



Le Contrôleur general des lieux de privation de liberté

2021 Annual Report

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Glossary

IGA (AAI)	Independent government agency (Autorité administrative indépendante)
ARPEJ	Authority for the regulation and programming of judicial extractions (Autorité de régulation et de programmation des extractions judiciaires)
ARS	Regional Health Agency (Agence régionale de santé)
AS	Caregiver (Aide soignant)
ASE	Child welfare (Aide sociale à l'enfance)
ASPDRE	Committal for psychiatric treatment at the request of a State representative (Admission en soins psychiatriques à la demande d'un représentant de l'État, formerly HO)
ASPDPT	Committal for psychiatric treatment at the request of a third party (Admission en soins psychiatriques à la demande d'un tiers, formerly HDT)
ATIGIP	Agency for Community Service and Professional Integration (Agence du travail d'intérêt général et de l'insertion professionnelle)
CAP	Assessment Board (Commission d'application des peines)
CD	Long-term detention centre (Centre de détention)
CDAD	Departmental council for legal information and advice (Conseil départemental d'accès au droit)
CDSP	Departmental Commission for Psychiatric Care (Commission départementale des soins psychiatriques)
CDU	User Committee (Commission des usagers)
CEDH	European Convention on/Court of Human Rights (Convention/Cour européenne de de l'homme)
CEF	Juvenile detention centre (Centre éducatif fermé)
CESEDA	Code for Entry and Residence of Foreigners and Right of Asylum (Code de l'entrée et du séjour des étrangers et du droit d'asile)
CGLPL	Chief Inspector of Places of Deprivation of Liberty (Contrôleur général des lieux de privation de liberté)
CH	Hospital (Centre hospitalier)
CHS	Psychiatric hospital (Centre hospitalier spécialisé)
CHU	University hospital (Centre hospitalier universitaire)
CICI	Interministerial Committee on Immigration Control (Comité interministériel de contrôle de l'immigration)
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
CME	Public health institution medical committee (Commission médicale d'établissement)
CMP	Mental health centre (Centre médico-psychologique)
CNAM	National Health Insurance Fund (Caisse nationale d'assurance maladie)
CNCDH	National Consultative Commission on Human Rights (Commission nationale consultative des droits de l'homme)
CNE	National Assessment Centre (Centre national d'évaluation)
CNI	National identity document (Carte nationale d'identité)
CP	Prison complex, with sections incorporating different kinds of prison regimes (Centre pénitentiaire)
CPIP	Prison Rehabilitation and Probation Counsellor (Conseiller pénitentiaire d'insertion et de probation)
CPP	Code of Criminal Procedure (Code de procédure pénale)
CPT	European Committee for the Prevention of Torture (Council of Europe)
CPU	Single multidisciplinary committee (Commission pluridisciplinaire unique)
CRA	Detention centre for illegal immigrants (Centre de rétention administrative)
CSL	Open prison (Centre de semi-liberté)
CSP	Public Health Code (Code de la santé publique)

DAP	Prison Administration Department (Direction de l'administration pénitentiaire)
DDD	Defender of Rights (Défenseur des droits)
DCPAF	Border Police Central Directorate (Direction centrale de la police aux frontières)
DGEF	Directorate General for Foreigners in France (Direction générale des étrangers en France)
DGOS	Directorate General for Healthcare Provision (Direction générale de l'offre de soins)
DISP	Interregional Directorate for Prison Services (Direction interrégionale des services pénitentiaires)
DPJJ	Directorate for Judicial Youth Protection (Direction de la protection judiciaire de la jeunesse)
DSPIP	Directorate for Prison Rehabilitation and Probation Services (Direction des services pénitentiaires d'insertion et de probation)
ENAP	French National School for Prison Administration (École nationale de l'administration pénitentiaire)
ENM	French National School for the Judiciary (École nationale de la magistrature)
ENPJ	French National Academy for Youth Protection and Juvenile Justice (Ecole nationale de la protection judiciaire de la jeunesse)
EPM	Prison for minors (Établissement pénitentiaire pour mineurs)
EPSNF	National public health institution at the remand prison of Fresnes (Établissement public de santé national de Fresnes)
ERIS	Regional Response and Security Team (Equipe régionale d'intervention et de sécurité)
GAV	Police custody (Garde à vue)
GENESIS	French national management of prisoners for individual monitoring and safety (Gestion nationale des personnes écrouées pour le suivi individualisé et la sécurité, software)
HAS	French National Authority for Health (Haute autorité de santé)
IDE	State-qualified nurse (Infirmier diplômé d'État)
IGAS	Inspectorate-General of Social Affairs (Inspection générale des affaires sociales)
IGJ	Inspectorate-General of Justice (Inspection générale de la justice)
IPPP	Psychiatric Infirmary of the Prefecture of Police (Infirmerie psychiatrique de la préfecture de police) (Paris)
JAP	Sentence enforcement judge (Juge de l'application des peines)
JLD	Liberty and Custody Judge (Juge des libertés et de la détention)
LRA	Detention facility for illegal immigrants (Local de rétention administrative)
MA	Remand prison (Maison d'arrêt)
MAF	Women's remand prison (Maison d'arrêt "femmes")
MAH	Men's remand prison (Maison d'arrêt "hommes")
MC	Long-stay prison (Maison centrale)
MNA	Unaccompanied minor (Mineur non accompagné)
NPM	National Preventive Mechanism
NED	"Digital in Detention" (Numérique en détention) project
OFII	French Office for Immigration and Integration (Office français de l'immigration et de l'intégration)
OFPRA	French Office for the Protection of Refugees and Stateless Persons (Office français de protection des réfugiés et apatrides)
OIP	International Prison Watch (French section) (Observatoire international des prisons)
OPCAT	Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
OQTF	Obligation to leave French territory (Obligation de quitter le territoire français)
PAF	Border Police (Police aux frontières)

PEP	Individual sentence plan (Parcours d'exécution des peines)
PJJ	Judicial Youth Protection Service (Protection judiciaire de la jeunesse)
PRM	Person with reduced mobility
MWS	Millimeter wave scanner
QD	Punishment wing (Quartier disciplinaire)
QI	Solitary confinement wing (Quartier d'isolement)
QMA	Remand wing (Quartier maison d'arrêt)
QSL	Open wing (Quartier de semi-liberté)
SMPR	Regional Mental Health Department for Prisons (Service médico-psychologique régional)
SPIP	Prison Rehabilitation and Probation Service (Service pénitentiaire d'insertion et de probation)
SSC	Involuntary care (Soins sans consentement)
TA	Administrative court (Tribunal administratif)
TJ	Judicial court (Tribunal judiciaire)
UHSA	Specially Equipped Hospital Unit (Unité d'hospitalisation spécialement aménagée)
UHSI	Interregional Secure Hospital Unit (Unité hospitalière sécurisée interrégionale)
UMCRA	Medical Unit in a detention centre for illegal immigrants (Unité médicale en centre de rétention administrative)
UMD	Unit for difficult psychiatric patients (Unité pour malades difficiles)
UMJ	Medical Jurisprudence Unit (Unité médico-judiciaire)
UNAFAM	National Union of Families and Friends of Mentally Ill and/or Disabled People (Union nationale des familles et amis de personnes malades et/ou handicapées psychiques)
USIP	Psychiatric Intensive Care Unit (Unité de soins intensifs en psychiatrie)
USMP	Prison Health Unit (Unité sanitaire en milieu pénitentiaire)
UVF	Family living unit (Unité de vie familiale)
ZA	Waiting area (Zone d'attente)

Foreword

It is difficult to add gloom to the past year and the one in progress, under the double auspices of the pandemic and a war in Europe. It would be easy to say that next to great misfortunes, the misfortunes of those detained in France seem very small. This is not the case. Their ills are very real and cruel, and it is up to the CGLPL to make them known and tirelessly call for the will of citizens and politicians to bring about salutary changes.

Not only because of the indignity that too often accompanies detention, but also, quite simply, because of the harmful consequences for society as a whole. What return to "normal" life can we expect for people who, in prison, have been crammed three to a 4.40 m² room for months on end, even often 22 hours a day, in the middle of rats, cockroaches and bedbugs? Certainly, they will not return any better, as the conditions of their detention inevitably affect their condition on release. And at €110 per day in prison, that is a high price to pay for recidivism.

"When I arrived in P., I found dirty cells full of cockroaches, with a tremendously high rate of overcrowding and totally unhygienic communal showers full of fungi on the floor, ceiling and walls. There were hundreds of rats of all sizes everywhere outside. I saw a lot of rubbish outside when I looked out the window. Cells made for one person were inhabited by two, three and sometimes four people. With cockroaches all over the place, climbing on your body while you watched TV, while you slept, and inside the fridges".

As appalling as they are, these testimonies confirm the CGLPL's findings in the field. For example, the Toulouse-Seysses remand prison, which is 187% overcrowded, gave rise to "emergency recommendations" in light of the critical situation there where – as in all remand prisons, whether large or small – 1,600 prisoners sleep on mattresses on the floor, and overcrowding vitiates absolutely everything. Relationships between prisoners are prevented, as are relationships between guards and prisoners and access to healthcare, work, training and even the showers and exercise yards. This is due to a lack of time, doctors, guards, and teachers. A lack of absolutely everything. Because, very confusingly, the number of professionals who are supposed to look after the detention area is calculated according to the number of places and not the actual number of detainees. A prison designed for 100 but housing 200 inmates will not see a proportional increase in its prison and medical staff. For example, in Seysses, which opened in 2003 with one guard for every 50 prisoners, the remand prison had one guard for every 150 inmates by 2021. It is easy to imagine that tensions and violence are bound to explode.

Who have we become, collectively, to tolerate such dishonour? What kind of society eventually comes to punish its prisoners in their flesh?

It is therefore worth repeating that prison is not the only appropriate sanction – quite the opposite is true. Alternatives should be seized upon and community service, probationary suspension and releases under constraint should be developed and considered for what they are – restrictive, regulated and above all, reintegration-oriented sentences. This has been the choice made in Germany, where judges lock up convicts far less than their French colleagues, because prison ceased to be the benchmark there years ago.

For all these reasons, the CGLPL will continue to advocate the inclusion of prison regulation in the law. It will promote a simple system where the entry of one person into a cell is compensated for by the release – under supervision – of another close to the end of their sentence, whenever the prison's occupancy rate approaches 100%. This was done in 2020, "thanks" to the COVID epidemic which resulted in thousands of (somewhat) early releases and (somewhat) loosened the stranglehold of overcrowding that despairs prisoners, their families, guards, and prison management. Acting on this is urgent, as is the need to remedy the lack of interest in sick, elderly or even bedridden prisoners, as discovered by the CGLPL team. This was the case in Bédénac, where 17 prisoners were left to vegetate,

abandoned, some in their excrement for days on end in a unit aptly named "autonomy and management".

Children and young people in detention are another topic of serious concern. Despite the CGLPL's partial jurisdiction, which only covers prisons, juvenile detention centres and involuntary care, this image is enough to show that these young people are very often shuffled from one place to another, with no overall vision of their life course and no longitudinal study of their lives. It is these children who are found, upstream, placed in homes or foster families, and unfortunately, downstream, later on, summoned to courtrooms for immediate hearings. But these children are our own. They are the future of our society to whom we owe, collectively, greater control – to put it mildly – over their destiny and all the places that take them in. The following example says it all: children in detention receive far fewer hours of teaching than schoolchildren and students on the outside. And yet simple reason dictates that greater attention should be paid to these young people, whose lives are almost always shattered. But it is not.

With regard to psychiatry, it has been suffering for several years from legal instability, illustrated by the debates surrounding seclusion and restraint measures. It is particularly regrettable that these most serious forms of deprivation of liberty, sometimes imposed in a context of great violence and executed in undignified conditions, are confronted with these legal uncertainties while the sector is suffering from a crisis of resources and professional burnout. Here, you will find some units that meet quality of care standards while almost never using seclusion or restraint, while others consider them "therapeutic". Why? A law that underwent many vicissitudes has subjected these serious measures to the scrutiny of Liberty and Custody Judges – something for which my predecessor, Adeline Hazan, worked so hard. Unfortunately, very poorly received by some in the medical profession, it continues to be contested on the grounds that it generates additional formalities combined with a host of other administrative tasks. This may be true, but the law is applied and it is salutary that involuntary care, seclusion and restraint, which are so harsh for patients, are not solely a choice of the medical profession and are subject to review by impartial judges: *"Following the violent intervention of a nurse (?) who slammed me up against a wall and whom I bit on the arm as a defensive reflex, I found myself under restraint, lying on a mattress on the floor – this task was carried out by a "squadron" of men in white coats. I was also tied to a chair all day the next day, without access to the toilet or a shower"*.

As for detention centres for illegal immigrants, they remain full of undocumented and banned foreigners. Originally designed to accommodate detainees for short periods of time, these centres, which are very prison-like, have seen the detention period extended to 90 days – without any creation of new facilities or changes to the rules to help detainees endure the passing of time characterised by boredom, inaction and anguish. In 2021, due to the pandemic and the fact that planes were not flying, few people were deported, making this detention even more inhumane and also depriving it of a legal basis, as detention is, in law, strictly reserved for the time necessary for deportation.

After visiting police custody cells that were appallingly dirty and bare, the CGLPL decided to urgently alert the Minister of the Interior who, strangely enough, dismissed these findings. And yet! There was no sanitiser gel, no soap, no shower; masks were not renewed or were renewed only rarely; mattresses were never disinfected, blankets were washed every fortnight or every month, and there were toilets without any water, with unbearable smells! Already scandalous in "normal" times, these failures are even more so against the background of a pandemic. This severe report by the CGLPL was used by lawyers and associations to refer the matter to the Council of State, which had to recall that *"persons in police custody are placed in a situation of complete dependence on the administration, and it is the administration's responsibility to take measures to protect their life and health and avoid any inhuman or degrading treatment"*.

This is why there is still hope for progress. Although it rarely resides in the ministers' responses to the CGLPL's alerts, as I had to point out last year, hope lies in the often very encouraging discussions held with the teams working in the facilities visited by the CGLPL. It is not uncommon for us to witness

efforts to achieve the "best practices" recommended in the subsequent report and correct the shortcomings identified.

This progress will also come from case law and the fact that Chairs of the Bars newly have the right to visit places of deprivation of liberty. France has been repeatedly condemned by the European courts for its appalling detention conditions, as described above, and has also been ordered by the European Court of Human Rights to put an end to "structural overcrowding". Following this trend, the Court of Cassation and the Constitutional Council have enjoined the Government to create an "effective remedy" against undignified detention conditions. It is true that the resulting text falls far short of what is at stake, but having the merit of existing, it will inevitably progress. Judges, including the Court of Cassation, have already taken up the issue. It is with this aim in mind that the CGLPL team, in the course of its visits, draws up "prison files"; these brief reports focusing on indignities will be available to judges, prisoners and lawyers, in order to constitute a reliable and impartial database of prison conditions.

I would further like to emphasise how much the CGLPL's findings show the State and society as a whole to be cruelly and completely uninterested in the most vulnerable. From the beginning to the end of life, those who are unable to express themselves or whose voices cannot be heard because they are locked up – children, adolescents, prisoners, mentally ill people, foreigners – these are our fellow citizens and as such, deserve a just fate at last. This is everyone's business and it is high time to take action!

Dominique Simonnot

Chapter 1

Places of deprivation of liberty in 2021

Over the course of 2021, the CGLPL carried out 124 inspection visits:

- 29 penal institutions;
- 24 mental health institutions;
- 14 health facilities taking in persons deprived of liberty (secure rooms in hospitals);
- 9 detention centres for illegal immigrants and waiting areas;
- 7 juvenile detention centres (CEFs);
- 32 custody facilities;
- 9 courts.

Taking into account its inspections, the present situation and the in-depth knowledge acquired over the course of previous years, the CGLPL intends to use this report to highlight the problems that currently characterise each category of institution subject to its inspection, with regard to respect for the fundamental rights of the persons deprived of liberty that they accommodate.

1. The continuing health crisis

The CGLPL's operations in 2021 were not affected by the successive waves of the pandemic that hit France. Inspections and visits were carried out at a normal pace. A regulatory watch enabled government measures to be critically analysed and case law to be monitored. Strong relations were maintained with the authorities responsible for the various places of deprivation of liberty. Thus, it was based on its real-life knowledge of the situation that the CGLPL intervened on several occasions with the competent authorities to alert them to the risks of overexposing persons deprived of liberty to the consequences of the health crisis. The CGLPL also regularly questioned them in the course of its visits and through the reports received.

At the end of 2020, the Chief Inspector wrote to the Minister of Justice expressing her concern about the increase in incarceration and advocating early release measures, such as those implemented in spring 2020. On 25 January 2021, she again urged the Minister of Justice to take up the issue of prison regulation mechanisms and called for a special effort to vaccinate the prison population. These recommendations were also addressed to the President of the Scientific Council and the Minister of Solidarity and Health.

During the same period, the Minister of Solidarity and Health received five letters: the first, dated December 2020, drew his attention to the conditions for carrying out RP-PCR tests in the context of requisitions for deportation and reminded him of the need to clearly inform persons deprived of liberty of the reason for these tests and to obtain their consent. The second, from January 2021, emphasised the need to implement a vaccination policy in all detention facilities, including for staff. As the December 2020 letter remained unanswered, the Chief Inspector also recalled in her January 2021 letter the need to establish an interministerial procedure defining the rights and roles of the authorities and doctors with regard to the implementation of RP-PCR tests prior to any deportation of an illegal alien.

Having set up internal procedures for monitoring and controlling the management of the crisis, the two parliamentary assemblies did not fail to request the CGLPL's opinion concerning matters falling within its sphere of competence. Lastly, the Chief Inspector of Places of Deprivation of Liberty was regularly present in the media to testify to the situation of persons deprived of liberty and reiterate her recommendations.

Within penal institutions, the health crisis had a severe and lasting impact on the conditions of detention of the entire prison population. The fight against the health risks associated with the epidemic for people who, although not necessarily elderly, nevertheless had particular vulnerability factors with regard to their state of health (addictions, psychological disorders, chronic diseases, etc.) – and above all, the risk of the virus rapidly spreading in a closed environment – justified the use of strict preventive measures, which led to undeniable infringements of the rights of the persons concerned.

The CGLPL was regularly informed by the prison administration of the number of cases of COVID-19 in prisons and of the progress of the vaccination campaign. As of 28 December 2021, the cumulative number of cases involving offenders since the beginning of the epidemic was 6,237, including five deaths and 5,874 recoveries. On the same date, 609 people were subject to a lockdown measure, either as close contacts or because of symptoms suggesting contamination. At the end of 2021, the proportion of prisoners who had received at least one dose of a vaccine was 55%¹. However, the CGLPL was not provided with figures on the vaccination of prison staff.

From a health point of view, the situation seems to have been brought under control. In this respect, the management measures taken by the prison administration have achieved their objective. The question remains as to whether they have been balanced – i.e. whether they have led to excessive infringement of detainees' other rights. On this point, the CGLPL remains very reserved – all the more so given the health situation in overseas France, which had not yet been brought under control by the end of 2021.

With each health alert, severe and sudden constraints affected the exercise of the right to private and family life, the right to take part in activities and the right to work. With the exception of a few sports activities that were maintained and general service jobs that increased in number, access to all activities – whether education, work, vocational training, worship or sport – was affected by restrictions. In several prisons, the CGLPL found that the restrictions exceeded those established for the general population. Among other things, it was recommended during visits that teaching be reinstated and that the weight room be reopened, in compliance with capacity limits and health protection measures. More generally, it was recalled that the preventive health measures following the COVID-19 epidemic did not exempt prisons from having to reflect on how to maintain a minimum set of activities and provide effective access to them for persons deprived of liberty.

It is essential to adopt measures that allow detainees to engage in physical activity and sport while applying health protection measures.

Family living units (UVFs) did not reopen until June 2021 and separators within visiting rooms were successively removed and reinstalled, depending on the local health situation. The health pass for visitors was required in some institutions, but not in others.

Despite some form of return to normalcy in free society in the summer of 2021, the situation in prisons remained marked by restrictions. Even when vaccinated, prisoners who had been in contact with outsiders, in UVFs or during permissions to leave or medical extractions, still had to be isolated at the end of 2021, forcing them to forgo their pay and any activity. This isolation led to numerous organisational difficulties, in particular due to an insufficient number of cells to cope with the

¹ Figure from the Ministry of Solidarity and Health on 5 January 2022.

continuous and large flow of arrivals and returns from leave. While it was possible to separate newly arrived persons from ordinary detention in a specific wing, it was impossible to separate persons who had arrived on a particular day from those who had arrived three, seven or 14 days earlier in the same wing.

In the context of a pandemic, health isolation measures for new arrivals should be enforced and maintained pending the results of screening tests.

For example, in his observations on the interim report from the visit to a remand prison inspected in February 2021, the director stated that: "the overcrowded situation in the prison makes it difficult to isolate people while waiting for test results. The remand prison does not have a suitable area to isolate them more effectively. We inform all the authorities of this situation every week. The medical department has been informed and is aware of this difficulty. We do try to place new arrivals together until the test results come in".

In the autumn of 2021, the tension associated with a fifth wave was again felt and was accompanied by a more or less significant resumption of restrictions depending on the local health situation of each institution.

However, whereas the first phase of the epidemic was accompanied by compensatory measures, such as the granting of additional telephone credits, and above all by a joint effort by the prison and judicial authorities to reduce the endemic overcrowding of remand prisons, the epidemic waves of 2021 unfortunately did not result in the same effort.

Long-term restrictions were put in place while prison overcrowding continued to grow, making any social distancing impossible when hardly more than three or four square metres of floor space were available for two or three people – after subtracting the furniture. There was still the possibility of wearing a mask, which was compulsory when moving around outside the cells. To date, the supply chain has generally been maintained, both for the detained population and for prison staff. This may limit the risks, but it does not eliminate them. Detainees do not wear a mask in their cells. The CGLPL also regularly notes that the surveillance staff is not always exemplary in this respect.

Within mental health institutions, the CGLPL was informed of the re-introduction of restrictions on visits, activities and access to the outdoor area or the cafeteria in some hospitals during 2021. It was therefore recommended that visits from relatives should not be systematically forbidden but rather should be adapted based on the patient's condition and family situation. The CGLPL also recommended that visits be authorised in the rooms of patients for those occupying a single room, in compliance with health protection measures. More generally, it was repeatedly pointed out that restrictions on the visits, activities and freedom of movement of patients could only be individualised and medically motivated. The fight against the health crisis should not be systematically invoked to justify inconsistent practices. The use of the health crisis by the director of a mental health institution to justify not displaying menus in the units was a striking example of how the argument of fighting the pandemic was sometimes used to justify organisational constraints.

"Since the start of the pandemic, visits from relatives have been restricted. Visitors are required to call the unit to obtain a time slot. Only one visit per day and per patient is allowed between 2:30 pm and 6 pm. Visits are allowed outside the building but few patients are allowed to go out. The possibilities of meeting with a relative are therefore currently very limited" (Extract from an inspection report, May 2021).

The seclusion of patients in ordinary or seclusion rooms, while waiting for PCR test results or because they were contaminated, was also questioned on several occasions, as it was confused with

health isolation and could be a hindrance to improving their condition. Some institutions addressed this problem by creating COVID units or rooms.

During the COVID-19 epidemic, seclusion rooms are sometimes used for the somatic monitoring and health isolation of incoming patients pending receipt of their PCR test results. The confinement of a patient pending testing cannot be equated with a decision to detain them in a seclusion room.

In the course of this year, a lack of training for nursing teams was noted during the visits. While it is not uncommon for the CGLPL to note shortcomings in access to staff training on patients' rights, this access was further limited by the epidemic and the postponement of training modules.

Lastly, the Chief Inspector drew the attention of the Ministry of Health to the need to carry out a vaccination campaign for patients hospitalised in mental health institutions. Often weakened by co-morbidities, they should have wider access to vaccination.

With regard to **detention centres for illegal immigrants**, the CGLPL regularly noted throughout 2021 that it was impossible to implement any social distancing measures. In December 2021, when the fifth wave of the pandemic hit France, people were still being housed in shared rooms and eating in communal rooms. Moreover, the use of PCR tests as a prerequisite for deportation made their use as a preventive health tool uncertain at best.

The CGLPL also noted that vaccination, which was massively offered to the general population, was not systematically offered to detainees, who were nevertheless exposed to major risks of contamination. Lastly, the CGLPL was regularly alerted to the situations of persons held in detention despite medical certificates establishing that their state of health was incompatible with the conditions of their detention, particularly due to a high risk of developing serious forms of COVID. This point was noted during missions and raised in many reports. It was also mentioned in a letter to the Minister of the Interior on 6 January 2022, which included the following recommendation: "As long as the epidemic situation is not under control, the staff of the medical units of CRAs (UMCRAs) should establish whether there is a particular risk of physical harm likely to result from infection with COVID-19 for each detainee, as soon as they arrive. If necessary, a medical certificate of incompatibility should be drawn up and given to the person concerned and the head of the centre, who shall be responsible for notifying the competent authorities. These authorities should, in turn, respond accordingly and lift the measures concerned". Lastly, the Ministry of the Interior was reminded that the purpose of immigration detention, which is to allow for the organisation of deportations, could not be achieved in the context of a health crisis that had considerably reduced air traffic. In this sense, many detention decisions were unjustified and their legality questionable.

Lastly, the management of the health crisis in **police custody facilities** gave rise to recommendations, published in the *Official Gazette* of 21 September 2021. During its visits, the CGLPL repeatedly noted the absence of a specific protocol to combat the spread of COVID-19. There was no specific cleaning of contact areas, no regular disinfection, no ventilation of the jail cells, and no waiting time between two periods of custody. The handing over of masks was often limited to one on arrival, without it being renewed during the period of deprivation of liberty, which could last several days, in a context of close proximity between persons in police custody. The following recommendation was made to the police authorities: "All public health measures imposed on the general population, such as precautionary measures and social distancing rules, should be enforced in police custody facilities: distancing, provision of masks renewed every four hours, permanent access to hand sanitiser gel, regular disinfection of the premises and contact areas, ventilation of the premises".

2. Penal institutions in 2021

2.1 The CGLPL's inspections

Over the course of 2021, the CGLPL inspected 29 penal institutions: five long-term detention centres; four National Assessment Centres; seven prison complexes; 10 remand prisons; one long-stay prison; one centre for adjusted sentences; and one open prison².

Two of these inspections – those of the Bédénac long-term detention centre and the Toulouse-Seysses prison complex – resulted in the observation of serious breaches of the detainees' fundamental rights and the publication of emergency recommendations (see Chapter 2 of this report).

2.1.1 The return of prison overcrowding

In the course of 2021, incarceration densities continued the upward trend that had already marked the end of 2020. The occupancy rates for remand prisons, the only ones affected by overcrowding³, were as follows:

- | | |
|--------------------|----------------------|
| - 2020: | - 2021: |
| - 1 January: 138% | - 1 January: 119% |
| - 1 July: 111% | - 1 July: 132.2% |
| - 1 December: 120% | - 1 December: 135.8% |

The number of mattresses on the floor evolved in parallel:

- | | |
|---------------------|---------------------|
| - 2020: | - 2021: |
| - 1 January: 1,614; | - 1 January: 688; |
| - 1 July: 431; | - 1 July: 1138; |
| - 1 December: 654 | - 1 December: 1,592 |

In terms of overall prison density statistics, which included overcrowded remand prisons and sentencing institutions protected by *numerus clausus*, the year 2020 saw the rate of prisoners fall below 100%. There were fewer prisoners than there were places available in French prisons. Of course, remand prisons never actually went below 110% occupancy and there were always a few hundred mattresses on the floor, but the symbol was there.

This did not last. The opportunity to maintain an acceptable remand prison population was missed. 2021 saw a return to occupancy levels very close to those experienced before the start of the health crisis, with all the unfortunate consequences. While the inspection of the Toulouse-Seysses prison complex was a striking illustration of this, this observation was confirmed both by the other visits to remand prisons and by the letters received by the CGLPL.

The CGLPL has repeatedly listed and described the multiple consequences of prison overcrowding. Not only does it distort prisoners' sentences, but it undermines the dignity and all the fundamental rights of detainees by worsening

² The full list of institutions inspected in 2021 is provided in Appendix 2 of this report.

³ With the notable exception of the Saint-Denis (Reunion Island), Nouméa (New Caledonia) and Majicavo (Mayotte) prison complexes, whose detention centre wings had density rates of 100%, 133% and 153.5% respectively on 1 December 2021 and remained structurally marked by overcrowding.

their material conditions of detention, by causing tension and violence, by altering the quality of care, and by hindering the maintenance of external ties and access to reintegration schemes.

Overcrowding is a constraint on the organisation of institutions and on the entire prisoner experience. By making it impossible to keep prisoners in individual cells, it disrupts the conditions of arrival of detainees; it leads an overburdened administration to botch all procedures. It makes it difficult, if not impossible, to comply with cell allocation standards and prevents any careful and regular monitoring of forced cohabitation.

A lack of hygiene and privacy is caused by the overcrowding of cells whose surface area and equipment, while sufficient for one person, are inadequate for several people. The worst is the use of the toilets, which are very poorly insulated in relation to the cell: detainees are obliged to relieve themselves in the immediate vicinity of the other detainee(s), who are involuntary witnesses to daily intimate noises and odours in the only room that is also used for eating and sleeping.

These degraded conditions of detention become even more entrenched over time as they make repair and maintenance operations more difficult, thereby facilitating the proliferation of pests – cockroaches, bedbugs, rats – leading to physical and psychological harm.

In addition to its deleterious consequences for health, overcrowding hinders access to healthcare, even though it is guaranteed by the Prison Act⁴. Health services are in fact designed for a theoretical number of prisoners. When their numbers increase, these services are overwhelmed by demand, wait times are disproportionately long and the need for external consultations grows without any means of coping.

Under these conditions, insecurity increases: tensions arise, develop, and turn into violence without there being sufficient staff to prevent or compensate for a trend fuelled or concealed by overcrowding. While it is difficult to establish direct links between specific incidents and a context of overcrowding, its existence is regularly mentioned by both prison staff and detainees. Staff tend to distance themselves from a prison population they cannot afford to know well, while prisoners tend to isolate themselves in cells they are afraid to leave, even if only to go for a walk, or in protected or closed wings.

Families have difficulty booking visiting rooms, family lounges and family living units, which are too few in number to meet demand, so waiting times have to be extended or the duration of meetings reduced. The deployment of telephones in cells has made communication easier, but detainees cannot enjoy privacy with their loved ones when they live in an overcrowded cell.

Lastly, overcrowding is an obstacle to accessing rehabilitation schemes and activities, which are often essential. Faced with infrastructure calibrated for a theoretical number of prisoners that is greatly exceeded, the prison administration manages access to activities less with a view to rehabilitation than to managing order. Prisoners remain on non-transparent waiting lists for weeks or months, and each institution has to deal with a shortage of activities to offer to an idle population.

These well-known phenomena, which the decline in the prison population briefly diminished in 2020, are now coming back massively, aggravated by the consequences of the health crisis and the measures taken to counter it.

Overcrowding is both an aggravating factor in the spread of the virus and a structural cause that makes it difficult to isolate infected people. Indeed, it is usually the new arrivals' wing that is used as an

⁴ Article 46 of Act No. 2009-1436 of 24 November 2009, known as the Prison Act.

anteroom to isolate prisoners who test positive or those placed in quarantine on their return from leave. At the same time, however, new prisoners continue to be locked up in remand prisons. People end up mixing; for example, detainees who have been isolated for several days mix with those who entered the day before.

Activities have gradually resumed, but with very heavy constraints. In a number of prisons, visits in the visiting room quickly resumed, but a Hygiaphone-type separator maintained a distance between prisoners and their relatives, preventing touching. In other institutions, the limitation on the number of visitors made it impossible to receive visits from children – at the risk of disregarding their best interests and the right of their imprisoned parent to maintain family ties. In others, visits in visiting rooms resumed as normal. In still others, stays in UVFs resumed only at a late stage, when they were not accompanied by lockdown measures so draconian as to be prohibitive. The prison population was disoriented by the changing rules and accompanying uncertainties, which had the effect of inhibiting requests and increasing isolation.

Difficulties in accessing healthcare have been compounded because, although there are not enough caregivers to meet needs in ordinary times, the pandemic has forced hospitals to remove staff from health units in detention, resulting in longer waiting times and lists. Access to work, already difficult in normal times, has been hampered by a sharp drop in demand from concessionaires, which has not been compensated for by short-time working allowances, leading to increased poverty in prison. Fortunately, so to speak, the need for preventive health measures has led to an increase in the number of prisoners employed as general service assistants, which has partly compensated for job losses.

Of course, prison overcrowding is not a specifically French problem, but our country is in a very bad position. Several other European countries have achieved a prison occupancy rate of less than 100%.

The Prison Administration Department observes a large number of short sentences being executed, even though they are sometimes old, and deplores the fact that releases under constraint do not work, even though the system is fairly simple. Similarly, 30% of open places are empty and many external placements are not used, even though they have been funded. The same is true of some chronically understaffed centres for adjusted sentences.

Attempts at prison regulation have been made since 2020 in a few penal institutions. For example, an agreement signed in Grenoble by the public prosecutor, the Prison Rehabilitation and Probation Service (SPIP) and the prison administration provides for the implementation of a regulation mechanism as soon as the remand prison reaches an occupancy rate of 130%. There are therefore plans to make use of the tools available to the justice system to control the growth of the incarcerated population: early releases, sentence adjustments, and postponing the execution of sentences. This text is admittedly not very ambitious, as a threshold of 130% is tantamount to accepting a level of overcrowding that is already very worrying, but at least it would introduce real consideration of the prison issue by the entire criminal justice chain. Unfortunately, however, this system does not seem to be achieving its objectives (the Grenoble remand prison had an occupancy rate of 148.3% as of 1 January 2022). The CGLPL has not yet evaluated the effects of these different experiments, but it will soon do so.

