, there were five MCTC staff members trained to carry out intelligence-led suspicion testing of detainees. Arrangements were adequate to meet the rare need to carry out these tests.

## 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.30** The staging system was a reward and sanction-based process that was used well to manage the behaviour of detainees. It also provided an excellent incentive to adhere to centre rules and make an effort to engage in the regime and available facilities. Managerial monitoring and oversight of the process was thorough, with decisions to upgrade or demote being made by senior staff, including the Commandant for stage 3 decisions.
- I.31** The system was explained during the induction process, and all staff and detainees we spoke to understood it. There were also useful posters displayed in detainee areas, to explain further the stages and the processes to progress within them.
- I.32** All detainees were subject to a daily report, which included behaviour, personal turnout of uniform and bed space, adherence to the regime and personal determination to succeed and progress. They were rated against each indicator in the morning and afternoon; scores were totalled up and contributed to the weekly review meeting for all detainees that determined their progress. Target scores were required to progress through the system in order to gain additional privileges, including additional spending money, more relaxed living conditions, town visits and, ultimately, increased levels of remission of sentence.
- I.33** There was a requirement either to meet target scores in a consecutive four-week period or to accumulate six recommendations, in order to progress from stage 1. This meant that there was no opportunity for those serving short sentences to progress or achieve additional remission.

- I.34 Use of the lowest level (Ib) was rare and normally imposed for less than a week. Detainees on Ib continued to take part in activities and were still expected to maintain the high standards demanded across the centre, with additional personal improvement targets set and monitored. They were normally held in smaller dormitories.
- I.35 We saw some examples of detainees in both A and D companies making a good effort to succeed, and most that we spoke to considered the process to be fair, although some detainees expressed concern about a perceived lack of objectivity in some of the decision making (see also paragraph 2.10).

## 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.36 For more serious breaches of discipline that fell outside of the staging system, there was a formal disciplinary system where cases were heard by the Commandant or, if extremely serious, by a court martial undertaken by a visiting Judge Advocate. Processes were appropriate; there were published guidelines that included the process, appeals and access to legal representation. There had been no use of this formal process in the current year.
- I.37 Minor administrative actions (MAAs) could be taken by Company Sergeant Majors; these usually amounted to extra cleaning duties or additional kit inspections. These MAAs were appropriately overseen and reviewed by the Officer in Charge of the Company.

## The use of force

- I.38 There had been no use of force at the centre since January 2014. All MCTC custody staff were trained regularly in use of force techniques, which included a focus on de-escalation of incidents. We saw evidence of this being used to good effect to prevent incidents escalating to the point where force might have been necessary.
- I.39 The centre had use of two 'cool-down' rooms, which were used effectively to de-escalate situations quickly. Oversight of these rooms was closely monitored by the commanding officers of both companies and also at the Commandant's monthly review meetings.

## Segregation

- I.40 The formal cellular accommodation segregation block was no longer in use, and had not been used to hold detainees since before the previous inspection.
- I.41 Where necessary, two 'close confinement' rooms were used in the SCP (see also paragraph 2.4). There had been seven uses of these rooms in the previous year: three to facilitate investigations and four to maintain good order in company lines following disagreements between detainees. All had been authorised by either the Commandant or his deputy. Records we reviewed indicated that the use of the rooms was appropriate.
- I.42 Monitoring was comprehensive and all detainees undertook a reintegration process. This involved them completing a workbook that explored why they had been located there, their thoughts on what they could do differently in the future, and behavioural targets to be

completed before returning to company lines. Periods of confinement were short, with the longest in 2017 being five days.

**I.43** Staff from the detainee's company were designated as support officers and supervised detainees during their time in the SCP.

## 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.44** Screening for drug and alcohol issues was comprehensive. It was undertaken by custodial staff on arrival, health services staff during the induction health assessment, and welfare staff following arrival. All detainees received a drug and alcohol awareness session delivered by 'Open Road' during their induction, and detainees with substance misuse issues were offered a referral to drug and alcohol counselling.

**I.45** Competent clinical staff were easily accessible. However, there was little demand for the service. No detainees had required inpatient detoxification or clinical management of substance misuse since the previous inspection. Smoking cessation could be accessed via primary care services, with about a third of detainees in treatment during the inspection.

**I.46** Open Road provided high-calibre psychosocial support for detainees with drug and alcohol problems, engaging with around 110 clients per annum, usually within two weeks of referral. Brief, solution-focused therapy was provided for those serving short sentences, and client-centred and trauma-related approaches were available to longer-stay clients. Detainees we spoke to said that the support provided by Open Road was helpful. Peer support was available via agencies such as Alcoholics Anonymous and GamCare (a national charity that assists those with gambling problems).



# 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** Detainees lived in modest dormitories which were clean, tidy and well maintained. Dormitories had curtains and a television, and all detainees had access to lockable cupboards. For detainees on stages 1 and 2 of the staging system, dormitories had attached showers and toilets; for those on stage 3, toilets and showers were separate, although detainees had access to them 24 hours a day. All areas of company lines were kept exceptionally clean by detainees, and inspections took place daily to ensure that these standards were maintained (see Appendix III).
- 2.2** Smoking was permitted in designated smoking dormitories, and smokers and non-smokers were located separately. Aside from female detainees and smokers being located separately, detainees were not allocated accommodation according to age, rank or service, or any other classification.
- 2.3** Detainees on each stage of the staging system had separate recreation rooms, and these were fit for purpose. Each company line had its own laundry, and detainees could access fresh bedding each week. They wore uniform or military-issue clothing. All detainees in our survey said that they could shower every day. Detainees complained about their sleep being disrupted by night lights being left on during the night, which we too found to be unnecessary (see also paragraph 1.17 and recommendation 1.20).
- 2.4** Attached to D Company lines was the Service Custody Platoon (SCP). This area was for holding detainees under investigation, pre-sentence and also post-sentence for short periods before moving on to serve custodial sentences in civilian prisons. Dormitories were similar to those in D Company, and additionally there were two separate, more secure single rooms used for detainees who had breached disciplinary rules. One was intended for those moving on to prison but in reality most remained in the dormitories.
- 2.5** There were sufficient telephones available on company lines, with appropriate privacy screening. Since the previous inspection, the provision of telephone credit had improved. Detainees on all stages could now buy up to 30 minutes (depending upon their staging status) extra telephone credit to supplement their allocated 30-minute allowance, if they wished. Additional welfare calls could also be applied for; this was authorised by the welfare team if detainees had specific issues that needed to be dealt with.
- 2.6** The application process worked well and detainees told us that their applications were usually followed up on the next working day. In our survey, 91% of respondents said that applications were easy to make, and they all said that they were dealt with fairly.

## 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.**

- 2.7 Staff-detainee relationships were extremely good overall, and in our survey 97% of detainees said that most staff treated them with respect, with comparable responses across A and D Companies. The relationships we observed were positive, especially in the SCP, where detainees told us that interactions with staff were excellent.
- 2.8 As with wider military custom, staff referred to detainees by their surname. In our survey, 91% of respondents said that they had a member of staff they could turn to, and 89% that a member of staff had checked on them personally in the last week. Male detainees were only assigned a personal support officer if they were deemed to be at high risk of harm to self or others, or from others; all female detainees had a personal support officer. Staff we spoke to had a good knowledge of the detainees in their care, and all detainees had a formal weekly review to look at their progress and behaviour (see also section on staging system).
- 2.9 Since the previous inspection, consultation arrangements had been improved through the introduction of a monthly meeting. Membership included the Independent Monitoring Board (IMB), key staff (such as catering staff) as well as detainee representatives from all stages of each company. This meeting dealt mostly with low-level requests and concerns about domestic and company lines issues, and minutes were taken to ensure that actions were followed up. This consultation facilitated quick responses to issues raised, which made it popular with detainees.
- 2.10 In our survey, 29% of respondents said that they had been victimised by staff. Some detainees told us that this was about their frustrations regarding their perceptions of inconsistency and unfairness in the application of the staging system (see also paragraph 1.35). The centre had begun to promote consistency in the application of the staging process, to ensure that this issue did not contribute to detainees' perceptions of victimisation.

## 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.**

## Strategic management

- 2.11 The strategic management of diversity and inclusion was good. The Deputy Commandant led on this area, and the quarterly meetings met need. Equality staff, known as advisers, were easily approachable to detainees. As a result of the small numbers of detainees and high turnover in the population, it was not realistic to appoint permanent equality representatives, but detainees from both companies were invited to the quarterly meetings.
- 2.12 There was a broadly good local policy, which covered all protected characteristics. However, its guidance relating to LGBT detainees was problematic. A previous incident at the centre had prompted a very poorly worded section relating to room-sharing risk assessments. However, the risk related to detainees' offences rather than their sexual orientation.

**2.13** Consultation with detainees on equality issues was impressive, with a quarterly diversity and inclusion survey. However, while the survey generated thought-provoking feedback which was discussed frankly at meetings, there was little evidence that this feedback informed the centre's action plan.

**2.14** Equality data analysis was adequate but relied too heavily on the results of the diversity and inclusion survey. Although staff knew the small population of detainees with protected characteristics personally, the needs and progress of new arrivals with protected characteristics were not routinely reviewed at the quarterly diversity and inclusion meetings. There was no discussion of population trends across time to better inform provision.

**2.15** There was no formal reporting process for discrimination incidents. However, any complaints relating to protected characteristics were referred to the Deputy Commandant through a variety of complaint systems, and investigated thoroughly. There had been two in 2017 so far, and in both cases all members of staff and the detainees concerned had been interviewed, and where appropriate there was robust action against staff.

**2.16** There were very few detainees with protected characteristics, placing them in a tiny minority. Although there were no links to community organisations representing, for example, the black and minority ethnic or LGBT communities, staff had attended external conferences to improve their knowledge and inform policy at the centre.

**2.17** We spoke to almost all of the detainees with protected characteristics and were assured that most of their needs were being met on an individual basis. There were three foreign national detainees at the centre at the time of the inspection, and there had been excellent care for one in particular. Funds had been obtained from Royal Navy Royal Marines Welfare (RNRMW) for him to return to his home country to visit a dying relative. He had been temporarily released by the Military Corrective Training Centre (MCTC) and trusted to return to complete his sentence, and had since made good progress.

**2.18** Black and minority ethnic detainees reported no concerns to us. While a degree of 'banter' between staff and detainees persisted (see also paragraph 1.13 and recommendation 1.14), we were satisfied that any allegations of racism were dealt with quickly and robustly.

**2.19** There were no Muslim detainees held during the inspection but we were assured that the most recent had been afforded access to the multi-faith room and all of the necessary artefacts for worship.

**2.20** There had been no under-18s held at the centre since the previous inspection but managers had satisfactory arrangements for their care. On arrival, they would be automatically placed on a caremap for support and allocated a personal support officer (see also section on self-harm and suicide prevention).

**2.21** As the population was mostly young and able bodied, we did not find any detainees with mobility problems during the inspection. One man had arrived at the centre using crutches, and described difficulties in accessing the shower for a time. While the centre occasionally encountered issues of this type, efforts were made to support detainees individually. Given the minimal need and significant costs involved, no adjustments had yet been made to any of the dormitories to accommodate detainees with disabilities.

**2.22** We had concerns about the potential isolation that the very few female detainees faced. At the start of the inspection, there were two, one living on each company, but by the end of the week there was only one in the whole centre. Each woman had a room/dormitory to herself and inevitably spent a lot of time alone, particularly at the start of their time on the staging system. There were not always many female staff available. Although managers were

aware of the sensitivities surrounding female detainees, more work was needed to publicise their entitlements and ensure that staff met their needs promptly.

## Recommendations

- 2.23 Local guidance for working with LGBT detainees should be revised, to remove potential discrimination.**
- 2.24 Protected characteristics should be monitored routinely, to identify trends across time.**

## Faith and religious activity

### Expected outcomes:

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

- 2.25** The full-time Church of Scotland minister offered good support around the centre, and in our survey 81% of detainees said that they were able to speak to him in private. He met all new arrivals during the induction process. There was a large chapel and a more basic but adequate multi-faith room located on company lines.
- 2.26** In our survey, only 39% of detainees said that their religious beliefs were respected. Although the padre knew detainees well, and was confident that all faiths were provided for, the population was not monitored routinely, to ensure that all need was met. However, we were satisfied that the padre was able to call on good national resources whenever detainees requested a minister from another faith.
- 2.27** There was a weekly Anglican service, but because of difficulties in sourcing a Roman Catholic chaplain, there was only a monthly mass at present. No records were kept of attendance at services. Community volunteers attended every Sunday afternoon to run the Alpha Course (an introduction to the basics of the Christian faith).
- 2.28** The padre had links with detainees' parent units and encouraged their local padres to visit, to support their eventual return to service. It was harder to provide links to community faith groups for detainees being discharged, but the padre worked with these detainees individually to prepare them for release.

