
**RECOMMENDATIONS
of the 1st december 2010
of the Contrôleur général des lieux de privation de liberté
concerning young offenders' institutions
in Beauvais, Sainte-Gauburge, Fragny and the Hôpital-le-Grand,
made public under Article 10 of the Act of 30 October 2007**

The young offenders' institutions of Beauvais (Oise), Sainte-Gauburge-Sainte-Colombe (Orne), Fragny (Saône-et-Loire) and the Hôpital-le-Grand (Loire), which are under public (Beauvais) or associative governance for the other three establishments, and falling within the scope of Article 33 of Order No. 45-174 of 2 February 1945 relative to juvenile delinquency, were inspected by the inspectors of the *Contrôle général des lieux de privation de liberté* on 7 January 2009, and 17 and 18 March 2009, 18 and 19 March 2009 and 22 to 24 September 2009, respectively.

The factual observations made during each visit were sent to the director of each of these centres on 19 March 2009, 15 May 2009, 27 April 2009 and 8 February 2010. The management representatives of the facilities at Beauvais, Fragny and the Hôpital-le-Grand responded on 8 April 2009, 13 May 2009 and 11 March 2010. Despite several reminders, the Sainte-Gauburge-Sainte-Colombe facility did not send their observations.

The Beauvais inspection report was sent to the Minister of Justice and to the Minister of Health and Sport on 7 August 2009. The Minister of Justice and Freedoms issued a response on 29 September 2009 and the Minister of Health and Sport on 3 December 2009. The report concerning the Sainte-Gauburge-Sainte-Colombe facility was sent to the Minister of Justice, to the Minister of National Education and to the Minister of Health and Sport on 17 November 2009. The Minister of Justice responded on 8 January 2010 and the Minister of National Education on 7 January 2010. The report on the Fragny facility was sent to the Ministers of Justice, National Education and Health on 4 August 2009. Answers were received on 29 September 2009 from the Minister of Justice and on 7 October 2009 from the Minister of National Education. Finally, the report of the Hôpital-le-Grand facility was sent to the Minister of Justice on 16 September 2010 to which he responded on 5 November 2010.

Following this procedure and in accordance with Article 10 of Act No. 2007-1545 of 30 October 2007, the *Contrôleur général des lieux de privation de liberté* makes the following recommendations:

1/. Firstly, these are children who are continuously faced with serious and accumulated difficulties and who are assigned to these centres by the judicial authority. Placement in these

institutions most often reflects the failure of other existing alternative care services. The law requires the young offenders' institutions to provide "educational follow-up" services.

Within these institutions, however, part of the personnel consists of individuals "acting" as educators, sometimes with no qualifications, and with little or no training in supervising minors. However, such qualifications are required to successfully supervise these young individuals; they are also necessary in the application of international texts, such as Article 3 of the international Convention on the Rights of the Child and Article 22.1 of the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the "Beijing Rules"). This lack of training resounds on the relationships that could be established between adults and youth within the centre, and is susceptible to exacerbating tensions.

While it must be acknowledged that the recruiting of educators, for contextual or geographic reasons, is difficult, the fact of the matter is that the training of competent educators is a requirement for these young offenders' institutions that must be rapidly met. At the very least this could be accomplished through ongoing training, the existence of which should be included in the specifications of these facilities, for those agents who must feel the need. Everyone's efforts and real individual successes cannot replace this need.

2/. The respect of a minor's right to be involved in the decisions that affect his/her life and the respect of the rights of his/her parents to be consulted about such decisions requires a great deal of clarity on how measures for dealing with the young offender are designed.

To this end, the applicable texts foresee that a *document on individual measures for dealing with young offenders* (DIPC / *document individuel de prise en charge*) must exist. Such a document organises the time allotted to education by setting individualised objectives developed to give meaning to the child's stay in the institution. As a dynamic and regularly updated tool, it must allow both the adult and the minor to jointly assess the accomplishments achieved and those still remaining.

The use of such a document is highly irregular among the young offenders' institutions in question here. Providing the child and his/her parents with a copy is thus far from systematic.

In addition, some of the young offenders' institutions among those described here lack a service project. Here again, it is paradoxical to ask adults with no common objectives to be consistent with minors whose often chaotic histories leave them with no useful frame of reference. The absence of this project outlining the values, methods and a common end goal essentially undermines the credibility of the adults and causes the juveniles to feel insecure. This is why a service project, regularly updated within the scope of a programme in which all of the centre's professionals work together, is a priority around which the measures, and consequently, the daily life of the children in the institutions, are structured.

3/. In the young offenders' institutions, the inspectors noted the abusive, even habitual, recourse to measures of physical restraint, which is sometimes established as an educational practice among the least qualified teams.

Generally speaking, there is high degree of uncertainty in the manner in which discipline is defined and how it is enforced.

One might think that the use of very different practices and the lack of formalisation mentioned above are a result of the geographic isolation of structures, which have the dual characteristic of being recent and representing a wide variety of management bodies.

The lack of a well-defined support structure at the national level (in the form of a support unit, for example) is part of this isolation and the highly diverse character of the measures taken to deal with these young offenders.

A more effective national framework, the regular organisation of meetings with associative and public professionals – be they local, regional or central – including those who are actually in charge of the children, would make it possible to discuss practices and combine know-how and the values shared regarding education in a closed environment.

Providing education in a "restricted" environment is far from straightforward. It deserves careful and ongoing reflection, such as the pragmatic development of a "doctrine" that could initiate the necessary initial and ongoing training that was described above.

4/. Finally, there are considerable variations in young offenders' institutions in terms of the somatic and psychiatric care of minors, their psychological care, and their health education. The presence of a nurse is very unequal. Somatic care is often provided by a general practitioner who specially comes to the institution or to whom the minors are taken, without any agreement defining the respective rights and obligations of the physician and the institution. While one or two psychologists often offer consultations, connections are much harder to establish with psychiatrists, and agreements between the young offenders' institutions and a specialised medical centre are rare, even when the institution's population is clearly in need of such services.

While it is true that children in these centres generally do not have major difficulties from the somatic point of view, the same is not true in terms of mental wellness. Here again, a formalisation of outside expertise in the form of agreements with doctors, nurses and healthcare facilities is desirable. The central administration should be able to develop such "model" agreements that would allow for the standardisation of practices. Regional health agencies, under the aegis of the Minister of Health, should facilitate the signing of such agreements, with their application being checked by the local steering committee (the meetings of which are, in the cases mentioned, random).

These recommendations should be considered in the updating of the specifications currently being prepared by the Ministry of Justice and Liberties. The *Contrôleur général* has noted that these updates were preceded by active consultation with the directors of the young offenders' institutions.

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