However, this willingness to regulate remains too rare. Several prisons have been forced to take in prisoners for very short sentences, sometimes executed long after the fact. Furthermore, although the number of sentence adjustments is increasing, this is not in proportion to the increase in incarceration. Lastly, there is still unused prison capacity, in particular in the form of external placements, which are nevertheless financed, and places in open wings.

The previous Chief Inspector considered in 2018 that prison regulation based solely on circulars, and not enshrined in law, would be ineffective. The facts unfortunately confirm this today, and the inability of our judicial system to learn lessons from the regulation that was effectively and successfully

put in place in 2020, without any upsurge in delinquency and without the public even complaining about it, only makes this observation crueler. To finally curb prison overcrowding, two cultural changes and a legislative measure are needed.

It is important to realise that prison is not the only possible sanction: alternatives exist. Moreover, it is certainly not the most effective in terms of combating recidivism. The way prisoners are treated in prison and the quality of the support they receive on release have a direct impact on how they will behave when they are released. A prisoner who is crammed with two others in a dingy cell and who only gets out for two hours a day to go for a walk, and even then, sometimes full of fear, is likely to be more hardened on leaving than on entering. Prison is about punishment, but it is also about rehabilitation. However, if the latter objective becomes a fiction, society as a whole loses out: a study by the Ministry of Justice⁵ put forward the figure of 31% recidivism among prison leavers when they are released without support. This result reflects the failure of the all-prison policy.

Secondly, the entire criminal justice chain needs to be involved in dealing with prison overcrowding. This responsibility cannot be left solely to the prison administration, which has no power over the number of incarcerations, and whose civil servants are the first to suffer the consequences, as overcrowding deteriorates their working conditions on a daily basis. The judicial authority must be equally responsible, and for this to happen, it must be much more present in prisons. It is true that today, it is aware of the conditions of detention, but there is a big difference between knowing and seeing, and between seeing and managing, which is something else entirely.

However, without a binding legislative basis, such a system of prison regulation cannot solve a long-standing, structural and nationwide problem. The incentives given in circulars depend on local circumstances, or even individual initiatives and decisions, which are not commensurate with the difficulty of the task. One only has to look at the number of cases in which the CGLPL has observed incarceration decisions or sentence adjustment policies that run directly counter to the prison management measures recommended by the Minister of Justice. This is why the CGLPL is reiterating its previous recommendations and asking that a general ban be written into the law on housing detainees on mattresses on the floor or without a guarantee that they will have a bed, a chair and a place at a table. To achieve this, the CGLPL strongly recommends implementing a prison regulation system introducing, in each jurisdiction, a periodic review of the status of the prison population in order to ensure that the occupancy rate of an institution never exceeds 100%.

2.2 French Act No. 2021-403 of 8 April 2021 guaranteeing the right to respect for dignity in detention

On 8 April 2021, spurred on by both Europe and France, the French Parliament adopted an Act guaranteeing the right to respect for dignity in detention. The European Court of Human Rights (ECHR) had issued a decision⁶ requiring the State to eliminate overcrowding in penal institutions, improve conditions of detention and establish an effective remedy for undignified conditions of detention. The Constitutional Council had issued a decision⁷ declaring the provisions relating to the

⁵ "Mesurer et comprendre les déterminants de la récidive des sortants de prison" (Measuring and understanding the determinants of recidivism among prison leavers), Frédérique Cornuau and Marianne Juillard, statisticians at the Ministerial Statistical Office of Justice, Infostat Justice No. 183, July 2021.

⁶ ECHR, 5th section, Judgment JMB and Others v. France, 30 January 2020, Application No. 9671/15 and others.

⁷ Constitutional Council, Decision No. 2020-858/859 QPC of 2 October 2020.

review of pre-trial detention by the Liberty and Custody Judge (JLD) to be unconstitutional because they did not allow for the indignity of detention conditions to be taken into account.

In response to these developments in case law, the Act of 8 April 2021 should guarantee the "right of persons to be detained in conditions that respect their dignity" and, to this end, grants them two possibilities for appeal, depending on whether they are a remand or convicted prisoner, "so that their undignified conditions of detention may be brought to an end". A multi-stage procedure organises the adversarial debate between the applicant and the prison administration: verification of the application's admissibility within 10 days; verifications and collection of the prison administration's observations (between three and 10 days); injunction to the prison administration to put an end by any means to the conditions of detention deemed undignified within a period of 10 days to one month; failing this, within a further period of 10 days, decision to transfer the prisoner to another institution, immediately release them (possibly under judicial supervision), or adjust the sentence for a convicted person who is eligible.

The judge can refuse to issue one of these decisions if the detainee has objected to a transfer proposed by the prison administration "unless the detainee is a convicted offender and the transfer would have caused undue interference with the right to respect for their private and family life".

This Act represents an improvement on the previous state of the law by creating a new possibility for appeal and new possibilities for control in institutions by the judicial authority. It nevertheless falls far short of the expectations legitimately arising from European case law.

Transfer is the only option chosen for part of the prison population (convicts not eligible for sentence adjustment) and will probably be favoured for other prisoners. However, this solution – which is ad hoc and individual – is obviously not suited to structural problems. In its definition of an effective remedy, the ECHR stated that "domestic authorities that find a violation of Article 3 by reason of the conditions of detention of the person still detained must provide them with an appropriate remedy", specifying that "the remedy may, depending on the nature of the problem in question, consist either of measures affecting only the detainee concerned, or, in the case of overcrowding, of general measures capable of resolving the problems of massive and simultaneous violations of detainees' rights resulting from poor conditions". It even expressly referred to the illusory nature of a transfer in the context of a dilapidated and overcrowded prison. It is therefore unlikely, in the absence of any general measures capable of solving a structural problem, that the ECHR will consider the Act of 8 April 2021 as a sufficient response to its expectations.

The procedure adopted by the Act is also open to criticism in that it is complex and time-consuming in relation to the issues at stake, if respect for human dignity is considered an imperative. A finding of undignified conditions of detention should lead to an obligation to put an end to them immediately and by any means. Respect for dignity in penal institutions, as in all places of detention, should not be delayed or suspended. However, the Act accommodates this imperative by imposing delays on detainees that have no other purpose than to find more or less satisfactory palliatives in line with an administrative complexity that seems to be better protected than human dignity.

A prisoner in an old remand prison – the building, built in the 17th century, became a prison during the French Revolution – sent the CGLPL a decision of a sentence enforcement judge (JAP) rejecting his application in October 2021 on the grounds that the application "does not include a statement as to whether or not the convicted person has referred the same application to the administrative court". While the judge cannot be blamed for applying the law, it is regrettable that respect for formalism takes precedence over respect for a principle as cardinal as dignity. It is worth remembering that in penal institutions, access to legal information, forms, the assistance of a lawyer, or even a photocopier, blank paper and a stapler, is not a matter of course. The formalism of a remedy

that is supposed to guarantee the dignity of detainees should be kept as low as possible and its assessment should remain flexible.

Lastly, it should be noted that the protection of the dignity of some detainees cannot be exercised to the detriment of the dignity of other detainees, nor can it be exercised based on a trade-off between several fundamental rights. While the Act rightly protects the maintenance of family ties, it does not mention other rights that a transfer may undermine, such as continuity of care and access to work in particular. It is to be feared, as the first months of application of the Act seem to show, that the technicality of the procedure and the risk of transfer may have a dissuasive effect on the number of applications addressed to the courts.

It is also unfortunate that this Act places the onus on detainees – especially when they are incarcerated in undignified conditions – to choose between respect for their dignity and the exercise of their other fundamental rights. The responsibility for putting an end to violations of rights resulting from undignified conditions of detention lies solely with the competent authorities, first and foremost the judicial authority and the prison administration.

The fate of this Act, which will undoubtedly be submitted to the Constitutional Council soon, and then later to the European Court of Human Rights, remains uncertain. However, it is already clear that it is not sufficient to ensure a structural improvement in detention conditions or meet the request of the European Court of Human Rights.

On the basis of this Act, a body of case law is beginning to develop, but decisions are still rare and are still only issued by the lower courts. Several of them have highlighted some hesitation on the part of the judge in the field of evidence, as illustrated by this extract from a decision of a sentence enforcement court:

"The allegations in the application do not constitute prima facie evidence that the conditions of detention of the person imprisoned do not respect the person's dignity. For example, it is pointed out that the detainee enclosed what appear to be pieces of paint, without any check being made on the contents of the envelope before it was sent to the judge. While this seems to have been analysed by Mr X as prima facie evidence of the indignity of his detention conditions, it must be specified that the truth of his statements cannot be known, namely that the paint came from the showers on the first floor of the detention area [...]. The presence of a few traces of mould in a damp environment is not in itself surprising. It will be recalled that a prisoner is assigned to clean the showers and that prison staff ensure that the cleaning is done properly. [...].

Mr X mentions that 'the International Prisons Directorate' had informed him that the showers would be redone in September. The convicted party's application is dated 15 October 2021, so it is clear that he is taking the deadlines referred to literally, whereas the implementation of the work does not depend solely on the head of the institution [...]. He did not enclose the letter or any proof that the organisation he mentioned had indicated this time frame for carrying out the work, which, by the way, appears to be particularly short since, like all public expenditure, it must be validated, budgeted and then implemented in an environment that requires careful planning to maintain order and the safety of everyone at all times.

Lastly, it will be recalled that a lot of work has been under way in the Y remand prison since the beginning of the year, and that this probably requires a certain amount of organisation in the execution of this work, in order to coordinate the various trades.

Consequently, the appeal shall be declared inadmissible".

However, case law now seems to be moving towards a situation in which it would not be up to the applicant to prove their undignified conditions of detention – it is difficult to see how they could do so – but simply to state their own conditions of detention in a factual and detailed manner. Therefore, a reference to undignified conditions of detention found in a general way in an institution could constitute a presumption leading the judge to order audits.

As a privileged witness of internal life in penal institutions, the CGLPL undoubtedly has a role to play in assessing the dignity of detention conditions in each institution. For this reason, it is working on the preparation of "flash missions", focusing on the dignity of detention conditions. Following these brief but detailed reports, the CGLPL's observations to the Minister of Justice on the dignity of detention conditions in each institution visited will be included. These documents will be made public in a time frame and format that allows prisoners, lawyers and judges to provide meaningful reasons for their applications and decisions.

In addition, the Act of 22 December 2021 on confidence in the judiciary grants Chairs of the Bar the right to visit prisons within their jurisdiction under the same conditions as members of the French and European Parliaments. The CGLPL had long supported the demand of Chairs of the Bar in this sense⁸. Moreover, a new relationship has begun to be established between Chairs of the Bar and the CGLPL in order to effectively contribute to ensuring respect for the dignity of detention conditions.

2.3 The Act of 22 December 2021 on confidence in the judiciary

2.3.1 *The reform of sentence reductions*

One of the key measures of this new Act is the abolition of the sentence reduction credits introduced in 2004, which were granted on entry into detention, and of the additional sentence reductions granted on the basis of prisoners' behaviour. In return, the Act provides for the granting of sentence reductions (up to six months per year), for good behaviour or in consideration of efforts to reintegrate society, with those convicted of terrorism being excluded from this scheme. A specific sentence reduction of up to one third of the previous one is possible in the event of exceptional behaviour towards the penal institution.

This reform is based on a desire to put an end to the "automatic" use of sentence reduction credits, which in practice does not exist, to the extent that the CGLPL often deplores the systematic withdrawal of such credits in the event of disciplinary misconduct and observes that some courts even adopt a scale system for these withdrawals.

Furthermore, granting sentence reduction credits based on the offender's efforts only makes sense if these efforts can actually be made. And yet, visit after visit, the CGLPL notes that this is not the case, since the conditions of incarceration and treatment in many penal institutions do not allow for it. Despite their requests, many detainees are still waiting for a work placement, enrolment in an activity, or an appointment with the psychologist, which would allow them to prove their efforts to the sentence enforcement judge (JAP). This observation is all the more worrying as, despite the provisions of Act No. 2019-222 of 23 March 2019 on 2018-2022 planning and justice reform, which provide for the adjustment of sentences of less than six months, the CGLPL regularly encounters detainees serving short sentences, the duration of which prohibits all such steps, in violation of the Act of March 2019.

By following this logic of reward in an unfavourable context, the granting of sentence reductions is therefore likely to become less common. Moreover, the impact study of the reform, which is very imprecise in terms of its consequences, does not augur well as to its effect on the number of prisoners.

⁸ In particular in its *Opinion of 23 April 2020 on defence in places of deprivation of liberty*, published in the *Official Gazette* of 25 June 2020.

2.3.2 *Work and reintegration measures*

Several of the CGLPL's publications, foremost among which is its Opinion of 22 December 2016 on work and vocational training in penal institutions, address issues relating to work in detention. It is therefore with satisfaction that the CGLPL observes that the Act of 22 December 2021 includes several of the measures it recommended.

The text defines a new link to employment, embodied in a "prison employment contract", which will replace the current unilateral act of engagement, will be entered into for a fixed or indefinite period and will be subject to rules on working hours and minimum wages laid down by decree. The CGLPL has called for these measures on numerous occasions, noting that the unilateral act of engagement was too imprecise, that working hours were uncertain, that rest periods were too rare and that pay levels were below the minimum rates set by circular. The absence of the term "employment contract" in favour of a new type of contract underlines that the alignment with common social law is not intended to be perfect. It is certainly possible, in the name of realism, to accept the moderate nature of the progress thus achieved, but to be acceptable such moderation must not be excessive, particularly with regard to the level of pay and the rules on working hours.

Even though the Constitutional Council has considered, on two occasions in 2013 and 2015, that the current regime of work in detention is consistent with the Constitution, the CGLPL has regularly underlined that detainees are presently excluded from the rights granted to all workers in the preamble of the Constitution of 27 October 1946. An Act that fills this gap is therefore a significant step forward.

While advances in law can only be beneficial, they must be accompanied by a significant improvement in the supply of work. The Act sets out principles in this sense. Intended to promote professional integration, it specifies that "within penal institutions, all measures shall be taken to provide a professional activity, vocational or general training or validation of acquired experience to prisoners who request it. To this end, they shall be given access to the necessary educational resources, including digital resources"; it also conveniently reiterates that "detainees may work for themselves, once they have been authorised to do so by the head of the institution".

As it stands, the supply of work remains in line with the characteristics described by the CGLPL in 2011⁹: low-skilled jobs, an insufficient number of positions, an organisation that is not conducive to work, low pay, and incomprehensible pay slips. The precariousness of detainees, which is often already high, is aggravated by a lack of work opportunities, as only one third of the prison population has a job or is enrolled in vocational training.

The Agency for Community Service and Professional Integration (ATIGIP), created in 2018 as part of the Ministry of Justice, organised meetings to present the draft reform in which the CGLPL participated. These meetings enabled the stakeholders concerned, as well as the CGLPL and the OIP, to make their observations.

The issue of work selection and the transparency of the corresponding procedure are therefore essential. In this respect, it is salutary that the Act formalises this procedure. It is regrettable, however, that it does not specify its criteria, which will therefore have to be assessed in relation to case law but could, in the meantime, benefit from being set out in a circular.

The Act of 22 December 2021 also provides for the adoption through ordinances of measures to:

⁹ See CGLPL, *Annual Report 2011, Chapter 4: "Working in detention: a review of incarcerated workers' pay"*.

- open or facilitate the opening of social rights for detainees in order to promote their reintegration;
- promote access to activities in detention for women prisoners, by rolling out mixed-gender activities;
- combat discrimination and harassment at work in prisons;
- promote access to vocational training on release from detention;
- organise the functions of preventive medicine and labour inspection in detention.

These ordinances should also facilitate the creation of work-based support services in detention and should encourage, in terms of public procurement, economic stakeholders employing people under prison employment contracts.

These measures are a timely complement to those relating to the employment contract and labour supply. They comply with the CGLPL's minimum recommendations: the one that states that "all the services, duties, and activities implemented within a place of deprivation of liberty should be subject to standards and certification, along with all the ordinary inspections and checks" (Recommendation 24) and the one that reiterates that "unless an exception has been provided by law, their confinement must not lead to any interruption in their benefits entitlement or welfare provisions" (Recommendation 194).

These provisions are welcome but remain incomplete: in particular, they do not cover short-time working; during the health crisis, this was a real difficulty for prisoners deprived of their only income without the slightest compensation, whereas on the outside, people placed in the same situation for the same reason were compensated. Similarly, they do not provide for coverage in the event of non-occupational illness.

The CGLPL will remain attentive to the implementation of these provisions, which will need to guarantee respect for the dignity and fundamental rights of detained workers. This respect necessarily means paying attention to their material working conditions and compensation.

2.3.3 *Miscellaneous provisions*

In order to reduce the length of pre-trial detention measures, the Act provides that beyond eight months, any decision extending detention or rejecting an application for release must in fact state the reasons why electronically monitored house arrest measures would be insufficient. This provision is a step towards reducing pre-trial detention, but it is regrettable that the legislature is so timid as to require it only after a significant period of time and not from the time of incarceration. Moreover, it can be feared that the use of stereotypical motivations will undermine the deterrent effect of the text.

The Act of 23 December 2021 also amends Article 720 of the Code of Criminal Procedure and makes release under constraint, introduced in 2019 for sentences of less than two years, an automatic measure, three months before the end date of the sentence. The effects of this new system on the length of imprisonment have been modest. This amendment is probably intended to encourage the use of this measure, which is to be welcomed. The CGLPL reserves the right to study its effectiveness during its visits to institutions.

The other measures in the Act include Article 24, which authorises the Government to create a penitentiary code by ordinance. The CGLPL constantly regrets the lack of visibility of penitentiary law that is omnipresent in detention but little published, in particular because of its infra-legislative, or even infra-regulatory, nature. It is to be hoped that the creation of this code will help better disseminate the law, first and foremost to the detained population.

Amending Article 719 of the Code of Criminal Procedure, the Act also authorises Chairs of the Bar or their specially appointed delegates to visit, at any time, police custody facilities, customs detention facilities, immigration detention facilities, waiting areas, juvenile detention centres and penal institutions. The CGLPL can only welcome this progress, which it had called for – although it regrets that this right of visit has not been extended to psychiatric institutions authorised to take in patients hospitalised involuntarily¹⁰.

Article 26 of the Act amends Article 22 of the Prison Act of 24 November 2009 by adding gender identity to the grounds taken into account when deciding on the restrictions to which detainees can be subject in detention.

3. Mental health institutions in 2021

Over the course of 2021, the CGLPL inspected 22 healthcare institutions authorised to take in patients in involuntary care, two units for difficult psychiatric patients and one Interregional Secure Hospital Unit¹¹.

3.1 Changes in seclusion and restraint practices

Seclusion and restraint measures are strictly limited by Article L. 3222-5-1 of the Public Health Code¹² which states:

"I - Seclusion and restraint are practices of last resort and can only concern involuntary patients hospitalised on a full-time basis. They can only be implemented to prevent immediate or imminent harm to the patient or others, based on a reasoned decision of a psychiatrist and only in a manner that is appropriate, necessary and proportionate to the risk after evaluation of the patient. Their implementation must be subject to strict somatic and psychiatric supervision, entrusted by the institution to health professionals designated for this purpose and traced in the medical file.

A seclusion measure may be taken for a maximum period of 12 hours. If the patient's state of health so requires, it may be renewed for periods of up to 12 hours under the same conditions and the same terms, within the limit of a total duration of 48 hours.

A restraint measure may be taken as part of a seclusion measure for a maximum period of six hours. If the patient's state of health so requires, it may be renewed for periods of up to six hours under the same conditions and the same terms, within the limit of a total duration of 24 hours".

Other provisions of the same article provided for the possibility of exceptional renewals beyond these durations; they were suppressed by the Constitutional Council.

In an Opinion of 21 March 2017 on means of restraint in adult psychiatric facilities, the Council of Europe's Committee for the Prevention of Torture (CPT) considered that "involuntary treatment should address specific clinical signs and symptoms; it should be proportionate to the person's state of health; it should form part of a written treatment plan; it should be documented; where appropriate, it should aim to enable the use of treatment acceptable to the person as soon as possible. The treatment plan should, whenever possible, be prepared in consultation with the person concerned and the person's

¹⁰ Unlike in other places of deprivation of liberty, the right of members of Parliament to visit healthcare institutions authorised to take in patients hospitalised involuntarily is governed by Article L. 3222-4-1 of the Public Health Code, which has not been amended to extend this right to Chairs of the Bar.

¹¹ The full list of institutions inspected in 2021 is provided in Appendix 2 of this report.

¹² These provisions are not affected by the decisions of the Constitutional Council analysed below, which concern exclusively Section II of the same article.

personal advocate or representative, if any; it should be reviewed at appropriate intervals and, if necessary, revised, whenever possible in consultation with the person concerned and his or her personal advocate or representative, if any".

The CPT further stated that restraint should be a response to danger in "exceptional cases" and should be used as a last resort, in accordance with the principles of legality, necessity, proportionality and accountability, and for the shortest possible time period. It affirmed that means of restraint are security measures that cannot have any therapeutic justification and should never be used as a punishment or to simply facilitate the work of staff.

In its findings, depending on the country visited, the CPT provides the following definitions:

- seclusion: involuntary placement of a patient alone in a locked room;
- physical restraint: staff holding or immobilising a patient by using physical force;
- mechanical restraint: applying instruments of restraint, such as straps, to immobilise a patient;
- chemical restraint: forcible administration of medication for the purpose of controlling a patient's behaviour.

As the legislation currently stands, only seclusion and mechanical restraint shall be monitored in each institution, with a defined policy to limit the use of these practices and an evaluation of its implementation. They are defined in Article L. 3222-5-1 – III of the Public Health Code, which also provides for the monitoring of this follow-up by the CGLPL as follows: "a register shall be kept in each healthcare institution authorised in psychiatry and designated by the Managing Director of the Regional Health Agency (ARS) to provide involuntary psychiatric care in application of Section I of Article L. 3222-1. For each seclusion or restraint measure, this register shall mention the name of the psychiatrist who decided on this measure, an identifier for the patient concerned as well as their age, their mode of hospitalisation, the start date and time of the measure, its duration and the names of the health professionals who supervised it. The register, drawn up in digital form, must be presented, at their request, to the Departmental Commission for Psychiatric Care, to the Chief Inspector of Places of Deprivation of Liberty or their delegates and to members of Parliament.

The institution shall draw up an annual report on practices of admission to seclusion and restraint rooms, the policy defined to limit the use of these practices, and the evaluation of its implementation. This report shall be forwarded to the User Committee provided for in Article L. 1112-3 and to the Supervisory Board provided for in Article L. 6143-1 for their opinion".

On the basis of these provisions, the CGLPL regularly recommends, during its visits, the exhaustive collection of seclusion and restraint measures as part of the medical data collection process and an analysis of these data by department and by unit in order to support the policy defined by the institution to limit the use of these practices and evaluate its implementation.

It also recommends that, if necessary, the confirmation of the decision by a psychiatrist should be recorded, and that this confirmation should occur within an hour if the initial decision was taken by a doctor who does not have this status; moreover, it recommends that the same treatment should be reserved for seclusion or restraint measures taken by the emergency department in the event that a patient requiring psychiatric care is admitted. On the other hand, registers established by law should not include outpatient mechanical restraints, such as restraint garments, used on a long-term basis in cases of self-harm or repeated mutilation. These measures need to be identified and analysed in a framework other than that of policies to reduce seclusion and restraint.

Since 2018, however, no health institutions have been able to provide inspectors with complete, verified and analysed data. While most of them now know how many patients have been placed in

seclusion at least once, the number of patients placed in restraint is slightly less reliable, and the measures taken and their duration are often incorrect or even disregarded. Some institutions have long confused seclusion measures with acts of renewal of measures, with 72 hours of seclusion being counted as three or four 24-hour seclusion measures for the same patient. This results in a falsely high number of seclusion measures, with falsely short durations. Similarly, the software in use in psychiatric departments has only recently been able to merge a set of renewals into a single measure, even though there are solutions to ensure continuity between the end of a decision and a new renewal decision.

Consequently, the CGLPL does not consider that it is in a position to analyse all of the data recorded in seclusion and restraint registers as compiled and sent to the Regional Health Agencies, as they are neither complete, nor controlled, nor homogeneous. This also leads it to doubt the accuracy of the national analyses conducted on the basis of this collection.

The following lines therefore only analyse the data verified during inspections for which the collection procedure can be considered reliable. Thus, out of the 89 institutions inspected from 2018 to 2021, only 26 could be analysed, sometimes only partially, which is why the reference active files are not stable.

The proportions of patients affected by seclusion and restraint, as a proportion of the patients in the relevant active file with regard to the criteria described above, are as follows:

Period	Seclusion		Restraint		
	Institutions analysed	Percentage of those admitted	Institutions analysed	Percentage of those admitted	Percentage of those secluded
2018-19	14	16.6%	12	4.9%	28.4%
2020-21	12	22.7%	10	5.1%	25.7%
Total	26	19.3%	22	5%	27.11%

Unlike what was expected from the introduction of regulations on seclusion and restraint, these data show that the proportion of patients in seclusion and restraint as a proportion of all inpatients has increased over the last four years. This increase has been significant for seclusion, while the number of restraint measures has increased more moderately. The decrease in the percentage of restraint measures in relation to seclusion measures is solely related to the increase in the number of seclusion measures. Looking at the figures for general hospitals alone, the usable analysis of four institutions shows that 25.3% of patients were secluded and 2.8% were placed in restraints. Seclusion is therefore more frequent and restraint less common than in specialised mental health institutions.

The available data seldom show a connection between placement in seclusion and admission status. Where findings can be made, they are cause for concern:

Period	Number of institutions	Secluded voluntary patients in relation to the active file	Secluded voluntary patients in relation to the number of patients in seclusion
2018-19	8	4.4%	24.1%
2020-21	4	3.2%	19.8%
Total	12	3.8%	22.2%

The number of people placed in seclusion while still in voluntary care has decreased steadily over the past four years but still represents 20% of patients in seclusion. Over these four years, the percentages per institution of people placed in seclusion in voluntary care in relation to all patients admitted varied between **0.9% and 11.7%**.

The durations (in hours) of the analysed measures are as follows:

Period	Seclusion			Restraint		
	Average for all hospitals	Minimum average	Maximum average	Average for all hospitals	Minimum average	Maximum average
2018-19	134	73	236	28	8	87
2020-21	125	29	300	24	8	48

Seclusion durations have decreased very slightly, but the majority of averages remain above 48 hours, i.e. the maximum provided by law at the time of writing this report. This is not the case for restraint measures, which currently have a maximum duration of 24 hours, which corresponds to the average duration of measures. However, these durations are questionable because of their variability.

The wide variety of figures mentioned above correspond to different interpretations of the notion of "last resort", even though this notion, insofar as it is the basis for restraint, can only be interpreted restrictively. Far from regressing or even leading to the abandonment of restraint and the use of seclusion only in extreme situations, these practices are developing and becoming commonplace, where they are sometimes considered normal and sometimes viewed as a necessary evil. However, some institutions do not use restraint and only seldom resort to seclusion, so this is possible.

Of course, the analysis of each practice should take into account certain elements such as the modes of admission of patients in crisis, the outpatient system and the provision of non-hospital care. Nevertheless, on the scale of a psychiatric sector, i.e. a population of between 50,000 and 200,000 people, and even more so on the scale of a population cared for by a hospital with several sectors, it is incomprehensible that the rate of recourse to seclusion and restraint practices should vary so widely. The CGLPL's reports highlight factors that explain this variability without justifying it: real estate characteristics, medical and paramedical cultures, the opening or closing of doors, and the organisation of psychiatric care from emergencies to rehabilitation.

It is the responsibility of heads of institutions and the supervisory authorities to seek explanations for such discrepancies and align practices with the least restrictive ones.

The creation of the seclusion and restraint register was understood by caregivers as an administrative necessity, or even a purely regulatory constraint, without the real relevance of this measure for the analysis of their practices being presented to them and, above all, without this register being oriented towards a policy. The poor quality of the data, deplored above, reflects a lack of interest among caregivers in a reform that is poorly understood and not integrated into a more holistic modernisation of involuntary psychiatric care. The failure of the policy to reduce seclusion and restraint is the result.

3.2 Towards jurisdictional control of seclusion and restraint

A long-term mechanism for the jurisdictional control of seclusion and restraint was eventually adopted by the legislature in Act No. 2022-46 of 22 January 2022 strengthening health crisis management tools and amending the Public Health Code.

This text followed three censures of Article L. 3222-5-1 of the Public Health Code by the Constitutional Council:

- in June 2020, because the text which since 2016 had defined and authorised seclusion and restraint did not provide for a review of these decisions by a judge;
- in June 2021, because the text adopted following this censure did not provide for an effective review but merely for the judge to be informed;

- in December 2021, because the text had been adopted in the form of a "rider".

This rocky sequence does not augur well for the application of the new provisions, on the one hand because it is a sign that the legislature intended to respond *a minima* to the request of the Constitutional Council without questioning the deep crisis that psychiatry is going through, and on the other hand because the adoption of a legislative provision by degraded procedures or on the fringe of debates on other subjects did not allow for the drafting of a satisfactory text.

The CGLPL's visits to mental health institutions in 2021 confirmed the deep crisis in French public psychiatry. The glaring lack of doctors, sometimes coupled with a lack of nursing staff, contradictory injunctions, and increasing pressure related to security or medical-legal requirements are certainly not new, as the CGLPL has been denouncing them for several years in its annual reports, but these weaknesses have been amplified by the health crisis.

Doctors and carers were infected with COVID-19 like everyone else; the patients affected also required more attention, discharges were more difficult and the overall pressure on the hospital system did not help. Legal instability combined with a lack of support, a crisis in resources and a wide variety of medical doctrines led to deep exhaustion among staff and supervisors. Consequently, the increase in the "administrative" aspect of care, however justified, led a very worrying and hitherto unknown proportion of psychiatrists to resign. The professional bodies met by the CGLPL insisted on the sudden change in the context of medical demographics observed within just a few months. It is therefore very regrettable that the obligation to intervene placed on the legislature by the Constitutional Council was not used as an opportunity to take a serious look at the situation of public psychiatry.

The very content of the reform is disappointing. It is true that it finally institutes the jurisdictional control of seclusion and restraint that the CGLPL has been calling for since 2016, but without the nuances that should have been added to this reform. For example, the CGLPL recommended to the Prime Minister in the summer of 2021 that the system be supported by professionals during a broad institutional consultation and that it be based on actual practices by targeting all clinical situations. It also recommended that changes in practices be accompanied by training in particular and that the draft text be subject to a normal legislative procedure allowing for the proper functioning of all stages of consultation focusing on the draft and the associated quality control.

Moreover, the CGLPL recommended to the Prime Minister that the link established by the law between seclusion and involuntary psychiatric care be weakened, as it has the paradoxical effect of increasing the number of decisions to hospitalise involuntarily in order to regularise short-term seclusion and restraint measures for voluntary patients, with all the consequences that this has in terms of restrictions on their freedoms. It also recommended that the issue of minors in mental health institutions, who are most often in a legal situation that is incorrectly equated with voluntary care – admission requested by the holders of parental authority or decided by a juvenile judge¹³ – be addressed. In practice, these minors are regularly subjected to seclusion or restraint measures and are therefore at risk of being placed in involuntary psychiatric care, for the sole purpose of regularising these measures.

The CGLPL also recommended accompanying measures to encourage, as far as possible, the collection of consent from patients for whom seclusion or restraint is being considered, where the collection of "advance directives" for this purpose should be systematic, except in cases of emergency hospitalisation. These directives would also prevent too much information from being given to third parties. Necessary insofar as third parties must be able to act in the interest of the patient who is

¹³ In the latter case, by a provisional placement order. The CGLPL reiterates that it recommends that minors hospitalised in psychiatric care should benefit from guarantees similar to those available to adult patients hospitalised in involuntary psychiatric care.

prevented from doing so, this obligation to inform must be reconciled with the patient's right to preserve medical confidentiality in matters regarding them: the introduction of incentive advance directives in psychiatry would enable patients (or at least some of them) to decide themselves, a priori, which persons to inform and would keep too many people from being informed, which could be contrary to the legitimate wishes or interests of the patient.

Lastly, the CGLPL recommended a support plan which, in addition to aspects relating to human resources management and staff support, would also involve information systems and the necessary support for the traceability, transmission and storage of data relating to the implementation of these procedures.

These recommendations were broadly consistent with the fears of professionals, patients and their families concerned that the rigorous regulation of seclusion and restraint might be compensated for by measures that could prove equally restrictive for patients. For example, the development of Psychiatric Intensive Care Units (USIPs) – which are not regulated by law – and chemical restraint are severe and often long-lasting constraints.

These stakeholders also deplored the state of child psychiatry "as a catastrophe within the overall catastrophe of psychiatry", the reduction of the role of psychiatry in the initial training of nurses, and the fact that it takes up too little space in the training of advanced practice nurses.

The positive law is now as follows. The text voted in January 2022 only authorises seclusion and restraint as part of an involuntary care measure, with the consequences described above for the status of voluntary patients and especially minors.