## Recommendation

- 2.29 The chaplaincy should monitor the centre's population routinely, to ensure that faith provision meets need.**

# Complaints

## Expected outcomes:

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

- 2.30** The complaints system worked reasonably well and complaints forms were freely available on company lines. Detainees had a variety of avenues of complaint. Many were resolved informally with staff on company lines, while others went up through the chain of command. No contemporaneous record was kept of these complaints, and the only monitoring took place retrospectively, when a detainee was asked during their exit survey if they had complained. Consequently, there was no accurate record of the number of these types of complaints submitted.
- 2.31** Other routes for complaint were clearly recorded. Detainees could also access the service visiting officer (SVO). In the year to March 2017, there had been 39 complaints to the SVO, fewer than at the time of the previous inspection. Detainees could approach the SVO in person every Thursday or write to them. These complaints were referred to MCTC managers when a resolution was needed. The number of different personnel acting as the SVO was an issue for some detainees we spoke to, due to the lack of continuity.
- 2.32** Detainees could also complain to the IMB, which had received 22 complaints so far in 2017. Most related to unfair treatment (55%), followed by victimisation (14%).
- 2.33** Detainees could also submit a service complaint, and the small number received in the current year had been taken seriously by managers and referred appropriately for investigation.
- 2.34** Despite the number of different routes for complaining, in our survey only 50% of detainees said that complaints were dealt with fairly. Responses to the centre's own diversity and inclusion survey also indicated that some detainees did not consider it worth complaining, or felt that complaints were not taken seriously. Centre staff did not monitor complaints against protected characteristics, and did not identify trends across time routinely, to drive improvements.

## Recommendations

- 2.35 The centre should investigate detainees' poor perceptions of complaint outcomes.**
- 2.36 Complaints should be monitored and analysed routinely, to understand trends across time and drive improvements.**

## 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.**

- 2.37** New arrivals were met by the Commandant during their first week at the centre and informed of their release date and remission entitlement. All of those we spoke to understood their sentence, but sometimes they had not received a firm decision about their future in the services (see also paragraph 4.20 and recommendation 4.25).
- 2.38** There was no dedicated legal services officer but most enquiries were answered by the welfare department, and detainees held on remand were told how to apply for legal aid. Citizens Advice attended regularly, and the welfare department had a good relationship with a local firm of solicitors who offered some pro bono work unrelated to detainees' offences. Additional computers had been provided on company lines, to allow detainees to prepare legal correspondence.
- 2.39** Legal visits were usually facilitated in the welfare department, although those held on remand were seen in the SCP. Parent units could also communicate with detainees about their potential discharge or return to service using the centre's video conferencing facilities. Legally privileged letters were not opened by staff.

## 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.**

## Governance arrangements

- 2.40** Defence Primary Health Care (DPHC) provided primary care services, the Department of Community Mental Health (DCMH) provided mental health services and the Department of Dentistry provided dental services. We understood that there had been a health needs assessment of the detainees held at the centre but we did not see it.
- 2.41** A regular, minuted meeting took place between the centre Commandant and health services staff, and working relationships between DPHC, the centre and other health service providers were good. Corporate clinical governance arrangements had been improved, but some aspects of assurance required further enhancement as it was unclear how learning from adverse incidents was disseminated, complaints were managed poorly and there was a lack of clinical audit.
- 2.42** Similarly, while there was an annual patient satisfaction survey, it was unclear how the information was used to improve services, and an annual survey was too infrequent to identify contemporary levels of satisfaction because of rapid detainee turnover.
- 2.43** The medical centre ran as a branch of the medical reception station (MRS) at nearby Merville Barracks. A combat medical technician (CMT) provided practice management, and a visiting

registered nurse gave clinical advice. CMTs were on site between 8am and 6pm, Monday to Friday.

- 2.44** The nurse and GP provided daily clinics, and patients were seen in private. However, the clinical competencies of the CMTs were not fully utilised. Patients had access to health professionals of their choice. Health services staff were clearly identifiable and we saw good interactions with detainees. The health services team knew their patients well.
- 2.45** Health services policies were on display and included the management of communicable diseases and information sharing, but they were out of date; however, up-to-date versions were available electronically. Staff had excellent access to training but CMTs did not receive formal clinical supervision.
- 2.46** The medical centre was clean and welcoming, with good health promotion displays, and all clinical rooms complied with infection control standards, which were audited regularly.
- 2.47** All health services staff and centre staff were trained in life support, and had access to automated external defibrillators across the centre. All emergency equipment was subject to regular, documented checking. We were told that an ambulance would be called immediately in emergency situations, and CMTs reported prompt response times.
- 2.48** Levels of detainee satisfaction with health services were impressive, and the health care complaint system was confidential and well publicised. There had been only two such complaints in the previous year, and both had been resolved face to face.
- 2.49** 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. Barrier protection was available following harm minimisation advice, which was appropriate.

## Delivery of care (physical health)

- 2.50** All new detainees were seen by CMTs on the next working day after their arrival for a comprehensive health screen, and then by the GP as necessary on the following day. There was prompt access to an appropriate range of primary care services, and detainees could be seen more urgently if the reception risk assessment highlighted any health concerns. All detainees saw a CMT again a few days after arrival, to review their mental health status.
- 2.51** In addition to formal referral, detainees could ask to see a CMT throughout the day, and a nurse or GP in the mornings. CMTs triaged all requests but algorithms were no longer in use, although reintroduction of these was under discussion. Waiting times for all services were short. The GP and nurse managed patients with lifelong conditions. There were excellent physical rehabilitation services on site. Inpatient services were no longer available at Merville Barracks. Arrangements for out-of-hours medical support were appropriate and well understood by custodial staff.
- 2.52** The centre shared a single electronic patient record with the MRS, 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.
- 2.53** Referrals for secondary care were seldom required but access was good, and cancellations rare. However, we could not verify any of this as data were unavailable.

## Pharmacy

**2.54** Medicines management was good. Medicines were supplied promptly, with written information, by the dispensary in the MRS at Merville Barracks, and the dispensary at the centre was used to store medicines in transit, which was an efficient arrangement. Medicines could be obtained on the day they were prescribed, and patients had access to pharmacy staff by appointment.

**2.55** The level of prescribing was low and appropriate for the population. Most detainees had medicines in-possession and CMTs helped those who needed supervision to take their medicines three times daily in a screened area in the dining hall. The officer in charge did this during silent hours (out of hours), and we considered these arrangements to be practical.

**2.56** Nurses used patient group directions (PGDs; enabling nurses to supply and administer prescription-only medicine), although the range of PGDs needed review. Detainees could easily access over-the-counter pain relief out of hours from custody staff.

**2.57** We were told that the regional medicines and therapeutics committee met quarterly but we did not see the minutes of the meetings.

## Dentistry

**2.58** Detainees at the centre had access to the dental suites on the first floor of the MRS at Merville Barracks. The facilities were exceptional. Accessibility was excellent, with urgent referrals being seen on the same day and follow-up appointments within five days. Emergency dentistry was also available out of hours.

## Delivery of care (mental health)

**2.59** Working relationships between mental health staff and those from other departments in the centre were excellent. DCMH staff contributed to the weekly detainee management meeting. Most custodial staff had received mental health awareness training and demonstrated a good understanding of mental health issues.

**2.60** The DCMH team included a mental health nurse, social worker, consultant psychiatrist and clinical psychologist. Access to services was excellent, with all referrals being assessed within 2–5 days. There were, on average, 6–8 referrals to the team per month, and the nurse had a caseload of eight patients at any one time.

**2.61** In our survey, a third of detainees said that they had emotional or mental health issues. Support for them was good and timely, with individualised packages of care. A rich mix of therapeutic interventions was also available from DCMH and Open Road (see also paragraph 1.46), including counselling, anger management, cognitive behavioural therapy, crisis support and therapy for trauma-related issues.

**2.62** It was rare to encounter a detainee with severe mental illness and there had been no Mental Health Act transfers 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.**

- 2.63** Detainees we spoke to were positive about the quality of the food provided, and in our survey many more detainees than at the time of the previous inspection said that it was good or very good (81% versus 35%).
- 2.64** The food we saw and tasted was excellent. There were sufficient choices available to meet the needs of detainees, including cultural and religious provision, and a healthy option was also offered. A cooked breakfast was available each day, although most detainees opted for cereals and fruit during the week. An evening snack was offered to all detainees, usually comprising biscuits or fruit. Mealtimes were reasonable.
- 2.65** Detainees ate communally in company-specific dining halls which were clean and in good order, but had to sit at tables designated by room numbers, which was formal and incongruous with the relatively relaxed conditions in other communal association areas.
- 2.66** Hot drinks were available up to the end of association periods, and all detainees had free access to drinking water.
- 2.67** Sodexo provided catering services and were subject to a range of external and internal scrutiny. The kitchen was clean and in good order, and any equipment failures were quickly rectified. Regular hygiene checks took place by a variety of internal and external agencies. However, kitchen staff we spoke to did not assure us that storage provision for culturally sensitive foods was adequate.

## Recommendation

- 2.68 There should be appropriate procedures for storing culturally sensitive food.**

## Purchases

### Expected outcomes:

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

- 2.69** In our survey, 58% of detainees said that the on-site shop sold a wide enough range of goods to meet their needs. We considered the range of products available to be limited, but adequate and reasonably priced.
- 2.70** A welcome pack of essential items, including toiletries and tobacco for smokers, was provided for all detainees on arrival and was free of charge. This was expected to last until the following Wednesday, when the on-site shop was open. Realistically, owing to administrative procedures, some detainees could go up to nine days without being able to access the shop.



# 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.<sup>3</sup>**

- 3.1** The amount of time out of room for all detainees was very good, at a minimum of 12½ hours a day for those on the lowest level of the regime and those in the SCP, and more for all others.
- 3.2** Those in the SCP and those on stage 1 were secured in rooms between 7.30pm and 7am. All others had free access to the central telephone booths, and within their allocated communal area, until around 10pm, at which point they were expected to be back in their rooms.
- 3.3** Both A and D Companies had regular access to the yards on company lines, and could attend recreational gym sessions in the evenings and at weekends. A wide range of association activities were available, including pool, table tennis, sports, box games, and electronic game stations and televisions.
- 3.4** The regular daily association and exercise periods were well supervised by staff, and we saw good examples of staff interaction and support.

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<sup>3</sup> 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.

3.5	Ofsted <sup>4</sup> made the following assessments about the learning and skills and work provision:	
	<b>Overall effectiveness of learning and skills and work:</b>	Requires improvement
	Achievements of detainees engaged in learning and skills and work:	Good
	Quality of learning and skills and work provision:	Good
	Personal development and behaviour:	Good
	Leadership and management of learning and skills and work:	Requires improvement

### Management of learning and skills and work

- 3.6 The management of learning, skills and work required improvement. Senior managers had made improvements since the previous inspection. For example, the evaluation of teaching observations informed staff development and professional development. However, since the end of 2016, as a result of a senior education staff vacancy, the current management structure for learning and skills did not provide the strategic oversight needed to monitor performance, develop the provision and drive quality improvement.
- 3.7 Senior officers had maintained a clear focus on detainees' development of English and mathematics, and employability skills. All detainees, including those returning to their units, were given the opportunity to improve their English and mathematics skills levels.
- 3.8 Partnership working with external education and vocational training providers was strong and effective. Essex County Council provided funding and tutors for English and mathematics programmes. The centre provided a limited range of accredited vocational courses in partnership with Colchester Institute (see below). A few detainees benefited from working in the community. A small number attended a local college to gain construction awards – for example, Construction Skills Certification Scheme (CSCS) awards, necessary for working on construction sites.
- 3.9 Senior managers had implemented self-evaluation and established quality assurance and improvement processes, in response to a recommendation at the previous inspection. However, these processes had stalled recently. In the previous year, centre managers had relied on partners to quality assure their own programmes. They did not collect performance data formally in a consistent and coherent manner, so target setting for improvement was underdeveloped.