It establishes four periods in the monitoring of seclusion measures:

- an initial measure of 12 hours of seclusion or six hours of restraint;
- three renewals of the same duration that are the exclusive responsibility of the doctor, which brings the measure to 48 hours of seclusion or 24 hours of restraint;
- an additional 24 hours during which the patient's relatives and the Liberty and Custody Judge (JLD) must be informed of the measure;
- after this additional period, i.e. after 72 hours of seclusion or 48 hours of restraint, the JLD must rule within 24 hours.

The hospital director – who is responsible for informing and referring the matter to the judge – and the doctor are responsible for informing at least one member of the patient's family "while respecting the patient's wishes and medical confidentiality"; this sole mention of the notion of "wishes" could pave the way for the development of advance directives in psychiatry.

A renewable budget of €15 million and a non-renewable budget of €20 million have been planned to accompany the reform; professionals consider this insufficient.

The two sets of observations we have just made on the use of seclusion and restraint and on the jurisdictional control of these measures, placed in the context of the crisis in public psychiatry, have led the CGLPL to make some more general recommendations.

The analysis of seclusion and restraint registers should be the subject of guidelines and training to ensure that they are effective tools for reducing the number and duration of these measures. However, this analysis should not be performed in isolation. Seclusion and restraint are in fact closely correlated with other events, and it is therefore necessary to compare the extent of their use with a description of the means available to the department in terms of prevention or alternatives, and put any trends into perspective with those in the use of medication or those concerning serious adverse events.

The context in which psychiatry operates cannot be ignored by the legislature any longer. A programming law dealing with medical and nursing demographics, the territorial distribution of services and the overall legal framework of the discipline, in particular the status of USIPs and the monitoring of placements in units for difficult psychiatric patients (UMDs), is necessary.

4. Immigration detention and waiting areas in 2021

Over the course of 2021, the CGLPL inspected six detention centres for illegal immigrants (CRAs) and three waiting areas¹⁴.

These visits were carried out in a context of an increase in immigration detention, as the construction of four new centres was announced, at the same time as the detention policy was growing after a pause in 2020, despite the health risks that the CGLPL had highlighted in 2020 and to which it again drew the attention of the Government and the public in 2021¹⁵.

This partiality for immigration detention has been reflected, for nationals of certain countries, in a sharp increase in the duration of detention, due to the reluctance of the authorities in the country of destination to grant laissez-passers and the obstinacy of the French authorities in prolonging measures despite the disappearance of prospects of deportation. Nationals of North African countries have been particularly affected by this situation.

The significant drop in the rate of deportation, from around 50% to 40% from CRAs, and the growing share in detention of prison leavers – who are themselves more rarely deported than other categories of detainees (34%) – suggest that the legal basis for the detention measure, i.e. the prospect of deportation, is no longer the sole driving force behind this decision. A "public order concern" with no legal basis has now come into play, and is tending to make detention an administrative extension of a prison sentence that has already been served; i.e. it is giving it a punitive dimension.

The CGLPL observed this strong presence of prison leavers and nationals of North African countries in most of the centres visited, particularly in Hendaye, Bordeaux and Palaiseau.

As noted in the first part of this chapter, immigration detention, like any other form of detention, is aggravated by the risk of infection with COVID.

The centres visited were always being visited for the second or even third time, which allowed the CGLPL to evaluate the actions taken following its previous visits. The recommendations made concerning accommodation conditions (size, configuration and maintenance of premises) had generally not been acted upon: the unsuitable premises of the Bordeaux CRA remained unsuitable, those of the Hendaye CRA remained poorly maintained, the deteriorated furniture in Palaiseau had still not been replaced and that in Nice was still dilapidated. However, some improvements were noted. For example, the Geispolsheim and Nîmes CRAs partly succeeded in setting up the necessary facilities for occupational activities, and the Nîmes CRA was able to adapt its premises to ensure better health protection for the various people taken in, including families. Nevertheless, boredom prevailed most of the time. The CGLPL deplores the fact that possible property investments have primarily been directed towards increasing security, which no objective data seem to justify – there have been few incidents –

¹⁴ The full list of institutions inspected in 2021 is provided in Appendix 2 of this report.

¹⁵ See news release of 29 July 2021, "Situation alarmante dans les centres de rétention administrative" (Alarming situation in detention centres for illegal immigrants), available on the CGLPL's website.

and not towards maintaining and refurbishing the premises in order to ensure at least a dignified welcome for detainees.

It is particularly alarming that on several occasions (especially in Hendaye and Geispolsheim), observations were made about the lack of food. Similarly, during the pandemic, no hand sanitiser gel was distributed on the strange grounds that "they drink it", soap was not freely available in the toilets and communal rooms, and no preventive measures were observed.

In the centres visited, the police teams encountered were often professional with regard to detainees, and although there were still situations where detainees were systematically handcuffed when leaving the centre (Nîmes and Geispolsheim, for example) or where there were unjustified restrictions on freedom of movement in the centres, these tended to be rarer. Some best practices could be observed which tended to reinforce the quality of care: in Nîmes, two plain-clothes police officers were responsible on a daily basis for welcoming new arrivals, responding to detainees' requests and solving problems while remaining attentive to the atmosphere, and in Bordeaux, if there was any doubt about the behaviour of detainees, an individual interview was conducted by specially trained police officers. However, this progress leaves room for improvement, particularly with regard to information on living conditions in the centres and, above all, information on deportation, which is often very random, as in Hendaye, Geispolsheim, Nîmes and Nice, whereas it is now in accordance with the texts in Palaiseau.

However, as the CRAs were designed for "stays" of one month at most, there are no provisions for a 90-day stay, making immigration detention inhumane.

In all cases, for waiting areas, these were second or even third visits, but in Lyon, this visit took place in recent facilities that had not existed during the CGLPL's previous visit.

Waiting areas were visited in the context of reduced air traffic due to the pandemic. In Roissy, the waiting area was heavily occupied but overall compliance with the preventive measures was possible, although improvements were still desirable. No cases of COVID had been recorded between March 2020 and March 2021 and the few recent cases were dealt with via the issuance of a 10-day health regularisation visa. On the other hand, a second visit by the CGLPL to Roissy, following the massive arrival of people not admitted to the country and the exercise of the right of withdrawal of associations, revealed very poor daily living conditions (precarious accommodation in a space in the terminal where cots had been installed to manage the simultaneous arrival of a large number of people) and a set-up that was impossible to maintain, to the point that it did not last.

In Lyon, traffic had been halved compared to the previous period, so that compliance with preventive measures was possible and the quality of reception was generally good. In Nice, at the time of the visit, no one was placed in the waiting area.

These visits also revealed real shortcomings in terms of how the CGLPL's recommendations from its previous visits had been taken into account. The indignity of the premises persisted in Roissy and Nice, the systematic use of handcuffs during outings persisted in all cases, informational documents, although improved, remained incomplete, and access to hygiene was sometimes difficult.

Unlike in detention centres for illegal immigrants, the intervention of associations in waiting areas was not governed by an agreement and therefore lacked stable funding. This intervention, which occurred on a simple voluntary basis, was therefore sometimes insufficient and the quality of care suffered as a result.

Lastly, there were two general difficulties worth noting:

- while controls by the management were generally effective, those by the judicial authority were rare, with the notable exception of the Nice waiting area;
- the intervention of interpreters was always difficult and often of poor quality, which seriously affected the quality of the information provided.

5. Juvenile detention centres in 2021

Over the course of 2021, the CGLPL inspected seven juvenile detention centres (CEFs)¹⁶.

Like every year, these inspections highlighted the large differences that exist between these centres, which range from the best to the worst, regardless of their public or associative status.

Accommodation was often of low quality. While space was sometimes lacking, a lack of maintenance and a basic layout are what mainly marked the facilities. Accommodation conditions were therefore rustic at best and sometimes undignified.

The centres visited had generally developed active policies on human resources and integration into their environment. This resulted in advances in care and the balanced management of prohibitions.

In Colombières, Liévin and Combs-la-Ville, for example, the experience and stability of the teams helped them achieve practices that respected children's rights, combining personalised care with a clear disciplinary policy that the children could understand. This resulted in serenity and stability conducive to education. In other centres, a broad interpretation of prohibitions and constraints often accompanied insufficient pedagogical support.

Ownership of educational tools had also improved. Individual projects had become widespread, families were regularly involved in the care of minors and individual files were increasingly well kept, even though this finding could not yet be considered general. Children and young people were increasingly involved in meetings concerning them.

For the first time in 2021, the CGLPL did not visit any centre that used prohibited measures of control or restraint such as body searches or "containment". The monitoring of prohibited objects was generally carried out in the form of an inventory in which young people were asked to empty their bags and pockets, but without undressing or pat-downs, and physical restraint on young people was exceptional and reserved for crises.

In all the centres visited, access to healthcare remained a difficulty: the isolation of the centres and the weakness of local medical resources, particularly as regards child psychiatry, were the causes.

For the first time, the general tone of the CGLPL's findings in juvenile detention centres was therefore positive. Perhaps the list of centres visited contributed to this by chance.

6. Custody facilities in 2021

Over the course of 2021, the CGLPL inspected 22 police services and eight gendarmerie units or groups of units¹⁷.

As most of the findings concerning police services were published in the *Official Gazette* of 21 September 2021 (discussed in Chapter 2 of this report), they will not be mentioned here.

As far as gendarmerie units were concerned, the findings did not differ in any way from those made in previous years. Procedures were well followed, the information given to persons in police custody was generally complete, except for the fact that they were not given a document summarising their rights, and people were generally treated with respect. On the other hand, the configuration of police custody facilities remained excessively rustic and the question of the night surveillance of persons

¹⁶ The full list of institutions inspected in 2021 is provided in Appendix 2 of this report.

¹⁷ The full list of institutions inspected in 2021 is provided in Appendix 2 of this report.

in police custody was still, astonishingly, dealt with by means of alarm systems whose operation was in no way guaranteed or else via rounds that were not carried out in satisfactory conditions, as experience had shown. The CGLPL therefore reiterates its Minimum Recommendation 39: "People deprived of liberty must be able to signal their need for assistance from staff at any time. Police and gendarmerie authorities must ensure constant human surveillance of individuals in custody, who must be able to interact with staff at any time, day or night".

Chapter 2

Reports, opinions and recommendations published in 2021

1. Opinion on the treatment of transgender persons in places of deprivation of liberty¹⁸

After a first Opinion on the subject, published in the *Official Gazette* of 25 July 2010, the CGLPL considered it necessary to express itself once again with regard to the situation of transgender persons. This new Opinion covered all places of deprivation of liberty¹⁹.

Currently, transgender persons deprived of liberty suffer numerous violations of their fundamental rights, the accumulation of which may constitute cruel, inhuman or degrading treatment within the meaning of the European Convention on Human Rights.

The CGLPL has noted in particular that these persons are most often placed in seclusion solely because of their trans-identity or are assigned to wings that do not correspond to the gender they feel and express. Their expression of gender is also frequently denied, both by a ban on them having products associated with the gender with which they identify and by the use of civil status to the detriment of the first name and sex claimed. Lastly, the continuation of a medical transition is hampered while the initiation of such a transition is almost impossible.

The recommendations made by the CGLPL aim to guarantee full respect for the dignity and rights of transgender persons deprived of liberty, in particular the protection of their physical and psychological integrity and their rights to self-determination, control over their bodies, access to healthcare, and intimacy and privacy.

1.1 Understanding the specific difficulties of transgender people to implement standards that respect their fundamental rights

In order to prevent repeated attacks on the dignity and rights of transgender people, the CGLPL has asked the public authorities to:

- **carry out research** that will enable them to effectively assess the specific needs of these people and therefore the measures to be put in place to meet these needs. In France, there are currently no public data on the number of transgender people in detention and the difficulties faced by this population are still largely unknown;
- **adapt the legal framework**, which is insufficiently protective of the rights of transgender persons and has become obsolete, particularly since the entry into force of the Act of 18 November 2016 on the modernisation of 21st century justice, which no longer makes a change of gender in the civil register conditional on a medical transition.

¹⁸ Opinion published in the *Official Gazette* of 6 July 2021.

¹⁹ As part of the preparation of this Opinion, the Chief Inspectorate carried out on-site inspections at the Fleury-Mérogis remand prison, the Saint-Martin-de-Ré long-stay prison, the Caen and Toulouse-Seysses prison complexes, and the Toulouse central police station. The investigation reports were published on the CGLPL's website.

Clear provisions must be adopted to ensure that professional practices are regulated and standardised in order to better respect the gender identity of persons deprived of liberty, support them in their transition process and take their specific needs into account;

- **train professionals** working in places of detention on trans-identity, the discrimination suffered by gender minorities, the risk of self-harm to which transgender people are exposed, and the terms of their care.

1.2 Respecting the gender identity of persons deprived of liberty on a daily basis

Upon the arrival of a transgender person in a place of deprivation of liberty and throughout the duration of the measure, the criterion of self-determination should lead the authorities to:

- **consult with transgender people** who should be free to disclose or not disclose their trans-identity, which should never be revealed without their consent. On their arrival, they should be asked to state the title and first name by which they wish to be identified;
- **adapt search procedures** by favouring the use of a magnetometer over any other search method and taking into account their preference as to the gender of the officers by whom they will be searched;
- **respect the wishes of transgender people to be assigned** to male or female facilities and, if necessary, organise specific care as for any other person likely to be a victim of violence, i.e. without resorting to seclusion solely on the grounds of their trans-identity;
- **allow for the free expression of gender** through the provision and free use in and out of prison cells of objects and accessories commonly associated with the gender with which they identify.

1.3 Supporting transgender people who wish to change their gender on their civil registration documents

Transgender persons deprived of liberty who wish to make a legal transition – *i.e.* to change their first name or gender in the civil register – should be supported within institutions by trained staff and should be able to contact associations working for the rights of LGBTI+ persons.

1.4 Ensuring appropriate healthcare for transgender people and enabling a medical transition

Access to and the quality of healthcare in places of deprivation of liberty should be equivalent to those on the outside, which means:

- **ensuring that transgender people have effective and consistent access to care that is suited to their needs** and providing a safe medical environment – which requires that caregivers recognise and respect the gender identity of their patients, in particular by using the title corresponding to their self-identified gender when addressing them;
- **enabling the continuity and initiation of a medical transition** in a timely manner, respecting the needs and wishes expressed by individuals after they have been informed of the existing possibilities.

If a transgender person cannot be provided with care that respects their dignity, identity, privacy, intimacy and safety, or if they are prevented from continuing or initiating a desired medical transition,

alternatives to deprivation of liberty – temporary discharges or release from prison – should be considered.

1.5 Comments from the Minister of Justice and the Minister of Solidarity and Health

The Opinion on the treatment of transgender persons in places of deprivation of liberty was sent to the Ministers of Justice, Health and the Interior so they could make comments.

The Minister of Justice followed up on this on 7 July 2021 with a letter confirming that reference guidelines were being drafted in the Prison Administration Department to harmonise and secure the practices of professionals who deal with transgender people, pending a legislative and regulatory reform.

He then provided further details concerning the training of officers, in particular the signing of an agreement with the association *Flag ! – intérieur et justice LGBTI+* on 11 May 2021 with a view to developing awareness-raising, training, counselling and support activities in the fight against discrimination against LGBTI+ people and against serophobia. He also announced the proposal to *SOS Homophobie* to take part in initial or ongoing training and organise a helpline accessible to all detainees as a social telephone service.

Lastly, he described the way in which transgender people are treated in detention, in terms of the choice of assignments, the use of searches, and the products available in the canteen. However, the on-site inspections carried out by the CGLPL demonstrated that there were significant discrepancies between this presentation and the reality in the field, and therefore that there were numerous violations of the fundamental rights of incarcerated transgender persons despite the general principles set out by the Minister.

The Minister of Solidarity and Health responded in a letter dated 20 July 2021. He described the work done outside of prison to improve healthcare for transgender people and indicated that caregivers, whether they work inside or outside of prison, can enrol in an inter-university diploma on transgender care as part of their continuing education.

He also specified that the 2019-2022 roadmap for the health of offenders provides for the creation of a working group bringing together health and justice stakeholders to address the issue of healthcare for incarcerated transgender persons, in particular through the fight against gender stereotypes in care pathways. Moreover, he announced that on 23 April 2021, he had asked the French National Authority for Health (HAS) to update the 2009 protocol on the transition process, taking into account the recommendations made by the World Health Organization in 2018 in favour of diversifying this process outside of a mental health context.

He went on to confirm that it should be possible to prescribe hormone therapy from prison and that transgender people should be supported in their efforts to obtain body modification surgery.

Lastly, he presented telemedicine as a way to improve access to healthcare and reduce delays in the care of incarcerated transgender people.

The Opinion and the comments made by the Ministers of Justice and Health in response to it – received after the Opinion had been published in the *Official Gazette* but which did not call for any modification of the CGLPL's findings and recommendations – are available in full on the institution's website.

2. Thematic report: The fundamental rights of detained minors²⁰

The detention of minors constitutes a constraint of such gravity that it can only be a last resort, strictly limited by the principles of legality, necessity and proportionality.

While international texts encourage avoiding the detention of children and adolescents, there has been a worrying increase in this practice, favoured by normative developments that have progressively widened the possibilities of depriving them of their liberty. The legal modes of admitting minors into places of deprivation of liberty are modelled after those designed for adults and the principle of the primacy of education over repression seems to be gradually fading in favour of security-oriented approaches²¹. Furthermore, the functioning of places of deprivation of liberty is not always aligned with the need to protect minors because of their particular vulnerability, nor with the need to ensure continuity of care, which is a major challenge for their integration. Lastly, the specific rights of children and adolescents deprived of liberty, such as the right to education and the maintenance of family ties with the preservation of the place of the holders of parental authority, are not always guaranteed.

Without claiming to be exhaustive – given the wide variety of structures – but based on the observations made during its visits, the CGLPL has drawn up a worrying assessment of the situation of minors deprived of liberty and has made 36 recommendations aimed at preventing violations of their fundamental rights.

2.1 Structures poorly prepared for the reception of minors

The CGLPL reiterates that the **state of the premises** has an impact and a role to play in the care of adolescents and that it is important that they have clean premises upon their arrival – even when they will only be held there for a very short period of time. This is not currently the case in a number of dirty, dilapidated and run-down detention facilities.

The separation between minors and adults is not always respected, particularly in mental health units where children are hospitalised in adult wings – often in seclusion rooms –, in minors' wings in prisons which do not protect minors from the harmful influences of adults, and in court cells which, due to the increase in their activity, inevitably create situations of overcrowding with mixing of the groups taken in. The CGLPL recommends that all places of deprivation of liberty that may take in minors be equipped to respect the principle of separation of minors and adults.

The CGLPL also requests that all staff working with minors receive **appropriate training** before taking up their position and that services be organised so as to allow for the sustained presence of professionals with minors. The management should ensure that practices and the responses given to young people are uniform. In CEFs, given the instability of the staff, efforts should be made to recruit youth workers on permanent contracts.

Lastly, except in police custody facilities and court jails, a range of therapeutic, educational, recreational/sporting, artistic and cultural **activities** should be offered to minors, as part of an educational programme that goes beyond the period of detention.

²⁰ Report published by Éditions Dalloz on 24 February 2021, available in full on the CGLPL website.

²¹ On 30 September 2021, after the publication of the thematic report, the Code for Juvenile Criminal Justice came into force, creating a single hearing in the juvenile court, allowing the guilt and punishment of a minor to be decided on the same day. This exceptional procedure illustrates, once again, how little protection is afforded to children and adolescents.

2.2 Children unequally protected despite their vulnerability

The vulnerability inherent in the status of minor requires that certain rules and practices be adapted.

Despite their prohibition, **strip searches** of minors in CEFs continue to be practised. In prisons – the only places where full-body searches are legally possible – the CGLPL considers that they should be prohibited unless there is a particularly serious risk of harm to the physical integrity of the persons present in the facility.

Furthermore, in places of detention, **discipline** is subject to varying interpretations and practices: it is often translated, but ambiguously, into "good-order measures", which are more flexible and faster but are less rigorously applied. The CGLPL reiterates that disciplinary measures applied to minors must have an educational aim and may not undermine the maintenance of family ties, education, or the physical and psychological development of children.

In all places, the authorities concerned and the minors detained are confronted with acts of violence. The teams that take care of children and adolescents should be empathetic, understanding, patient and mature and need to know how to not react with anger and not engage in a power struggle. The use of **de-escalation measures** by professionals requires, in addition to their training, their permanent presence alongside minors deprived of liberty.

The period of detention should also be used to raise awareness of **healthcare and health education** for minors who often have complex life histories characterised by instability that has often not allowed for satisfactory healthcare on the outside. However, the CGLPL notes that access to healthcare is hampered by limited resources and limitations in terms of the provision of somatic and psychological care, particularly in CEFs, where healthcare for minors remains very unequal.

In addition, in many penal institutions, the amount of **food** served is insufficient and the detained minors met during the visits complained of being hungry. In all places of deprivation of liberty, it is imperative that minors be provided with food of satisfactory quality in terms of its taste and health & nutritional properties; the quantity served must be sufficient for their age.

2.3 Pathways marked by disruptions

In prisons and CEFs, the issue of continuity of care is of paramount importance for children and adolescents deprived of liberty.

Solutions are available to encourage **continuity of care**: partnership relations as part of a common professional culture, the search for consistency in care, the inclusion of educational action in public policies, the association of juvenile justice and child protection for the synergistic treatment of delinquent children and children at risk, etc. The CGLPL notes, however, that the care of children in detention is often disconnected from their environment, causing the educational support provided to them to be fragmented.

Places of deprivation of liberty should open their doors to external stakeholders in the interests of continuity of care for minors. The specific vulnerability of these minors requires creativity and the establishment of **partnerships**, beyond the issue of resources. Poor **flows of information** create gaps, discontinuity in care, and compartmentalisation that leads to a juxtaposition of measures or a series of incoherent measures. Places of deprivation of liberty, already hampered by their structural difficulties, are often powerless to deal with these situations.

The CGLPL notes that the care of **unaccompanied foreign minors** and young girls is most often inadequate. The former are incarcerated mainly due to the absence of guarantees of representation, with destitution, poverty and abandonment thus aggravating their situation. Although professionals have developed relevant procedures for managing these individuals (family tracing,

preparation of administrative files, specific support for health), these remain unsuitable in places of detention. It is imperative to assess the difficulties associated with the care of unaccompanied minors and to take all necessary measures to provide them with the protection required under France's international commitments. With regard to **young girls**, the CGLPL reiterates that their incarceration in wings for adult women is contrary to the law and that they should be detained in minors' wings in the same way as boys.

2.4 A shamefully neglected right to education

Education is a right and a necessity, but it is often neglected in places of deprivation of liberty.

In the majority of these places, minors cannot leave to go to schools, which must organise schooling within them, according to arrangements that differ from one type of institution to another, or even between structures with the same function.

In addition, many institutions have **vacancies for teachers** who are not always trained to work with this particular and fragile group. The **length of the week of teaching** provided to children and adolescents, whether in psychiatric institutions, CEFs or prisons, is always shorter than that provided to those on the outside: for example, a secondary school pupil receives 26 hours of teaching per week, whereas 75% of incarcerated minors receive only six hours and only 30% more than 11 hours. The CGLPL can only be astonished – the word is weak – at such degraded schooling, when these young people, already damaged by life, deserve tireless attention. Their training and studies are a major challenge and they should be taught in a way that is tailored to their profile and similar to the method used for students on the outside, particularly in terms of time. Arrangements should be made to ensure educational continuity during school holidays. Surprisingly, this has not been the case.

2.5 Strained family relations

Maintaining family ties is essential for the well-being of minors and in the interests of their continued care, integration and education. At the end of the deprivation of liberty measure, a majority of minors return to their families and their placement should therefore not constitute a total break with the family environment; on the contrary, it should ensure the maintenance of family ties and should allow the parents to be involved in the child's interests.

Deprivation of liberty for a minor does not deprive the parents of the **exercise of parental authority** and the rights deriving from it. The CGLPL is particularly attentive to the role of legal representatives during the admission of children to psychiatric care, regardless of the type of admission, given that the hospital administration does not always seem to be aware of the rules relating to parental authority and does not fully appreciate the impact of placement on admission procedures, the role of parents in care and the rights of minors.

In all places, parents have the right to be informed of decisions concerning their child throughout the duration of the measure and remain competent to authorise certain acts, subject to possible restrictions decided by a judge. In addition to informing the families, it is also a question of involving the relatives and supporting them in the care of the minor.

Respect for the maintenance of family ties requires that institutions refrain from excessively interfering with this right and that they take all necessary measures to ensure its effective exercise. Only a court order or healthcare requirements can justify restrictions.

In healthcare institutions, a flexible **visiting** regime allows family members and friends to visit the child, provided they do not interfere with medical action. In CEFs, parental visits to the centre are encouraged and a progressive regime is most often put in place, where the duration of visits increases.

For incarcerated minors, the number of visits is limited and the time slots may not be well suited to the constraints of families.

The **distance** between the parents' place of residence and the institution where the child is accommodated is a major obstacle to maintaining family ties. **Referral** to an institution close to the family home should always be favoured. However, even when sectorised, mental health institutions that take in minors may be far from the family home, or even very far away when children are cared for in specialised units with national competency. Young offenders are also frequently assigned to institutions far from their place of residence. In addition, many CEFs and penal institutions are located on the outskirts of towns or far from urban centres and are poorly served by public transport. The distance, cost of transport and lack of suitable facilities for siblings are all obstacles to maintaining family ties.

Maintaining family ties also means being **able to correspond** and telephone with relatives. For this purpose, institutions should provide sufficient quantities of the necessary materials, including correspondence kits with paper, envelopes and stamps. As for **access to the telephone**, it is often subject to limitations linked to the organisation of institutions. There are not always enough telephones and they are not necessarily available at times when relatives can be reached. The length of each call is limited in some institutions and the CGLPL also notes frequent and significant breaches of confidentiality. In penal institutions, there are no provisions enabling parents to call their children, although this is possible in healthcare institutions and in many CEFs. Lastly, mobile phones, although widespread in society, are still mostly banned in these institutions.

Minors deprived of liberty for a period exceeding four days should have access to an e-mail service as well as to a video communication service, under conditions appropriate for the type of institution and the minors' needs of protection.

3. Thematic report: Arrival in places of deprivation of liberty²²

Arrival in places of deprivation of liberty constitutes a sudden break for people who suddenly find themselves confronted with the severing of ties with their loved ones, loss of autonomy and intimacy, a reduced amount of space, a stay in possibly degraded or dilapidated facilities, dispossession of their personal belongings, uncertainties about the duration and outcome of detention, overcrowding, a lack of information, etc. This "detention shock" generates confusion, fear, stress, aggression and sometimes violence and creates situations of vulnerability.

The CGLPL documented this pivotal moment and made 56 recommendations in order to limit the dangers involved in the transition from freedom to detention and guarantee that the reception, care and referral of the persons concerned respect their fundamental rights.

3.1 Prior placement in a "short-stay" facility

Often unforeseen, admission to places of deprivation of liberty is carried out at short notice, accentuating the brutality of the break and the intensity of the "detention shock" felt. But this time is not a direct passage from the "outside" to the "inside" and often involves prior placement in a "short-stay" facility.

Being held in police custody is trying for the people who are subjected to it: lack of hygiene, overcrowding, lights on all the time, no suitable and above all clean mattresses or blankets, etc. Without

²² Report published by Éditions Dalloz on 8 December 2021, available in full on the CGLPL website.

a decent night's sleep and access to a shower or, in many places, a simple hygiene kit, people generally leave dirty and exhausted.

Police custody may be followed by a period in **court jails** where, again, people may be held in undignified conditions, sometimes for more than 12 hours, before being brought before a judge. In addition to the lack of hygiene products and the poor maintenance of the facilities, it is not uncommon for people to be crammed into tiny cells without being able to lie or sit down, or to wait for hours on chairs in the corridors.

People should be able to be brought before the judicial authority in conditions of dress and hygiene that respect their dignity. As for police custody cells, the CGLPL reiterates that they should be cleaned daily, including the blankets and mattresses. People should have easy, continuous and autonomous access to an isolated toilet and a drinking water tap, in the daytime and at night. They should be provided with a shower, hygiene kit and mirror for their personal hygiene, as well as a clean mattress and blanket in good condition.

The emergency departments of general hospitals are also a place of passage, prior to admission to a mental health institution for involuntary care. And yet, faced with a flow that is all the more difficult to absorb as the presence of psychiatrists is becoming sparse, these departments are led to prioritise the speed of "transit" over respect for the dignity and rights of patients.

In the absence of a specific calming space, patients are secluded in unsuitable facilities and/or placed under restraint, sometimes for several days. These measures, sometimes decided by emergency physicians without any subsequent validation by a psychiatrist, are not, in the majority of emergency departments, logged in the patient's file or in the specific register.

Moreover, a request for committal to involuntary care is too often seen as the most effective solution for hospitalising an agitated patient when the emergency department does not have the material and human resources to manage the crisis. In this respect, the CGLPL recommends that patients should not only be assessed and referred when they go to the psychiatric emergency room, but that they should also benefit from short-term specialised care (for 48 to 72 hours) and a complete somatic examination.

In **immigration detention facilities** – another type of "short-stay" facility – detainees' access to the law, rights of defence and appeal are not guaranteed. In this respect, the legislation should be amended to neutralise the time spent in an LRA when calculating the 48-hour period for appeal against a deportation decision.

The conditions for transferring persons deprived of liberty from one place to another are not subject to much scrutiny by the management. Respect for human dignity and for the presumption of innocence requires that they be transported in such a way as to ensure the utmost discretion. And yet while some places have organised procedures to ensure that arrested individuals are not visible to the public, this is not the case everywhere. It has also been noted that the use of means of restraint during transport is tending to become commonplace, particularly for detainees placed in CRAs, and that it is often systematic for persons subject to criminal proceedings – although it should be exceptional for the former and individualised for the latter.

The CGLPL reiterates that **escorting to CEFs** should be an integral part of the reception process for young people. Thus, in the event of a scheduled admission, it would be better for the lead youth workers to go and collect the young person themselves from their previous place of residence or from the placement hearing. Similarly, when placement is immediate, a one- or two-day "transitional welcome period" in part of the CEF away from the other adolescents can help to establish a bond of trust between the young person and their youth worker.

Lastly, the **time of arrival** in a place of detention should be given special attention. It is not uncommon for people to arrive at remand prisons or mental health institutions late in the day or even at night. This results in partly botched procedures or procedures postponed to the next day and, in

psychiatric units, additional deprivation of liberty measures such as the wearing of pyjamas, restrictions on telephone access or bans on smoking.

3.2 Reception

All detainees should be subject to a reception procedure from the time of their arrival to ensure that they are protected and informed. This should involve monitoring the deprivation of liberty decision, providing a certain amount of information, and informing the detainee of the arrangements for the monitoring and management of their personal belongings.

As no one can be arbitrarily detained, the **verification of detention papers** requires rigorous formalism and real institutionalised training of the staff in charge of reception – which is not always the case, in particular in the prison administration. As for mental health institutions, the CGLPL regularly notes, with regard to hospitalisations at the request of the institution's director, decisions signed the day after the actual admission, or even later when admission takes place at the weekend or on a public holiday. The CGLPL reiterates that the date of signing of the admission decision must match with reality.

The information given to the detainee is a major part of the reception procedure, both to accompany the "detention shock" and to enable the exercise of rights. From the beginning of the measure, persons deprived of liberty should be provided with clear, complete, up-to-date and comprehensible information about their status, their rights and the rules governing operations or life in the place in which they are detained.

However, the CGLPL observes that information on the measure and on the detainee's rights may be provided late and that it is sometimes simply not provided or is very incomplete, particularly in CRAs, hospitals and custody facilities. Furthermore, information is often transmitted in a hasty and superficial manner, with no concern as to whether it is correctly understood; it is not individualised and the content and scope of the person's rights are rarely explained. Formal compliance with the procedure often takes precedence over the objectives being sought.

One of the main reasons for the lack of information is that staff are not familiar with these rights or the issues at stake – which also makes it difficult for them to answer any questions. It is therefore essential that the professionals concerned, including health professionals, receive training on the status and rights of these persons. It should also be remembered that the quality of the information provided also depends on the personal investment of the person providing it, as the same information can be given in a reassuring or frightening and an encouraging or discouraging way.

Lastly, information should be provided to detainees in a language they understand, if necessary through the use of a professional interpreter. This obligation is still too often not respected in all places of deprivation of liberty.

Upon arrival in a place of deprivation of liberty, a **check** is always carried out on the **belongings of the detainee**, with the aim of removing prohibited objects and valuables (dangerous objects, telephones, cash, valuable jewellery, identity documents, etc.).

Only those goods or products whose use entails a risk of harm to safety, health, hygiene in the place of detention or the necessities of community life should be prohibited. And yet, in addition to the systematic confiscation of bras and spectacles in police custody, which has long been denounced by the CGLPL, a large number of facilities impose unnecessary restrictions, whereas individuals should be able to keep as many personal belongings as possible. Limitations should always be justified on objective, legally sound, precise and individualised grounds. A detailed and joint inventory should also be systematically carried out on arrival and given to the person concerned. Many testimonies collected by the CGLPL refer to property that has disappeared or been damaged, particularly in the changing rooms of penal institutions.

Full-body security searches on arrival are prohibited in all places of deprivation of liberty, except in penal institutions and in police custody facilities for the purposes of the investigation. The CGLPL reiterates that strip-searching is humiliating and can be traumatic depending on how and where it is conducted. A pat-down or full-body search should always be carried out by dedicated, qualified staff of the same sex as the person concerned, in a room that preserves the person's privacy and in appropriate hygiene conditions – which is far from always being the case. Situations of vulnerability due to age, gender identity, disability or disease should be taken into account in search procedures.

Lastly, because detainees often arrive in places of deprivation of liberty after a long and difficult journey, it is important that they receive a **meal, basic hygiene** products, a shower and a change of clothes when they arrive.

3.3 Assessment and referral

After reception, entry into places of deprivation of liberty is followed by a period of specific treatment, which varies in length and formality depending on the place and is intended to observe and assess "new arrivals" in order, in principle, to appropriately refer them.

Most penal institutions have a "new arrivals' wing", which aims to reduce the shock of imprisonment and prepare for entry into detention. Although this organisation represents undeniable progress compared to the time when new arrivals directly entered ordinary detention, its objectives are only imperfectly achieved, mainly because of the state of prison overcrowding. Lengths of stays are not individualised and the provision of an individual cell is not guaranteed. The compulsory interviews conducted by the various departments are indeed carried out, but there are few, if any, activities, so that the "observation" of new arrivals is essentially limited to the way the person eats, sleeps, looks after their cell and expresses themselves. Solitude and the absence of activities, although protective in the short term, do not prepare the prisoner for "hyper-collective" life in ordinary detention.

Other places of detention do not have such a new arrivals' process and their practices vary greatly. In CEFs, the arrival step is formalised by a procedure with the dual objectives of helping the young person find their place in a group and preparing a personalised project. In psychiatric hospitals, the process is organised very differently from one institution to the next and, above all, from one patient to the next. In CRAs, there is simply no observation period.

In all places of deprivation of liberty, a **medical examination on entry** should in principle be offered. It should assess the health condition of the new arrival, avoid breaks in care, detect possible acts of violence (and determine the consequences by specifying total incapacity to work) and identify possible incompatibilities with detention (these should lead to the lifting of the measure, whether temporarily or permanently). In mental health institutions, the comprehensive somatic examination also includes ruling out differential diagnoses. However, the CGLPL observes that these objectives are very unevenly met, depending on the institution.

The identification of vulnerable and releasable persons is also highly variable, although it should allow care to be adapted as quickly as possible based on their needs. The identification of persons for whom the continuation of the measure is not justified is inherent in the procedure of committal to involuntary care, as the first medical certificates precisely aim to evaluate whether or not it is necessary to maintain psychiatric care. However, this is not systematic in CRAs or in prisons. Nonetheless, some penal institutions have introduced a procedure to identify short sentences in the new arrivals' wing that may be adjusted or converted. This practice should be generalised.

The reception procedure should enable the persons concerned to be referred to a unit whose regime is appropriate for their situation, state of health and discharge prospects.

In most places of deprivation of liberty, the arrival procedure ends with the **preparation of a summary** to determine the long-term care arrangements: review of the detainee's situation by the single

multidisciplinary committee (CPU) in prisons, preparation of a personalised care project in psychiatric hospitals, and preparation of a personalised project for each minor in CEFs. However, these procedures suffer from many shortcomings, as they are often basic, stereotypical and not sufficiently personalised. The documents should also be systematically handed over to and discussed with the new arrival – or their legal representatives – who should be able to make their observations or wishes known or even appeal against their assignment.

In reality, **referral** is more a response to the organisational constraints of the administration than a form of personalised and individualised management. In remand prisons, overcrowding often makes it impossible to ensure the compatibility of the profiles of the people who are to live together and respect the separations prescribed by law. In hospitals, overcrowding leads to frequent changes of rooms and departments and even to accommodation in seclusion rooms for newly admitted patients.

Thus, in addition to the shortcomings in the observation, assessment and referral procedures observed in many places of deprivation of liberty, the chronic overcrowding in some of them has the effect of reducing their implementation to the management of places and "flows".

4. Emergency recommendations relating to the Bédenac long-term detention centre (Charente-Maritime)²³

During its visit to the Bédenac long-term detention centre (Charente-Maritime), from 29 March to 2 April 2021, the CGLPL noted serious failings in the care of detainees, constituting inhuman or degrading treatment as defined in Article 3 of the European Convention on Human Rights.

Attacks on the dignity, health and safety of detainees led the Chief Inspector to implement the emergency procedure provided for in Article 9 of the Act of 30 October 2007. The emergency recommendations were addressed to the Minister of Justice, the Minister of Solidarity and Health and the Minister of the Interior. The Ministers of Justice and Health made joint comments, which were also published in the *Official Gazette*.

The Bédenac long-term detention centre has 194 places, including 20 individual cells that make up the "Support and Autonomy Unit" that opened in 2013 and is designed to accommodate ageing detainees who need to be housed in a cell for people with reduced mobility (PRMs). During its visit, the CGLPL observed, however, that the prison and healthcare services were in no way suited to the specific needs of these elderly and severely disabled prisoners, and that some of them, whose state of health was incompatible with incarceration, were abandoned in conditions that violated human dignity.

4.1 Elderly people, the severely disabled and those suffering from serious diseases are kept in detention with no regard for their dignity and in violation of their right to access healthcare

In the Support and Autonomy Unit, the inspectors met with several detainees suffering from serious physical and mental diseases. Fifteen of them have a medical bed, eight use a wheelchair, three use a cane or walker, and one blind person can only move around with human assistance. In addition, four detainees suffer from obesity, three from various stages of dementia, and four from the aftermath of a stroke. Three people experience urinary or faecal incontinence and only have a third party to help them with washing twice a week.

²³ Emergency recommendations published in the *Official Gazette* of 18 May 2021.

A total of six people need daily assistance with cleaning, washing and incontinence management, while the home care service in rural areas (ADMR) only provides assistance twice a week. Similarly, many patients require physiotherapy and occupational therapy at least three times a week for the maintenance of motor functions and receive them only once a week at best and sometimes never.

And yet despite repeated warnings issued by caregivers to the health authorities, no measures to adapt the supply of care have been taken for four years. As for the prison administration, it has not drawn up any agreement to support this specific group of people and has not carried out any evaluation or collected any feedback on the methods used for their care.

In this Opinion, the CGLPL calls on the public authorities to put an immediate end to the undignified conditions of detention that it observed, with regard to the treatment offered, the right to access healthcare and the personal assistance that must be immediately put in place for many of the detainees.

4.2 The accommodation conditions endanger the safety of the detainees

While the building is new and allows people with reduced mobility to access the communal areas, the safety of the detainees is not ensured in the Support and Autonomy Unit. The state of health of the people taken in requires rooms that meet the safety standards applied in residential homes for the elderly (EHPADs) and long-stay hospitals. In addition, the number of medical extractions does not meet the need for care and the guards, who are often absent from the detention area, are not trained to deal with elderly, dependent and disabled persons. The result is a strong feeling of abandonment among these prisoners – forced to self-manage many aspects of their daily lives.

The CGLPL reiterates that the prison administration should guarantee the safety of the detainees entrusted to it, regardless of their particular needs or their state of health. To this end, all accommodation should meet the safety standards for facilities housing people with loss of autonomy. Guards should be regularly present in the communal areas and should be trained to deal with these individuals. As a matter of urgency, the prison administration was asked to suspend any new incarceration at the Bédénac long-term detention centre of persons whose state of health is not compatible with the care provided.

4.3 The judicial possibilities for adapting sentences to individual situations are not sufficiently exploited

Despite their state of health, very few detainees are granted a suspended sentence or medical parole.

Unlike what was planned when the building was inaugurated in 2013, the SPIP has not developed any partnerships enabling it to offer community care for elderly or disabled people, whether in terms of accommodation or outpatient follow-up. As for judges, faced with a shortage of medical experts and excessively long expert assessment times, they do not make use of all the judicial possibilities available to them to adapt sentences to individual situations. The notions of "dangerousness" and "risk of recidivism", often put forward by experts and regularly used by judges as the overriding reasons for rejection, are not always analysed with regard to the detainee's physical condition. Furthermore, detainees do not systematically attend hearings that concern them.

More generally, the CGLPL notes that no penal policy has been implemented and no interministerial reflection has been undertaken to provide appropriate care, whereas the ageing of the prison population is a known phenomenon that can only increase due to penal policies aimed, in particular, at lengthening limitation periods.

4.4 Follow-up to the emergency recommendations

The Minister of Justice and the Minister of Solidarity and Health issued a joint response dated 17 May 2021.

At the national level, several ministerial and inter-ministerial projects in progress, with varying degrees of completion, are cited as likely to improve the pathways and care of elderly detainees with disabilities and loss of autonomy²⁴. The CGLPL will naturally be attentive to the follow-up to these various projects – the timetable for which has not been specified – and to the specific measures that will be taken as a result for the persons concerned.

With regard to the Bédénac long-term detention centre in particular, most of the CGLPL's findings seem to be shared by the Ministers of Health and Justice – even though the latter considers that the building complies with the current standards and is suited to the people for whom it was designed. He also merely mentions, with regard to the difficulties relating to the training and presence of prison staff, that the rate of coverage of guards is 100% in the institution.

However, the emergency recommendations led the prison administration to suspend transfers of detainees with disabilities or loss of autonomy to the Bédénac long-term detention centre. The ARS also ordered an evaluation within the institution on 22 April, conducted by two doctors from the ARS and the departmental council, in order to objectively determine any needs and consider corrective solutions. Consultations were held with all partners (Bordeaux DISP, SPIP, ARS and departmental council) to find solutions for release on medical grounds.

After the CGLPL's visit, applications for sentence adjustments were initiated by the Bédénac long-term detention centre for two detainees whose "level of dependence exceeds the competencies of the prison administration" and for whom "healthcare must necessarily take over from the security aspect". However, at the time of the Ministries' response, it was reported that the applications had been rejected by the sentence enforcement judge, following an expert assessment indicating a risk of recidivism and ordering continued detention.

The ARS also identified two detainees "who do not belong in this facility". More generally, it noted that the services provided to detainees for essential acts of life (washing, dressing, urinary and faecal hygiene) remained insufficient in relation to needs. It was thus decided to increase the time spent by the home help service to guarantee continuous, daily services for dependent persons; to implement cognitive stimulation activities to prevent loss of autonomy; and to strengthen daily medical presence and support and rehabilitation services. €200,000 in additional appropriations were also allocated to the hospital in order to recruit nurses and other staff.

The CGLPL takes note of the measures intended to correct the situation of this institution, which will soon be visited again.

²⁴ *Work on the pricing of home help and support and nursing services, inclusion of detainees in the experimental project on multidimensional screening for age-related decline, survey by the Prison Administration Department on disability in detention, deployment of adapted companies in detention, inventory on changes in professional practices relating to the granting of releases and sentence adjustments on medical grounds, work on architectural accessibility in prisons, working group on detainees as users of public services, interministerial working group on access for detainees to EHPADs and downstream structures.*

5. Emergency recommendations relating to the Toulouse-Seysses prison complex (Haute-Garonne)²⁵

The second visit to the Toulouse-Seysses prison complex, from 31 May to 11 June 2021, revealed serious violations of the fundamental rights of persons deprived of liberty, to the extent that the Chief Inspector decided, pursuant to Article 9 of the Act of 30 October 2007 establishing a CGLPL, to send her observations without delay to the Minister of Justice and the Minister of Solidarity and Health.

The CGLPL requests that the Toulouse-Seysses prison complex be subject to urgent measures concerning prison overcrowding, cell renovation, disinfection, and access to somatic care, and that the operation of the institution be taken in hand, in particular to put an end to the climate of violence and to guarantee normal conditions for the staff to carry out their tasks and ensure that the dignity, physical integrity and fundamental rights of detainees are respected.

5.1 The living conditions of the detainees in this institution are undignified

In a context of widespread prison overcrowding, the CGLPL notes that the Toulouse-Seysses prison complex is disproportionately overcrowded, with an occupancy rate of 186% in the men's remand wing and a rate of 145% in the women's remand wing. On the day of the visit, almost 200 people did not have a bed and slept on mattresses on the floor. The conditions in the cells are therefore particularly degraded. Due to the doubling- and even tripling-up of cells, detainees have less than 3 m² of personal space in their cells to live in – a situation which, according to ECHR case law, constitutes a strong presumption of inhuman or degrading treatment. In some cells, the personal space of a detainee is 1.28 m², excluding the toilet area and furniture.

Although the causes of overcrowding are clearly identified (numerous entries for short sentences and little use of release arrangements), no measures have been taken to remedy this. The CGLPL recommends that protocols, involving the various stakeholders in the criminal justice chain, be put in place to significantly reduce the prison population. Immediately abolishing three-person cells and putting an end to the use of floor mattresses should be the first objectives.

In addition to the close living conditions, the dilapidated state of the facilities and the particularly poor hygiene conditions are also a problem. The PRM cells are in a serious state of disrepair, the ordinary cells are mostly degraded, the partitions separating the toilet area from the rest of the cell are broken, rubbish is piled up at the foot of the buildings, rats run around in the exercise yards and cockroaches and bedbugs swarm in the cells. Due to the lack of activities, most detainees have at best one period of outdoor time per day and stay in their cell for 22 hours a day.

5.2 Attacks on the physical integrity of the detainees

The indignity of the detention conditions is compounded by the climate of violence that reigns in the institution. Many detainees testified to a general climate of violence, in cells and in the exercise yards, where attacks are frequent and sometimes serious. Out of fear for their safety, many people no longer leave their cell.

Relations between detainees and guards are also deleterious. In the context of widespread overcrowding and inactivity, prison staff have difficulty performing their duties properly, especially in terms of preventing violence. They themselves are victims of regular physical and verbal abuse by

²⁵ Emergency recommendations published in the *Official Gazette* of 13 July 2021.

detainees. According to numerous testimonies, some guards adopt inappropriate and unethical behaviour (excessive use of force, repetitive verbal abuse), without the detainees daring to file complaints for fear of reprisals.

In order to remedy this situation, the CGLPL considers that the management should be more present in detention. All allegations of violence should be identified, recorded and systematically monitored by management. Immediate measures should be taken, in particular through the dissemination of instructions, the implementation of training and the reinforcement of management staff.

In order to preserve the physical integrity of the detainees, the CGLPL also recommends that measures be taken, without delay, to guarantee access to healthcare for detainees.

At the time of the visit, the protection of the detainees' physical integrity was seriously compromised by shortcomings affecting their access to hospital care. The loss of opportunity for patients is clear. The institution only has one vehicle per day for medical extractions, which leads to delays in care. The cancellation rate for extractions varies between 51% and 56% and more than 65% of needs are not met due to a lack of means of transport. The departure of specialist practitioners who worked in the institution and have not been replaced has not been compensated for by hospital consultations due to the lack of extractions. The number of specialist consultations has fallen by more than 70% over 10-year period, although there has been a 20% increase in consultations in the health unit.

However, the Toulouse university hospital does not seem to have fully appreciated the serious risks that this situation poses to patients. In particular, the computerisation of the care unit's operations has been significantly delayed and telemedicine has not been implemented for the detainees, even though it would help remedy some of the shortcomings observed.

5.3 Follow-up to the emergency recommendations

Having received the emergency recommendations, the Minister of Justice and the Minister of Solidarity and Health submitted comments dated 12 July 2021 that were also published in the *Official Gazette*.

Despite announcements of transfers to other penal institutions and the information on the overcrowding rate given to the judicial authority, overcrowding has not significantly decreased at the Seysses prison complex. According to the figures provided by the Prison Administration Department, the incarceration density was 176.4% on 1 December 2021.

With regard to the material conditions of detention, the Minister of Justice mentions a series of planned work – without, however, putting a figure on them – involving painting, waterproofing the floors, and repairing the seals of the doors and windows and the various rust spots in the cells. He announces the creation of three PRM cells, the installation of hinged doors to separate the toilet area from the cells, and general insect control campaigns – in addition to specific measures to combat the presence of rodents.

The lack of access to activities and training for detainees is briefly explained as being related to the context of the health crisis. As for the climate of insecurity and violence, the Minister of Justice refers, for the most part, to the implementation of an anti-violence plan in 2021 within the institution – promoting the traceability of reports and enabling the implementation of an alert network. He specifies that any incident of a criminal nature attributable to prison staff is reported and sanctioned, as evidenced by the referral to the disciplinary board and the sentencing to prison of three officers in 2021.

Regarding the conditions of access to healthcare, it is indicated that an additional vehicle will be assigned to medical extractions as of July 2021, with a dedicated team of six officers in charge, as of the second half of 2021, of carrying out these missions. The Minister of Health indicates that an agreement

should be signed with the National Health Insurance Fund (CNAM) to allow, by way of derogation, the reimbursement of ambulance transport for certain people requiring chronic and specific care. Increasing the use of digital tools (computerised patient files, teleconsultations, tele-expertise and tele-imaging) is also the subject of consultations.

Following the emergency recommendations published in the *Official Gazette*, the French section of International Prison Watch and the Toulouse bar association filed a petition with the Toulouse administrative court on 16 September 2021, asking the judge to order, as a matter of urgency, some 30 measures to put an end to the serious and manifestly illegal violations of human dignity in the prison complex and to guarantee conditions of detention compatible with Articles 2 and 8 of the European Convention for the Protection of Human Rights and Fundamental Freedoms. In his decision of 4 October 2021, the judge ruling in summary proceedings imposed 11 emergency measures on the administration, in light of the findings and facts noted by the CGLPL²⁶.

6. Recommendations relating to the material conditions of police custody²⁷

Inspections of 17 police stations²⁸ between November 2020 and July 2021 revealed, with very few exceptions, undignified reception conditions in the custody and drunk-tank facilities of the national police, particularly in the jurisdiction of the Paris Police Prefecture.

These conditions have been denounced by the CGLPL for many years without any real measures being taken by the Ministry of the Interior to remedy them. While property issues give rise to medium-term responses, the total lack of consideration for hygiene issues (cleaning of cells, mattresses, blankets, effective distribution of hygiene kits, access to hand sanitiser gel, renewal of masks, etc.) demonstrates a clear unwillingness to change, which cannot be justified by budgetary considerations alone.

Already scandalous in ordinary times, these conditions of overcrowding and hygiene are even more so during a health crisis.

These findings led the CGLPL to publish, in the *Official Gazette* of 21 September 2021, recommendations relating to the material conditions of police custody. These recommendations were addressed to the Prime Minister, the Minister of the Interior and the Minister of Justice. Only the Minister of the Interior submitted comments; they were also published in the *Official Gazette*.

6.1 The premises are often unsuitable and undersized, resulting in undignified reception conditions

In most of the police stations inspected, the design and number of cells are not in line with the number of police custody operations, so that several people are forced to share the same cell in

²⁶ See Toulouse administrative court, 4 Oct. 2021, No. 2105421.

²⁷ Recommendations published in the *Official Gazette* of 21 September 2021.

²⁸ Tergnier-la-Fère (Aisne), Montpellier (Hérault), Tourcoing (Nord), Calais (Pas-de-Calais), Villefranche-sur-Saône (Rhône) and Auxerre (Yonne) police stations within the jurisdiction of the Central Directorate of Public Security, and police stations of the 10th, 16th and 19th arrondissements (Paris) and those of Aubervilliers, Clichy-Montfermeil, Epinay-sur-Seine, Les Lilas, Neuilly-sur-Marne and Stains (Seine-Saint-Denis), Boulogne-Billancourt (Hauts-de-Seine), and Vitry-sur-Seine (Val-de-Marne), within the jurisdiction of the Paris Police Prefecture.

undignified conditions of overcrowding (up to six people in a 5 m² space). Because of the lack of space or the narrowness of the bench, they cannot lie down and rest – unless they do so on the floor.

In the context of the health crisis, the close living conditions prevent rules of social distancing from being followed, whereas such rules are normally imposed in closed places, with the permanent risk of compromising not only public health, but also the health of the detainees and the staff to whom they are entrusted.

6.2 The structurally undignified hygiene conditions are detrimental to the safety of persons deprived of liberty in times of a health crisis

The CGLPL's findings on the cleanliness of the facilities are alarming. The cells, often degraded, are in an unspeakably dirty state. The toilets are regularly clogged and give off an unbearable smell. The accumulation of dirt makes their use totally undignified.

There are not enough mattresses and those that are present are deteriorated and are hardly ever cleaned, let alone disinfected. In the vast majority of cases, the blankets are made of wool and are not changed between uses. Due to the lack of stocks, the police's lack of interest in these matters and the insufficient or irregular rate of cleaning, the blankets are used successively by several dozen people and lie on the ground for several days and possibly even several weeks.

Cleaning services are generally insufficient and random, as the cells are only cleaned when they are not in use – which is the exception in units with a high level of judicial activity. Furthermore, no specific protocol has been put in place in the context of the health crisis: no specific cleaning of contact areas, no regular disinfection, no ventilation, no latency period between two uses of a cell.

A personal protective mask is given to people who do not have one, but contrary to government recommendations to change the mask every four hours, this mask is almost never renewed. Access to hand sanitiser gel is only possible during hearings.

Access to drinking water is often very limited: when taps are outside the cells, it depends on the availability and goodwill of the police officers. When there is a tap installed in a cell, no cups are provided.

Basic personal hygiene is inaccessible. Showers, when they exist, are never offered and are out of order in most police stations. Hygiene kits are only exceptionally given to detainees, on the grounds that they do not request them; this is not surprising, since they are generally not informed of their existence.

6.3 These findings led the CGLPL to make the following recommendations:

- the size of custody and detention facilities in police stations should be commensurate with the level of judicial activity. The number of persons accommodated should never exceed the number of persons who can be effectively taken in with due respect for their dignity and, as long as they are required, for health distancing measures;
- custody facilities should be kept in a good state of maintenance, upkeep and hygiene. They should be clean upon the arrival of persons deprived of liberty and throughout the duration of the measure. To this end, the cleaning services should be suitable to allow for complete and at least daily cleaning, including and a fortiori when the cells are occupied;
- the sleeping conditions should be respectful of people's dignity. Each individual should have a bench of appropriate size, a mattress and at least one blanket; these should all be clean and for individual use;

- detainees should be informed on arrival of the possibility of accessing sanitary facilities at any time on request. They should have male and female hygiene kits at their disposal at all times, and these should be provided to them systematically and without any restrictions;
- all public health measures imposed on the general population, such as precautionary measures and social distancing rules, must be enforced in police custody facilities: distancing, provision of masks renewed every four hours, permanent access to hand sanitiser gel, regular disinfection of the premises and contact areas, ventilation of the premises;
- no one should be detained in a room under conditions that do not comply with these recommendations. If necessary, the judicial authorities should order the transfer of the person in custody to another place or the lifting of the measure.

6.4 Action taken in response to the recommendations

In his response to the recommendations, dated 16 September 2021, the Minister of the Interior minimises the facts noted by the CGLPL and contests the finding of undignified conditions of reception in police custody, considering that it was based only on visits to a limited number of facilities and overlooked the efforts made to improve their material conditions. He provides a detailed appendix listing the measures taken in terms of equipment (bedding and hygiene kits), premises, hygiene, cleaning and health management (protective masks and hand sanitiser gel).

However, it appears from the information provided that many of the measures implemented concern police stations under the authority of the Central Directorate of Public Security, whereas the CGLPL's findings of indignity mainly concerned facilities under the authority of the Paris Police Prefecture, where the greatest judicial activity is concentrated.

Furthermore, with regard to the management of the health crisis, although it is reported that protective measures were taken as early as spring 2020 and that guidelines were given to police officers in application of the rules laid down by the health authorities, the CGLPL notes that their actual implementation has not been monitored. However, the Minister of the Interior recognises that the configuration of some facilities and the particularly high level of activity in some units do not always allow for compliance with hygiene and social distancing measures.

As for the renewal of mattresses and the provision of clean blankets for individual use, they are postponed until later, depending on the public procurement schedule, and no answer is given as to the actual distribution of hygiene kits to detainees.

In any case, the Minister of the Interior's response does not suggest that there is a real will to remedy the undignified conditions of police custody.

Following the publication of the recommendations relating to the material conditions of police custody, the *Association des Avocats Pénalistes* (association of criminal lawyers) and several other lawyers' associations requested the judge ruling in summary proceedings of the Council of State to order the Minister of the Interior to follow the recommendations concerning the cleanliness of facilities and the availability of hygiene and protection items to combat COVID-19.

In light of the detailed information provided by the CGLPL and with regard to Articles 2 and 3 of the European Convention on Human Rights, the judge ruling in summary proceedings noted "structural shortcomings" concerning, in particular, the cleanliness of the facilities and sleeping equipment; he also ordered that measures be rapidly taken to systematically inform detainees about the

provision of hygiene kits, the possibility of changing their protective mask every four hours, and the possibility of accessing any system for disinfecting their hands²⁹.

²⁹ See Council of State - Judge Ruling in Summary Proceedings, 22 November 2021, No. 456924.

Chapter 3

Action taken in 2021 in response to the CGLPL's opinions, recommendations and reports

1. Methodological introduction

As it now does every year, the CGLPL is using its annual report to ask ministers about the measures they have taken in response to the recommendations addressed to them three years earlier.

The following pages review these recommendations, set out the responses given by the ministers regarding the actions taken as a result, and provide the CGLPL's comments with regard to these responses.

The recommendations in question were, for 2018, taken from the following documents:

- the CGLPL's annual report for 2018;
- the thematic report on "Fundamental rights put to the test of prison overcrowding";
- the Opinion of 12 December 2017 on respect modules in penal institutions ((*Official Gazette* of 14 March 2018);
- the Opinion of 9 May 2018 on the placement of children in detention centres for illegal immigrants (*Official Gazette* of 14 June 2018);
- the Opinion of 17 September 2018 on taking into account situations of loss of autonomy due to age or physical disability in penal institutions (*Official Gazette* of 22 November 2018);
- inspection reports for the penal institutions, mental health institutions, juvenile detention centres and places of detention for foreigners inspected in 2018.

For reasons of volume, the ministers' responses with regard to the inspected institutions are only summarised in the appendix to this report. In this chapter, these responses have merely been summarised by category of institution.

1.1 The CGLPL's adversarial procedures

With the exception of the annual report and the thematic reports, which are not subject to any adversarial procedure, the other recommendations have already been discussed with the ministers:

- opinions and recommendations are sent to them before publication and are systematically published with the responses of the ministers concerned if these are provided by the requested deadline;
- inspection reports have gone through two adversarial procedures: one with the institution and the other local authorities concerned when writing the draft report, and the other with the minister when writing the final report.

The CGLPL has different objectives during each of these adversarial phases:

- with the local authorities, the goal is to ascertain the reality of the findings and gather their opinion on the appropriateness of the recommendations; this exchange is taken

into account, whether apparently or not, in the form of an amendment to the draft report;

- with the ministers before publication, the aims are to find out whether the CGLPL's recommendations have been adopted or rejected and obtain information on the actions that will be taken in response to the adopted recommendations;
- with the ministers after three years, the objective is to determine what has been done and how this has affected the fate of people deprived of liberty.

1.2 Best practices

The CGLPL's recommendations are given in association with "best practices" which also have the status of "observations" in the sense that the Act of 30 October 2007 establishing a Chief Inspector of Places of Deprivation of Liberty uses this term.

However, these "best practices" do not give rise to comments let alone to action plans on the part of the ministers, who are usually content to note them with satisfaction. However, they are reminded in each report that "these original practices that are likely to foster respect for the rights of people deprived of liberty can serve as models for other comparable institutions. The administration is requested to implement all useful measures (circulars, technical guides, training, etc.) to make them known and see that they are imitated".

Ministers are therefore once again requested to implement all useful measures to ensure that the best practices mentioned in the reports are known to and imitated by institutions comparable to the one that is the subject of the report.

1.3 The declarative nature of follow-up to recommendations

The follow-up to the recommendations as presented here is based on purely declarative statements. Consequently, the ministers' responses should not be considered as validated by the CGLPL.

During the follow-up to the 2016 recommendations, as presented in the 2019 annual report, the CGLPL had been pleased to receive all the requested responses in due time. Follow-up to the 2017 recommendations was late and incomplete. For the 2018 recommendations, the delay was even longer, but the observations received were more complete: only the observations of the Minister of Justice on mental health institutions and a waiting area were missing, as were those of the Minister of Health on detention centres for illegal immigrants and those of the Minister of the Interior on penal institutions and health institutions.

As highlighted in previous years, follow-up to the CGLPL's recommendations by ministers remains a formal exercise, carried out hastily in response to the request and is therefore tedious. The difficulty of this work is merely a symptom of the absence of action plans following the CGLPL's inspections, or in any case of the absence of follow-up to these plans. Follow-up to the CGLPL's recommendations, although now recurrent, seems to be seen as a surprise, and its annual occurrence does not make it any less unexpected or inconvenient.

The CGLPL is once again asking that procedures be put in place, both to ensure that the CGLPL's recommendations are integrated into the action plans of the inspected units and to guarantee that the responses submitted to the CGLPL match with reality. The work required is comparable to that undertaken in the 2000s to ensure that the performance indicators submitted to Parliament as a schedule to the Finance Act were not a mere exercise in style but actually described a reality.

2. The recommendations made in 2018 regarding penal institutions

2.1 Action taken in response to general recommendations relating to penal institutions

2.1.1 Recommendations published in the 2018 annual report

The CGLPL reiterated the principle of all correspondence addressed to it remaining strictly confidential. Any attempt to obtain a copy or find out the contents thereof is liable to violate this principle. Anyone should have the possibility of freely reaching out to its services without fearing subsequent punishment, criticism or any deterioration in their detention conditions.

The Minister of Justice reiterates the guarantees set out in Article 4 of the Prison Act of 24 November 2009 but does not seem to be willing to take steps to ensure that it is strictly applied.

There is no reason to believe that without new measures, things will change.

Detained minors

The CGLPL recommended that the material conditions under which minors are cared for must be improved, better monitored and better assessed, and be subject to special inspections due to the need to provide an appropriate educational context.

The Minister of Justice lists the general principles for the accommodation of minors in penal institutions and adds that the internal audit mission of the prison administration carries out specific inspections in institutions for minors.

The CGLPL deplores the fact that no specific information is given about possible improvements.

The CGLPL requested that institutions that take in minors assess the role that families play in their care and develop a plan for increasing their role in a formal and concerted fashion.

It reiterated that disciplinary measures applied to minors should have an educational objective and must do nothing to hinder maintenance of family ties, education or children's physical and psychological development. This being so, confinement in punishment wings must be a truly exceptional sanction.

The Minister reviews the current regulations and practices but does not report any specific improvements. He also mentions an alternative to sanctions, which is the implementation of good-order measures that constitute a first level of response to behaviour that does not justify the imposition of disciplinary sanctions.

The CGLP deplores the fact that no reminders have been issued on these two points and that no specific information is given about possible improvements.

The CGLPL recommended that the public authorities carry out an evaluation of problems connected with treatment of unaccompanied foreign minors, and take all useful measures to provide them with the protection required in the context of France's international commitments.

To improve the situation, the Minister lists the following options: the possibility of appointing a head of institution or a warden as an *ad hoc* administrator of a detained unaccompanied minor, the appointment of guard-youth worker pairs, the creation of a national telephone interpreting platform, and the assignment of unaccompanied minors from the Ile-de-France region to penal institutions outside the Paris Interregional Directorate for Prison Services (DISP).

None of these options have yet been implemented or evaluated in practice, nor do they seem likely to provide unaccompanied minors with adequate educational and health protection.

Searches

The CGLPL noted that the reasons given for deciding on carrying out body searches were vague and catch-all, reports to the public prosecutor's office were sketchy, and checks on the office's part were non-existent. It recommended that instructions be given to public prosecutors' offices to carry out such checks.

The Minister of Justice indicates that a Circular of 15 July 2020 proposes a professional reporting template for certifying that a detainee has accessed an institution without having been subject to constant surveillance by an escort, a template for non-individualised search decisions and a reporting template for the public prosecutor. On the subject of checks by the public prosecutor's office, the Minister, seemingly unaware that he has authority over public prosecutors' offices, argues that instructions are not the responsibility of the Prison Administration Department.

The CGLPL will assess the impact of the above-mentioned circular during its visits and encourages the Minister of Justice to take full advantage of his prerogatives.

The CGLPL requested that, in accordance with the law, the records of searches carried out pursuant to Art. 57, Para. 2 of the Prison Act of 24 November 2009 be systematically sent to the public prosecutor's office and come under the effective scrutiny of the judicial authority.

The Minister of Justice confirms that this principle was reiterated in the Circular of 15 July 2020.

The CGLPL takes note of this.

The CGLPL urged greater vigilance on the part of institution directors over respect of the professional techniques deployed. Full-body searches conducted by one officer must be the rule. Regarding imprisoned minors, the CGLPL considered that special vigilance should be paid to respect of this principle, in keeping with the right to dignity of the young offenders.

A practical guide to conducting searches has been included in the professional documents for prison guards. With regard to imprisoned minors, the Minister points out that they are subject to the same body search regime as adult detainees.

The CGLPL takes note of the dissemination of these documents but stresses that despite the similarity of the legal regime applicable to minors, it is legitimate that they be treated with the caution that their vulnerability requires.

In those institutions that are equipped with one, the rule according to which anybody refusing a body search is scanned by a millimetre wave scanner (MWS) results in any inmate who goes to the visiting room being compelled to submit to a measure of some kind that violates their privacy. The CGLPL therefore recommended that, given the apparatus' level of performance, rules on use of MWSs should be specified, and limited by a principle of necessity and proportionality to the risk.

The Minister denies the claim that this scanner is an automatic solution to anyone refusing a full-body search. He specifies that refusal to submit to an MWS scan, for a detainee, constitutes a disciplinary offence and that the MWS can only be used in application of a note from the head of the institution or on the initiative of a prison officer suspecting that a person is carrying prohibited objects or substances.

These two situations do not provide a real legal framework for the use of MWSs.