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

## Recommendations

- 3.10 The Commandant should ensure that a senior education officer is recruited as soon as possible. A management structure should then be implemented to ensure performance monitoring, development of the provision and improvement.**
- 3.11 The full range of quality improvement activities should be consistently applied to all aspects of education, training and work, and specific, measurable targets identified in an improvement plan. (Repeated recommendation 3.16)**
- 3.12 The centre should improve the collection and analysis of data to plan and monitor the provision so that it meets the needs of all detainees. (Repeated recommendation 3.15)**

## Provision of activities

- 3.13** The centre provided enough activity places for the current small number of detainees being held. All detainees were engaged in education, employment or training. Good use was made of the available activity places, and all detainees were fully occupied during the working day. Highly experienced and well-qualified staff provided a comprehensive and demanding physical and military training programme for all detainees being returned to their units. The programme focused appropriately on accredited military training, which was a standard national requirement for all services.
- 3.14** The variety and range of education learning sessions were good, and included employability preparation programmes and a wide programme of self-study courses in the electronic learning centre (ELC). These were aimed at improving detainees' career prospects and progression into further education, training or employment on discharge.
- 3.15** Since the previous inspection, staff had reintroduced some accredited vocational training programmes in basic construction skills. However, the range was too limited and training programmes such as fork-lift truck operations, and horticulture and agriculture were no longer offered. The farm in the centre's grounds was used to support detainees who needed time to reflect and build their confidence.
- 3.16** The range of courses had been adapted to meet the needs of detainees on short sentences, as well as those in the centre for longer periods. All detainees from D Company and most from A Company participated in education courses. Subjects included English and mathematics at levels 1 and 2, and a variety of information and communications technology programmes. The range of courses in the ELC included cyber security, book-keeping and accountancy, business and management, health equality and diversity, and the European Computer Driving Licence.

## Recommendation

- 3.17 Centre staff should carry out a needs analysis, to determine whether the current education, training and work provision fully meets detainees' resettlement needs.**

## Quality of provision

**3.18** The quality of teaching, learning and assessment was good in education and vocational training. Staff provided excellent coaching for detainees who were following courses through self-study. Most detainees valued the opportunities to develop their skills and gain qualifications.

**3.19** Tutors used their subject knowledge and experience well to link learning effectively to the needs of detainees. Education accommodation and resources were good. Tutors used interactive learning resources effectively to develop topics, accessing the internet to provide up-to-date material on a wide range of subjects. Staff managed detainees' internet use extremely well and supervised them effectively to make sure that resources were used appropriately.

**3.20** Detainees' development of English and mathematics skills were given a high priority. Tutors used the initial assessment of detainees' English and mathematics skills effectively to plan individual learning. The quality of individual learning plans had much improved and detainees were clearly aware of what they needed to do to improve their learning.

**3.21** Tutors recorded detainees' skills development towards their achievement of accredited qualifications well. However, non-accredited skills (for example, improved communications, the development of self-confidence and the ability to work within teams) were rarely referred to. In a few cases on the shorter courses, tutors focused too much on the skills necessary to achieve a qualification, rather than on wider learning.

**3.22** Vocational training was good and well managed. The welding programme, providing qualifications up to level 2, was particularly impressive. A range of excellent resources ensured that detainees were able to develop skills to a good commercial standard. Assessment was well planned and verification met awarding body requirements. Trainers provided good oral and written feedback that helped detainees to progress at a good pace.

## Personal development and behaviour

**3.23** All detainees' punctuality, attendance and overall behaviour were exemplary and reflected the military codes of conduct well. They showed good levels of respect towards centre personnel, teaching and training staff, and to each other. Retention on courses was high, and most detainees were motivated and keen to attend education and training sessions, particularly those who were in D Company and were working towards their discharge. However, on a few occasions detainees were taken out of learning sessions for unscheduled appointments.

**3.24** All of the detainees we interviewed were positive about education and vocational training, and saw the benefits of improving their English and mathematics skills and gaining new qualifications. They were proud of their work, and standards in most areas were high, and in welding very high.

**3.25** Detainees adapted quickly to independent learning and problem-solving. For some, this was a new experience. Careers guidance was effective, especially for those who wanted to progress to higher learning.

## Education and vocational achievements

- 3.26** Detainees' achievements on all education and vocational training programmes, especially in English and mathematics at levels 1 and 2, were high. Those on distance learning programmes progressed well.
- 3.27** Detainees in A Company were well prepared for reintegration into their operational units, through a comprehensive and demanding military training programme.
- 3.28** Most detainees made good progress from their starting points in English and mathematics. Most improved by at least one level in both subjects during their time in the centre. Most also made good progress in vocational training sessions. However, not all the vocational and employability skills developed were recognised, or recorded in sufficient detail.

## Recommendation

- 3.29 All educational, vocational and employability skills gained should be recognised and recorded.**

## Library

- 3.30** The library was adequate for the needs of the current population. Access for A Company was scheduled for one afternoon session per week but detainees could ask to visit at other times should they wish to do so. Access for detainees in D Company was good. In our survey, all detainees said that they went to the library at least once a week. However, the library was not open during the evenings or at weekends.
- 3.31** The service catered appropriately for all detainee groups. It was suitably promoted and operated by a civilian member of staff, with book loan arrangements available with other military libraries throughout England. Detainees could also join the Colchester Library, which allowed them access to online materials and courses.
- 3.32** Library materials were adequate to meet detainees' leisure and training needs. Daily newspapers and a wide range of magazines were available, together with a small number of CDs and audio books. Relevant and up-to-date military legal reference and online textbooks were made available either in the library or in detainees' accommodation blocks. Library staff collected data about the numbers using the library and the range of resources available to detainees, but this information was not shared routinely with senior education staff. In our survey, all detainees said that the library had a wide enough range of material to meet their needs.

## 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.**

- 3.33** The PE and healthy living provision was very good. The gym was an impressive and well-used resource, and detainees had good access to it and to other forms of physical exercise. Indoor facilities were excellent and comprised a sports hall with cardiovascular and resistance weights areas. A small outdoor exercise frame was used to support team

activities. The facilities were open from early morning until late evening, seven days a week, and detainees valued highly the opportunities for physical exercise.

- 3.34** All detainees in A Company attended highly demanding mandatory PE each day as part of their military training. D Company could attend in the evenings for recreational PE. In our survey, 79% of respondents said that they went to the gym more than twice a week.
- 3.35** Well-qualified and experienced PE instructors provided a wide range of military and recreational activities. All detainees underwent appropriate health assessments before taking part in physical exercise for the first time, and could not use the facilities unless they had completed the PE induction.
- 3.36** PE staff had good and effective links with the health services and substance misuse teams. There were effective exercise programmes for detainees with injuries or undertaking rehabilitation regimes. Detainees had a good understanding of the importance of a healthy diet and the benefits of exercise.
- 3.37** The accredited vocational qualifications previously delivered by PE staff, under a subcontract with the YMCA, for those being discharged were no longer offered.

## Recommendation

- 3.38 PE staff should offer accredited qualifications, to support detainees seeking jobs in the leisure industry on discharge.**

# 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** The resettlement strategy had been updated in 2015 and continued to set out a clear vision for the Military Corrective Training Centre (MCTC) in rehabilitating detainees back into their military career or into the community, if discharged. However, a comprehensive offending behaviour needs analysis had not yet been undertaken. As a result, the strategy was not specific to the unique population detained, so it was difficult to tell if provision matched need.
- 4.2** Oversight of offender management was reasonably good. Two subgroups (the offender management group and the interventions group) reported back to the professional standards assurance meeting, which was held quarterly. Attendance at the offender management group meeting was adequate but the interventions group meeting, which provided an opportunity for partner agencies to come together to review delivery, was not always well attended. Neither group had an action plan to set priorities, so it was difficult to see if adequate progress was being made.
- 4.3** A small number of detainees convicted of more serious criminal offences presented a risk of harm to the public. However, there was no requirement for public protection oversight (multi-agency public protection arrangements (MAPPA)) or statutory supervision in these cases. While this was outside the control of the MCTC, we were concerned about the potential impact of this poor risk management for this higher risk of harm group (see paragraph 4.13 and main recommendation S53).
- 4.4** There was encouraging use of temporary release into the community for work opportunities and promoting family ties. For most detainees, there was no significant concern about their risk of harm to others, so progression into temporary release was considered appropriately at the point of achieving stage 3 of the staging system, and assessments were of a reasonably good quality. However, for the small number of detainees who had been convicted of serious criminal offences, the decision to award temporary release was too focused on rewarding good behaviour displayed during detention, rather than protecting the public (see paragraph 4.17 and recommendation 4.19).

### Recommendation

- 4.5** **The resettlement strategy should be based on a comprehensive analysis of the needs of the diverse population held at the Military Corrective Training Centre, and an action plan should be developed to set out the priorities and monitor progress against them.**

## 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.**

- 4.6** The centre held a small but complex mix of detainees. Just under half of them had been convicted of military offences, while the remainder had committed criminal offences. Just under half were serving short sentences of 60 days or less but a small proportion had been convicted of serious sexual or violent crime. Those sentenced to over two years were transferred to a prison but others remained at the MCTC throughout their period of detention.
- 4.7** The offender management unit (OMU) was very small, and staff were assigned specific responsibilities within the unit, rather than acting as case managers for individual detainees. For example, one member of staff was assigned the role of sentence planning for all of the detainees.
- 4.8** For those serving very short sentences for military offences, the offender management model worked reasonably well. The sentence planning member of staff met detainees shortly after arrival, to decide on their allocation to purposeful activities, and then met them every six weeks to review progress made.
- 4.9** However, the quality of offender management for the small number of higher-risk offenders charged with serious criminal offences required improvement. The detainee assessment records (DARs) were meant to provide a thorough assessment of issues related to offending behaviour, risk of harm and resettlement issues. However, those we saw were very weak. The initial assessment of offending behaviour across the Health, Accommodation, Relocation, Drugs and Alcohol, Finance, Attitudes, thinking and behaviour, Children and families, Training and Support (HARDFACTS) resettlement pathways was poor, and often just based on the detainee's view of issues or problems. The DAR was not used as a live document; for example, progress and changes in circumstances were not recorded routinely. Formal sentence planning no longer took place, and higher risk of harm detainees were no longer engaged in the development of a meaningful and individualised plan focusing on their specific offending behaviour and related problems.
- 4.10** The head of offender management had started a pilot project to try to improve the quality of DARs but more needed to be done to reinstate target setting through individualised sentence plans. In our survey, 87% of respondents said that they had a sentence plan, but only 41% that they had been involved in developing it.
- 4.11** The weekly offender management meeting was good practice. New detainees and those due to be released were discussed, to promote more information sharing and management. Assessments of the risk of harm to others had been introduced for all detainees, and those we looked at were of a reasonably good quality.

### Recommendation

- 4.12** **The quality of detainee assessment records should be improved, including regular updating and reviewing of resettlement issues and offending-related factors. Individualised sentence planning for those presenting a higher risk of harm to others should be reinstated.**

## Public protection

**4.13** At the time of the inspection, the centre held eight sex offenders and at least two perpetrators of domestic violence. Protecting the public from harm by those detainees who had been convicted of serious criminal offences was hampered by two issues. Firstly, those released did not have a period of statutory probation supervision (as they would have done if they were being released from prison). Secondly, while those convicted of an offence within Schedule 3 of the Sexual Offences Act 2003 (and sentenced to 112 days or more at the MCTC) were placed on the Sex Offender Register, the Ministry of Defence was not recognised as a 'responsible authority' or a 'duty to cooperate' agency under the MAPPA legislation. As a result, with the exception of sexual offenders' registration (SOR) requirements managed by the police, offenders who would normally have been managed under MAPPA were not (see main recommendation S53).

**4.14** The OMU passed information on to Essex Police, to enable sex offender registration to start on release, but this was the only formal control mechanism available.

**4.15** The quality of public protection work within the MCTC had improved considerably. There was now a clear public protection policy, alongside robust processes for approving child contact, including consultation with Children's Services.

**4.16** The centre could record and monitor detainees' mail and telephone calls, with approval, but, to date, had only done this in response to following up on intelligence, rather than routinely monitoring contact with children following the detainee's arrival at the MCTC. The approval of PIN telephone numbers was managed appropriately.

**4.17** Assessments for the release of detainees on short-term temporary release and reintegration leave (see paragraph 4.47) were of a reasonably good quality. However, the role of the OMU in making recommendations for detainees who presented a higher risk of harm to others was not sufficiently well promoted, which meant that it could not be ensured that full attention was given to the risk of harm to others, or that this contributed to the final decision-making process. Approval for temporary release and reintegration leave did not clearly evidence defensible decision making, in terms of protecting the public and reducing the risk of harm to others, rather than considering only the interests of the detainee.