Hospitalisation of detainees

The CGLPL reiterated that custodial staff should assess required levels of security measures on a case-by-case basis in order to best maintain the fundamental rights of hospitalised detainees. The presence of security forces in a consultation or treatment room should be exceptional and, in all cases, have the agreement of the physician concerned. It is essential to remind all practitioners and nurses that delivery of care to detainees is subject to the same rules as for any other patients as regards the right to treatment confidentiality.

In his response to the observations made in 2018, the Minister of Health reiterates the basic principles for any medical consultation of a detained patient in conditions that respect their dignity, the confidentiality of care, professional secrecy and the usual recommendations regarding hygiene. He specifies that a memo resulting from the reflections of an *ad hoc* working group is being drafted. The aim is to raise awareness among and inform health professionals and prison staff about respect for medical confidentiality, the confidentiality of care, and the use of shackles as part of medical extractions.

The CGLPL takes note of this specific measure. However, it observes that a single memo addressing such serious acts is likely to be insufficient to change these practices. It once again reiterates the terms of its Opinion of 16 June 2015 on the treatment of detainees in healthcare institutions: "The CGLPL reiterates that respect for medical secrecy is a right for patients. Pursuant to Article R.4127-4 of the Public Health Code, it constitutes an absolute duty for doctors, for whom it is an obligation. The CGLPL recommends that doctors be reminded of their legal and ethical obligations in this respect. Therefore, the CGLPL recommends that medical consultations take place without the presence of an escort and that supervision be indirect (out of sight and hearing of the detained patient). In any event, it is up to the escort officers to exercise the utmost discretion with regard to the medical information to which they may have access in the course of their duties".

Miscellaneous recommendations

The CGLPL reiterated the recommendation it had issued in the Opinion dated 10 January 2011 on telephone use in facilities where people are deprived of their liberty. "International communication, particularly for foreign prisoners (who often have no other means of contact with their family), must be permitted under the same conditions as national communications. The required formalities must not represent a barrier: in this instance again, proof (relationship, home address, etc.) by any means (passport, correspondence envelopes, etc.) must prevail, especially when it comes to nationals of distant countries. Calling hours must take into account time differences. Without this flexibility, the right to call family and friends remains a dead letter".

The Minister of Justice recalls the improvements brought about by the public service concession signed on 26 June 2018 but does not give any information on rates outside Europe, nor on the formalities imposed on detainees for authorisations to contact family members abroad.

The CGLPL notes the improvement in the telephone services available to detainees but regrets that the Minister of Justice did not fully answer its question.

The CGLPL recommended that totals of compensation for prisoners' goods lost during transfers be based on the price of replacement without application of a reduction for wear and tear, as it is unrealistic to make an ex-gratia appeal against a measure that has been assessed in discretionary fashion by the same authority, as it is to make compensation involving small sums a matter for administrative litigation.

The Minister of Justice wishes to apply a reduction for wear and tear, unless this would lead to unjust enrichment of the detainee.

The CGLPL regrets this decision.

The CGLPL reiterated the recommendation made in its 2016 annual report, according to which the prison authorities must allocate sufficient resources to extractions, as these are fundamental missions to ensure that the rights of detainees are respected. Moreover, it appears judicious for the gendarmerie and police forces to be able to reinforce prison administration staff numbers where there are shortages, by extending the scope for reinforcement stipulated in Article D.57 of the Code of Criminal Procedure.

The Minister of Justice underlines the creation and gradual deployment of local prison security teams that will be able to assist with escorted leave in place of the prison administration services.

The CGLPL takes note of this.

The CGLPL asked the Government to publish an overview of convictions providing that the person, at the end of their sentence, may be subject to a reconsideration of their situation possibly in view of preventive detention.

The Minister of Justice states that he takes note of this request from the CGLPL.

2.1.2 Opinion on respect modules in penal institutions

Noting that the juxtaposition of only two regimes – closed and open in respect – contributes to a closed-door trend in long-term detention centres, the CGLPL recommended that the respect system should not be a pretext for doing away with the open-door system, but should be regarded as a supplementary regime.

The Minister of Justice states that the doctrine on respect modules specifies that these modules do not replace pre-existing detention regimes and therefore open sectors.

The CGLPL frequently notes that in long-term detention centres, the respect system replaces the open-door system and leads to the extension of closed regimes.

Noting that the respect system self-produces order in remand prisons, the CGLPL recommended that it should be extended to all remand prisons as their basic regime, making placement in a closed-door system a duly justified exception.

The Minister of Justice considers that this regime in remand prisons would be incompatible with the diversity of the population taken in.

The CGLPL deplores this position and considers that a system of exceptions would allow for the diversity of the population taken in to be appropriately managed.

The CGLPL requested that the terms of the "contract" be reconsidered to take into account the reality of the facility and the individuals concerned.

The Minister of Justice specifies that the operating charter, which the detainee undertakes to comply with by signing the commitment document, is drawn up locally according to the specific characteristics of each facility and the individuals concerned.

The CGLPL recommended that the prison authority should develop activities, under the respect regime and for the attention of the whole of the prison population.

No response is given concerning the development of activities for detainees under the respect regime.

The CGLPL also recommended various changes to respect regimes, such as the abolition of an excessively patronising point-based assessment, strengthening of the staff's observation role, better training for officers, and harmonisation of practices.

The Minister of Justice indicates that the objective is to eventually achieve a process of auditing and labelling of the regimes by an external body; he mentions the abandonment of the points system in favour of an overall behavioural evaluation system and the creation of a working group at the French National School for Prison Administration (ENAP) for the development of a teaching kit.

The CGLPL takes note of these measures.

2.1.3 Opinion on consideration of situations of loss of autonomy due to age or physical disability in penal institutions

The Minister of Health responded to some of the recommendations in this Opinion in the immediate aftermath of its publication. He did not provide any additional information as part of the three-year follow-up. Below is the new information provided by the Minister of Justice.

The CGLPL recommended that incompatibility with detention should not only be assessed with regard to an individual's state of health, but should also take account of their needs and possible responses in terms of assistance, compensation, accessibility and, where applicable, their ability to perceive the purpose of the sentence during their imprisonment.

It also recommended that persons whose state of health so requires should be accommodated in cells meeting PRM standards, and their transport in adapted vehicles should be systematic.

The Minister refers to various measures such as the list of positions and facilities dedicated to the care of people with disabilities or in need of care, and the real-estate guidelines for new institutions; he mentions the importance of identifying the people concerned.

None of these points address the CGLPL's recommendations and observations.

The CGLPL recommended that alternative measures to placement in punishment wings should be adopted, such as confinement to PRM cells.

The Minister reiterates that the execution of a punishment cell sanction can only be continued if it is compatible with the physical and mental state of the person concerned, and that the Prison Health Unit (USMP) is notified on a daily basis of punishment cell placements, including preventive placements, and can issue medical certificates of incompatibility. The obligation of the chair of the disciplinary committee to take into account the offender's personality and the possibility of adjusting the disciplinary sanction are also emphasised.

The CGLPL considers that these rules, however useful they may be, do not provide a sufficient guarantee.

The CGLPL considered that the assessment of unfitness for detention by the physician must be performed with account taken of the individual's health and the environment available, and that the nursing staff must make regular visits to detention.

The Minister of Justice mentions visits to incoming prisoners, outgoing prisoners and those placed in the punishment wing, without indicating the efforts made to allow regular visits to be made to the detention area by nursing staff.

The CGLPL takes note of the measures described but observes that they do not respond to the recommendation made.

The CGLPL recommended using means of restraint that are strictly proportionate to the risk presented by the detainees and allowing for their dignity to be respected during external movements for medical reasons. It asked for guidelines specifying how searches involving dependent or disabled individuals should be carried out. Lastly, it asked that warders responsible for carrying out searches be able to refer to a person of authority, trained in this respect.

The Minister of Justice recalls the administration's doctrine on the use of means of restraint but says nothing about the measures taken to enforce it. He considers that national guidelines on searches of dependent and disabled persons could not cover all situations and that a review of each situation in a CPU, which could result in the drafting of individualised notes, is preferable. He adds that there is no person of authority on disability for detainees in penal institutions, but that facilities can request training on the topic from the DISPs.

These remarks do not address the CGLPL's recommendation.

The CGLPL recommended that, as soon as the dependence of a detainee has been acknowledged, assistance by a local home help provider must be secured to enable effective care and dignified detention conditions. It emphasised that assistance by a fellow detainee, on a voluntary basis, or an auxiliary, of dependent detainees should not be considered sufficient to meet the requirement to safeguard integrity and respect their dignity.

The Minister indicates that an interministerial note has disseminated a model protocol aimed at facilitating the establishment of partnerships between prison services, health institutions, departmental councils, departmental homes for disabled people, and home help and assistance services.

The CGLPL takes note of this useful measure but regrets that the number of these agreements currently in effect has not been provided.

With regard to disabled detainees and detainees over 70 years of age, the CGLPL recommended that the Public Prosecutor or sentence enforcement judge endeavour by any means to ensure that the sentence is carried out in an open environment.

The Minister indicates that his services pay particular attention to applications from older prisoners for either a suspension of their sentence or conditional release on medical grounds. He adds that the need for suitable accommodation in a health or medico-social institution remains one of the main reasons for the non-implementation of sentence suspension measures on medical grounds, and that partnership work is being deployed to remedy this.

Aware of the difficulty of finding accommodation for elderly or dependent persons leaving prison, the CGLPL takes note of these intentions, the impact of which it will evaluate during its visits.

The CGLPL recommended that individuals who are likely to benefit from an adjusted or suspended sentence for medical reasons should be systematically identified, and that this should include prison staff as well as healthcare professionals and lawyers.

The Minister of Justice stresses the importance of a multidisciplinary assessment during single multidisciplinary committee meetings.

The CGLPL observes that no measures in line with its recommendation have been taken.

The CGLPL recommended that information and training should be improved for participants and detainees on procedures to suspend and adjust sentences for medical reasons.

The Minister of Justice indicates that a methodological guide on sentence adjustments and release on medical grounds was issued in September 2018. He also highlights the simplification of procedures for granting suspended sentences or medical release during the health crisis.

The CGLPL takes note of these measures.

The CGLPL recommended that an exemption from appearance before the National Assessment Centre (CNE) should be a possibility when the detainee's health or dependence makes their assignment in this place and assessment by the CNE teams manifestly impossible.

The Minister of Justice does not comment on this issue but merely lists the four CNE sites and indicates that two of them have a cell for people with reduced mobility.

The CGLPL repeats its recommendation.

2.1.4 Thematic report on prison overcrowding

The CGLPL requested that the right to an individual cell be effective for all detainees.

The Minister of Justice indicates that the prison building programme aims to reduce prison overcrowding in remand prisons and achieve a target individual cell rate of 80%. He indicates that this rate was 43.7% in September 2021.

He also mentions a note of 11 December 2020 on the reduction of overcrowding in remand prisons, which has helped significantly increase the occupancy rate of long-term detention centres and detention centre wings by assigning detainees with little time left on their sentences to these facilities.

The CGLPL notes the insufficiency of these measures and reiterates its opposition to the construction of additional prison places.

In the short term, the CGLPL recommended that an action plan aimed at curtailing the use of additional mattresses should be rolled out without delay.

The Minister of Justice recalls the measures mentioned above and mentions the new appeal procedure introduced in the Act of 8 April 2021 aimed at guaranteeing the right to respect for dignity in detention; he also mentions the prison building programme.

The CGLPL observes that the number of mattresses on the floor at the beginning of 2022 is close to that in 2018. The measures announced are therefore ineffective.

The CGLPL recommended various measures relating to statistical knowledge of prison overcrowding:

- updating the standard for calculating the number of prison places;
- creating a precise tool for measuring overcrowding and individual cell rates;
- having each institution record the individual cell rate and the number of mattresses on the floor each day;
- analysing the actual surface area allocated to each detainee in each remand prison;
- publishing the number of vacant places per institution every month;
- integrating statistics on the composition of the prison population in each institution into GENESIS.

The Minister of Justice outlines the changes that have taken place in this area:

- a management tool for court administrators and inter-regional directors of prison services, providing them with the number, nature and quantum of sentences handed down by each judicial court and their impact on the occupancy rates of penal institutions;
- a document entitled "Les éléments essentiels au soutien du prononcé des peines" (Essential elements to support the pronouncement of sentences) that is intended to provide information (occupancy rate of facilities, number of mattresses on the floor, availability of open prisons and external placement facilities, time taken to fit an electronic tag, etc.); it is currently being tested on 11 sites;
- topographical surveys that will allow for more detailed monitoring of overcrowding by adding the notion of incarceration density;
- GENESIS now includes topographical data on cells.

The CGLPL takes note of these measures.

Considering that staff shortages and the resulting "degraded" operating mode adversely affect detention conditions which are further compounded by prison overcrowding, the CGLPL recommended that if the positions specified in the staff organisation charts within institutions cannot be filled, the authorities should define the criteria for job cuts and for prohibiting certain cuts – especially those that end up reducing access to visiting rooms, medical treatment and activities.

The Minister of Justice emphasises that when this mode of operation is activated, access to medical treatment and visiting rooms is systematically prioritised. He states that the coverage rate of the reference organisation charts has significantly improved in the last two years.

The CGLPL notes these measures but observes that they remain insufficient.

The CGLPL requested that judges who pronounce prison sentences be attentive to the detention conditions in the remand prisons within their jurisdiction. It stressed that judges have a responsibility to be familiar with the places of detention and the context specific to the institutions within their jurisdiction. To that end, they must particularly inspect the places of detention in practice and rely on the sentence enforcement committees to set up meaningful policies for tackling overcrowding, by stepping up information exchanges on available local data and by developing appropriate management tools.

The Minister of Justice highlights the support given to 17 judicial jurisdictions in the implementation of the Act of 23 March 2019; he also points out the awareness-raising actions on the subject of short sentences and *ab initio* adjustments, carried out for the National School of the Judiciary and judges sitting in correctional court.

The CGLPL observes in the field that these measures hardly seem to have any effect.

The CGLPL recommended that the necessary steps be taken to put an end to the excessive use of prison sentences and to readjust the scope for prison sentences in application of the principle of the necessity of sentences, particularly by replacing prison sentences handed down for certain offences with other sentences, and by rolling out decriminalisation measures.

The Minister of Justice indicates that the Act of 23 March 2019 should influence the occupancy rates of institutions (ban on prison sentences of less than one month, *ab initio* adjustment established as a principle for sentences of less than or equal to one year, diversification of the range of sentences, easing of the conditions for the use of electronically monitored house arrest, etc.). He also cites the Circular of 20 May 2020 advocating a proactive policy of prison regulation. Lastly, he refers to the quality that rapid social investigations must now have.

The CGLPL takes note of these measures but stresses that they are not having the expected effect on prison deflation.

The CGLPL recommended that the public authorities should question the purpose of short prison terms, which often cause significant upheaval in the life of a convicted person without allowing them to benefit from any aid in prison due to the shortness of their stay.

The Minister of Justice refers to the Act of 23 March 2019, which prohibits prison sentences of less than one month and steps up the requirement to state reasons for unadjusted prison sentences of less than one year.

The CGLPL observes that these measures have had no effect on prison overcrowding.

The CGLPL wanted overcrowding to cease to be considered as primarily a prison-related issue. It recommended that efforts to tackle it should become a fully-fledged public policy, to which specific, long-term resources should be allocated. To this end, it affirmed that thought must be given to the way in which our criminal courts operate and to the whole of the sentence application and enforcement process. It called for target figures to be set and monitored more closely.

The Minister of Justice invokes the prison building programme, the rewriting of Article 720 of the Code of Criminal Procedure with the aim of systematising releases under constraint, and the extension of the "ADERES" national community care programme for convicts benefiting from release under constraint.

These measures do not address the CGLPL's recommendation, which it is repeating.

Lastly, the CGLPL asked that a national prison regulation mechanism be introduced through legislative channels, backed up by local restrictive protocols in which a range of stakeholders are involved under the supervision of the judicial authorities. It should aim at preventing any institution from exceeding a 100% occupancy rate.

The Minister reiterates the creation of the new management tools already mentioned, which are currently being tested. He highlights the support provided to 17 jurisdictions in implementing the

Justice Programming Act, the actions carried out for schools (ENM, ENAP and bar schools) and for judges, the construction of a national framework for rapid social investigations showing the situation of the penal institutions in the jurisdiction, and the availability of facilities for accommodation.

The CGLPL observes that the experiments in prison regulation conducted on the basis of circulars or agreements quickly fizzled out. It reiterates the need for regulation based on a legislative text. It also notes that, however useful the tools mentioned by the Minister are, they have had no effect on overcrowding.

2.2 Follow-up to specific recommendations relating to penal institutions

Appendix 4 contains a list of the responses sent by the Minister of Justice concerning the follow-up to the recommendations made during visits to 20 penal institutions (two long-term detention centres³⁰, eight prison complexes³¹, one prison for minors³², eight remand prisons³³ and one long-stay prison³⁴).

Of the 374 recommendations made, 41% have been implemented and 19% partially implemented, while 40% have not been implemented.

Of these recommendations, most related to the management of searches, followed by the issues of the handling of requests, access to activities, and respect for the rights of working detainees. The overall issue of access to care was also central, and was divided into four main categories: facilities, access to healthcare itself, confidentiality, and medical extractions. This was followed by accommodation issues, ranging from the layout of the premises to hygiene and including issues of detention management, in particular the separation of different categories of detainees.

The rate at which the recommendations have been implemented varies greatly, ranging from 92% for recommendations concerning the telephone – this is due to the installation of telephones in cells – to 0% for the 10 recommendations concerning the extension of facilities dedicated to healthcare, the six concerning prison overcrowding, the five concerning the involvement of detainees in "individual sentence plan" commissions and sentence enforcement commissions and the three concerning the separation of minors and adults.

Between these extremes, several cases are worth mentioning.

The recommendations concerning health have generally not been implemented, the provision of care has not improved and the measures requested in terms of confidentiality, particularly but not only during extractions, have been met with refusals or reluctance that should be overcome. The same is true for the recommendations concerning work: the supply of work is not changing much and respect for workers' rights is only timidly progressing. Ongoing regulatory developments should improve these findings in the coming years. Lastly, the CGLPL's numerous recommendations concerning searches are still seldom implemented.

³⁰ Bapaume and Tarascon long-term detention centres.

³¹ Avignon-Le-Pontet, Bordeaux-Gradignan, Condé-sur-Sarthe, Laon, Lorient-Ploemeur, Maubeuge, Moulins and Rémire-Montjoly prison complexes.

³² Marseille prison for minors.

³³ Angers, Besançon, Béthune, Caen, Châlons-en-Champagne, Fleury-Mérogis (men's remand prison), Le Mans and Mende remand prisons.

³⁴ Arles long-stay prison.

On the other hand, efforts seem to have been made in terms of improving "new arrivals" procedures, informing detainees about life in institutions, welcoming families, and establishing partnerships with prefectures to issue identity documents or residence permits.

3. The recommendations made in 2018 regarding mental health institutions

3.1 Follow-up to the general recommendations

3.1.1 Recommendations published in the 2018 annual report

The CGLPL requested that no voluntary patient be placed in a closed unit.

The Minister of Health indicates that this type of placement is contrary to the principle laid down in a 1993 circular, proposing to remind the ARS of this directive.

Such situations still occurred in 2021. It is doubtful that a simple reminder will be sufficient to stop these practices. The CGLPL requests that a new instruction be issued to confirm this principle and that it be accompanied by the necessary means and checks.

In the context of current thought on the organisation of psychiatry, the CGLPL recommended that guidelines be provided to improve continuity of treatment between intra- and extra-hospital settings.

This subject is a priority for the Minister, and should be addressed as part of the reform of psychiatric authorisations, for which the texts should be finalised at the beginning of 2022.

The CGLPL takes note of this and will monitor this work with interest.

The CGLPL requested that there be psychiatrists practising full-time in all units authorised to take in patients in involuntary care. If there are not, authorisations should be withdrawn. The CGLPL drew lawyers' and liberty and custody judges' attention to the need for strict control of physicians' statutory fitness to sign documents under examination.

The Minister of Health indicates that the forthcoming texts on the reform of authorisations will respond to this problem by specifying that the multidisciplinary team shall include one or more psychiatrists.

The CGLPL reiterates its recommendation and stresses that it concerns a verification of the professional fitness of certain physicians and not simply their number.

Regional Health Agencies should carry out rigorous inspections of material conditions for the reception of patients in psychiatric facilities, and should ensure that institutions implement programmes for required renovation work. The CGLPL also recommended the systematic installation of comfort locks.

The Minister of Health indicates that Regional Health Agencies carry out inspections in institutions authorised for psychiatry and check the material conditions of reception. They also support institutions in following up on the CGLPL's visits and implement an action plan to respond to these recommendations. He indicates that the systematic installation of comfort locks will be part of the technical conditions of operation of psychiatry set by decree.

€110 million in additional permanent appropriations have been delegated to public psychiatric institutions financed in 2020 and 2021, notably in order to improve the conditions of reception of psychiatric patients.

The CGLPL takes note of this.

The CGLPL recommended that sexuality should not be regarded as taboo and that, in each institution, the ethics committee should give thought to and define prohibitions in view of the local situation, choose the necessary measures for the protection of patients, and provide staff with a reassuring framework for intervention.

The Minister of Health specifies that the National Committee for Psychiatry, which was set up in January 2021, includes a sub-committee on "Society, ethics, information and epidemiology" and that a national reflection on sexuality in authorised psychiatric institutions could be carried out in this framework. He notes that as part of the reform of authorisations, there are plans to make the creation of an ethics committee mandatory.

The CGLPL takes note of these orientations.

The CGLPL stressed the need to ensure respect of the fundamental rights of patients in involuntary care, not only in mental health institutions but throughout their care pathways, i.e. starting from the time they are admitted to an emergency department. For this to happen, as they have the necessary medical and legal expertise, it is up to psychiatry departments to keep a watch on "upstream" treatment conditions for patients they take in and implement suitable measures on exchanges of information, training and even assistance.

The Minister of Health endorses the assertion of patients' rights and announces work on training for emergency departments. Experimental measures are being implemented in five French *départements*, including telephone regulation and referral tailored to the situation, in order to avoid the need to go to the emergency room and to answer any questions professionals may have. He also plans to supplement the "Service for access to healthcare" system, currently being deployed in 22 *départements*, with a psychiatric component. In 2022, the National Performance Support Agency (ANAP) will address the following topic: "How to avoid going to the emergency room for psychiatric reasons". The National Committee for Psychiatry is specifically dealing with the subject of emergencies and is expected to propose a number of specific actions on the topic.

The CGLPL takes note of the proposed measures and will remain very vigilant as to their implementation.

The CGLPL requested the legislature to extend judges' competence to other decisions of deprivation of liberty and measures adversely affecting psychiatric patients: placement in UMDs, and placement in seclusion or under restraint, which are now the subject of "decisions".

Jurisdictional control of seclusion and restraint measures was introduced in 2022 (see Chapter 1). For the time being, no response has been given to the CGLPL's request concerning the control of placements in UMDs.

The CGLPL stressed that it was unacceptable that, two years after their adoption, the legal provisions on the management of seclusion and restraint in mental health institutions and the reduction of recourse to such practices were still seen as optional rules, applied in a formal fashion at best with no impact on the practices themselves. It called for a proactive policy of supervision and training in order to ensure their application.

The Minister of Health recalls the recent changes in the law and indicates that a support plan for Regional Health Agencies and health institutions authorised in psychiatry is being financed to implement the new framework.

The appointment of "seclusion & restraint officers" and the organisation of training activities are planned. The National Committee for Psychiatry supports institutions in the operational implementation of the reforms. The Directorate General for Healthcare Provision (DGOS) has already requested the committee to provide assistance to institutions encountering difficulties in implementing the new legislation.

The CGLPL takes note of these measures and will be attentive to their implementation.

The CGLPL recommended improving coordination between the various social, medical-social, educational, health and judicial services working with children, in particular to make sure that any child in need of care can be accommodated in a suitable institution, which is close enough to their home to guarantee the maintenance of family ties.

A policy to strengthen child and adolescent psychiatric services is under way. The projects selected have led to a significant improvement in the provision of services in *départements* that were previously deprived (Alpes-de-Haute-Provence, Corrèze, Creuse, Côtes d'Armor, Eure, Indre, Manche, Territoire de Belfort). The ongoing work to establish the future regulatory framework will include a reference to child and adolescent psychiatry.

The CGLPL takes note of these measures.

3.1.2 Follow-up to the emergency recommendations of 1 February 2018 on the Saint-Etienne university hospital's psychiatric department (Loire)

Following these emergency recommendations, the institution was visited again by the CGLPL in December 2019. This led to the following findings:

"The conditions of care for psychiatric patients in the general emergency department, which seriously violated dignity and fundamental rights at the time of the 2018 inspection, have been modified and the problems completely corrected. Systematic restraint based solely on the criterion of involuntary care status has disappeared, although there are still restraints for the risk of runaways which is not an acceptable indication. The issue of seclusion and restraint has been taken up by caregivers and practices have started to decrease, but the number of seclusion measures remains high. There are no longer systematic restrictions on freedom in everyday life, but only restrictions tailored to each patient's condition.

After the emergency recommendations and the trauma linked to the associated media coverage, the institution has undertaken extensive work to correct the problems observed. Now in midstream, this work to change practices must be pursued to better take into account respect for the fundamental rights of patients based on observations, recommendations and best practices".

Taking up the initial findings in the emergency recommendations and considering the CGLPL's observations following its second visit in 2019, the only clarifications provided by the Minister of Health in the context of the follow-up in this matter concern national measures already mentioned in the previous general themes, in particular concerning patients' rights, seclusion and restraint measures, and staff training.

The CGLPL takes note of these responses.

3.2 Specific recommendations relating to mental health institutions

Appendix 4 lists the responses of the Minister of Solidarity and Health concerning follow-up to the recommendations made during visits to 21 mental health institutions³⁵.

Seventy percent of the recommendations made are reported as having been implemented and 30% as not implemented.

In particular, there is a reported implementation rate of 100% for measures relating to patient information, the ethics committee and signage. However, this rate falls to around 75% for the most sensitive measures such as the JLD hearing, seclusion and restraint, and psychiatric emergencies. It falls to around 50% in areas such as the management of care programmes, legal advice lines for weekend decisions on involuntary care, the management of seclusion rooms and the improvement of facilities, and even for something as essential as the functioning of the Departmental Commissions for Psychiatric Care (CDSPs).

The rate of follow-up to the recommendations is greater than 50% in all the institutions visited, with the exception of three (Valvert hospital in Marseille, L'Estran hospital in Pontorson and Fondation du Bon Sauveur de la Manche in Saint-Lô).

4. Follow-up to the 2018 recommendations on detention centres for illegal immigrants and waiting areas

4.1 Follow-up to the general recommendations

4.1.1 Recommendations published in the 2018 annual report

The CGLPL reiterated the principle of all correspondence addressed to it remaining strictly confidential.

The Minister of the Interior states that this principle is respected in detention centres and facilities for illegal immigrants as well as in waiting areas.

The CGLPL takes note of this.

Having observed that increasing the duration of detention is a measure as onerous as it is pointless, as the average duration of detention is only about 12 and a half days, the CGLPL recommended that the durations introduced by the Act of 10 September 2018 be evaluated.

The Minister of the Interior argues that this maximum duration applies in a limited way, under the supervision of the JLD, to specific situations of persons detained when there is clear obstruction to

³⁵ Mental health association of the 13th arrondissement – ASPM13 (René Angelergues polyclinic in Paris and L'Eau vive hospital in Soisy-sur-Seine), Blain psychiatric hospital, Andrée Rosemon hospital in Cayenne, Henri Mondor university hospital in Créteil, Lannemezan hospital, Buëch-Durance hospital in Laragne-Montéglin, Lille regional university hospital, Valvert hospital in Marseille, Annecy Genevois hospital in Metz-Tessy, Ravenel hospital in Mirecourt, Pyrénées hospital in Pau, Plaisir hospital, L'Estran hospital in Pontorson, Sainte-Marie hospital in Privas, Les Murets hospital in La Queue-en-Brie, Rouffach hospital, Saint-Nazaire hospital, Alpes-Isère hospital in Saint-Egrève, Uzès psychiatric hospital, Fondation Bon Sauveur de la Manche health institution in Saint Lô and the Marseille UHSA.

the execution of the deportation measure, while waiting to obtain consular passes, in the context of examining a request for protection on health grounds or when an asylum application has been submitted at the end of detention. He adds that facilities for occupational activities have been created in detention centres for illegal immigrants to reduce idleness, which he says is a source of tension.

He notes that the durations introduced by the Act of 10 September 2018 have been evaluated on an annual basis. For example, in 2019, 45.8% of deported foreigners were deported after more than 45 days. These deportations beyond the 45-day period concern almost 90% undocumented persons who have had to be identified. He adds that increasing the duration of detention for verification of the right of residence has been accompanied by an increase in obligations to leave French territory which rose from 12,700 in 2017 to around 15,500 in 2018 and 2019.

The CGLPL takes note of this.

The CGLPL recommended that the material conditions of detention be governed by a fully-fledged public policy which it would not be possible to finance with the €2 million budget outlined for 2019.

The Minister of the Interior indicates the amount of gross budgetary expenditure for the maintenance of detention centres for illegal immigrants, but does not provide any information on the improvement of accommodation conditions in them.

The CGLPL repeats its recommendation.

The CGLPL reiterated that interpreters' services are not only needed to provide information on rights and life in detention, but also to ensure all-round delivery of welcome booklets written in appropriate languages.

The Minister of the Interior states that an interpreter is systematically called in when necessary for all stages of the procedure. He adds that a leaflet on rights and duties available in the six UN languages is given to each detainee on arrival at the detention facility. Lastly, he cites the provisions of Articles L. 141-2 and L. 141-3 of the CESEDA requiring the authorities to use a language that the person concerned understands to inform them of the procedure and to provide an interpreter if the person concerned indicates that they cannot read.

This response does not ensure that enough interpreters are available for life in detention (particularly in the case of treatment), nor does it ensure that detainees understand any of the six languages in which the welcome booklet is available. The CGLPL therefore repeats its recommendation.

The CGLPL recommended that measures should be taken to ensure that people set free on national soil following a stay in detention have immediate access to public transport and accommodation adapted to their needs.

The Minister only indicates that the centres are served by public transport and that a list of facilities that can accommodate released persons is distributed to them.

Since nothing has been done to follow up on the CGLPL's recommendation, it is renewed.

The CGLPL recommended adopting the measures required to ensure that no deportee is left in the destination country without having at least enough money to pay for a day's food, a night's lodging and the transport necessary to get to their place of refuge.

This recommendation has not been implemented by the Government. The Minister of the Interior justifies this abstention by stating that this financial aid is intended for persons who voluntarily execute a deportation measure.

The CGLPL repeats its recommendation.

4.1.2 *Opinion of 9 May 2018 on the placement of children in detention centres for illegal immigrants*

Considering that the placement of children in detention centres for illegal immigrants is contrary to their fundamental rights as it constitutes an attack on their psychological integrity, whatever their age and the duration of detention, the CGLPL maintains its recommendation that the detention of children be prohibited in CRAs and a fortiori in LRAs, as only the measure of house arrest can be taken against families accompanied by children.

In line with his arguments from 2018, the Minister of the Interior invokes European law, stating that family detention is exceptional and only occurs as a last resort. He mentions that parents in detention can call on a family assistant to take in their children. Lastly, he states that every effort is made to ensure that the duration of detention is as short as possible; the average duration of detention for families is 36 hours.

He reiterates that this placement is only possible in a specially authorised detention centre with spaces and rooms designed for the reception of families. He emphasises that the detention centres have the necessary equipment to protect their psychological integrity and that significant expenditure was made in 2020 and 2021 to develop recreational and cultural activities for detainees and their families. Lastly, he adds that families are the object of sustained attention from the heads of centres and medical units.

The CGLPL reiterates its arguments from 2018 and recommends that the placement of children in detention centres for illegal immigrants be stopped.

4.2 *Follow-up to specific recommendations on detention centres for illegal immigrants and waiting areas*

The Minister of the Interior was asked about the follow-up to the recommendations concerning four detention centres for illegal immigrants³⁶ and four waiting areas³⁷ that the CGLPL had visited in 2018.

The Minister of Health was asked about three detention centres for illegal immigrants and one waiting area³⁸ and the Minister of Justice about the Roissy waiting area.

A list of the responses sent by the Minister of the Interior concerning these facilities is given in Appendix 4. The Ministers of Health and Justice have not provided any responses regarding these facilities.

In the CRAs, 44% of the recommendations issued have been reported as implemented, 26% as partially implemented and 28% as not implemented. In particular, the recommendations concerning the training of police officers on the rights of detainees and the notification of these rights, the provision of information, access to care and the range of activities have been reported as implemented, either in whole or in part. Conversely, the recommendations concerning infrastructure (accommodation, exercise yards, furniture) have rarely been implemented, which only reinforces the relevance of the 2018

³⁶ Cayenne, Le Mesnil-Amelot, Lyon Saint-Exupéry and Sète CRAs.

³⁷ Bordeaux-Mérignac, Lille, Nantes and Roissy-Charles-de-Gaulle waiting areas.

³⁸ Lyon Saint-Exupéry, Le Mesnil-Amelot and Sète CRAs and Roissy-Charles-de-Gaulle waiting area.

recommendation mentioned above that the material conditions in which detention takes place should be governed by a fully-fledged public policy.

In the waiting areas, the visits focused on facilities of a very different nature: a very large permanent facility, the Roissy waiting area, and small facilities that are only activated when necessary. 58% of the recommendations issued have been reported as implemented, 26% as partially implemented and 16% as not implemented.