## Recommendations

**4.18** **New detainees who present a risk of harm to children should have their mail and telephone calls monitored for an agreed period and in line with Interception of Communications Commissioner's Office regulations.**

**4.19** **Protecting the public from risk of harm should be at the forefront of the decision to allow higher risk detainees to have temporary release (short-term temporary release or reintegration leave).**

## 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.**

- 4.20** Some detainees said that they were uncertain about their future, not knowing if they would continue to serve in the military or were to be discharged at the end of their period of detention (see also paragraph 1.9). In addition, some had to return to their service unit pending completion of the discharge paperwork, which hindered their effective resettlement. Staff at the MCTC tried to chase parent units, but too often unit decisions about discharge were not taken promptly and necessary paperwork for discharge was not completed before the detainee's release.
- 4.21** Resettlement work revolved around the HARDFACTS pathways, and access to help for all detainees was very good. In our survey, most detainees knew who to turn to for help. Over half of all detainees, and almost all of those in A Company, said that they had been helped to prepare for release.
- 4.22** The welfare department was proactive and provided a valuable range of practical and emotional support, including access to community-based resettlement agencies. The unit saw all those due to be released, to provide additional information and signpost detainees to further help, if needed.
- 4.23** Those returning to their unit completed a programme called Right Turn, which aimed to refresh their military skills. Those being discharged from the military completed a programme called First Steps, which promoted employability, including CV writing and interview skills.
- 4.24** A small number of detainees were held in the Service Custody Platoon while they were on remand, awaiting sentencing. During the inspection, two detainees had just been sentenced and were being moved to a prison. Both were unsure of what to expect in mainstream prisons, and the MCTC had not done enough to prepare them or inform them about what they faced.

### Recommendations

- 4.25** **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.**  
(Repeated recommendation 4.20)
- 4.26** **Longer-term detainees due to transfer to a prison should be given better information about what to expect and day-to-day life in a prison setting.**

## HARDFACTS: Health

**4.27** Health care discharge planning was good, with all detainees given medications to take home as appropriate, and discharge summaries for GPs or assistance to find a GP or dentist. There was good liaison with community mental health services for detainees who required it. The Department of Community Mental Health could provide mental health support for up to six months, and a social worker for up to a year following discharge from the armed forces, ensuring effective continuity of care.

## HARDFACTS: Accommodation

**4.28** Good accommodation advice and support was provided by a full-time housing officer from Riverside Care and Support, who worked as part of the welfare team. This officer saw all detainees as part of the induction process, to signpost them to the services on offer. In addition to this, all those in D Company who were to be discharged had a one-to-one interview to assess their housing need and begin planning.

**4.29** In the previous six months, 28 men had been released into the community to permanent sustainable accommodation. Four of these 28 men either returned to their unit while awaiting their discharge paperwork or were placed in funded bed and breakfast accommodation before moving into a supported housing scheme. Support for the small number of Commonwealth detainees who were discharged was provided by the welfare department, who signposted these detainees for support and advice.

**4.30** The welfare team had links with a wide range of providers across the whole of the UK, including the Single Persons Accommodation Centre for the Ex-Services (SPACES) for single and homeless veterans, and the Joint Service Housing Advice Office (JSHAO) for homeless veterans with families. Citizens Advice was available to advise detainees serving short sentences how to maintain their tenancies, as well as giving mortgage advice to those with their own homes. Some financial support was available for detainees through Service charities for accommodation.

## HARDFACTS: Relocation

**4.31** There was no central log but we were told that very small numbers foreign national/Commonwealth detainees had been discharged from the centre, and that there had been none in the previous six months. Although there had been no recent cases, the welfare team had previously been involved in providing practical support for such detainees, such as helping them to attend English examinations as part of applications for Indefinite Leave to Remain (ILR) in the UK.

**4.32** The welfare team played a central role in signposting and supporting detainees in applying for ILR. There were links with service providers via Veterans Aid and the Army Navy Airforce Families Federation, which provided expert knowledge to detainees.

## HARDFACTS: Drugs and alcohol

**4.33** Good communication between Open Road counsellors, other MCTC departments and external drug and alcohol services ensured effective throughcare for detainees with substance misuse issues.

## HARDFACTS: Finance, benefit and debt

**4.34** In our survey, 50% of detainees said that they had had money worries on arrival at the centre. The loss of income upon sentencing and, for some, the additional prospect of discharge had serious implications for detainees and their families. Some detainees also arrived with substantial existing debts. The welfare department was well sighted on these issues and interviewed all new arrivals to assess their financial situation. They helped detainees facing rent and mortgage arrears or loan repayments to contact their creditors. Detainees from both companies were also able to access a wide variety of support and financial advice from military welfare services and service charities, and the welfare department put detainees' families in touch with these organisations.

**4.35** Citizens Advice gave a monthly presentation for all new detainees and offered one-to-one sessions for those needing further support. Jobcentre Plus held a fortnightly clinic, which was particularly useful for those facing discharge. The welfare department had built a good relationship with a local firm of solicitors who offered ad hoc, pro bono legal advice for detainees struggling with such issues as tenancy agreements. Detainees could manage their bank accounts by logging on to computers under staff supervision in the welfare or education department.

## HARDFACTS: Attitudes, thinking and behaviour

**4.36** The commitment by MCTC managers to providing offending behaviour interventions was excellent but a robust analysis to evidence the type and number needed had not been undertaken (see recommendation 4.5).

**4.37** Previous gaps in the provision of offence-focused interventions had been addressed. The range of programmes provided by Essex Community Rehabilitation Company (CRC) had been expanded and was now excellent, and included provision for those convicted of drink driving and violent crime, including domestic violence. Dropout rates were low across all the programmes. Detainees serving very short sentences could participate in the 'Choices' programme, which was delivered over a couple of weeks and aimed to develop thinking and problem-solving skills.

**4.38** There were good links between the CRC and the OMU, and CRC staff assessed all detainees after arrival, to decide which programme was most suitable for them. Specialist probation staff were also consulted about the higher-risk and more complex cases, and provided guidance on the type of offence-focused work that was appropriate. Probation and CRC staff had delivered individual offence-focused work to a small number of higher-risk detainees.

**4.39** Longer-term detainees convicted of sex offences could take part in the thinking skills programme, and could also undertake bespoke one-to-one work with CRC staff aimed at challenging their sexual offending.

**4.40** The Open Road project not only provided support for substance misuse problems, but also focused on anger management, post-traumatic stress and bereavement.

## HARDFACTS: Children, families and contact with the outside world

**4.41** In our survey, 94% of detainees said that their family and friends lived more than 50 miles away, and only 24% that it was easy for family or friends to get to the centre. Despite this, everything possible was done to encourage family contact, and 79% of respondents said that they had been helped to maintain contact with family and friends.

**4.42** The welfare team coordinated visits, which ran each weekend. There was enough capacity to ensure that detainees were able to book visits when they wanted to, within their entitlement. Detainees were able to save up their visits, so that they could have a longer, back-to-back visit, when families were travelling long distances or there were financial implications. The centre could also assist families financially when there were particular issues.

**4.43** As visitors arrived, they waited in the visitors centre, located in the main gate. This contained information, comfortable chairs, a vending machine as well as baby changing facilities and toilets, including for those with disabilities. Property for detainees could be brought in by visitors, including civilian clothes. Visitors received a briefing by the duty officer before the start of visits, to ensure that they were aware of the rules and what to expect, and they were not searched routinely. Although we did not observe visits, we were told that if families were late, staff would be flexible, to ensure that they still got the allocated visiting time.

**4.44** Visitors could access hot drinks and food from a vending machine during their visit. A separate children's play area was an excellent provision that was used for specific child play days, but we were told that it was also opened for visits when there were young children present. Visitors were able to book their next visit on site, and all visitors had an opportunity to complete a visitor's questionnaire before leaving the centre, to report back to the welfare team on their experience. All concerns raised by visitors were followed up subsequently by the welfare team.

**4.45** In addition to visits, those on stage 3 could apply for 'reintegration leave', to establish family links or maintain them when there were compassionate or extenuating circumstances. There was no central log of those applying for reintegration leave, so there were no data on the number of such detainees. In addition, the centre ran a parenting course, and detainees could take part in Storybook Soldiers (in which detainees record stories for their children), which were good initiatives. Child play days took place every two months, supported by a Barnardo's family worker; although take-up was often low, they were promoted well and were extremely positive for those who accessed them. The welfare team could authorise additional welfare telephone calls for detainees when specific issues arose, to support family links.

## HARDFACTS: Education, training and employment

**4.46** Careers advice and guidance for detainees being retained in the services on release was effective. Staff delivered a good employment preparation programme for those being discharged and there were links to external employment agencies. Detainees were helped to produce CVs and job applications. Staff helped detainees to develop interviewing skills and techniques. Many detainees used the electronic learning centre for job search and email correspondence with employers.

**4.47** In the previous year, a few detainees had been released temporarily to attend work experience with employers in the community, and short employment-related college courses. Since the previous inspection, the Career Transition Partnership (CTP) Future Horizons programme had become well established and offered good advice and support to detainees following their discharge. Centre staff had started to collect data about detainees' progression into education, and these suggested that around 60% of the detainees who left in 2016/17 had entered education, training or employment, although little validated information was available at the time of the inspection.

## HARDFACTS: Support

**4.48** The welfare department had well-established links with many military charities and welfare services, which provided detainees with support and advice during detention, on discharge and on their return to service.

**4.49** Veterans UK held a regular clinic in the education department, covering the range of HARDFACTS. The welfare department also made good use of the Veterans Aid charity (for advice on immigration and accommodation) and JSHAO.

# Section 5. Summary of recommendations and good practice

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

## Main recommendation To the Ministry of Defence

**5.1** Provision should be made to ensure statutory supervision for higher-risk detainees in the community on release, and for military detention to be included in multi-agency public protection arrangements (MAPPA). (S53)

## Recommendation To the Ministry of Defence

### Reintegration planning

**5.2** 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. (4.25, repeated recommendation 4.20).

## Recommendations To the Commandant

### Escorts and transfers

**5.3** Detainees should be adequately rested on arrival at the Military Corrective Training Centre, to ensure that they can fully participate in all activities required of them. (1.4)

### Bullying and violence reduction

**5.4** The issue of 'banter' should be fully addressed. Incidents should be investigated thoroughly and action taken where appropriate. (1.14)

### Self-harm and suicide prevention

**5.5** Measures to address risk should be proportionate to the risk posed, and be applied on the basis of an individualised risk assessment. (1.20)

**5.6** Anti-ligature rooms and anti-ligature clothing should be used only in exceptional circumstances, as a last resort when all other options to support and care for detainees at risk of suicide or self-harm have been exhausted. (1.21)

### Equality and diversity

**5.7** Local guidance for working with LGBT detainees should be revised, to remove potential discrimination. (2.23)

**5.8** Protected characteristics should be monitored routinely, to identify trends across time. (2.24)

### Faith and religious activity

**5.9** The chaplaincy should monitor the centre's population routinely, to ensure that faith provision meets need. (2.29)

### Complaints

**5.10** The centre should investigate detainees' poor perceptions of complaint outcomes. (2.35)

**5.11** Complaints should be monitored and analysed routinely, to understand trends across time and drive improvements. (2.36)

### Catering

**5.12** There should be appropriate procedures for storing culturally sensitive food. (2.68)

### Time out of room

**5.13** The Commandant should ensure that a senior education officer is recruited as soon as possible. A management structure should then be implemented to ensure performance monitoring, development of the provision and improvement. (3.10)

**5.14** The full range of quality improvement activities should be consistently applied to all aspects of education, training and work, and specific, measurable targets identified in an improvement plan. (3.11, repeated recommendation 3.16)

**5.15** The centre should improve the collection and analysis of data to plan and monitor the provision so that it meets the needs of all detainees. (3.12, repeated recommendation 3.15)

### Learning and skills and work activities

**5.16** Centre staff should carry out a needs analysis, to determine whether the current education, training and work provision fully meets detainees' resettlement needs. (3.17)

**5.17** All educational, vocational and employability skills gained should be recognised and recorded. (3.29)

### Physical education and health promotion

**5.18** PE staff should offer accredited qualifications, to support detainees seeking jobs in the leisure industry on discharge. (3.38)

### Strategic management of resettlement

**5.19** The resettlement strategy should be based on a comprehensive analysis of the needs of the diverse population held at the Military Corrective Training Centre, and an action plan should be developed to set out the priorities and monitor progress against them. (4.5)

## Sentence management and planning

- 5.20** The quality of detainee assessment records should be improved, including regular updating and reviewing of resettlement issues and offending-related factors. Individualised sentence planning for those presenting a higher risk of harm to others should be reinstated. (4.12)
- 5.21** New detainees who present a risk of harm to children should have their mail and telephone calls monitored for an agreed period and in line with Interception of Communications Commissioner's Office regulations. (4.18)
- 5.22** Protecting the public from risk of harm should be at the forefront of the decision to allow higher risk detainees to have temporary release (short-term temporary release or reintegration leave). (4.19)

## Reintegration planning

- 5.23** Longer-term detainees due to transfer to a prison should be given better information about what to expect and day-to-day life in a prison setting. (4.26)



# Section 6. Appendices

## Appendix I: Inspection team

Peter Clarke	Chief Inspector
Alison Perry	Team leader
Paul Rowlands	Inspector
Jonathan Tickner	Inspector
Sandra Fieldhouse	Inspector
Caroline Wright	Inspector
Kellie Reeve	Inspector
Helen Ranns	Researcher
Dr Tamara Al-Janabi	Researcher
Paul Tarbuck	Health services inspector
Bob Cowdrey	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 2014, 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.*

#### **Recommendations**

Apart from exceptional circumstances, arrangements should be made to ensure that detainees are admitted to the Centre during the day. (1.6)

#### **Achieved**

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. (1.21)

#### **Achieved**

Detainees subject to supervision should be actively involved in the care planning process. (1.27)

#### **Achieved**

A central log should be kept for use of the anti-ligature rooms. (1.28)

#### **Achieved**

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. (1.41)

#### **No longer relevant**

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

#### **Achieved**

## Respect

### **Detainees are treated with respect for their human dignity.**

*At the last inspection, in 2014 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.***

#### **Recommendations**

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

**Achieved**

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

**Achieved**

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)

**Achieved**

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

**Achieved**

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

**Achieved**

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

**Achieved**

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

**Achieved**

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

**Achieved**

## Purposeful activity

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

At the last inspection, in 2014 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.