For the Roissy waiting area alone, four recommendations have been implemented, four others have only been partially implemented and two have not been implemented: those concerning the equipment on the premises and, more seriously, the effectiveness of access to rights. On the other sites, most of the recommendations, which concerned the notification of rights, information, incident management, good record-keeping and reception conditions, have been reported as implemented.

5. Follow-up to the 2018 recommendations on juvenile detention centres

5.1 The general recommendations on CEFs published in the 2018 annual report

The CGLPL indicated that measures of all kinds (attractiveness, status, training, supervision, location, etc.) should be taken to ensure staff stability in juvenile detention centres.

With regard to the confidentiality of correspondence, particularly that addressed to the CGLPL, the Minister of Justice indicates that this principle is guaranteed for all minors, even though they are sometimes asked, for security reasons, to open their correspondence in the presence of staff.

Concerning the training of staff, the Directorate for Judicial Youth Protection (DPJJ) deployed a new training plan for professionals in 2019. This plan includes three complementary components: systematic training to support staff who have not completed the initial training at the ENPJJ; on-site training in preparation for the opening or reopening of an institution; deployment of the national multi-institutional and multi-disciplinary inter-CEF training plan. The programming of 20 new CEFs has prompted the DPJJ to bring new momentum to training.

As regards the recruitment of staff, the development of profiles for positions in public CEFs is being generalised and is systematic for new CEFs. Candidates are interviewed before being offered a mobility position. Particular attention is paid to the recruitment of contract workers and, for some CEFs, including those in the Grand Centre region, which are particularly isolated, long-term contracts may be authorised. For the authorised associations sector, measures have been taken to retain staff. The DPJJ is developing a human resources policy shared with employers' unions and associations.

Concerning support for staff, medical, psychological and psychiatric support can now be provided at the territorial level for officers who are victims of violence in the course of their duties.

With regard to the location of CEFs, which are sometimes isolated, the DPJJ is now orienting the construction of institutions around dynamic medium-sized towns and therefore employment areas, thus facilitating institutional partnerships and the recruitment of professionals.

Concerning respect for the principles of secularism and neutrality, the Inspectorate-General of Justice (IGJ) conducted a mission on this subject in 2020, at the request of the PJJ. It made 20 recommendations and the DPJJ drew up an action plan. In addition, following the recommendation concerning the clarification of the nature of the authorised associations sector's mission, the Council of

State was asked to give an opinion. Lastly, a parliamentary mission will integrate this issue in order to clarify the applicable law in this area.

The CGLPL takes note of these measures, the effectiveness of which it will monitor during its visits.

It was also requested that the material conditions of accommodation in juvenile detention centres form the subject of a ministerial inspection programme, and that the necessary measures (renovation work, maintenance, standards, technical checks, etc.) be taken to ensure that the education of children placed in them is carried out in an environment suitable for such purpose.

With regard to the material conditions of accommodation, the Minister of Justice indicates that the DPJJ takes the necessary measures to ensure that placement takes place in a suitable environment. Budgetary resources are also allocated to the interregional directorates for "routine maintenance work" (mandatory technical inspections, mandatory preventive maintenance, surveys, repairs, etc.).

The CGLPL takes note of this.

The CGLPL requested that the announced review of the Ordinance of 2 February 1945 bearing on juvenile offenders provide an opportunity to introduce consistency and continuity into the pathways of minors confined to places of deprivation of liberty.

The Minister of Justice indicates that the Code for Juvenile Criminal Justice (CJPM) does not change the philosophy of educational intervention, based on a logic of individualised accompaniment for minors and support for families, and is in line with the Justice Programming Act of 23 March 2019, which addresses the need to diversify and offer sentences other than imprisonment. He also indicates that the CJPM reinforces and regulates the conditions of recourse to pre-trial detention as well as the conditions under which the revocation of a CEF placement in favour of imprisonment can be pronounced.

However, the Minister of Justice does not mention any measures intended to reinforce continuity of care for minors, even though those that do exist are insufficient, as shown by the CGLPL's visits.

The CGLPL recommended that legal means combined with the necessary measures in terms of public policies be introduced to ensure the protection of unaccompanied minors.

The Minister of Justice indicates that, at national level, the DPJJ has begun work on a national plan for unaccompanied minors, including an analysis of specific vulnerabilities, best practices to be systematically rolled out, and placement in detention. Regional working groups are in the process of being created.

The evaluation of the Note of 5 September 2018 on the situation of unaccompanied minors subject to criminal prosecution is currently being finalised; it appears to highlight local best practices.

The CGLPL takes note of the launch of its projects and will evaluate the results when the time comes.

5.2 Follow-up to specific recommendations relating to CEFs

Appendix 4 lists the responses of the Minister of Justice concerning follow-up to the recommendations made during visits to seven juvenile detention centres³⁹.

Sixty-five percent of the recommendations issued have been reported as implemented, 15% as partially implemented and 20% as not implemented.

The recommendations that have not been implemented include those relating to healthcare, as several institutions have encountered difficulties related to local situations, particularly in terms of healthcare provision or medical demographics.

Three of the centres visited (La Jubaudière, La Chapelle-Saint-Mesmin and Tonnoy) also seem to have encountered difficulties concerning recommendations related to schooling and the implementation of internal rules of procedure.

These institutions should be helped to overcome these difficulties.

³⁹ Cambrai, La-Chapelle-Saint-Mesmin, La Jubaudière, Moissannes, Saint-Jean-La-Bussière, Sinard and Tonnoy juvenile detention centres.

Chapter 4

Action taken in 2021 in response to the cases referred to the Chief Inspectorate

In accordance with the prevention mission delegated to the Chief Inspector of Places of Deprivation of Liberty, processing case referrals helps to identify the existence of any violations of the fundamental rights of people deprived of liberty, and to prevent their re-occurrence. With this in mind, the inspectors in charge of the referrals conduct verifications of documents and send written requests for observations from the authorities responsible for the facility in question – pursuant to the adversarial principle. They also conduct on-site verifications when necessary. The reports written following these inspections also go through the due adversarial procedure with the authorities responsible.

The high number of referrals received by the CGLPL throughout the year bring to light, over and above isolated cases, failings and violations of the rights of people deprived of liberty that go beyond the scope of an institution or region and call for nationwide responses. While most of the inquiries initiated by the CGLPL concern specific institutions, several inquiries are sent each year to the Ministers of Justice, Interior and Health, or to some of their departments, particularly the Prison Administration Department for cross-cutting issues. They can provide an opportunity to identify issues raised in referrals concerning several institutions and cross-check the information from these referrals with the findings from inspections of institutions.

1. Health crisis: increasing restrictions on those in detention

The number of reports related to the health crisis sent to the CGLPL decreased from 527 in 2020 to 347 in 2021. The vast majority of the reports received concerned penal institutions (239), while 72 referred to the health situation in CRAs, 23 to that in mental health institutions and nine to that in custody facilities. The CGLPL also received two reports concerning the management of the pandemic in EHPADs and another concerning significant health restrictions in a social care home. As these places do not fall within its sphere of competence as defined by the Act of 30 October 2007, the CGLPL did not follow up on them. In the general population, there were successive cycles of easing and reinstatement of health restrictions throughout 2021, although the overriding trend was for such restrictions to be reduced. In places of deprivation of liberty, the number and intensity of health restrictions were also reduced compared to those implemented in 2020, but to a much lesser extent. Above all, the easing of restrictions was consistently applied to people in detention with a time lag of several weeks or even months.

1.1 Health crisis management in penal institutions

During the first lockdown, in the spring of 2020, the CGLPL received many letters from people deprived of liberty who were anxious about catching the virus; few contested the restrictive regime to which they were subjected, aware of the risks on the one hand and also aware of sharing the common lot. Several letters referred to applications for a suspended sentence or parole on the grounds that COVID-19 posed a serious risk to their health. Many detainees spoke of the anxiety they were facing, which was not managed by the guards, who were often unable to respond to intercom calls, or by the

medical unit – as both were few in number and unavailable in the particular context of one of the most acute phases of the health crisis. Many letters from this period testified to greater difficulties in accessing care, which was already inadequate in ordinary times: detainees who were ill – from COVID or a toothache – could only obtain paracetamol for relief, without being able to see a doctor for several days, after having insisted heavily. Others reported regular failures of the telephone service, which was in great demand but was the only service that allowed daily contact with their relatives.

"Given his frail health, I'd rather have him with me than on death row with three people in a cell for two, with lost or undelivered mail and a phone booth that works one out of three times" (extract from a referral, April 2020)

The majority of detainees, given the public health imperative, accepted this situation with a civic-mindedness that must be emphasised. In many of the referrals received in the first phase of the health crisis, detainees expressed their fears for themselves and their loved ones, who they were missing, but also sometimes stressed that they were (finally?) part of the common fate, as the general population was also deprived of their loved ones and most of their daily outings and activities.

It is nevertheless notable that, after this initial phase, the situation in the open environment quickly and significantly differed from that in the closed environment in that it saw alternating cycles of health measures being tightened and eased, while restrictions were maintained almost continuously in places of deprivation of liberty. In the first half of 2021, severe restrictions on visits and activities continued. A majority of the reports received by the CGLPL in 2021 mentioned the immense difficulties encountered by detainees and their families in maintaining their ties. Visiting rooms were equipped with separators which, in concrete terms, precluded any physical contact – any intimacy – between mothers, fathers, children and spouses and regularly prevented them from hearing one another unless they raised their voices. UVFs and family visiting rooms remained closed without being replaced by extended hours in visiting rooms.

"With COVID becoming the excuse for all ills, emotional deprivation has been added on top of everything else. Emotional starvation is the worst. It has destroyed my relationship with the love of my life" (extract from a referral, April 2021)

"The visiting rooms [in a prison complex in Île-de-France] are an attack on human dignity. They measure a total of 1.20 m long and 1 m wide. Since the health crisis, half of them have been separated by a wooden board and Plexiglas. In this space, since I'm very tall, my legs are stuck to the board. [...] Under the stool, wads of chewing gum and other filthy rubbish are piled up. On the floor, there are often used tissues stuffed in corners even during the first visits of the day. This means that no cleaning or housekeeping is done. [...] my partner and I understand that it is necessary to protect detainees from COVID. However, Plexiglas does not allow for the maintenance of family ties" (extract from a referral, June 2021)

In many penal institutions, until June 2021, detainees were largely forced into inactivity. With the exception of courses for minors, teaching was reduced to certain subjects (French as a foreign language, fight against illiteracy, etc.); it was limited in terms of the number of students or even suspended altogether. Libraries were closed, but lending was still possible and the choice of books was made at the entrance. Team sports were allowed outdoors but weight rooms were closed.

"Today I am writing to you to sound the alarm concerning the most terrible conditions of daily life in prison in our country. Activities are more than reduced, visits are more than limited and above all, these restrictions are now affecting the mental state of prisoners and their families. How can it be justified, even in the midst of a health crisis, that a father or mother cannot hug their child, and what are the consequences for that child?" (extract from a referral, February 2021)

"We have the feeling that we are the forgotten ones in this pandemic. There is a lot of talk about EHPADs and the need to maintain contact, ties and activities. Since March 2020, i.e. one year ago, we have not had access to the gyms or kitchen, activities have been resumed sometimes for a few days, laundry drop-off has stopped, and no sports equipment (even a ball) has been given to us in the exercise yard. We have never gotten back to a normal rhythm. Our time in the exercise yard is still divided and COVID-positive cases have been appearing in the last few days among inmates who are not new arrivals" (extract from a referral, March 2021)

While workshops had all closed in 2020 during the first lockdown, their opening was made conditional on local health situations during the first half of 2021. Thus, whenever a cluster was identified by the ARS, workshop work and vocational training were interrupted for several weeks, placing some workers in a precarious situation that was not remedied either by temporary extended granting of the aid usually given to people without sufficient resources or by a short-time working benefit as paid in the general population.

Access to worship was also subject to longer interruptions than those imposed in the open environment. While the possibility of individual interviews with a chaplain was maintained in the majority of institutions, this was conditional on the presence of chaplains or their representatives. It was not uncommon, however, for the latter to be among those who, because of their age, did not take the risk of going to detention during the pandemic. Collective worship was banned and could not resume until July 2021, one year after it had been re-established in the open environment.

"As the months go by, even though the measures outside have been refined and eased, the restrictions in these facilities are ever greater. At present, it is only possible for two chaplains to meet with male prisoners on Monday afternoons from 2 to 5:30 pm; the meeting with women, after having been reduced to Monday mornings from 9 to 11 am with one person, on the pretext of a lack of staff, has just been reopened in the afternoon for just one person. It is materially impossible to accompany these people on a regular basis. How can COVID justify what is in fact a suppression of worship activities or at least their reduction to one afternoon? [...] 15 places of worship for 80 people. In fact, this is an impediment to worship. And again, as once every three weeks the service is reserved for women, you will see that everything is done to prevent worship without saying outright that it has been suppressed" (extract from a referral, August 2021)

Teaching did not resume in the first half of 2021. After the year of interruption in 2020, it took place for six months by correspondence, with all the pedagogical difficulties that distance imposes. Course materials were only occasionally provided to detainees, who gradually developed problems attending their classes to the extent needed to pass their exams.

"All teaching has stopped because of COVID. Correspondence courses come in fits and starts: sessions 1 and 2, followed by 5 – 3 and 4 are still missing. In fact, he is very unhappy because he is trying very hard but will fail everything, especially the baccalaureate" (extract from a referral, April 2021)

On 22 June 2021, the Prison Administration Department (DAP) issued a note providing for a relaxation of restrictions, which was not implemented until the second part of 2021. Nevertheless, variations on the restrictions remained possible depending on whether or not the penal institution was in a cluster situation or was located in an area where the incidence rate exceeded 400 cases/100,000 inhabitants. In addition to the wearing of masks on leaving the cells and the 10-day isolation period on arriving at the institution or on returning from leave, family living units and family visiting rooms were able to reopen – although prisoners were subjected to 10 days of health isolation on leaving them – and the full separators gradually began to be removed from visiting rooms. Teaching and activities resumed

within a minimum space of 4 m² per person. Lastly, work and training were resumed in accordance with the same rule.

In many institutions, however, the terms of visits remained restricted. The number of visitors remained limited, varying between one and three depending on the local situation, and sometimes no children were allowed⁴⁰. The number of weekly visiting sessions and the number of open cubicles per institution remained limited. In some institutions, visits were completely suspended with each cluster – although this measure is in principle reserved for cases of serious health situations, under the terms of the DAP note of 22 June 2021. In addition, the separators remained in place in many facilities, while in others, visiting areas without Plexiglas for vaccinated persons were created in parallel with an area with a separator for non-vaccinated visitors. Lastly, some institutions made access to the visiting rooms conditional on the presentation of a health pass⁴¹.

"My visiting rights are no longer of any use to me, because if visitors are not vaccinated, they are not allowed to enter the institution. So what do we do when our visitors are against vaccination [...]? My visitor can't afford a €50 PCR test every week. That would be €200/month. That is not possible for him, who receives income support" (extract from a referral, October 2021)

The UVFs reopened but for a limited period of 24 hours. They also had to close whenever there was a cluster, further reducing the possibilities of access. In many institutions, family visiting rooms were still inaccessible at the end of 2021.

"We have been enduring and suffering all these restrictions and emotional roller-coasters for 19 months – one day they are taken away, the next day they are reinstated. A UVF is set for October and a committee is cancelled in September. When we are outside, we are vaccinated, which gives us advantages in terms of our freedom, but when it comes to the prison environment, we just have to accept the goodwill of the head of the prison" (extract from a referral, September 2021)

"I would like to draw your attention to the visiting conditions imposed on us by the remand prison in [South of France]. The new COVID rules have led to the closure of the visiting rooms and family living units, but not only that. The family liaison service, which allowed our children to visit their father at least once a month in a room suited to very young children, is also closed. The visiting rooms are glazed from top to bottom – no contact is possible. On xx September, my mother-in-law went to visit her son, who had been in prison for two months. That same day, my companion fainted and collapsed in the visiting room with his mother. My mother-in-law, who is almost 70-years old, found herself completely helpless for several minutes – which probably seemed like an eternity – banging on the Plexiglas and calling for help from the guards so that they would come to the assistance of her child, in front of whom she was powerless, faced with this partition of wood and Plexiglas" (extract from a referral, September 2021)

The 14-day isolation rule imposed on prisoners returning from medical or judicial extractions, from leave and from UVFs was also the subject of much criticism in the letters received by the CGLPL. The conditions in which these quarantines took place were denounced in numerous reports, which mentioned the "isolation of several individuals" together in cells in the new arrivals' wing or in

⁴⁰ Limiting the number of visitors to one per visiting room meant that young children were not allowed to visit because they would have to be accompanied by an adult.

⁴¹ Measures taken prior to the vote on Act No. 2022-46 of 22 January 2022 reinforcing the tools for managing health crises and amending the Public Health Code.

overcrowded specific sectors, according to various rhythms, bringing together new arrivals and prisoners returning from leave. In this context, the health protocol was naturally inoperative.

Prisoners were sometimes quarantined without their belongings, for varying lengths of time depending on the institution, and did not always have the material resources to undergo their isolation in acceptable conditions. During this period, individuals had to refrain from any activity, any remuneration, any meeting with their Prison Rehabilitation and Probation Counsellor and any visit from their relatives. In order to avoid being in this situation, some detainees waived their right to extractions or permissions to leave and, consequently, to access to a judge, medical treatment or visits from their relatives. Impossible situations of almost continuous quarantines were also reported to the CGLPL. This was particularly true for women who met with their children at the parent-child liaison centre twice a month and were subject to a quarantine measure after each of these visits, where they were isolated for almost the whole month.

"The remand prison in [Ile-de-France] is the only one that puts mothers who see their children in the REP [child-parent liaison] room in a 10-day quarantine, knowing that we see them at least twice a month; when we are in 10-day quarantine we are forbidden to see participants, our family, chaplains, the SPIPs and other people" (extract from a referral, October 2021)

"Some people, with the various appointments, find themselves quarantined for more than 20 days a month with all the repercussions in terms of activities and wages" (extract from a referral, September 2021)

Some referrals mention the perverse effect of the 14-day quarantine on the vaccination campaign, as detainees may have considered that if vaccination did not allow them to escape the obligation to be quarantined after a UVF or leave, it was of no use to them; there was no point in asking for it or accepting it. It should be remembered that the vaccination rate of the prison population remained lower than in the general population at the end of 2021. As of 21 December 2021, out of a population of 69,983 prisoners, 30,731 (44%) had received two injections and 8,928 (13%) three injections, while in the general population 76.8% had received two doses and 30.7% a third dose by the same date⁴². In order to develop vaccination, the prison and judicial authorities locally used pressure strategies, sometimes in consultation with the ARS. Detainees reported having been refused a transfer or permission to take leave if they did not agree to be vaccinated.

"The administration is harassing him, trying to bring him to his knees. They're saying that for his transfer, he had to be vaccinated. They've just realised this!" (extract from a referral, October 2021)

"He remains on standby for compulsory vaccination and must therefore wait three weeks for the second injection – the first was administered on Monday 11 October – so that he can be transferred to [a prison complex in the Ile-de-France region]" (extract from a referral, October 2021)

"For my request for permission to take leave, it was because my partner had a miscarriage on 9 August. So on 10 August, I applied for permission to take escorted leave with the replacement CPIP because my CPIP wasn't there. The application was submitted on 10 August 2021 and I got the answer on 11 August 2021. It was granted, but for health reasons I couldn't go. I didn't have a health pass so I couldn't go" (extract from a referral, October 2021)

⁴² It should be noted that these are the numbers of vaccinations carried out in penal institutions; they do not, therefore, include the number of detainees who started their vaccination regimen on the outside.

"I am writing to you about a problem that several families are asking me about because their detained relatives cannot call me. Many of these detainees were asked, but not forced, to be vaccinated. They have therefore received the vaccine and the booster and have a valid QR code to date. They go on leave with their QR code and return to prison with it. They are then isolated for a week and have to do a PCR test before returning to normal detention. Why are they isolated if they have been vaccinated? What was the point of them getting vaccinated to have this attitude when they come back from leave? This is despite the fact that the guards are not required to be vaccinated. [...] How can we make people understand that prisoners must be vaccinated if they are quarantined when they return from leave?" (extract from a referral, October 2021)

The CGLPL's attention was also drawn to the situation of persons assigned to open wings, who, since the beginning of the health crisis, had experienced numerous difficulties in leaving penal institutions, carrying out their integration procedures and taking advantage of the sentence adjustment that they had been granted. The CGLPL was thus informed of them being required to present supporting documents for any external action, without being given the means to access the Internet in order to obtain them. As a result, these people were forced to spend their days locked up, without any activity⁴³. The perceptible boredom generated by this emptiness obviously did not help prisoners use their semi-detention to work towards the aim of reintegration. The CGLPL was thus able to point out that it was necessary to apply health measures in a reasoned manner within the framework of appropriate protocols that would not hinder detainees in preparing for their release.

Detainees' awareness of the deterioration of their conditions of detention increased as restraint measures were reduced or became less and less respected on the outside. The initial acceptance – marked by concern – gradually gave way, in the referrals, to lassitude and a form of weariness in the face of the restrictions, or even incomprehension and rejection of the applicable rules, on the part of detainees and their relatives. In this respect, the Scientific Council drew attention to the specific risks that the long-term epidemic situation posed to the mental health of the prison population.

"I find it very difficult to understand how, after more than 18 months of this health crisis, the prison administration's only protocol for managing a known epidemic is now to violate the fundamental rights of prisoners by cancelling family visits" (extract from a referral, institution experiencing a cluster outbreak, September 2021)

These criticisms were largely fuelled by the disciplinary treatment of prisoners not complying with these health rules, whereas the violation of health restrictions was much more rarely sanctioned in the free population. In some penal institutions, refusal to submit the result of a PCR test or failure to comply with precautionary measures could result not only in the suspension of visits for several months, but also in summonses to appear before disciplinary committees, or even placement in the punishment wing, with the judicial withdrawal of sentence reduction credits⁴⁴.

"We should have had our permit suspended for one month or even two months like most other people who have had a permit suspended for the same 'fault'. However, because of a letter to the Interregional Directorate for Prison Services, we had a four-month suspension and consequently a cancellation of the UVF that we should have had from 6 to 7 October 2021, for 24 hours. My partner will go

⁴³ In most cases, no activities are offered in open wings and prisons, on the assumption that the prisoners in these facilities have the opportunity to take part in such activities on the outside.

⁴⁴ In the event of poor behaviour, prisoners can have the sentence reduction credits theoretically allocated to them at the time of their imprisonment withdrawn. The CGLPL regularly notes the systematic nature of these withdrawals, which result in the sentence being extended by a few days to several weeks.

on trial on 20 October 2021 for the 'incidents' that occurred in the visiting room. My partner and I are fully aware that the health measures are not to be taken lightly and, therefore, we have in no way denied the fact that we had physical contact (kissing) or contested the risks of contamination that this could entail" (extract from a referral, October 2021)

In addition, it should be noted that there are two categories of people in places of detention to whom the rules visibly apply in a very different way. On the one hand, detainees are subject to strict rules and constant surveillance. Any breach of these rules is therefore easily detected and sanctioned, if necessary through disciplinary and legal proceedings. On the other hand, the surveillance staff enter and leave the institution on a daily basis, each one with their mask – the wearing of which is not subject to any particularly rigorous control – and are not, of course, subject to any quarantine measures. And yet the functioning of a penal institution, and even more so that of remand prisons which have a closed regime, is marked by the low level of autonomy of the detainees. This mode of operation requires constant contact between the detainees and prison staff. Meals and canteen products are distributed by detainees assigned to general service positions accompanied by members of prison staff, who alone have the keys. The same prison staff are in contact with a large number of detainees at all times, whether it is to answer a call or to allow access to a telephone booth, the exercise yard, the visiting rooms, the health unit, the registry, etc. These movements, which are sometimes individual but are often also collective, hardly allow for strict compliance with the rules of social distancing.

This discrepancy between the restrictions imposed on prisoners and those affecting prison staff was increasingly denounced by prisoners over time. The absence of mandatory vaccination for the surveillance staff entering and leaving the institution every day, and also the fact that full-body searches were carried out in violation of precautionary measures, i.e. in the presence of several staff members who were not wearing masks or were wearing them incorrectly, in tiny search rooms, were points of tension expressed several times by detainees. For example, 43 of the 240 letters received by the CGLPL expressly mentioned the lack of diligence of prison staff in respecting precautionary measures.

"In general, the concern is a disconnect between the protection offered to the population and the protection given to detainees, as detainees have no choice. Since when have visiting rooms been operating in downgraded mode? The virus does not enter through visiting rooms, and it is time for all persons entering or leaving a prison to have a complete vaccination scheme, without which they would be either forbidden to enter, or in the case of prisoners, a real 15-day quarantine would be applied. In addition, regular testing should be required for persons working in detention in order to protect detainees. This testing should include guards" (extract from a referral, December 2021)

"It even seems, from their behaviour, that some prison staff, including administrative staff, might think that their status exempts them from wearing a mask. One can legitimately wonder about how these people behave outside of detention, and consequently about the risk of contamination that they might pose to the prison population. The risk is at least as great, if not greater, than that posed by a person returning from leave, particularly if they have applied precautionary measures" (extract from a referral, May 2021)

Lastly, the year 2021 ended sadly, in a tense health situation. Prisoners were only allowed to receive Christmas parcels through visiting rooms, as postal mail was prohibited. This rule, which was more restrictive than in the previous year, led to major inequalities between detainees, particularly in sentencing institutions, where a large proportion of detainees do not receive visits.

1.2 The health situation in mental health institutions

In mental health institutions, there were fewer reports than in 2020, i.e. 23 in 2021 versus 36 in 2020. The reports concerning mental health institutions were characterised by the fact that most of them were sent by health staff, psychiatrists and nurses, and few by patients.

As with the reports received by the CGLPL in 2020, the problems raised in 2021 were mainly due to some confusion between health isolation and seclusion as usually practised in mental health institutions. Many practitioners drew the CGLPL's attention to the risks of decompensation posed by such confusion. The lack of general instructions on patient discharges – in the context of short-term discharges, whether accompanied or not – and differences in treatment in this respect between patients hospitalised in voluntary care and involuntary care were also raised in several reports. Lastly, the difficulties posed by the reduction in staffing levels in psychiatric units and the infringement of rights of defence caused by video conferencing during hearings before the JLD were major concerns for nursing teams and for patients and their families.

"My defence was rendered null and void since I was notified at 9:50 am on the day of the hearing at 10 am, which I attended by telephone without any prior preparation or the possibility of speaking with my court-appointed lawyer. In this unit, the therapeutic workshops and areas of freedom have been undermined by the impact of COVID and the particular climate it imposes on everyone" (extract from a referral, February 2021)

Several reports also mentioned difficulties in relationships between psychiatrists and their institutional contacts, whether these were the ARSs or institution directors, as they were guided by different logics. While in 2020, nursing teams may have agreed that patients needed to be protected from the outside world in order to cope with the risks associated with the epidemic, in 2021 they reported that these measures were a constraint keeping patients from progressing. Several drew the attention of the ARSs and institution directors to the need to lift restrictions on the freedom of movement of patients and their relatives who visited them. Psychiatrists also expressed concern about the presence of security personnel at the entrance to the building or facility, preventing patients and visitors from entering and leaving freely, thus maintaining – if not creating – some confusion between health and security logics.

"Here is the situation: an outbreak of COVID in April leading to the implementation of appropriate measures, no more admissions to this unit, closing of the unit's doors, and closing of the doors to the main entrance of the building on the ground floor. The epidemic was contained within the institution, leading to a decision by the centre to lift the lockdown on 9 June 2021, with: visits from families without supervision; opening of the doors to the units; opening of the doors to the main entrance; maintenance of a health 'customs' area for hand disinfection, and provision of masks for all those entering the institution. Here are the abuses: the customs officers, all of whom work outside the world of psychiatry, have kept the general doors closed after the decision was made to open them. The health customs officers do not so much exercise health control as they do security control. Thus, patients with an "uninviting" face are prevented from entering. Others who have been permanently discharged by medical decision are prevented from leaving and come back to the unit in a frightened state asking for our help. [...] It should be noted that no distinction is made between involuntary patients and patients who are voluntarily hospitalised" (extract from a referral, July 2021)

Some people questioned the legality of these lockdowns, which were sometimes imposed on patients hospitalised in voluntary care. It is important to note, however, that teams in some institutions protected themselves from such ethical difficulties by instituting a healthy institutional dialogue and "white plan" units to prevent new crisis situations and reduce their impact on other hospital units. For

its part, the CGLPL took a clear position on this subject and regularly reiterated that, in any case, the confinement of patients solely for the purpose of health isolation must be prohibited, regardless of their admission status⁴⁵.

"In January, voluntary patients were not allowed to take leave from the facility – the building was systematically closed for all rather than opening and closing as needed after an evaluation of each patient. In April 2021, with COVID, visiting days were allocated to each unit for families to visit their loved ones, with one family not being able to come at these imposed times but only at another time. It was refused visits because 'if we start like that, everyone will want our time slots'. We therefore deprived patients of visits. This seemingly small event was my trigger to contact you with this sad news. I feel like I am working without any form of humanity and to do nothing, to say nothing, would be to condone it" (extract from a referral, April 2021)

"Working in a private psychiatric clinic with voluntary hospitalisation, I would like to know if it is legal to confine patients, who arrive with a negative PCR test performed within less than 48 hours, to their room for five days where they are only allowed to go out and smoke and the isolation measure is lifted after a new negative PCR test? This poses an ethical problem in the face of this pandemic" (extract from a referral, May 2021)

"The open wings are locked down in their respective units, which has led to total loss of freedom and desocialisation for the patients. With this measure, the staff are suffering the consequences of these unilateral decisions made by the administration and the board of the institution. In spite of our requests to the authorities, we have not received any response regarding the relaxation of these measures, which are harmful to patients' health. There is confusion between the regime of psychiatric isolation instituted by the Public Health Code and the health lockdown decided by the public authorities" (extract from a referral, August 2021)

1.3 The health situation in detention centres for illegal immigrants and waiting areas

Following on from 2020, the management of the health crisis in CRAs and waiting areas also gave rise to numerous reports in 2021. The majority of the 72 reports received were from associations and lawyers. The CGLPL was thus very regularly informed of the situation of detainees.

The reports received by the CGLPL suggested very limited application of measures to combat the spread of the virus within CRAs and waiting areas, where detainees had to share rooms and take their meals in dining halls accommodating several dozen of them at a time. The premises were not ventilated and disinfectants such as hand sanitiser gels were not allowed⁴⁶. Masks were usually given to detainees on arrival but were not renewed at the recommended frequency. In addition to not being able to apply precautionary measures, detainees were confronted with the behaviour of some police staff, who themselves were not very exemplary in terms of their compliance with, for example, the wearing of a mask. Many letters expressed concern with these behaviours, especially for people who were at particular risk of serious forms of COVID because of their age or state of health.

⁴⁵ See in particular the CGLPL's emergency recommendations of 25 May 2020 concerning the Roger Prévot EPSM in Moisselles (Val d'Oise), published in the Official Gazette of 19 June 2020.

⁴⁶ The reason given was related to security.

"People are reportedly required to have a PCR test to travel. No tests (antigenic or PCR) have been offered to them since their arrival and no such tests have been planned in the waiting area for the moment. The conditions in which these people are detained are extremely worrying from a health point of view. As you know, the waiting area is not ventilated. Given how many there are, the people are obviously not alone in their rooms. Distancing is – in fact – impossible. If people have masks, it seems that they do not always wear them properly and there is no indication of where to get new ones" (extract from a referral, April 2021)

The occasional withdrawal of associations from CRAs exposed to clusters also caused real difficulties in terms of accessing legal information and advice for detainees. In addition to this lack of assistance, the detainees all found themselves far from their judges, forced to attend hearings by video conferencing, while interpreters attended alongside the judge. Their loneliness in the face of the proceedings and the detention measure against them was made even greater by the physical absence of lawyers, some of whom conducted interviews by telephone.

In this context marked by the anxiety of a large number of detainees, 40% of the letters received by the CGLPL on the health situation in CRAs in 2021 concerned the issue of detainees being kept in detention despite medical certificates from the UMCRA establishing that their state of health was incompatible with detention or contraindicating detention. Such situations were not new⁴⁷ and demonstrated the persistent confusion surrounding the respective roles of OFII and UMCRA doctors in the healthcare of detainees and, in the case of the latter, the insufficient consideration given to their expertise by prefectural and judicial stakeholders.

This confusion over the role of healthcare providers was also particularly illustrated by the requirement for UMCRA staff to carry out PCR tests for deportations, without regard to the terms of Article 105 of the Code of Medical Ethics⁴⁸, which prohibits combining the functions of expert doctor and attending physician for the same patient. The CGLPL reiterates that it is impossible for medical unit teams in CRAs to perform PCR tests for non-medical purposes.

Concerning the fate of COVID-positive persons, the Plaisir CRA took them in throughout 2021. However, on several occasions it was overloaded, forcing various CRAs to organise the isolation of sick detainees in specific units, or even in security or medical seclusion rooms. The CGLPL's attention was drawn to the undignified conditions in which these isolations took place. There were cases where detainees did not have access to fresh air for several days, had no access to their personal belongings or telephones, and received only partial medical attention. This isolation also regularly had the effect of hindering the right to a defence for the detainees concerned, who were neither taken before their judge nor presented to their judge by video conferencing.

"The entire CRA is on lockdown with 84 people detained. Entrances are suspended, as are flights and visits. Detained persons are no longer present at hearings and are therefore tried in their absence. Some people who tested positive have been transferred to the Plaisir CRA, but others cannot be transferred because the Plaisir CRA has reached its full capacity. So one building in the CRA has been turned into a building for people who have tested positive. The premises of the CRA do not allow for the effective isolation of individuals, particularly because the sanitary facilities and showers in the buildings are shared by 10 rooms. The gates of the building are closed so that people cannot move around in the living area. They only have access to the small, fully screened courtyard of the building.

⁴⁷ See the CGLPL Opinion of 17 December 2018 on the healthcare of foreigners in CRAs, published in the Official Gazette of 21 February 2019.

⁴⁸ Article R. 4127-105 of the Public Health Code.

Meals are brought in by civil servants equipped with suits, gloves and visors. Nothing has yet been put in place to allow access to the OFII and the Cimade. [...] Persons refusing to be tested are placed in a disciplinary confinement cell, which constitutes an infringement of their rights. They cannot access the UMCRA, the OFII or the Cimade's premises" (extract from a referral, December 2021)

"The poor conditions of detention within the LRAs but also within the CRA have been particularly exacerbated by the COVID-19 pandemic. The conditions of detained foreigners are particularly worrying, even though the health situation has improved. People entering the CRA are supposed to be tested on arrival. If they test positive, they should be placed in an accommodation centre requisitioned by the state services. However, police officers do not ensure that all detainees are tested before their integration. As a result, only a proportion of people are tested and end up in the living area with people who have not been tested. Thus, confusion within areas between tested and untested individuals exposes individuals to a clear risk of contamination" (extract from a referral, July 2021)

"Seven people held at the CRA have tested positive for COVID. They seem to have been infected within the CRA. Among them are two particularly vulnerable persons for whom the CRA's medical unit has established a medical certificate mentioning that their state of health is incompatible with detention. No seven-day quarantine has been set up for all the "close contacts" who share the same dining room, sanitary facilities and bedrooms without any distancing. They have not been offered any tests, despite the fact that the building is currently 100% occupied" (extract from a referral, August 2021)

In view of the persistence of this health crisis, the CGLPL is concerned about the maintenance of significant restrictions in all places of deprivation of liberty, which are not always justified given the changes in the recommendations in the open environment. It is to be feared, as has already been pointed out, that some of these restrictions may become permanent and that, on the pretext of their (real or supposed) usefulness as health measures, they may become just another means of compensating for structural failures or organisational defects, of concealing dysfunctions and a lack of resources, or more generally, of political goodwill. It is not acceptable to burden persons deprived of liberty with the consequences of this crisis for longer and more heavily than for the free population. It is also not acceptable to force them to choose between their health and the maintenance of their private, social and emotional life.

More than two years after the start of the crisis, it is time for the prison, medical and police authorities to question with greater precision and rigour the reasons for and the necessity and proportionality of the restrictions they implement. The fight against the pandemic must not, in any case, be used for other purposes.

2. Violence and climate of violence in places of deprivation of liberty

Physical violence, latent violence, violence suffered and felt – places of deprivation of liberty are by nature conducive to the expression of violence and the referrals received regularly reflect this. As the national preventive mechanism responsible for preventing torture and other cruel, inhuman or degrading treatment or punishment⁴⁹, the CGLPL can respond in several ways.

When it learns of acts likely to be classified as criminal, pursuant to the provisions of Article 40 of the Code of Criminal Procedure, it notifies the competent public prosecutor's office. This orientation is more often used in the context of visits that allow access to more detailed information (video surveillance images, testimonies, etc.). When the referrals relate to acts of violence committed by police or prison staff, in application of the agreement binding these institutions, a copy is sent to the Defender of Rights (DDD) so that he can follow up on them as part of his mission relating to the ethics of security personnel.

In addition to requesting clarification or details, which are often necessary for testimonies that are sometimes incomplete, the CGLPL also intervenes with a view to prevention.

It is not intended to replace the investigation or inspection services – or the DDD – or lawyers. In other words, it is not a question of characterising criminal or professional misconduct, nor of identifying individual responsibilities. But with the help of information gathered in the course of discussions with the relevant and competent stakeholders – heads of institutions, heads of medical units, persons deprived of liberty, their relatives or their lawyers – it is possible to analyse what, in the context of an institution, may have contributed to the violence reported – to provoking it, perhaps – or may have contributed to its concealment, its underestimation, or a lack of anticipation. It may also be necessary to ensure that, in addition to the most serious physical and moral harm, it does not lead to the violation of other rights – the right to defence, access to healthcare, access to activities – in the event that such violence leads to decisions to isolate an individual.

For example, in 2021, several documentary checks⁵⁰ involved the possible use of force in six different penal institutions (usually in the context of preventive detention in the punishment wing). These checks generally consisted of requesting comments from the head of the institution and, on two occasions, from the doctor in charge of the USMP. It is the responsibility of the former to ensure the safety of the persons entrusted to them by the judicial authority and to supervise prison staff, ensuring that they comply with the regulations, which form the basis of their action, and the operational practice guides, which define the terms.

"In application of the Act of 30 October 2007, I would therefore be grateful if you could provide me with all the details on the circumstances and reasons why Mr X was forcibly returned to his cell on [...]. In this respect, I would ask you to inform me of the instructions in force concerning the professional actions used by officers to carry out this type of intervention and, more generally, of the measures implemented or envisaged by your services in order, if necessary, to initiate a process of de-escalation of violence. I would also like to find out about the course

⁴⁹ Article 3 of the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.

⁵⁰ Within the meaning of Article 6-1 of Act No. 2007-1545 of 30 October 2007 creating the CGLPL.

of the intervention by taking note of the professional reports of the officers concerned and, where appropriate, those of the management staff who heard Mr X after the events" (extract from a letter from the CGLPL to the head of a penal institution, November 2021)

The letters sent to the authorities therefore generally invite them to inform the CGLPL of their observations in this respect and to send it the relevant documents.

"I would like to know what action has been taken in response to the detainee's report and whether the detainee has been interviewed by the judicial investigation services. In this respect, I would be grateful if you could tell me whether this event has been the subject of feedback from the officers present and, if necessary, of an administrative investigation. I am also unaware of whether [the detainee] has himself been the subject of a disciplinary procedure, which I invite you to specify, by sending me his entire disciplinary file and the GENESIS observations concerning him between [date before the incident] and the day of your reply. Lastly, I would be grateful if you could provide me with any details on how Mr X has been managed since the events (cell assignments, special surveillance measures, etc.)" (extract from a letter from the CGLPL to the head of a penal institution, November 2021)

In cases of inter-prisoner violence, directors of prison services (DSPs) are also asked to specify the measures taken to ensure the safety of victims.

Medical staff, for their part, are more occasionally invited to send the CGLPL their observations on their practices in terms of identifying violence and supporting victims.

"In application of the Act of 30 October 2007, I would be grateful if you could send me your observations concerning all of these elements and the actions taken by your services following this incident. Beyond this individual situation, I would like to know the precise terms of intervention of the health unit with regard to the prevention and handling of interpersonal violence in detention. To this end, I would be grateful if you could inform me of the protocol implemented to deal with people who claim to be victims of violence and to enable them to assert their rights. I would also be grateful if you could tell me whether your services keep track of the number of medical certificates issued for acts of violence and, if so, whether the possibility of filing a complaint is sometimes discussed with your patients who report or show signs of violence" (extract from a letter from the CGLPL to the head doctor in the health unit of a penal institution, November 2021)

For the record, in 2019, the CGLPL published a thematic report on interpersonal violence in places of deprivation of liberty⁵¹, whose recommendations will be monitored in 2022. Checks will continue in order to allow for a more detailed analysis of the responses it receives from the Ministers of Justice, the Interior, and Solidarity and Health.

⁵¹ CGLPL, *Les violences interpersonnelles dans les lieux de privation de liberté (Interpersonal violence in places of deprivation of liberty)*, Dalloz, December 2019.

3. Difficulties with permissions for escorted leave

For several years now⁵², the CGLPL has regularly been informed of difficulties relating to the organisation of permissions to leave for detainees, despite the fact that they have been duly granted by the judicial authority, due to a lack of available escorts. This system, which is governed by the provisions of Articles 148-5 and 723-6 of the Code of Criminal Procedure, allows detainees, "exceptionally and for a specific amount of time", to benefit from a period of leave under the supervision of the police or gendarmerie services or "members of the prison administration who are in charge"⁵³, according to the distribution defined in Article D. 315 of the same code. The purpose of these permissions is usually to allow detainees to attend a family event, often a painful one – a visit to a seriously ill relative, a funeral – which has not been planned in advance.

These cancellations, often announced on the same day, lead to feelings of distress and injustice that are all the more profound because they are accompanied by the impression that the judicial authority, which is powerful when it incarcerates, is less so when it has to ensure that the rights of detainees are respected.

Following an initial enquiry with the Ministries of the Interior and Justice on this subject after the prison administration took over these missions, the CGLPL again contacted the Minister of Justice in April 2018 concerning the situation of a remand prisoner who had been granted three permissions for escorted leave: to go to the bedside of his dying mother, then to go to her funeral, and lastly to pay his respects at her grave after the ceremony. None of them had been acted upon. A fourth permission to take leave, implemented a month and a half later, finally allowed the person concerned to go to the cemetery.

The Minister of Justice replied that the Interregional Directorate for Prison Services concerned had been unable to organise these escorts due to a lack of staff, as other extractions "with major procedural implications"⁵⁴ were also scheduled and had priority. She assured that she would do everything possible to ensure that such a situation would not occur again.

Nevertheless, the CGLPL still regularly receives testimonies and referrals reporting the same serious malfunctions.

"I am writing to you in my capacity as counsel for a prisoner incarcerated at the [...] prison complex. My client has been granted permission for escorted leave, although his profile does not warrant it. But above all, neither the ARPEJ nor the penal institution can provide an escort, so my client will not be able to leave and the decision will not be executed. This is a profound infringement of his rights and is devastating for my client, who is only 23-years old and whose only parent was his mother, with whom he lived prior to his incarceration. He was convicted of common crimes and has been very well behaved in detention. It is absolutely iniquitous that he cannot say goodbye to his mother who died suddenly at the age of 56 when there was no reason to expect it, as she was in perfect health" (extract from a referral, September 2021)

As the law currently stands, the same circular deals with the organisation of escorts for judicial extractions and permissions for escorted leave. Grouped together under the same system, the organisation of escorts is approached from the perspective of the needs of the courts and not from the perspective of the fundamental rights of detainees. Without calling into question the need to carry out

⁵² See CGLPL 2016 Annual Report, p. 101s.

⁵³ Article D. 147 of the Code of Criminal Procedure.

⁵⁴ As defined in the Circular of 28 September 2017.

judicial extractions, which also involve the exercise of the rights of defence of detainees, it is regrettable that the economy of this text does not allow greater weight to be given to the exercise of the no less fundamental right to maintain family ties.

"By decision of [...], the defendant was authorised by the examining judge to attend the funeral of his father-in-law with an escort. To this end, the magistrate commissioned the ARPEJ of [...]. I have just been informed that this decision will not be implemented because of a lack of escort staff" (extract from a referral, December 2021)

The CGLPL has therefore initiated several surveys of penal institutions in order to more precisely determine the number of detainees concerned.

"You know, my father died in January and the JAP gave me a day's leave to go to the mortuary to say goodbye to him and I couldn't go to the mortuary... The captain was appalled for me – he had tears in his eyes" (extract from a referral, September 2021)

The CGLPL remains vigilant on the subject and will not fail to continue its exchanges with the Minister of Justice in order to put an end to these serious violations of the right to private and family life of the detainees concerned.

4. Treatment of the elderly and disabled persons in penal institutions

Following the emergency recommendations published concerning the Support and Autonomy Unit of the Bédénac long-term detention centre (see Chapter 2 of this report), the CGLPL examined referrals relating to the accommodation and treatment conditions of other elderly detainees or those whose state of health makes them more vulnerable (disability, chronic or incapacitating diseases, etc.).

This is the case, for example, for a large part of the prison population at the Toul long-term detention centre (Meurthe-et-Moselle) where, at the time of the last visit⁵⁵, a wing dedicated to the reception of the elderly or persons with reduced mobility had also been created. This organisation takes account of the profile of the prison population, whose average age is quite high: 48-years old on average in 2016, with 37% (146) of them being over 50-years old and the oldest being 85-years old.

"So after my time at the CNE, I was transferred to Toul for the following reason; I quote: 'because of health problems and to maintain family ties'. So that's what I don't understand. As far as my health is concerned, on the ground floor where I am, there are PRM cells which are all occupied and I have a medical certificate which says that I must be in a cell for people with reduced mobility. In short, what should I do?" (extract from a referral, November 2020)

As part of this check, the director of the institution was asked to indicate the number of detainees assigned to this wing and to the other PRM cells in the institution, if any, the number of detainees on the waiting list for this assignment, the number of medical beds available in the institution as well as the number of detainees who had them or who were waiting for them, the number of detainees who needed assistance (help with washing, eating, etc.) according to a medical certificate, the number

⁵⁵ The last visit took place in August 2016. The inspection report is freely available on the CGLPL's website.

of detainees who received this assistance and the frequency of this assistance. At the time of writing, the CGLPL has not yet received a response to this letter⁵⁶.

In other penal institutions, other checks have been initiated.

For example, in one sentencing institution, a few referrals led to checks concerning the treatment of persons with reduced mobility. During the visit to the institution in 2018, the CGLPL had noted the existence of two so-called PRM cells that were not equipped in accordance with the regulations: no support above the bed, a poorly positioned washbasin, a toilet area closed by a double door that was difficult to open from a wheelchair, etc. The inadequacy of these cells is likely to constitute an element of medical unfitness for detention and medical certificates may be sent by the USMP doctors to the institution's management, in application of Article D. 382 of the Code of Criminal Procedure. Compliance with this rule, which is not always known to doctors, means that they must examine detainees requesting, for health reasons, a change of assignment or a modification or an adjustment of their detention regime – and inform the management of the changes they recommend, while respecting medical confidentiality.

"I am 95% disabled. I have also had complications and had to be operated on in the hospital in [...]. I still have to undergo two more operations. I have not been in a disabled cell for seven months; there is no shower and no walks and the space is not suitable for my disability. Please examine my living conditions" (extract from a referral, February 2021, accompanied by a medical certificate from the USMP from December 2020 prescribing assignment to a PRM cell)

The CGLPL therefore sent a letter to the institution's management to find out, on the one hand, whether any compliance work had been carried out in the PRM cells and, on the other, what measures had been put in place to guarantee that prisoners with disabilities would be cared for in a way that would take into account their needs and the adaptations that their state of health required. A letter was also sent to the doctor in charge of the USMP in order to collect his own observations. In his reply, he indicated that the two PRM cells in the institution were occupied and that at least two persons with reduced mobility were waiting to be assigned to them.

At the time of writing this report, the management has not yet replied to the CGLPL's letter⁵⁷. However, in light of the USMP's response, it can be noted that while the mere fact of being assigned to a PRM cell is not enough to guarantee that a person with reduced mobility is cared for in dignified conditions, the mere fact that they do not have one should lead to the presumption that their detention and treatment conditions do not allow for respect of their dignity or the implementation of their fundamental rights.

The CGLPL remains very attentive to these situations. It reiterates that, according to its minimum recommendations for the respect of the dignity and fundamental rights of persons deprived of liberty, "particular attention must be paid to the specific needs of people with disabilities or care requirements, to ensure that they are taken charge of and accommodated appropriately. Establishments must be suitably set up to accommodate these individuals and allow them to access all facilities in their personal living space and collective areas. People with disabilities or care requirements must receive specific assistance, particularly with hygiene and keeping their living spaces and laundry clean"⁵⁸. If compliance with these principles is not ensured, the issue of whether the state of health of the persons concerned is compatible with their actual conditions of detention should be raised.

⁵⁶ Letter from September 2021.

⁵⁷ Letter from June 2021.

⁵⁸ Minimum Recommendation 45.

5. The exercise of rights of defence during solitary confinement procedures in penal institutions

Any measure of solitary confinement or seclusion, in penal institutions and in any place of deprivation of liberty, is likely to result in serious harm to the physical and psychological integrity of the persons concerned. It is therefore essential that such decisions, where they are contemplated, be taken in accordance with a procedure that ensures that they do not exceed "what is just and necessary". This procedure must also guarantee respect for the persons' rights of defence, whether or not they are assisted by a lawyer. And yet the CGLPL's attention has been drawn, on several occasions, to the difficulties encountered by detainees and their counsels in taking cognisance of all the elements known to the head of the institution in order to take a decision – whether an initial decision or an extension decision.

In 2020, the CGLPL was informed of the situation of a detainee, who had been in ordinary detention until then and was suddenly placed in solitary confinement. It was stated that they had not been able to defend themselves effectively, as they had not been able to see the evidence on which the head of the institution based his decision.

Article R. 57-7-64 of the Code of Criminal Procedure provides that when a decision on initial or extended solitary confinement is considered, the person must be informed in writing of the reasons given by the administration, the details of the procedure and the period of time available to them to prepare comments. For this purpose, the administration is obliged to make "the elements of the procedure" available to the person concerned and their counsel. These elements are listed in the Prison Administration Department's Circular on the placement of detainees in solitary confinement of 14 April 2011⁵⁹ (with the sole exception of elements likely to undermine the security of the institution or the safety of persons):

- the liaison sheet;
- the behavioural report which will be sent to the DISP in the event that the jurisdiction of the interregional director or the Minister of Justice is extended;
- the written opinions of the sentence enforcement judge or the magistrate in charge of the case, as well as the opinion of the doctor working in the institution in the event of an extension beyond six months;
- all other documents used as a basis by the prison administration to request the measure.

In practice, it is regularly noted that the documents provided to detainees and their counsel are often limited to certain documents in the solitary confinement file: decisions on provisional placement, summonses and notifications relating to this procedure, and the form for appointing a lawyer. The correspondence between the services of the Prison Administration Department and the CGLPL indicated that this was the case in this instance. Thus, there was no mention, for example, of any transmission of observations, incident reports, professional reports, or the like.

In its response, the CGLPL reiterated the terms of its Opinion on defence in places of deprivation of liberty⁶⁰ and the need to ensure that detainees have access to the documents they need to exercise their appeals. The provision of documents cannot be limited to procedural documents alone

⁵⁹ JUSK1140023C.

⁶⁰ Opinion of 23 April 2020 on defence in places of deprivation of liberty, published in the Official Gazette of 25 June 2020.

and their content must enable the persons concerned and their counsel to have at their disposal the arguments necessary for the conduct of the subsequent proceedings.

The effective exercise of rights of defence, within the framework of an adversarial debate, requires that the parties involved be able to discuss the legal and factual elements that will motivate the future decision. While the need to protect the source of certain information may, by way of exception, justify special precautions being taken, it cannot entirely remove from the debate elements that are *de facto* known to the decision-making authority and will contribute to its decision.

Moreover, the adversarial principle is not limited to allowing the parties to make observations; rather, it requires that these be answered. Thus, when a detainee or their defence counsel requests clarification and makes observations in this context, the final decision should recall them – possibly by appending them to the proceedings, which was done in this case – but also respond to them, even if it is to reject them.

6. Access to medical treatments and devices in detention

Access to healthcare for detainees is a subject that regularly comes up among the main reasons for cases being referred to the CGLPL. This was particularly true in 2021 with the context of the health crisis.

For example, the CGLPL's attention was drawn to the difficulty encountered by a detainee, newly arrived in a sentencing institution, who found it impossible to access medical devices for the self-monitoring of his diabetes, as these products were not available in the pharmacy of the hospital where he was detained. To enable him to have these devices, the USMP doctor gave a prescription to the detainee's girlfriend, who bought them in a community pharmacy – at her own expense, as she did not have her boyfriend's health insurance card – and sent them to him by post after specific authorisation from the institution's management.

This is not the first time that the CGLPL has noted difficulties for detainees in accessing treatments or devices that are not available in the hospital of the detention facility, even when this hospital has a pharmaceutical products security committee that can authorise the purchasing and dispensing of products that are not in the booklet.

The following recommendation was therefore made: "It is regrettable that effective access to care for the detained patient concerned depended on the responsiveness and availability – particularly financial – of his girlfriend. I recommend that access to medicines be effective for all products available under common law and that, in the event of difficulty in supplying a treatment or device that is not in stock, the members of the health unit or the hospital to which the facility is attached take any useful measure to ensure that it is actually given to the patient. Third-party intervention should be avoided, except as a last resort".

7. Normative developments in the area of healthcare for foreigners in immigration detention

In its annual report for the year 2020, the CGLPL reported on the progress of its long-standing exchanges with the Ministers of Health and the Interior on the methods of providing healthcare to foreign nationals held in detention.

In the absence of the long-promised revision of the 1999 Circular⁶¹ governing healthcare in CRAs, two other texts announced by the government in 2020 were issued at the end of 2021 and in the early days of 2022: the Order of 17 December 2021 relating to healthcare for people held in detention centres for illegal immigrants and the Order of 5 January 2022 publishing the model agreement mentioned in Article 14 of the Order of 17 December 2021.

The CGLPL is tempted to welcome this development unreservedly, as it has repeatedly drawn the government's attention to shortcomings in the healthcare of detainees and, in particular, to the urgent need to adopt legislative or regulatory provisions to clearly define the procedures to be followed in the event that a foreigner's state of health is incompatible with detention.

Indeed, although many of the recommendations made by the CGLPL before and since its December 2018 Opinion⁶² have concerned the need to harmonise and streamline the operation of UMCRA and increase their resources, this normative development already appears to be largely insufficient to change the observations made by the CGLPL and all those working in the field regarding the inadequacy of all aspects of the medical care provided to detainees. Many of these recurring observations were also abundantly repeated in the Opinion issued by the National Assembly's Committee of Laws on the finance bill for 2021, which in turn strongly emphasised the urgency of revising the December 1999 Circular and the need to harmonise and strengthen the healthcare of detainees.

Although some of the provisions of the Order of 17 December 2021 do indeed represent a positive development in terms of protecting the fundamental rights of detainees, and even though some of them correspond to recommendations made by the CGLPL or are directly inspired by them, it must be noted that this new text is silent with regard to the procedures applicable in the event that a person's state of health is incompatible with detention. In a context where the overwhelming majority of the reports sent to the CGLPL concerning CRAs precisely relate to this issue, and beyond the legitimate disappointment that results from repeated announcements indicating that this aspect of the treatment of detainees will be clarified, this inertia cannot fail to cause concern.

However, the Order of 17 December 2021 is likely meant to fill the normative void resulting from the repeal in 2017 of the Circular of 7 December 1999 (which continued to serve as a reference despite its repeal, in the absence of any other standard), to which was already annexed a model of the agreement that was supposed to be signed between the representative of the State in the *département* and the director of the local healthcare institution. The Circular indicated that the healthcare system "capable of dealing with any health problem, including for women accompanied by their children" to be set up in each CRA should be based "as a general rule, [...] on an agreement with a local public or private healthcare institution participating in hospital services, which will provide the detention centre with the hospital staff and the means necessary for its activity". In this respect, the Order of 17 December constitutes an improvement, in that it makes the signing of an agreement between the prefect and the healthcare institution mandatory and systematic.

The provisions of this Order also have the merit of giving regulatory existence to the UMCRA, whereas the December 1999 Instruction merely defined a "health system" before setting out the

⁶¹ Circular DPM/CT/DH/DLPAJ/DEF/GEND No. 99-677 of 7 December 1999 on the health system set up in detention centres for illegal immigrants.

⁶² Opinion of 17 December 2018 on the healthcare of foreigners in detention centres for illegal immigrants, published in the Official Gazette of 21 February 2019.

missions of the various professionals "intervening" in or "assigned" to CRAs. Thus, the specific mission of the UMCRA is now expressly defined in Article 2 of the Order of 17 December 2021, according to which the UMCRA "ensure access to healthcare for detainees", while Article 2 of the model agreement states that their mission is to "meet the health needs of detainees and provide the necessary healthcare from the moment of their admission and throughout their detention. They also carry out individual and collective preventive actions". This general wording seems to be intended to cover all of the missions assigned to the doctors and caregivers working in UMCRA (whereas the 1999 Circular and the agreement annexed to it detailed their respective missions).

Among the positive changes in the normative framework for the medical care of detainees, there are, as previously mentioned, at least two provisions of the Order of 17 December 2021 that are directly inspired by long-standing recommendations of the CGLPL: the fact that a consultation, "carried out by a health professional", must now be "systematically offered on the arrival of the detainee" (Article 3), and the ability for the latter, "if necessary", to "obtain the assistance, including at a distance, of a professional interpreter, under the conditions set out in Articles D. 1110-6 and D. 1110-7 of the Public Health Code" (Article 5). There is no doubt that the effective implementation of these long-awaited provisions will have a positive impact on the healthcare provided to the detained population.

Another significant contribution of the Order of 17 December 2021 – which can also be directly linked to several of the CGLPL's recommendations – lies in the fact that its provisions expressly state (Article 4), on the one hand, that "access to a psychiatrist shall be ensured, including outside emergency situations" and, on the other, that psychologists shall be employed in each UMCRA, alongside doctors, nurses and pharmacists. These last three professions were the only ones concerned by the 1999 Circular, which merely recommended that medical staff, with regard to the non-somatic dimension of medical care for detainees, "be attentive not only to the health conditions but also to the psychological and/or psychiatric conditions of detention" and that nurses be given, among other tasks, the task of "offering psychological support to detainees by listening carefully to them". The particularly unsuitable and insufficient nature of this system seems all the more surprising given that, although all those involved in the field agree that the number of detainees whose condition requires psychological care has been steadily increasing in recent years, as has the number of diseases involved, the December 1999 Circular already emphasised the particularly sensitive situation of this population and the intense stress linked to the prospect of deportation, "which can be a source of somatic and psychological symptoms and conflict situations".

The CGLPL can therefore only welcome the change in the Government's position on the psychological care needs of the detained population, given the content of its latest exchanges with the Minister of Health on this issue, the terms of which it recalled in its annual report for the year 2020. In fact, the urgent need to remedy shortcomings in the treatment of mental disorders among detainees was unsurprisingly one of the priorities identified by the National Assembly's Committee of Laws in its aforementioned Opinion on the finance bill for 2021. The CGLPL will be particularly attentive to the actual effects of this normative development.

Lastly, it is to be welcomed that the new Order expressly states (Article 5) that all acts and treatments shall require the free and informed consent of the detainee, except in cases of medical emergency, whereas this essential issue was not addressed in the Circular.

While the CGLPL is pleased with the progress – albeit late – on these various points, it is nevertheless forced to strongly deplore the fact that the Order of 17 December 2021 is limited to defining the health system as the creation of a medical unit in each CRA and the establishment of its operating procedures, without addressing several aspects of the healthcare provided to detainees, the importance of which is no longer in question. Moreover, many of its provisions are limited to formalising practices that were already implemented in a disparate and more or less informal manner in

certain CRAs, where professionals sometimes "tinkered" to guarantee psychiatric care or continuity of care for detainees or to mobilise interpreters. It is therefore difficult to shake off the feeling that the legislature should have gone further and referred, as it did for all the new guarantees introduced by the Order, to the observations of those working in the field in order to assume its full responsibilities in terms of protecting the fundamental rights of foreigners placed in immigration detention. This development is all the more desirable as it cannot be disputed that the serene exercise of their profession by doctors and other professionals working in UMCRA requires, if not perfect mastery, at least good knowledge of the applicable standards and procedures, which is also essential to enable them carry out their missions while respecting patients' rights.

With regard to continuity of care, it should be noted that, like the Circular previously in force, the new system only envisages continuity of care when the detainee will be leaving the detention centre, stipulating that "the professionals working in the medical unit must be able to provide a letter, a prescription, a treatment and a copy of any useful element for continuity of care when the detainee leaves the detention centre" (Article 3). It would have been desirable, in view of the known – and harmful – consequences of breaks in healthcare and treatments that often directly result from the placement in detention of a person subject to a deportation order, to stipulate that the continuity of the care provided prior to their arrival in the CRA was also the responsibility of the professionals working in UMCRA.

Lastly, as previously stated, the silence of the new regulations with regard to the procedures applicable in cases where a person's state of health is incompatible with detention is particularly regrettable in a context where associations providing legal assistance in CRAs are constantly alerting the public authorities to the growing difficulties resulting from the imprecision of the applicable standards in this area and the widespread confusion noted by those working in the field regarding their implementation. The CGLPL has been recommending for years that these procedures be clarified; the deep concern expressed on many occasions on this point by all institutional and association stakeholders still lingers.

The CGLPL will be extremely vigilant regarding the application of the new health system in CRAs. In any case, the recommendations contained in its Opinion of 17 December 2018 on the healthcare of foreigners in detention centres, which the Government did not take into account when issuing the Order of 17 December 2021, remain valid.

8. Restrictions on the right of patients hospitalised at the request of a State representative to benefit from short-term discharge arrangements

In its annual report for 2019, the CGLPL stated that it had been contacted on several occasions regarding the difficulties that patients hospitalised at the request of a State representative face in benefiting from the short-term discharge authorisations provided for in Article L. 3211-11-1 of the Public Health Code. The testimonies it received in this regard indicated that the restrictions observed could result from an increase in the number of refusals of requests made by institutions for the benefit of patients and could also be due to requests from the prefectural authorities for additional information outside the textual requirements.

Stressing the risk of multiple infringements of the fundamental rights of the patients concerned inherent in these restrictive prefectural practices, the CGLPL reported on its exchanges with certain prefectures on this issue, in the context of which it had reminded some of its points of contact that the ability for patients hospitalised in involuntary care to access progressive or short-term discharge

arrangements affected the exercise of several of their fundamental rights, the effective respect of which it is responsible for monitoring.

Moreover, since the beginning of the health crisis, the CGLPL has been alerted on several occasions to practices of certain prefectures intending to oppose these discharge authorisations on principle, sometimes systematically and without the case-by-case review that the implementation of the provisions in question necessarily entails. Some healthcare institutions had been informed of the prefect's "decision" to no longer grant any requests in this regard. In handling these referrals, the CGLPL requested observations from several prefectural authorities, questioning not only the general and absolute restriction thus placed, *a priori* and outside any legal framework, on the rights of the patients concerned, but also the manifest incompetence by which such "decisions" appeared to be tainted, since no legislative or regulatory provisions give the representative of the State in the *département* the power to "authorise" short-term discharges granted to patients admitted to involuntary psychiatric care, not even to those who were admitted on their decision.

Indeed, according to Article L. 3211-11-1 of the Public Health Code, the authorisation that a person hospitalised under this regime may receive for therapeutic reasons or to complete outside formalities shall be granted by the director of the host institution, after a favourable opinion from a psychiatrist in that institution. The same article specifies that, where the measure has been taken by the State representative, "the director of the host institution shall send the State representative in the *département* the information relating to the request for authorisation [...] no later than 48 hours before the planned date of discharge. Unless the State representative in the *département* objects in writing, stating the reasons, and the objection is notified no later than 12 hours before the planned date, the discharge can take place. The State representative cannot impose any additional measures".

It therefore follows from these provisions that, although the State representative has the power to oppose, within a strictly defined time period and in a written and reasoned manner, the granting of a discharge authorisation to a person hospitalised involuntarily, it is not their responsibility to grant or refuse such an authorisation. Moreover, the procedures according to which they are supposed, where applicable, to state their opposition to the request for authorisation of which they have been informed by the director of the host institution, as expressly defined by the above-mentioned provisions, in any case prevent a "refusal" decision from being taken upstream, systematically and without the case-by-case review required by the requirement of motivation.

This issue, to which the CGLPL therefore gives special attention, is also addressed in its thematic report on *Involuntary care and fundamental rights*, published in June 2020, in which it mentions the reluctance of prefects to authorise short-term discharges for certain patients, hindering the possibility of assessing their behaviour outside the institution, even though these assessments are the very conditions for subsequent discharges from hospitalisation – the State representative sometimes even uses this lack of assessment as an argument for refusing a definitive discharge.

In a context where the fundamental rights of hospitalised patients have been subject to numerous restrictions, whether these have been justified by the fight against the spread of the COVID-19 epidemic or by the preservation of public health or safety, the CGLPL once again calls on the authorities to be vigilant on this subject. Indeed, while it is the responsibility of the prefectural authority to ensure the safeguarding of public order, this responsibility is not such as to exonerate it from compliance with the legislative and regulatory provisions in the context of which its prerogatives are exercised.

Chapter 5

Assessment of the work of the Chief Inspector of Places of Deprivation of Liberty in 2021

1. Institutional relations

1.1 Public authorities

As in previous years, the CGLPL maintained close relations with Parliament. In addition to the traditional meetings with the Presidents of the two assemblies for the delivery of the institution's annual report and the presentation of this report to the two Committees of Laws, it responded to the following requests from committees and rapporteurs.

At the National Assembly, the CGLPL responded to:

- the Committee of Enquiry on prison policy;
- the Committee of Laws on the appropriations for the prison administration and Judicial Youth Protection in the finance bill for 2022, on the bill on confidence in the judiciary and on the bill to guarantee the right to respect for dignity in detention;
- a member of Parliament in charge of a temporary mission concerning prison chaplaincy and the application of the principle of neutrality in the institutions and services of Judicial Youth Protection and the authorised associations sector.

At the Senate, the CGLPL was heard by:

- the Committee of Laws on the appropriations for the prison administration and Judicial Youth Protection as well as on the appropriations for the "protection of rights and freedoms" programme in the finance bill for 2022 and on the bill for confidence in the judiciary;
- the Social Affairs Committee on the provisions relating to the jurisdictional control of seclusion and restraint measures in mental health institutions included in the social security funding bill for 2022.

The Chief Inspector was received by the Prime Minister for the delivery of the 2020 annual report and by the Ministers of Justice and Health.