### **Recommendations**

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

#### **Achieved**

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)

**Not achieved** (recommendation repeated, 3.12)

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)

**Not achieved** (recommendation repeated, 3.11)

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

#### **Not achieved**

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

#### **Achieved**

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

#### **Achieved**

## Resettlement

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

*At the last inspection, in 2014 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.*

#### **Main 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. (S51)

**Partially achieved**

#### **Recommendations**

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)

**Not achieved** (recommendation repeated, 4.25)

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)

**Not achieved**

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

**No longer relevant**

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

**Partially achieved**

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

**Achieved**

## Appendix III: Photograph

Stage 1B detainee bed layout





## Appendix IV: Detainee population profile

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

<b>Gender</b>	<b>Number of detainees</b>	<b>%</b>
Male	42	95.46
Female	2	4.54
<b>Total</b>	<b>44</b>	

<b>Service background</b>	<b>Male</b>		<b>Female</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Army	33	75	1	1.05
Royal Navy	3	6.82		
Royal Marines	2	4.55		
Royal Air Force	3	6.82		
Civilian	1	2.27	1	1.05
<b>Total</b>	<b>42</b>	<b>95.46</b>	<b>2</b>	<b>4.54</b>

<b>Status</b>	<b>Male</b>		<b>Female</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Sentenced	41	93.18	1	2.27
Unsentenced	0		0	
Civilian	1	2.27	1	2.27
<b>Total</b>	<b>42</b>	<b>95.46</b>	<b>2</b>	<b>4.54</b>

<b>Sentence</b>	<b>Male</b>		<b>Female</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
15 to 21 days	6	13.64	1	2.27
22 to 28 days	4	9.09		
29 to 60 days	6	13.64		
61 to 90 days	3	6.82		
3 to 6 months	4	9.09		
6 months to 1 year	10	22.73		
1 to 2 years	7	15.91	1	2.27
2 years or more	2	4.54		
<b>Total</b>	<b>41</b>	<b>95.46</b>	<b>2</b>	<b>4.54</b>

<b>Length of stay</b>	<b>Male</b>		<b>Female</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	11	25.00	1	2.27
1 month to 3 months	8	18.18		
3 months to 6 months	4	9.09		
6 months to 1 year	11	25.00		
1 year to 2 years	6	13.64	1	2.27
2 years or more	2	4.54		
<b>Total</b>	<b>42</b>	<b>95.46</b>	<b>2</b>	<b>4.54</b>

<b>Main offences</b>	<b>Male</b>		<b>Female</b>	
	<b>Number</b>		<b>Number</b>	
AWOL	11			
Dishonesty	5		1	
Disobedience	1			
Drugs	1			
Indecency	5			
Duty	3			
Sexual	4			
Violence	12		1	
Misc military offences	4			
<b>Total</b>	<b>42</b>		<b>2</b>	<b>4.54</b>

No percentage due to multiple offences for some detainees

<b>Age</b>	<b>Male</b>		<b>Female</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
18 years	1	2.27		
19 to 21 years	5	11.36		
22 to 29 years	30	68.18	1	2.27
30 to 39 years	5	11.36	1	2.27
40 years or more	1	2.27		
<b>Total</b>	<b>42</b>	<b>95.46</b>	<b>2</b>	<b>4.54</b>

<b>Home address</b>	<b>Male</b>		<b>Female</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Within 50 miles of the MCTC	1	2.27		
Between 50 and 100 miles of the MCTC	4	9.09		
Over 100 miles from the MCTC	37	84.09	2	4.54
Overseas				
NFA				
<b>Total</b>	<b>42</b>	<b>95.46</b>	<b>2</b>	<b>4.54</b>

<b>Nationality</b>	<b>Male</b>		<b>Female</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
British	40	90.91	2	4.54
Foreign nationals	2	4.55		
<b>Total</b>	<b>42</b>	<b>95.46</b>	<b>2</b>	<b>4.54</b>

<b>Ethnicity</b>	<b>Male</b>		<b>Female</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
White				
British	38	86.36	2	4.54
Mixed				
White and black Caribbean	1	2.27		
Other black	2	4.54		
<b>Total</b>	<b>42</b>	<b>95.46</b>	<b>2</b>	<b>4.54</b>

<b>Religion</b>	<b>Male</b>		<b>Female</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Church of England	10	22.73		
Roman Catholic	1	2.27		
Other Christian denominations	16	36.36		
Other	11	25.00	1	2.27
No religion	4	9.09	1	2.27
<b>Total</b>	<b>42</b>	<b>95.46</b>	<b>2</b>	<b>4.54</b>



# Appendix V: Summary of detainee questionnaires and interviews

## Detainee survey methodology

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

### Sampling

Questionnaires were offered to all prisoners.

### Distributing and collecting questionnaires

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

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

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

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

### Survey response

At the time of the survey on 23 October 2017, the prisoner population at the Military Corrective Training Centre (MCTC) was 41. Using the method described above, questionnaires were distributed to all 41 prisoners.

We received a total of 36 completed questionnaires, a response rate of 88%. Two respondents refused to complete a questionnaire and three questionnaires were not returned.

Company	Number of completed survey returns
A	14
D	19
SCP	3

## 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 a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences are indicated by shading.<sup>5</sup> Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

The following comparative analyses are presented:

- The current survey responses from the MCTC in 2017 compared with the responses of prisoners surveyed at the MCTC in 2014.
- A comparison within the 2014 survey between the responses of A Company and D Company.

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<sup>5</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

**Section I: About You**

<b>Q1.1</b>	<b>What company line are you from?</b>	
	A Company.....	14 (39%)
	D Company .....	19 (53%)
	SCP (Service Custody Platoon).....	3 (8%)
<b>Q1.2</b>	<b>Are you male or female?</b>	
	Male .....	34 (94%)
	Female .....	2 (6%)
<b>Q1.3</b>	<b>Which service are you from?</b>	
	Army .....	25 (71%)
	Royal Navy.....	3 (9%)
	Royal Marines .....	2 (6%)
	Royal Air Force .....	3 (9%)
	Civilian .....	2 (6%)
<b>Q1.4</b>	<b>How old are you?</b>	
	17 and under .....	0 (0%)
	18 .....	1 (3%)
	19 - 21.....	5 (14%)
	22 - 29.....	23 (66%)
	30 - 39.....	4 (11%)
	40 and over.....	2 (6%)
<b>Q1.5</b>	<b>Are you sentenced?</b>	
	Yes .....	33 (92%)
	No - awaiting trial/ under investigation .....	3 (8%)
<b>Q1.6</b>	<b>How long is your sentence?</b>	
	Not sentenced.....	3 (8%)
	7 days or under.....	0 (0%)
	8 to 14 days.....	1 (3%)
	15 to 21 days .....	3 (8%)
	22 to 28 days.....	3 (8%)
	29 to 60 days.....	6 (17%)
	61 to 90 days.....	1 (3%)
	3 months to less than 6 months .....	5 (14%)
	6 months to less than a year.....	5 (14%)
	1 year to less than 2 years .....	9 (25%)
	2 years or more .....	0 (0%)
<b>Q1.7</b>	<b>Are you a foreign national (i.e. do not have UK citizenship)?</b>	
	Yes .....	4 (11%)
	No .....	31 (89%)
<b>Q1.8</b>	<b>Do you understand spoken English?</b>	
	Yes .....	36 (100%)
	No .....	0 (0%)
<b>Q1.9</b>	<b>Do you understand written English?</b>	
	Yes .....	34 (100%)
	No .....	0 (0%)

<b>Q1.10</b>	<b>What is your ethnic origin?</b>	White - British (English/ Welsh/ Scottish/ Northern Irish).....	31 (89%)	Asian or Asian British - Chinese .....	0 (0%)
		White - Irish .....	0 (0%)	Asian or Asian British - other.....	0 (0%)
		White - other.....	2 (6%)	Mixed race - white and black Caribbean .....	0 (0%)
		Black or black British - Caribbean.....	0 (0%)	Mixed race - white and black African .....	0 (0%)
		Black or black British - African .....	0 (0%)	Mixed race - white and Asian .....	0 (0%)
		Black or black British - other .....	2 (6%)	Mixed race - other .....	0 (0%)
		Asian or Asian British - Indian .....	0 (0%)	Arab .....	0 (0%)
		Asian or Asian British - Pakistani.....	0 (0%)	Other ethnic group.....	0 (0%)
		Asian or Asian British - Bangladeshi.....	0 (0%)		
<b>Q1.11</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>	Yes.....			1 (3%)
		No.....			34 (97%)
<b>Q1.12</b>	<b>What is your religion?</b>	None.....	20 (57%)	Hindu .....	0 (0%)
		Church of England .....	8 (23%)	Jewish .....	0 (0%)
		Catholic .....	2 (6%)	Muslim .....	0 (0%)
		Protestant.....	2 (6%)	Sikh .....	0 (0%)
		Other Christian denomination .....	3 (9%)	Other.....	0 (0%)
		Buddhist .....	0 (0%)		
<b>Q1.13</b>	<b>How would you describe your sexual orientation?</b>	Heterosexual/ Straight .....			34 (97%)
		Homosexual/Gay.....			1 (3%)
		Bisexual .....			0 (0%)
<b>Q1.14</b>	<b>Do you consider yourself to have a disability (i.e. do you need help with any long-term physical, mental or learning needs)?</b>	Yes.....			5 (14%)
		No.....			30 (86%)
<b>Q1.15</b>	<b>Is this your first time in the MCTC?</b>	Yes.....			34 (94%)
		No.....			2 (6%)
<b>Q1.16</b>	<b>Do you have children under the age of 18?</b>	Yes .....			12 (33%)
		No .....			24 (67%)

## Section 2: Reception, first night and induction

<b>Q2.1</b>	<b>Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)</b>	Yes, someone told me .....	25 (69%)
		Yes, I received written information .....	4 (11%)
		No, I was not told anything .....	7 (19%)
		Don't remember .....	1 (3%)
<b>Q2.2</b>	<b>How long were you in reception?</b>	Less than 2 hours .....	25 (69%)
		2 hours or longer .....	5 (14%)
		Don't remember .....	6 (17%)

<b>Q2.3</b>	<b>Did you have a risk assessment?</b>	Yes .....	18 (51%)
		No .....	5 (14%)
		Don't know/ don't remember .....	12 (34%)
<b>Q2.4</b>	<b>Overall, how were you treated in reception?</b>	Very well.....	10 (28%)
		Well.....	20 (56%)
		Neither.....	5 (14%)
		Badly.....	0 (0%)
		Very badly .....	0 (0%)
		Don't remember .....	1 (3%)
<b>Q2.5</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>	Loss of property .....	1 (3%)
		Housing problems .....	6 (17%)
		Contacting employers .....	2 (6%)
		Contacting family .....	8 (22%)
		Childcare .....	0 (0%)
		Money worries.....	18 (50%)
		Feeling depressed or suicidal .....	9 (25%)
		Physical health .....	3 (8%)
		Mental health .....	11 (31%)
		Needing protection from other detainees .....	0 (0%)
		Getting phone numbers .....	7 (19%)
		Other.....	0 (0%)
		Did not have any problems.....	12 (33%)
<b>Q2.6</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>	Yes .....	15 (44%)
		No .....	7 (21%)
		Did not have any problems .....	12 (35%)
<b>Q2.7</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>	A reception/ 'get you in' pack.....	27 (77%)
		A shower .....	22 (63%)
		A free telephone call.....	25 (71%)
		Something to eat.....	23 (66%)
		Did not receive anything .....	3 (9%)
<b>Q2.8</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>	Chaplain .....	18 (53%)
		Someone from health services.....	17 (50%)
		Someone from the welfare department.....	22 (65%)
		A 'befriender' /Samaritans .....	17 (50%)
		MCTC shop/ canteen .....	11 (32%)
		Did not have access to any of these.....	5 (15%)
<b>Q2.9</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>	What was going to happen to you .....	27 (77%)
		What support was available for people feeling depressed or suicidal.....	20 (57%)
		How to make routine requests (applications) .....	23 (66%)
		Your entitlement to visits.....	23 (66%)
		Health services .....	24 (69%)
		Chaplaincy .....	20 (57%)
		Not offered any information.....	4 (11%)

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

Yes .....	29 (81%)
No .....	6 (17%)
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 .....	1 (3%)
Within the first week .....	27 (79%)
More than a week .....	3 (9%)
Don't remember .....	3 (9%)

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

Have not been on an induction course .....	1 (3%)
Yes .....	24 (69%)
No .....	6 (17%)
Don't remember .....	4 (11%)

**Section 3: Rights & 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?	28 (78%)	8 (22%)	0 (0%)
Are you normally able to have a shower every day?	36 (100%)	0 (0%)	0 (0%)
Do you normally receive clean sheets every week?	33 (92%)	2 (6%)	1 (3%)
Do you normally get room cleaning materials every week?	24 (71%)	8 (24%)	2 (6%)
Is your room call bell normally answered within five minutes?	16 (52%)	3 (10%)	12 (39%)
Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	24 (69%)	9 (26%)	2 (6%)
If you need to, can you normally get your stored property?	19 (54%)	4 (11%)	12 (34%)

**Q3.2 What is the food like here?**

Very good .....	10 (28%)
Good .....	19 (53%)
Neither .....	7 (19%)
Bad .....	0 (0%)
Very bad .....	0 (0%)

**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 .....	5 (14%)
Yes .....	21 (58%)
No .....	10 (28%)

**Q3.4 Are your religious beliefs respected?**

Yes .....	14 (39%)
No .....	2 (6%)
Don't know/ N/A .....	20 (56%)

**Q3.5 Are you able to speak to the Padre/ or a Chaplain of your faith in private if you want to?**

Yes .....	29 (81%)
No .....	1 (3%)
Don't know/ N/A .....	6 (17%)

<b>Q3.6</b>	<b>Can you speak to a 'befriender' at any time, if you want to?</b>	
	Yes .....	20 (56%)
	No .....	7 (19%)
	Don't know .....	9 (25%)
<b>Q3.7</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	I don't want to attend .....	11 (31%)
	Very easy .....	11 (31%)
	Easy .....	6 (17%)
	Neither .....	2 (6%)
	Difficult .....	0 (0%)
	Very difficult .....	0 (0%)
	Don't know .....	5 (14%)

#### Section 4: Applications and complaints

<b>Q4.1</b>	<b>Is it easy to make an application?</b>	
	Yes .....	32 (91%)
	No .....	2 (6%)
	Don't know .....	1 (3%)
<b>Q4.2</b>	<b>Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)</b>	
		Not made one
	Are applications dealt with fairly?	8 (24%)
	Are applications dealt with quickly (within seven days)?	8 (25%)
		Yes
		26 (76%)
		23 (72%)
		No
		0 (0%)
		1 (3%)
<b>Q4.3</b>	<b>Is it easy to make a complaint?</b>	
	Yes .....	23 (68%)
	No .....	2 (6%)
	Don't know .....	9 (26%)
<b>Q4.4</b>	<b>Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)</b>	
		Not made one
	Are complaints dealt with fairly?	19 (61%)
	Are complaints dealt with quickly (within seven days)?	19 (58%)
		Yes
		6 (19%)
		12 (36%)
		No
		6 (19%)
		2 (6%)
<b>Q4.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes .....	4 (13%)
	No .....	28 (88%)
<b>Q4.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	Don't know who they are .....	9 (26%)
	Very easy .....	6 (17%)
	Easy .....	12 (34%)
	Neither .....	6 (17%)
	Difficult .....	2 (6%)
	Very difficult .....	0 (0%)

## Section 5: Staging system

<b>Q5.1</b>	<b>Have you been treated fairly in your experience of the staging system? This refers to stages 1, 2 (enhanced) to stage 3 (trustee level).</b>	
	Don't know what the staging system is.....	2 (6%)
	Yes .....	21 (60%)
	No .....	6 (17%)
	Don't know .....	6 (17%)
<b>Q5.2</b>	<b>Do the different levels of the staging system encourage you to change your behaviour?</b>	
	Don't know what the staging system is.....	2 (6%)
	Yes .....	21 (60%)
	No.....	7 (20%)
	Don't know .....	5 (14%)
<b>Q5.3</b>	<b>Have you been physically restrained (C&amp;R) by members of the staff at the MCTC?</b>	
	Yes.....	1 (3%)
	No.....	33 (97%)
<b>Q5.4</b>	<b>If you have spent a night in the Service Custody Platoon (SCP), how were you treated by staff?</b>	
	I have not been to the SCP.....	24 (71%)
	Very well.....	7 (21%)
	Well .....	2 (6%)
	Neither .....	1 (3%)
	Badly.....	0 (0%)
	Very badly .....	0 (0%)

## Section 6: Relationships with staff

<b>Q6.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes.....	33 (97%)
	No.....	1 (3%)
<b>Q6.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes.....	31 (91%)
	No.....	3 (9%)
<b>Q6.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes.....	31 (89%)
	No.....	4 (11%)
<b>Q6.4</b>	<b>How often do staff normally speak to you during your evening association/ free time?</b>	
	Do not use association/ free time .....	1 (3%)
	Never.....	0 (0%)
	Rarely .....	2 (6%)
	Some of the time .....	10 (29%)
	Most of the time .....	17 (49%)
	All of the time.....	5 (14%)

**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> .....	2 (6%)
<i>Don't remember</i> .....	6 (18%)

**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> .....	8 (26%)
<i>Helpful</i> .....	2 (6%)
<i>Neither</i> .....	4 (13%)
<i>Not very helpful</i> .....	0 (0%)
<i>Not at all helpful</i> .....	2 (6%)

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

<i>Yes</i> .....	6 (17%)
<i>No</i> .....	29 (83%)

**Q7.2 Do you feel unsafe now?**

<i>Yes</i> .....	2 (6%)
<i>No</i> .....	33 (94%)

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

<i>Never felt unsafe</i> .....	29 (85%)	<i>At meal times</i> .....	1 (3%)
<i>Everywhere</i> .....	2 (6%)	<i>At health services</i> .....	0 (0%)
<i>SCP</i> .....	0 (0%)	<i>Visits area</i> .....	0 (0%)
<i>Association/ communal areas</i> .....	1 (3%)	<i>In dorm/ room showers</i> .....	0 (0%)
<i>Reception area</i> .....	0 (0%)	<i>In gym showers</i> .....	0 (0%)
<i>At the gym</i> .....	1 (3%)	<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> .....	0 (0%)
<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> .....	4 (12%)
<i>No</i> .....	30 (88%)

**Q7.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)**

Insulting remarks (about you or your family or friends) .....	4 (12%)
Physical abuse (being hit, kicked or assaulted) .....	0 (0%)
Sexual abuse .....	1 (3%)
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 .....	0 (0%)
You are 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 .....	2 (6%)
You were new here .....	0 (0%)
Your offence/ charge .....	2 (6%)

**Q7.6 Have you been victimised by staff here?**

Yes .....	10 (29%)
No .....	24 (71%)

**Q7.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)**

Insulting remarks (about you or your family or friends) .....	3 (9%)
Physical abuse (being hit, kicked or assaulted) .....	0 (0%)
Sexual abuse .....	0 (0%)
Feeling threatened or intimidated .....	2 (6%)
Medication .....	0 (0%)
Debt .....	0 (0%)
Drugs .....	2 (6%)
Your parent service .....	0 (0%)
Your race or ethnic origin .....	1 (3%)
Your religion/religious beliefs .....	0 (0%)
Your nationality .....	1 (3%)
You are 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 .....	2 (6%)
You were new here .....	2 (6%)
Your offence/ charge .....	3 (9%)

**Q7.8 If you have been victimised by detainees or staff, did you report it?**

Not been victimised .....	23 (68%)
Yes .....	4 (12%)
No .....	7 (21%)

## Section 8: Health services

<b>Q8.1 How easy or difficult is it to see the following people?:</b>		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor		1 (3%)	20 (57%)	13 (37%)	1 (3%)	0 (0%)	0 (0%)
The nurse		1 (3%)	20 (59%)	13 (38%)	0 (0%)	0 (0%)	0 (0%)
The dentist		15 (43%)	8 (23%)	8 (23%)	2 (6%)	1 (3%)	1 (3%)
<b>Q8.2 What do you think of the quality of the health service from the following people?:</b>							
The doctor		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The nurse		2 (6%)	17 (49%)	13 (37%)	3 (9%)	0 (0%)	0 (0%)
The dentist		3 (9%)	18 (53%)	10 (29%)	3 (9%)	0 (0%)	0 (0%)
		19 (54%)	5 (14%)	5 (14%)	5 (14%)	1 (3%)	0 (0%)
<b>Q8.3 What do you think of the overall quality of the health services here?</b>							
		<i>Not been</i> .....					1 (3%)
		<i>Very good</i> .....					15 (45%)
		<i>Good</i> .....					12 (36%)
		<i>Neither</i> .....					4 (12%)
		<i>Bad</i> .....					0 (0%)
		<i>Very bad</i> .....					1 (3%)
<b>Q8.4 Are you currently taking medication?</b>							
		<i>Yes</i> .....					8 (24%)
		<i>No</i> .....					26 (76%)
<b>Q8.5 If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>							
		<i>Not taking medication</i> .....					26 (76%)
		<i>Yes, all my meds</i> .....					2 (6%)
		<i>Yes, some of my meds</i> .....					5 (15%)
		<i>No</i> .....					1 (3%)
<b>Q8.6 Do you have any emotional or mental health problems?</b>							
		<i>Yes</i> .....					11 (33%)
		<i>No</i> .....					22 (67%)
<b>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)?</b>							
		<i>Do not have any emotional or mental health problems</i> .....					22 (67%)
		<i>Yes</i> .....					9 (27%)
		<i>No</i> .....					2 (6%)
<b>Q8.9 Have you experienced any trauma during or following combat?</b>							
		<i>Yes</i> .....					5 (15%)
		<i>No</i> .....					28 (85%)
<b>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)?</b>							
		<i>Yes</i> .....					2 (40%)
		<i>No</i> .....					3 (60%)

## Section 9: Drugs and alcohol

<b>Q9.1</b>	<b>Did you have a problem with drugs when you came into the MCTC?</b>	
	Yes .....	5 (15%)
	No .....	29 (85%)
<b>Q9.2</b>	<b>Did you have a problem with alcohol when you came into the MCTC?</b>	
	Yes .....	6 (18%)
	No .....	28 (82%)
<b>Q9.3</b>	<b>Is it easy or difficult to get illegal drugs in the MCTC?</b>	
	Very easy .....	2 (6%)
	Easy .....	0 (0%)
	Neither .....	0 (0%)
	Difficult .....	2 (6%)
	Very difficult .....	2 (6%)
	Don't know .....	27 (82%)
<b>Q9.4</b>	<b>Is it easy or difficult to get alcohol in the MCTC?</b>	
	Very easy .....	1 (3%)
	Easy .....	1 (3%)
	Neither .....	0 (0%)
	Difficult .....	2 (6%)
	Very difficult .....	3 (9%)
	Don't know .....	26 (79%)
<b>Q9.5</b>	<b>Have you developed a problem with illegal drugs since you have been in the MCTC?</b>	
	Yes .....	0 (0%)
	No .....	34 (100%)
<b>Q9.6</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in the MCTC?</b>	
	Did not / do not have a drug problem .....	29 (85%)
	Yes .....	4 (12%)
	No .....	1 (3%)
<b>Q9.7</b>	<b>Have you received any support or help (for example substance misuse teams for your alcohol problem, whilst in the MCTC?</b>	
	Did not / do not have an alcohol problem .....	28 (82%)
	Yes .....	4 (12%)
	No .....	2 (6%)
<b>Q9.8</b>	<b>Was the support or help you received, whilst in MCTC, helpful?</b>	
	Did not have a problem/ did not receive help .....	27 (79%)
	Yes .....	5 (15%)
	No .....	2 (6%)

## Section 10: Activities

<b>Q10.1</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>	
	Military training programme .....	9 (28%)
	Vocational or skills training .....	4 (13%)
	Education (including basic skills) .....	15 (47%)
	Offending behaviour programmes .....	7 (22%)
	Estates (farm) .....	11 (34%)
	Outside work projects .....	1 (3%)
	Other projects e.g. charity work .....	2 (6%)
	<i>Not involved in any of these</i> .....	8 (25%)
<b>Q10.2</b>	<b>If you have been involved in any of the following, while in the MCTC, do you think they will help you on release?</b>	
		<i>Not been involved</i>
		Yes
		No
		Don't know
	Military training programme .....	11 (39%)
	Vocational or skills training .....	9 (36%)
	Education (including basic skills) .....	15 (56%)
	Offending behaviour programmes .....	11 (42%)
	Estates (farm) .....	7 (26%)
	Outside work projects .....	4 (17%)
	Other projects e.g. charity work .....	3 (12%)
<b>Q10.3</b>	<b>How often do you usually go to the library?</b>	
	<i>Don't want to go</i> .....	4 (12%)
	Never .....	3 (9%)
	Less than once a week .....	2 (6%)
	About once a week .....	17 (50%)
	More than once a week .....	8 (24%)
<b>Q10.4</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>	
	<i>Don't use it</i> .....	6 (18%)
	Yes .....	25 (76%)
	No .....	2 (6%)
<b>Q10.5</b>	<b>How many times do you usually go to the gym each week?</b>	
	<i>Don't want to go</i> .....	2 (6%)
	0 .....	0 (0%)
	1 to 2 .....	5 (15%)
	3 to 5 .....	15 (45%)
	More than 5 .....	11 (33%)
<b>Q10.6</b>	<b>How many times do you usually go outside for exercise each week?</b>	
	<i>Don't want to go</i> .....	4 (12%)
	0 .....	16 (47%)
	1 to 2 .....	9 (26%)
	3 to 5 .....	3 (9%)
	More than 5 .....	2 (6%)

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

Don't want to go .....	7 (23%)
0 .....	7 (23%)
1 to 2 .....	6 (19%)
3 to 5 .....	4 (13%)
More than 5 .....	7 (23%)

**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 .....	1 (3%)
2 to less than 4 hours .....	7 (21%)
4 to less than 6 hours .....	8 (24%)
6 to less than 8 hours .....	8 (24%)
8 to less than 10 hours .....	1 (3%)
10 hours or more .....	7 (21%)
Don't know .....	2 (6%)

**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 MTC?**

Yes .....	26 (79%)
No .....	7 (21%)

**Q11.2 Have you had any problems with sending or receiving mail (letters or parcels)?**

Yes .....	14 (40%)
No .....	21 (60%)

**Q11.3 Have you had any problems getting access to the telephones?**

Yes .....	6 (17%)
No .....	29 (83%)

**Q11.4 How easy or difficult is it for your family and friends to get here?**

I don't get visits .....	4 (12%)
Very easy .....	5 (15%)
Easy .....	3 (9%)
Neither .....	0 (0%)
Difficult .....	7 (21%)
Very difficult .....	11 (33%)
Don't know .....	3 (9%)

**Q11.5 How far are you from family/ friends?**

Less than 50 miles .....	2 (6%)
50 to 100 miles .....	1 (3%)
Over 100 miles .....	30 (88%)
Overseas .....	1 (3%)

**Section 12: Preparation for release (both back into the community and the Armed Services)****Q12.1 Do you have a sentence plan?**

Not sentenced .....	3 (9%)
Yes .....	27 (79%)
No .....	4 (12%)

**Q12.2 How involved were you in the development of your sentence plan?**

<i>Do not have a sentence plan/ not sentenced</i> .....	7 (21%)
<i>Very involved</i> .....	1 (3%)
<i>Involved</i> .....	10 (29%)
<i>Neither</i> .....	5 (15%)
<i>Not very involved</i> .....	6 (18%)
<i>Not at all involved</i> .....	5 (15%)

**Q12.3 Who is working with you to achieve your sentence plan targets?**

<i>Do not have a sentence plan/ not sentenced</i> .....	7 (29%)
<i>Company &amp; Platoon commanders</i> .....	5 (21%)
<i>Personal/ named officer</i> .....	5 (21%)
<i>Staff from other departments</i> .....	9 (38%)

**Q12.4 Can you achieve any of your sentence plan targets in the MCTC?**

<i>Do not have a sentence plan/ not sentenced</i> .....	7 (23%)
<i>Yes</i> .....	15 (48%)
<i>No</i> .....	4 (13%)
<i>Don't know</i> .....	5 (16%)

**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> .....	7 (22%)
<i>Yes, on return to my parent service</i> .....	0 (0%)
<i>Yes, in the community</i> .....	2 (6%)
<i>No plans</i> .....	16 (50%)
<i>Don't know</i> .....	7 (22%)

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

<i>Yes</i> .....	15 (56%)
<i>No</i> .....	12 (44%)

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

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	12 (38%)	16 (50%)	4 (13%)
Resettling back into your unit/platoon/ship/squadron	13 (42%)	11 (35%)	7 (23%)
Accommodation	16 (52%)	11 (35%)	4 (13%)
Benefits	15 (47%)	10 (31%)	7 (22%)
Finances	13 (41%)	11 (34%)	8 (25%)
Education	15 (45%)	13 (39%)	5 (15%)
Drugs and alcohol	18 (55%)	10 (30%)	5 (15%)
Maintaining contact with family/friends	14 (42%)	14 (42%)	5 (15%)



## Detainee Survey Responses MCTC 2017

**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

<span style="background-color: green; display: inline-block; width: 15px; height: 15px;"></span>	Any percent highlighted in green is significantly better			
<span style="background-color: blue; display: inline-block; width: 15px; height: 15px;"></span>	Any percent highlighted in blue is significantly worse			
<span style="background-color: orange; display: inline-block; width: 15px; height: 15px;"></span>	Any percent highlighted in orange shows a significant difference in detainees' background details			
<span style="background-color: white; display: inline-block; width: 15px; height: 15px;"></span>	Percentages which are not highlighted show there is no significant difference			
<b>Number of completed questionnaires returned</b>		<b>36</b>	<b>37</b>	
<b>SECTION 1: General Information</b>				
1.2	Are you male?	94%	92%	
1.3	Are you in the Army?	71%	81%	
1.4	Are you under 21 years of age?	17%	31%	
1.5	Are you sentenced?	92%	95%	
1.6	Is your sentence less than 2 weeks?	3%	0%	
1.7	Are you a foreign national?	11%	8%	
1.8	Can you understand spoken English?	100%	100%	
1.9	Can you understand written English?	100%	100%	
1.10	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	6%	3%	
1.11	Do you consider yourself to be Gypsy/Romany/ Traveller?	3%	0%	
1.12	Are you Muslim?	0%	0%	
1.13	Are you homosexual/gay or bisexual?	3%	5%	
1.14	Do you consider yourself to have a disability?	14%	0%	
1.15	Is this your first time in the MCTC?	94%	87%	
1.16	Do you have any children under the age of 18?	33%	38%	
<b>SECTION 2: Reception, first night and induction</b>				
2.1	Before you arrived here did someone tell you you were coming here?	69%	81%	
2.1	Before you arrived here did you receive any written information?	11%	16%	
2.2	Did you spend more than 2 hours in reception?	14%	5%	
2.3	Did you have a risk assessment?	51%	83%	
2.4	Were you treated well/very well in reception?	83%	89%	
				<span style="background-color: yellow; display: inline-block; width: 15px; height: 15px;"></span> A Company
				<span style="background-color: red; display: inline-block; width: 15px; height: 15px;"></span> D Company

### Key to tables

		Military Corrective Training Centre 2017	Military Corrective Training Centre 2014	A Company	D Company
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
2.5	When you first arrived:				
2.5	Did you have any problems?	67%	39%	71%	68%
2.5	Did you have any problems with loss of property?	3%	0%	0%	5%
2.5	Did you have any problems with housing?	17%	6%	14%	21%
2.5	Did you have any problems contacting family?	22%	3%	7%	32%
2.5	Did you have any problems with childcare arrangements?	0%	3%	0%	0%
2.5	Did you have any money worries?	50%	33%	50%	53%
2.5	Did you have any problems with feeling depressed or suicidal?	25%	14%	29%	21%
2.5	Did you have any physical health problems?	8%	11%	0%	16%
2.5	Did you have any mental health problems?	31%	8%	21%	37%
2.5	Did you have any problems with needing protection from other detainees?	0%	0%	0%	0%
2.5	Did you have any problems getting phone numbers?	19%	0%	7%	32%
2.6	Did you receive any help/support from staff in dealing with any of these problems?	68%	77%	88%	54%
2.7	On your day of arrival, were you offered any of the following:				
2.7	A reception pack/get you in' pack?	77%	92%	71%	78%
2.7	A shower?	63%	46%	64%	56%
2.7	A free telephone call?	71%	78%	93%	56%
2.7	Something to eat?	66%	60%	79%	56%
2.8	When you first arrived here, did you have access to the following people or services:				
2.8	A Chaplain?	53%	73%	57%	47%
2.8	Someone from health services?	50%	68%	64%	41%
2.8	Someone from the welfare department?	65%	84%	71%	53%
2.8	A 'befriender'/Samaritans?	50%	70%	64%	47%
2.8	MCTC shop/ canteen?	32%	38%	29%	41%
2.9	When you first arrived here, were offered any of the following:				
2.9	Information about what was going to happen to you?	77%	87%	92%	68%
2.9	What support was available for people feeling depressed or suicidal?	57%	81%	77%	42%
2.9	How to make routine requests?	66%	81%	69%	58%
2.9	Your entitlement to visits?	66%	78%	77%	53%
2.9	Health services?	69%	73%	85%	53%
2.9	Chaplaincy?	57%	76%	69%	42%
2.10	Did you feel safe on your first night here?	81%	95%	93%	68%
2.11	Have you been on an induction course?	97%	89%	100%	100%
For those who have been on an induction course:					
2.12	Did the course cover everything you needed to know about the MCTC?	71%	73%	100%	56%

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#### SECTION 3: Rights and Respectful Custody

3.1	On the company line you are currently living in:		
3.1	Are you normally offered enough clean, suitable clothes for the week?	78%	97%
3.1	Are you normally able to have a shower every day?	100%	97%
3.1	Do you normally receive clean sheets every week?	92%	89%
3.1	Do you normally get cleaning materials for your room every week?	71%	89%
3.1	Is your room call bell normally answered within five minutes?	52%	51%
3.1	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	69%	86%
3.1	Can you normally get your stored property, if you need to?	54%	86%
3.2	Is the food in the MCTC good/very good?	81%	35%
3.3	Does the shop/canteen sell a wide enough range of goods to meet your needs?	58%	54%
3.4	Do you feel your religious beliefs are respected?	39%	68%
3.5	Are you able to speak to the Padre/ a Chaplain of your faith in private if you want to?	81%	87%
3.6	Are you able to speak to a 'befriender' at any time, if you want to?	56%	72%
3.7	Is it easy/ very easy for you to attend religious services?	49%	64%

#### SECTION 4: Applications and complaints

4.1	Is it easy to make an application?	91%	92%
For those who have made an application:			
4.2	Do you feel applications are dealt with fairly?	100%	100%
4.2	Do you feel applications are dealt with quickly? (within 7 days)	96%	96%
4.3	Is it easy to make a complaint?	68%	69%
For those who have made a complaint:			
4.4	Do you feel complaints are dealt with fairly?	50%	80%
4.4	Do you feel complaints are dealt with quickly? (within 7 days)	86%	73%
4.5	Have you ever been prevented from making a complaint when you wanted to?	13%	12%
4.6	Is it easy/very easy to see the Independent Monitoring Board?	51%	57%

#### SECTION 5: Staging system

5.1	Have you been treated fairly in your experience of the staging system?	60%	77%
5.2	Do the different levels of the staging system encourage you to change your behaviour?	60%	66%
5.3	Have you been physically restrained by staff at the MCTC?	3%	9%
5.4	If you have spent a night in the SCP , were you treated well/very well by staff?	90%	75%

79%	74%
100%	100%
93%	90%
85%	56%
75%	31%
71%	61%
64%	44%
93%	68%
79%	42%
50%	32%
100%	63%
79%	37%
85%	32%
100%	84%
100%	100%
100%	93%
69%	67%
67%	44%
100%	80%
8%	18%
54%	47%
85%	47%
85%	47%
8%	0%
100%	67%

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<b>SECTION 6 : Relationships with staff</b>						
<b>6.1</b>	Do most staff treat you with respect?		<b>97%</b>	<b>94%</b>		
<b>6.2</b>	Is there a member of staff you can turn to for help if you have a problem?		<b>91%</b>	<b>91%</b>		
<b>6.3</b>	Has a member of staff checked on you personally in the last week to see how you were getting on?		<b>89%</b>	<b>91%</b>		
<b>6.4</b>	Do staff normally speak to you most of the time/all of the time during association?		<b>63%</b>	<b>56%</b>		
<b>6.5</b>	Do you have a personal officer?		<b>56%</b>	<b>56%</b>		
For those with a personal officer:						
<b>6.6</b>	Do you think your personal officer is helpful/very helpful?		<b>63%</b>	<b>56%</b>		
<b>SECTION 7: Safety</b>						
<b>7.1</b>	Have you ever felt unsafe at MCTC?		<b>17%</b>	<b>21%</b>		
<b>7.2</b>	Do you feel unsafe now?		<b>6%</b>	<b>6%</b>		
<b>7.4</b>	Have you been victimised by other detainees here?		<b>12%</b>	<b>6%</b>		
<b>7.5</b>	If yes, what did this involve:					
<b>7.5</b>	Insulting remarks made about you, your family or friends?		<b>12%</b>	<b>3%</b>		
<b>7.5</b>	Physical abuse?		<b>0%</b>	<b>0%</b>		
<b>7.5</b>	Sexual abuse?		<b>3%</b>	<b>0%</b>		
<b>7.5</b>	Feeling threatened or intimidated?		<b>6%</b>	<b>6%</b>		
<b>7.5</b>	Having your canteen/property taken?		<b>0%</b>	<b>0%</b>		
<b>7.5</b>	Medication?		<b>0%</b>	<b>0%</b>		
<b>7.5</b>	Debt?		<b>0%</b>	<b>0%</b>		
<b>7.5</b>	Drugs?		<b>0%</b>	<b>0%</b>		
<b>7.5</b>	Your parent service?		<b>0%</b>	<b>0%</b>		
<b>7.5</b>	Your race or ethnic origin?		<b>0%</b>	<b>0%</b>		
<b>7.5</b>	Your religion/religious beliefs?		<b>0%</b>	<b>0%</b>		
<b>7.5</b>	Your nationality?		<b>0%</b>	<b>3%</b>		
<b>7.5</b>	Your from a different part of the country?		<b>0%</b>	<b>0%</b>		
<b>7.5</b>	Your from a traveller community?		<b>0%</b>	<b>0%</b>		
<b>7.5</b>	Your sexual orientation?		<b>0%</b>	<b>0%</b>		
<b>7.5</b>	Your age?		<b>0%</b>	<b>0%</b>		
<b>7.5</b>	You have a disability?		<b>6%</b>	<b>0%</b>		
<b>7.5</b>	You were new here?		<b>0%</b>	<b>0%</b>		
<b>7.5</b>	Your offence/charge?		<b>6%</b>	<b>3%</b>		
<b>7.6</b>	Have you been victimised by staff here?		<b>29%</b>	<b>12%</b>		
					<b>14%</b>	<b>47%</b>

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<b>7.7</b>	If yes, what did this involve:					
<b>7</b>	Insulting remarks made about you, your family or friends?	9%	6%		0%	18%
<b>7.7</b>	Physical abuse?	0%	0%		0%	0%
<b>7.7</b>	Sexual abuse?	0%	0%		0%	0%
<b>7.7</b>	Feeling threatened or intimidated?	6%	6%		0%	12%
<b>7.7</b>	Medication?	0%	3%		0%	0%
<b>7.7</b>	Debt?	0%	0%		0%	0%
<b>7.7</b>	Drugs?	6%	0%		0%	12%
<b>7.7</b>	Your parent service?	0%	0%		0%	0%
<b>7.7</b>	Your race or ethnic origin?	3%	0%		0%	6%
<b>7.7</b>	Your religion/religious beliefs?	0%	3%		0%	0%
<b>7.7</b>	Your nationality?	3%	3%		0%	6%
<b>7.7</b>	Your from a different part of the country?	0%	0%		0%	0%
<b>7.7</b>	Your from a traveller community?	0%	0%		0%	0%
<b>7.7</b>	Your sexual orientation?	0%	0%		0%	0%
<b>7.7</b>	Your age?	0%	6%		0%	0%
<b>7.7</b>	You have a disability?	6%	0%		0%	12%
<b>7.7</b>	You were new here?	6%	0%		0%	12%
<b>7.7</b>	Your offence/charge?	9%	0%		0%	18%
For those who have been victimised by staff or other detainees:						
<b>7.8</b>	Did you report any victimisation that you have experienced?	36%	60%		33%	38%
<b>SECTION 8: Healthcare</b>						
<b>8.1</b>	Is it easy/very easy to see the doctor?	94%	82%		93%	94%
<b>8.1</b>	Is it easy/very easy to see the nurse?	97%	85%		93%	100%
<b>8.1</b>	Is it easy/very easy to see the dentist?	46%	71%		50%	44%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:						
<b>8.2</b>	The doctor?	91%	77%		100%	83%
<b>8.2</b>	The nurse?	90%	93%		92%	88%
<b>8.2</b>	The dentist?	63%	95%		83%	50%
<b>8.3</b>	The overall quality of health services?	84%	86%		92%	77%
<b>8.4</b>	Are you currently taking medication?	24%	27%		29%	24%
For those currently taking medication:						
<b>8.5</b>	Are you allowed to keep possession of some/all of your medication in your own room?	88%	67%		75%	100%

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<b>8.6</b>	Do you have any emotional or mental health problems?		33%	21%	29%	38%
<b>8.7</b>	For those with emotional/ mental health problems, are you being/ supported by anyone in at the MCTC?		82%	86%	75%	83%
<b>8.8</b>	Have you experienced any trauma during or following combat?		15%	15%	14%	13%
<b>8.9</b>	For those who have experienced any trauma during or following combat, are you being/ supported by anyone in at the MCTC?		40%	60%	50%	50%
<b>Section 9: Drugs and alcohol</b>						
<b>9.1</b>	Did you have a drug problem when you came into the MCTC?		15%	0%	7%	24%
<b>9.2</b>	Did you have an alcohol problem when you came into the MCTC?		18%	15%	14%	24%
<b>9.3</b>	Is it easy/very easy to get illegal drugs in the MCTC?		6%	12%	0%	6%
<b>9.4</b>	Is it easy/very easy to get alcohol in the MCTC?		6%	6%	0%	6%
<b>9.5</b>	Have you developed a problem with illegal drugs since you have been in the MCTC?		0%	3%	0%	0%
For those with drug or alcohol problems:						
<b>9.6</b>	Have you received any support or help for your drug problem, while in the MCTC?		80%	100%	100%	75%
<b>9.7</b>	Have you received any support or help for your alcohol problem, while in the MCTC?		67%	80%	50%	75%
For those who have received help:						
<b>9.8</b>	Was the support or help you received helpful?		71%	100%	50%	80%
<b>SECTION 10: Activities</b>						
<b>10.1</b>	Are you currently involved in any of the following activities:					
<b>10.1</b>	A Military training programme?		28%	53%	64%	0%
<b>10.1</b>	Vocational or skills training?		13%	29%	7%	13%
<b>10.1</b>	Education (including basic skills)?		47%	41%	36%	60%
<b>10.1</b>	Offending Behaviour Programmes?		22%	21%	36%	13%
<b>10.1</b>	Estates (farm)?		34%	21%	57%	13%
<b>10.1</b>	Outside work placements?		3%	0%	0%	7%
<b>10.1</b>	Other projects (e.g. charity work)?		6%	6%	14%	0%
<b>10.2</b>	Have you been involved in a military training programme in the MCTC?		61%	61%	77%	54%
For those who have been in a military training programme whilst in the MCTC:						
<b>10.2</b>	Do you feel the military training programme will help you on release?		47%	71%	80%	0%
<b>10.2</b>	Have you been involved in vocational or skills training whilst in the MCTC?		56%	50%	44%	64%
For those who have had vocational or skills training whilst in the MCTC:						
<b>10.2</b>	Do you feel the vocational or skills training will help you on release?		64%	92%	75%	56%
<b>10.2</b>	Have you been involved in education whilst in the MCTC?		78%	68%	64%	86%
For those who have been involved in education whilst in the MCTC:						
<b>10.2</b>	Do you feel the education will help you on release?		71%	94%	86%	58%
<b>10.2</b>	Have you been involved in offending behaviour programmes whilst in the MCTC?		62%	52%	64%	69%
For those who have been involved in offending behaviour programmes whilst in the MCTC:						
<b>10.2</b>	Do you feel the offending behaviour programme(s) will help you on release?		69%	82%	86%	56%
<b>10.2</b>	Have you been involved in the estates whilst in the MCTC?		74%	64%	75%	77%
For those who have been involved in the estates whilst in the MCTC:						
<b>10.2</b>	Do you feel the estates will help you on release?		55%	56%	67%	40%

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<b>10.2</b>	Have you been involved in outside work placements whilst in the MCTC?	39%	14%		33%	50%
For those who have been involved in outside work placements whilst in the MCTC:						
<b>10.2</b>	Do you feel the outside work placements will help you on release?	44%	67%		33%	50%
<b>10.2</b>	Have you been involved in projects in the MCTC?	48%	19%		55%	50%
For those who have been involved in projects whilst in the MCTC:						
<b>10.2</b>	Do you feel the projects will help you on release?	33%	50%		50%	17%
<b>10.3</b>	Do you go to the library at least once a week?	74%	47%		100%	59%
<b>10.4</b>	Does the library have a wide enough range of materials to meet your needs?	76%	59%		100%	56%
<b>10.5</b>	Do you usually go to the gym more than twice a week?	79%	82%		79%	88%
<b>10.6</b>	Do you usually go outside for exercise three or more times a week?	15%	21%		29%	6%
<b>10.7</b>	Do you usually have association more than five times each week?	23%	25%		18%	24%
<b>10.8</b>	Do you usually spend ten or more hours out of your room on a weekday?	21%	18%		14%	18%
<b>SECTION 11: Contact with family &amp; friends</b>						
<b>11.1</b>	Have staff supported you and helped you to maintain contact with family/friends while in the MCTC?	79%	85%		92%	67%
<b>11.2</b>	Have you had any problems with sending or receiving mail?	40%	12%		43%	44%
<b>11.3</b>	Have you had any problems getting access to the telephones?	17%	9%		7%	28%
<b>11.4</b>	Is it very easy/ easy for your friends or family to get here?	24%	29%		36%	6%
<b>11.5</b>	Do you live more than 50 miles from your family/friends?	94%	88%		93%	100%
<b>Section 12: Preparation for release</b>						
For those who are sentenced:						
<b>12.1</b>	Do you have a sentence plan?	87%	78%		93%	82%
For those with a sentence plan:						
<b>12.2</b>	Were you involved/very involved in the development of your plan?	41%	72%		39%	43%
For those with a sentence plan who is working with you to achieve your sentence plan:						
<b>12.3</b>	Company and Platoon Commanders?	29%	55%		44%	13%
<b>12.3</b>	Personal/ named custody officers?	29%	14%		33%	25%
<b>12.3</b>	Staff from other departments?	53%	59%		44%	63%
<b>12.4</b>	Can you achieve any of your sentence plan targets in the MCTC?	63%	83%		73%	54%
<b>12.5</b>	Can you achieve any of your sentence plan targets elsewhere (on return to the Armed Services/ in the community?)	8%	13%		8%	8%
<b>12.6</b>	Do you feel that any member of staff has helped you to prepare for release?	56%	58%		91%	21%
<b>12.7</b>	Do you know of anyone in the MCTC who can help you with the following:					
<b>12.7</b>	Employment?	80%	91%		86%	75%
<b>12.7</b>	Resettling back into unit/ship/squadron?	61%	81%		80%	29%
<b>12.7</b>	Accommodation	73%	82%		71%	75%
<b>12.7</b>	Benefits	59%	76%		75%	38%
<b>12.7</b>	Finances	58%	76%		67%	44%
<b>12.7</b>	Education	72%	83%		100%	44%
<b>12.7</b>	Drugs and alcohol	67%	80%		88%	43%
<b>12.7</b>	Maintaining contact with family/ friends?	74%	84%		100%	50%