The CGLPL was heard by the Defender of Rights in the context of a draft report on the mental health of children and adolescents, as well as by the National Advisory Committee on Human Rights (CNCDH) on inequalities in the health system and the situation in prisons. The Chief Inspector also met on several occasions with the Defender of Rights and the President of the CNCDH.

The CGLPL took care to strengthen its relations with the authorities that exercise hierarchical or supervisory authority over the institutions inspected. The Chief Inspector and her staff therefore held multiple meetings with the prison administration and its managers in the central administration and decentralised departments. In particular, she participated in a meeting of inter-regional directors of prison services. She also met with the Secretary General of the Ministry of Justice, the Director of the Judicial Youth Protection Service, the Director of Criminal Matters and Pardons, the Director of

Judicial Services, the Inspectorate-General of Justice and the Director of the Agency for Community Service and Professional Integration for offenders.

Lastly, in the context of the General Assembly of the Judiciary, the Chief Inspector was heard by the Working Group on "prison and rehabilitation justice" and took part in a meeting of the Jurisdictional Council of the Paris Court of Appeal before being heard, twice, in January 2022, by the independent committee of the General Assembly of the Judiciary.

In the field of mental health, the Chief Inspector met with the Ministerial Delegate for Mental Health and Psychiatry, participated in an exceptional plenary meeting of the National Committee for Psychiatry and met with the members of the permanent working group on users' rights of the National Health Conference.

The Chief Inspector also participated in a working meeting with the Inspectorate-General of the National Gendarmerie.

The Chief Inspector met with the President of the Constitutional Council, the Vice-President of the Council of State and the President of the Interior Section of this council, and with the First President of the Court of Audits.

She met with the heads of the Paris Court of Appeals, the President of the National Conference of Public Prosecutors and the President of the French Association of Investigating Judges.

1.2 Education and research

As it has been doing for several years, the CGLPL increased and diversified its relations with the world of higher education and research, sometimes taking advantage of the teleworking habits adopted during the pandemic to facilitate interventions on remote sites.

Firstly, the CGLPL was involved in the training of civil servants, magistrates and military personnel who participate in the care of persons deprived of liberty. For example, it provided initial training at the National School of the Judiciary, the National School of Prison Administration and the School of National Gendarmerie Officers; it organised continuing training at the National School of the Judiciary and the French School of Public Health.

Universities also called on the CGLPL on several occasions, either for courses, such as in Toulouse, Cergy-Pontoise and Pau, or for colloquia, including a study day devoted to gender diversity in places of deprivation of liberty organised by the Douai Faculty of Law, a training session on "Civic engagement as a way of thinking and living" organised by Centre Sèvres in Paris, a round-table discussion on the history of prison work organised as part of the Rendez-vous de l'Histoire festival in Blois, the colloquium on "The future of Criminal law" organised by Paris 2 Panthéon-Assas University in Paris, the summer university on "Monitoring of places of deprivation of liberty: legal aspects and practical issues" organised by the Free University of Brussels and Paris 1 Panthéon-Sorbonne University, and a round-table discussion on the theme of "mental health and psychiatry: rights and citizenship today" organised by the World Health Organization's Collaborative Centre in Lille and Lille 2, Paris 13 and Marseille Universities.

A day of meetings with researchers was organised by the CGLPL based on a model previously used in 2018.

This "open day for research" was held on 30 September 2021 on the CGLPL's premises and by video conference. About 30 people attended. The day was an opportunity for the CGLPL to present the institution's current and planned thematic work and talk to teachers and researchers from universities and other public research centres.

The morning was devoted to a presentation of the *CGLPL's Minimum Recommendations to Respect the Dignity and Fundamental Rights of Persons Deprived of Liberty*, published in the Official Gazette of 4 June

2020. The CGLPL presented the genesis, the methods of preparation and the objectives of the *Minimum Recommendations*, as well as the essence of the doctrine that was thus developed. Academics, professors and lecturers from Paris 1 Panthéon-Sorbonne and Aix Marseille Universities then presented their points of view and made comments concerning this *corpus* of soft law standards drawn up by the CGLPL. In the afternoon, two doctoral students presented their research work on "Deprivation of liberty and democracy" and "Towards a law on deprivation of liberty" respectively. Lastly, the teachers and researchers registered for the day reported on their work in progress and were able to meet with the CGLPL's members and exchange views with them on subjects they found interesting.

Following this "open day for research", links were created with researchers and doctoral students from all disciplines, providing an opportunity, on the one hand, to share knowledge and raise awareness among researchers concerning the CGLPL's role and the issues it deals with and, on the other, to inform the CGLPL of academic work and reflections on deprivation of liberty.

In July 2021, a partnership agreement was signed by the CGLPL and Grenoble-Alpes University as part of the preparation of a research project entitled "Transformations in the prison administration in the light of the free expression of detainees" conducted by a teacher-researcher in public law.

Lastly, the CGLPL organised a series of conferences on "Prisons from the 19th century to the present day" in conjunction with the Bibliothèque des Amis de l'Instruction library in the third *arrondissement* of Paris.

1.3 Trade unions and professional organisations

Continuing the cycle of talks organised when she took office, the Chief Inspector met with all the trade unions representing professionals involved in the care of persons deprived of liberty. She was also invited to participate in the annual congress of the Syndicat de la Magistrature.

In the field of mental health, the CGLPL maintained close relations with institutions representing professionals, in particular with the Conference of Presidents of Medical Conferences for institutions specialising in mental health, the Association of Directors of Mental Health Institutions and the National Association of Quality Managers. It participated in events organised by these organisations as well as in several other professional meetings such as the 13th French Psychiatry Congress on "Sharing views on seclusion and restraint", the colloquium on "Medical expertise and neurosciences in 2021" organised by the National Judicial Medical Experts Society, the 39th Congress of the Society of Psychiatric Information, and a webinar on seclusion and restraint measures in psychiatry organised by the Association of Young Psychiatrists and Young Addiction Specialists (AJPPA) and the French Federative Association of Psychiatry Students (AFFEP).

The creation of a right for Chairs of the Bar to visit places of deprivation of liberty at the end of 2021 was an opportunity to strengthen the institutional ties between the CGLPL and the legal profession, in particular through the National Council of Bars and the Chairs of the Bar Conference.

In addition, the CGLPL took part in various events organised by bar organisations, such as the solemn reassembly of the Paris Bar and that of the Toulouse Bar, a seminar on "Public liberties in the face of COVID" organised by the Hauts de France Chairs of the Bar Conference, and a debate on "Prison overcrowding in France" organised by the National Council of Bars. It also took part in initial and continuing training courses at bar schools, notably in Paris and Toulouse.

1.4 Civil society organisations

The CGLPL's relations with the voluntary sector have traditionally been rich, especially with regard to associations working in prisons, those concerned with the conditions of foreigners and those working in the area of mental health.

When it comes to prisons, the CGLPL is primarily in contact with associations representing prison participants. In this respect, it met with the National Association for Prison Visitors, the Cimade's prison participants, the National Association of External Assessors of Disciplinary Committees in Penal Institutions, the Association of Healthcare Professionals Practising in Prison, the Multi-Professional Prison Group, the National Prison Consultation Group and the Federation of Associations for Reflection-Action, Prison and Justice (FARAPEJ). These relations can take the form of meetings and exchanges of views, but also, quite often, of participation in colloquia or annual meetings. It also participated in the "Concertina" event organised in Dieulefit.

The CGLPL is also in very close contact with associations that have set the objective of defending the rights of prisoners, in particular International Prison Watch, "Prison Insider", A3D, which brings together lawyers, and also the association of former GENEPI members, whose desire to reform this essential group in prisons is supported by the CGLPL.

The topic of prison is also frequently addressed in the context of wider-ranging associations, for example in the "Prison" programmes of the Fondation de France, the League for Human Rights, Secours Catholique and Emmaüs.

With regard to foreigners, the CGLPL met with the Observatory for the detention of foreigners, the Cimade, GISTI and, on several occasions, the National Association for Border Assistance for Foreigners.

In the field of mental health, the CGLPL met with the group of associations Alliance Autiste, Advocacy France, France Disability and Collectif pour l'Arrêt des Traitements Forcés on the care of people in medico-social institutions and departments. It participated in two conferences, in Besançon and Rennes, as part of Mental Health Information Weeks.

Lastly, the CGLPL maintains contact with general human rights associations that are interested in the issue of deprivation of liberty in various ways, in particular the League for Human Rights, the association Droit Pluriel, which is committed to ensuring that justice is accessible to people with disabilities, the French Red Cross, Human Rights Watch, and the prison-justice department of Secours Catholique.

2. International relations

After a year 2020 exclusively devoted to the management of the health crisis in places of deprivation of liberty, the year 2021 allowed for the resumption of a dialogue and exchanges with European and international partners on other themes of interest.

2.1 Meetings with Council of Europe institutions

From the beginning of her term, the Chief Inspector made a point of travelling to Strasbourg to meet with key Council of Europe institutions committed to ensuring respect for the fundamental rights of persons deprived of liberty.

A meeting was first organised with Ms Dunja Mijatović, Council of Europe Commissioner for Human Rights, to discuss the impact of the health crisis on places of deprivation of liberty, the particular situation of these places overseas, the issue of the monitoring of EHPADs, and that of mental health institutions. This visit also provided an opportunity for an exchange between the Chief Inspector and Róbert Spanó, the President of the European Court of Human Rights, and the French judge Mattias Guyomar. Both institutions reiterated their commitment to respecting the European Convention on Human Rights in France in places of deprivation of liberty. The Chief Inspector was received by the ECHR's Department for the Execution of Judgments, enabling pending cases falling within the

CGLPL's competence to be reviewed. Subsequently, a meeting with the secretariat of the European Committee for the Prevention of Torture (CPT) provided an opportunity for an exchange of views on matters of common interest to the two institutions, following the CPT's visits to places of deprivation of liberty in the context of the COVID-19 pandemic. Lastly, the Chief Inspector had a meeting with Ambassador Marie Fontanel, Permanent Representative of France to the Council of Europe.

2.2 Monitoring the execution of judgements before the European Court of Human Rights

In 2021, the CGLPL was again involved in the monitoring of judgments against France by the European Court of Human Rights.

Firstly, it produced a joint communication with the CNCDH in response to France's action plan in the context of the *J.M.B v. France* judgment of 30 January 2020. As a reminder, this judgment condemned France both for its inhuman and degrading conditions of detention within its penal institutions and for its structural prison overcrowding and failure to respect the right to an effective remedy⁶³. This was followed by a Decision of the Court of Cassation on 8 July 2020 and a Decision of the Constitutional Council on 2 October 2020, requiring France to comply. France's action plan set out the individual and collective measures likely to meet the ECHR's requirements: prison deflation in the context of the COVID-19 pandemic, development of alternatives to detention, establishment of a procedure allowing for an effective remedy against undignified conditions of detention, etc. However, the CGLPL and the CNCDH considered that the measures presented by the Government were insufficient to reduce prison overcrowding, as the rate of incarceration resumed in October 2020 after the lull caused by the COVID-19 pandemic. Furthermore, the implementation of alternatives to imprisonment remained insufficient, no modification of the immediate committal system was envisaged, and no additional measures were put in place to limit pre-trial detention. As regards the provision of an effective remedy, this did not meet all the guarantees required by the Court, and furthermore, the transfer that could be carried out to stop the violation was an inappropriate response. In particular, it could not prevent another person from being placed in the same undignified situation causing the person pursuing a remedy to be transferred.

Secondly, the CGLPL produced a communication with the CNCDH in the context of the *Moustahi v. France* judgment of 25 June 2020. This decision, concerning the expulsion of two foreign minors in Mayotte, condemned France for degrading treatment, irregular detention, infringement of the right to respect for privacy and family life, violation of the prohibition on the collective expulsion of foreigners, and lack of an effective remedy. As part of the monitoring of the enforcement of this judgment, the CGLPL and the CNCDH therefore reiterated the legal framework applicable in Mayotte, the practice of arbitrarily attaching children to adults, and the ineffectiveness of appeals due to the early execution of deportation measures.

2.3 Review of France by the United Nations Committee on the Rights of Persons with Disabilities

Initially scheduled for 2020 but postponed due to the health crisis, the review of France by the UN Committee on the Rights of Persons with Disabilities under the UN Convention on the Rights of Persons with Disabilities (CRPD) was held in summer 2021. The CRPD, adopted by the UN General Assembly in 2006, introduces a human rights-based approach to disability, where disability is seen as resulting from the interaction between persons with impairments and external barriers. People with

⁶³ ECHR, 30 January 2020, *J.M.B and Others v. France*, no. 9671/15 and 31 others.

disabilities should therefore no longer be considered as "objects of care" but rather as "subjects of rights", and the Convention pursues the objective of deinstitutionalisation in particular.

After the CRPD was ratified in 2010, France submitted its periodic report in 2016 – two years after the deadline – with the aim of demonstrating compliance with its various provisions on national territory. In 2019, a pre-session brought together human rights institutions and civil society representatives as well as Committee members to inform the latter by highlighting their comments on the periodic report and more generally on the implementation of the Convention, and to suggest questions to be addressed to the Government. The Committee's review was an opportunity for the CGLPL to present, in an alternative report, its main findings and recommendations on disability in places of deprivation of liberty: physical disability but also the issue of mental disorders in prisons, freedom of movement and seclusion and restraint in mental health institutions, the situation of minors hospitalised in psychiatric institutions, etc.

At the end of this review, the Committee painted a harsh picture of the situation in France, deploring that it had not yet integrated the human rights-based approach to disability. It made many recommendations in this regard. While some of them correspond to the CGLPL's recommendations, others go further – shortening the 12-day time limit for the intervention of the Liberty and Custody Judge in matters of involuntary care, closing of units for difficult psychiatric patients, etc.

2.4 Bilateral, regional and international meetings

The CGLPL spoke at a conference organised by the European Forum of National Preventive Mechanisms (NPMs) and the department in charge of the execution of ECHR judgments, concerning the role of NPMs in the implementation of the Court's judgments and the CPT's recommendations. The conference also dealt with combating ill-treatment by the police and investigating allegations of ill-treatment. It brought together European NPMs as well as civil society organisations. The CGLPL was invited to present its strategy of action to the ECHR, referring to third-party interventions notified to the Court jointly with the CNCDH in the context of landmark judgments such as *Yengo v. France* and, more recently, *J.M.B v. France*; it also referred to communications produced in the context of monitoring the execution of judgments. This conference was also an opportunity to recall the importance of combating police abuse. The CPT reported receiving credible allegations of ill-treatment in more than half of the Council of Europe's Member States. NPMs were encouraged to help curb this phenomenon in a more proactive way, including through communication in the context of monitoring the execution of ECHR judgments. Lastly, the creation of an international training institute for inspectors of places of deprivation of liberty was discussed, with this project being supported by personalities from European human rights organisations and NPMs.

The CGLPL was invited to speak at a conference of the Organization for Security and Co-operation in Europe (OSCE) on "Protecting Human Rights in Prisons while Preventing Radicalization Leading to Terrorism or Violence: A Guide for Detention Monitors". In previous years, it had been asked to provide the designers of the guide with input during several expert meetings. It was able to share its practical experience with monitoring the conditions of detention of radicalised persons or persons detained in connection with terrorist offences, as well as the findings and recommendations of its three reports on the subject in 2015, 2016 and 2020.

As part of a holistic approach to mental health, the CGLPL participated in the global "Mind Our Rights, Now!" summit organised in France by the Ministry of Solidarity and Health and the Ministry for Europe and Foreign Affairs. This conference aimed to strengthen international mobilisation in favour of mental health, promote the respect of rights and showcase innovative experiences at the international level. The CGLPL was able to present its main recommendations concerning deprivation of liberty in mental health institutions.

Following the ratification of OPCAT in 2017, Australia committed to establishing an NPM in early 2022, in the form of a plurality of oversight bodies for different places of deprivation of liberty. In this context, the NSW Official Visitors Program organised an exchange to discuss the different possible NPM models and what they imply in terms of organisation, methodology, etc. Among experts such as Sir Malcolm Evans, former Chair of the UN Subcommittee on Prevention of Torture, the CGLPL was invited to present its structure, its dialogue with the authorities and its main findings and recommendations in the field of mental health.

The CGLPL participated in a training session for delegates of the International Committee of the Red Cross specialising in visits to places of detention. This exchange was an opportunity to present the institution, its visiting methodology, and its follow-up to recommendations to professionals who meet and work with NPMs in the countries where they are stationed.

At the bilateral level, the year 2021 was an opportunity for the CGLPL to strengthen its ties with its Argentine counterpart, the *Comité Nacional para la Prevención de la Tortura* (CNPT), created in 2018. A cooperation agreement now invites the two torture prevention mechanisms to exchange ideas and work together to promote the rights and dignity of persons deprived of liberty. Due to health constraints, meetings were organised in the form of webinars on topics of common interest. Firstly, an exchange was organised on the incarceration of minors, during which the CGLPL shared the conclusions of its thematic report on "The fundamental rights of detained minors" with the team of the Argentine NPM. Subsequently, an exchange between the two institutions focused on the issue of transgender persons; during this exchange, the CGLPL was able to present its latest Opinion on the issue.

Lastly, the CGLPL was interviewed as part of the "Schengen" evaluation, which takes place every four years in order to verify that the Schengen acquis (common visa policy, police cooperation, return policy, Schengen Information System) is implemented in Member States. The CGLPL was invited to present its mode of intervention, its findings and recommendations, and also the challenges posed by the monitoring of forced returns.

3. Inspections of institutions carried out in 2021

3.1 Quantitative data

3.1.1 Visits by category of institution

Categories of institutions	Total no. of institutions ⁶⁴	2008-2013	2014-2019	2020	2021	TOTAL	including institutions visited once ⁶⁵	% visits over no. of institutions
Custody facilities	4,059	296	326	34	32	688	599	
– including police ⁶⁶	673	193	168	22	22	405	326	14.76%
– gendarmerie ⁶⁷	3,386	85	144	9	8	246	244	
– other ⁶⁸	ND	18	14	3	2	37	29	
Customs detention⁶⁹	179	25	26	4	-	55	52	
– including courts	11	2	3	-	-	5	4	29.05%
– ordinary law	168	23	23	4	-	50	48	
Court jails/cells⁷⁰	197	64	49	7	9	129	114	57.87%
Other⁷¹	-	1	-	-	-	1	1	-
Penal institutions	186	179	149	10	29	367	203	
– including remand prisons	81	92	63	4	10	169	97	109.14%
– prisons	58	35	44	4	11	94	50	
– detention centres	25	25	18	1	5	49	27	
– long-stay prisons	6	7	6	-	1	14	7	
– prisons for minors	6	7	12	1	-	20	6	
– open prisons	9	12	5	-	2	19	15	
– EPSNF	1	1	1	-	-	2	1	
Immigration detention	100	71	53	3	9	136	75	75%

⁶⁴ The number of institutions changed between 2020 and 2021. The figures shown below were updated for penal institutions (as of 1 September 2021).

⁶⁵ The number of follow-up visits is respectively 29 between 2009 and 2013, 295 between 2014 and 2019, 39 in 2020 and 76 in 2021. **Due to certain structures closing down during the last 13 years, the number of places visited at least once can be greater than the number of institutions to be inspected.**

⁶⁶ Data provided by the IGP and the DCPAF, comprising custody facilities of the DCSP (496), the DCPAF (57) and the police headquarters (120), updated in December 2017.

⁶⁷ Data provided by the DGGN, January 2018.

⁶⁸ These are facilities of the central directorates of the national police (PJ, PAF, etc.).

⁶⁹ Data provided by customs, updated in February 2015. Four customs detention facilities are common to them and have not been recorded among the customs detention facilities under ordinary law.

⁷⁰ The cases in which the cells or jails of the judicial courts and courts of appeals are located at the same site are not taken into account.

⁷¹ Military detention facilities, etc.

– including CRAs ⁷²	23	38	28	1	6	73	31	
– LRA ⁷³	26	19	9	-	-	28	22	
– ZA ⁷⁴	51	14	15	2	3	34	21	
– Other ⁷⁵	-	-	1	-	-	1	1	
Deportation measure	-	-	16	-	-	16	16	-
Healthcare institutions	463	123	221	20	38	402	343	
– including CHS ⁷⁶	108	37	71	7	7	122	105	
– CH (psychiatric sector) ⁷⁷	147	22	67	7	15	111	101	
– CH (secure rooms) ⁷⁸	133	33	64	6	13	116	101	
– UHSI	8	7	5	-	1	13	8	74.08%
– UMD	10	10	4	-	2	16	10	
– UMJ ⁷⁹	47	9	1	-	-	10	9	
– IPPP	1	1	1	-	-	2	1	
– UHSA	9	4	8	-	-	12	8	
Juvenile detention centres	52	46	46	2	7	101	52	100%
GRAND TOTAL	5236	805	886	80	124	1895	1455	84.02%⁸⁰

3.1.2 Number of visits

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Number of visits	52	163	140	151	159	140	137	160	146	148	145	150	80	124

⁷² The data indicated here comes from the 2020 joint report on detention centres and facilities for illegal immigrants drawn up by the five associations working in immigration detention centres.

⁷³ Detention facilities for illegal immigrants adjoining border police custody facilities were inspected in 2021 but counted under the category custody facilities.

⁷⁴ The number of 51 waiting areas is a rough estimate and should not be taken literally: almost all detained foreign nationals are held in the waiting areas of the airports of Roissy-Charles-de-Gaulle and Orly.

⁷⁵ In October 2016, the CGLPL monitored the operations to dismantle the Calais Jungle Camp.

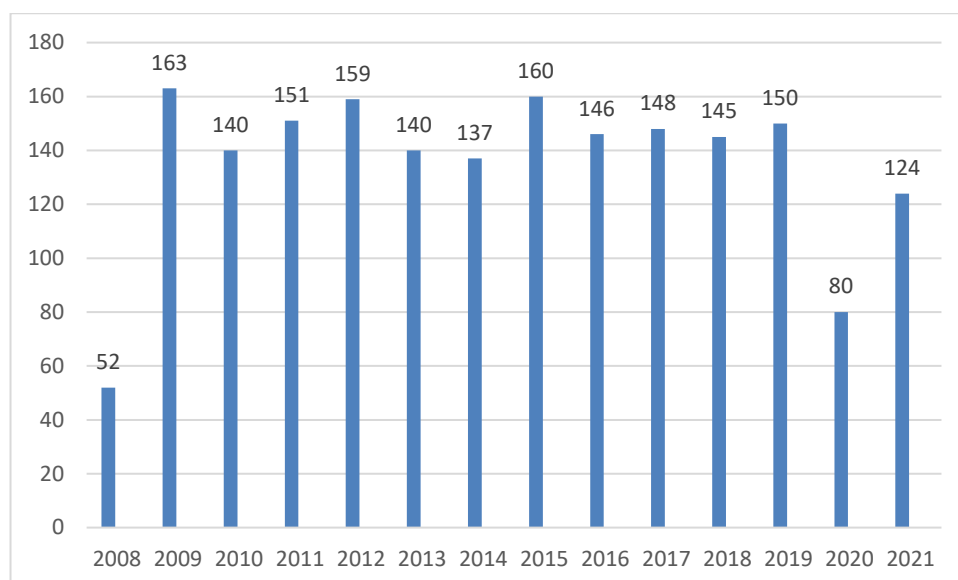
⁷⁶ Statistical data from the DREES, SAE 2005, extracted from the IGAS report of November 2017 entitled "Organisation and functioning of the psychiatric care system, 60 years after the Circular of 15 March 1960".

⁷⁷ Ibid.

⁷⁸ This figure corresponds to the number of institutions with secure rooms and those that needed to bring them up to standard or create secure rooms by Decision of the Inter-Ministerial Committee of 3 January 2006 (Annex to the DAP Circular of 13 March 2006 on the planning or creation of secure rooms). In the absence of any update to this Circular, it is assumed that all the institutions concerned are now equipped with secure rooms.

⁷⁹ Data provided by the DGOS in December 2014.

⁸⁰ The ratio is not calculated with the total of institutions visited at least once between 2008 and 2021, indicated in the previous column, but for the visits from which visits to custody facilities, customs detention facilities, court jails and cells and military detention centres, as well as the monitoring of deportation procedures, were subtracted; i.e. 673 visits for a total of 801 places of deprivation of liberty.



3.1.3 Average length of visits (in days)

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Juvenile detention centre	2	3	4	4	3.25	3.56	3.56	3.29	3.20	3.44	3.57	3.5	3.57
Court jails and cells	1	2	2	1.5	2	1.75	1.56	1.10	1.37	1	1.25	1.29	2.11
Penal institution	4	4	5	5	5	5.20	5.67	6.19	5.86	6.09	5.23	6.3	5.59
Custody facilities	1	2	2	2	2	2.33	1.93	1.49	1.79	1.58	1.27	1.32	1.72
Immigration detention	2	2	2	3	5 ⁸¹	3.11	2.57	3.50	2.82	2.75	2.60	2	3.11
Customs detention	1	2	1	1.5	2	1.95	2.20	1	1	1.25	1	1.25	-
Healthcare institution	2	3	3	4	4	4.52	4.20	3.45	4.07	3.84	4.68	3.85	3.68
Deportation procedure	-	-	-	-	-	2	1	-	1.6	1.25	-	-	-
Average	2	3	3	3	3	3.33	3.04	3.12	3.11	2.99	3.07	2.78	3.45

In 2021, the inspectors spent:

- 140 days in hospitals (versus 77 in 2020);
- 162 days in detention facilities (versus 53 in 2020);
- 55 days in custody facilities (versus 45 in 2020);
- 25 days in juvenile detention centres (versus seven in 2020);
- 28 days in immigration detention (versus six in 2020);
- 19 days in jails and cells of courts (versus nine in 2020);
- zero days in customs detention centres (versus five in 2020);
- zero days on deportation procedures (as in 2020).

⁸¹ Only the waiting area of Roissy was visited in 2013, over a five-day period.

i.e. a total of 429 days in places of deprivation of liberty (versus 202 in 2020).

3.2 Nature of the visits (since 2008)

	Custody facilities, court cells, customs, etc.		Juvenile detention centres		Healthcare institutions		Penal institutions		Detention centres and facilities, waiting areas		Total
	Unann.	Sched.	Unann.	Sched.	Unann.	Sched.	Unann.	Sched.	Unann.	Sched.	
2008	20	0	0	0	0	5	2	14	7	4	52
2009	69	0	5	3	6	16	18	22	24	0	163
2010	60	2	8	0	8	10	13	24	11	4	140
2011	57	1	10	1	25	14	17	15	11	0	151
2012	96	0	7	0	13	9	14	11	9	0	159
2013	81	0	12	0	13	4	28	1	1	0	140
2014	70	0	8	1	11	5	18	12	12	0	137
2015	70	2	8	1	13	21	7	20	18	0	160
2016	64	0	7	0	21	22	6	20	5	1	146
2017	62	0	5	0	17	27	0	21	15	1	148
2018	62	2	9	0	14	24	0	22	11	1	145
2019	69	0	7	0	14	33	3	19	5	0	150
2020	44	1	2	0	7	13	3	7	3	0	80
2021	41	0	7	0	21	17	24	5	9	0	124
Total	865	8	95	6	183	220	153	213	141	11	1895

In all, 75.83% (1,437) of institutions were visited unannounced and 24.17% (458) in a scheduled manner. These percentages are to be adjusted according to the type of institution concerned. Visits conducted unannounced thus comprise the following percentages:

- 99.08% with regard to police custody facilities, court cells and customs;
- 94.06% with regard to juvenile detention centres;
- 92.76% with regard to detention centres for illegal immigrants, waiting areas and deportation procedures;
- 45.41% with regard to healthcare institutions;
- 41.80% with regard to penal institutions.

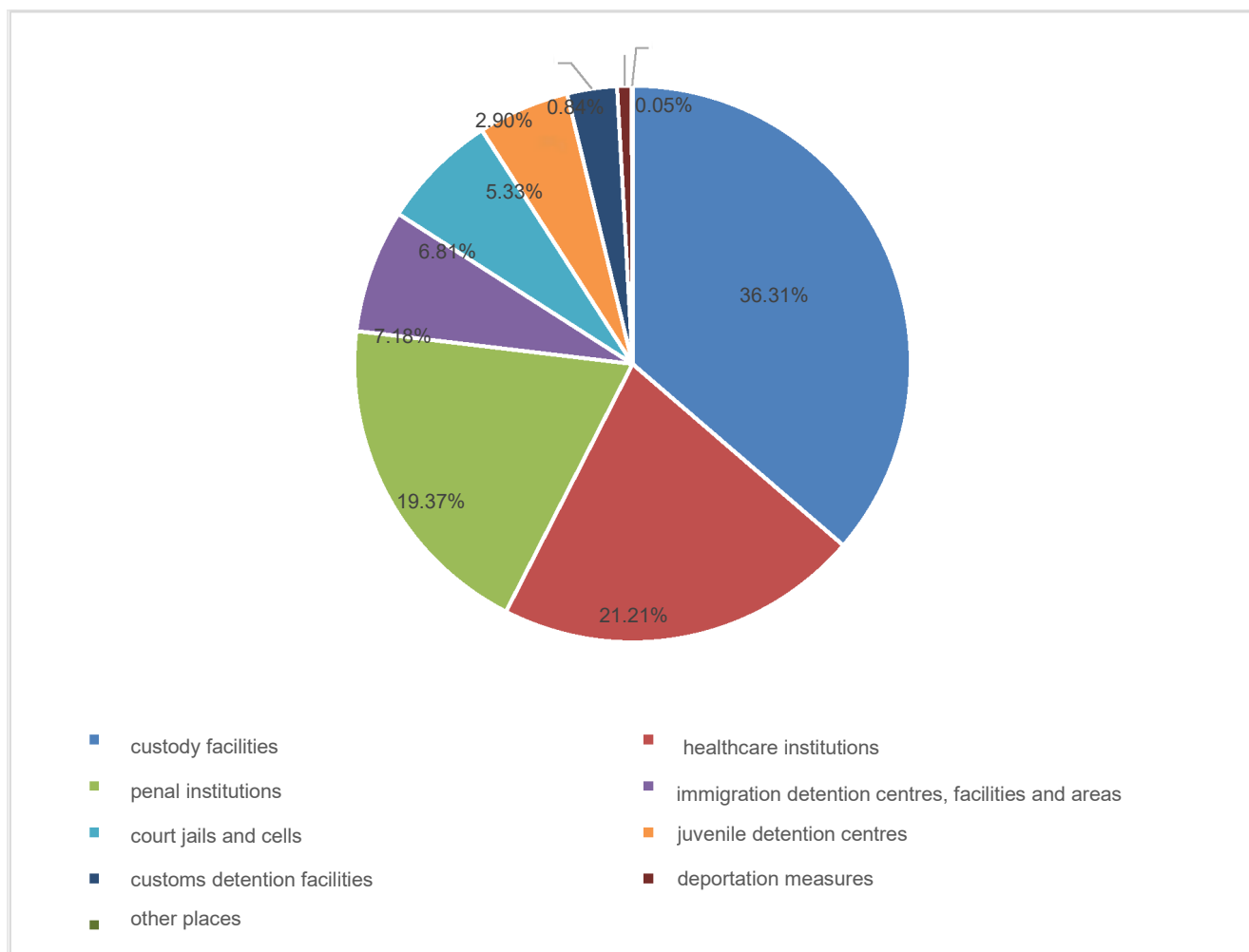
3.3 Categories of institutions visited

A total of 1,895 visits have been conducted since 2008. They are distributed as follows:

- 36.31% concerned police custody facilities;
- 21.21% concerned healthcare institutions;
- 19.37% concerned penal institutions;
- 7.18% concerned detention centres and facilities for illegal immigrants and waiting areas;
- 6.81% concerned court jails and cells;

- 5.33% concerned juvenile detention centres;
- 2.90% concerned customs detention facilities;
- 0.84% concerned deportation measures;
- 0.05% concerned other places.

This distribution does not change much from one year to the next because past history plays an important role here.



4. Cases referred

Article 6 of the Act of 30 October 2007 as amended establishing the Chief Inspector of Places of Deprivation of Liberty provides that *"any natural person, as well as any legal entity with the task of ensuring respect of fundamental rights, can bring to the attention of the Chief Inspector of Places of Deprivation of Liberty facts or situations that are likely to come within its remit"*.

Article 6-1 of said Act provides that when natural or legal persons bring facts or situations to the attention of the CGLPL, which they consider to constitute an infringement or risk of infringement of the fundamental rights of persons deprived of liberty, the CGLPL may conduct verifications, on-site if necessary.

The inspectors in charge of the referrals, delegated by the Chief Inspector for conducting on-site verifications, benefit from the same prerogatives as at the time of inspections: confidential interviews, access to any useful document necessary for properly understanding the situation brought to the knowledge of the CGLPL and access to all of the facilities.

When inspections have been completed through correspondence or on-site, and after having received the observations of the competent authorities with respect to the denounced situation, the Chief Inspector may make recommendations to the person responsible for the place of deprivation of liberty concerned. These observations and recommendations may be made public.

The year 2021 was once again marked by the persistence of significant delays in and by the absence of responses from the central administration to requests for observations addressed to the heads of penal institutions.

In addition, the rate of referrals relating to immigration detention has increased significantly (+51% compared to 2020), while the share of referrals for health institutions has stabilised at around 14%.

The percentage of case referrals from associations has sharply increased, reaching its highest rate since 2011 at 9.27% of referrals received, which represents an increase of 41% compared to 2020. The predominance of associations in referrals to the CGLPL reporting on the situation of detainees may partly explain this increase.

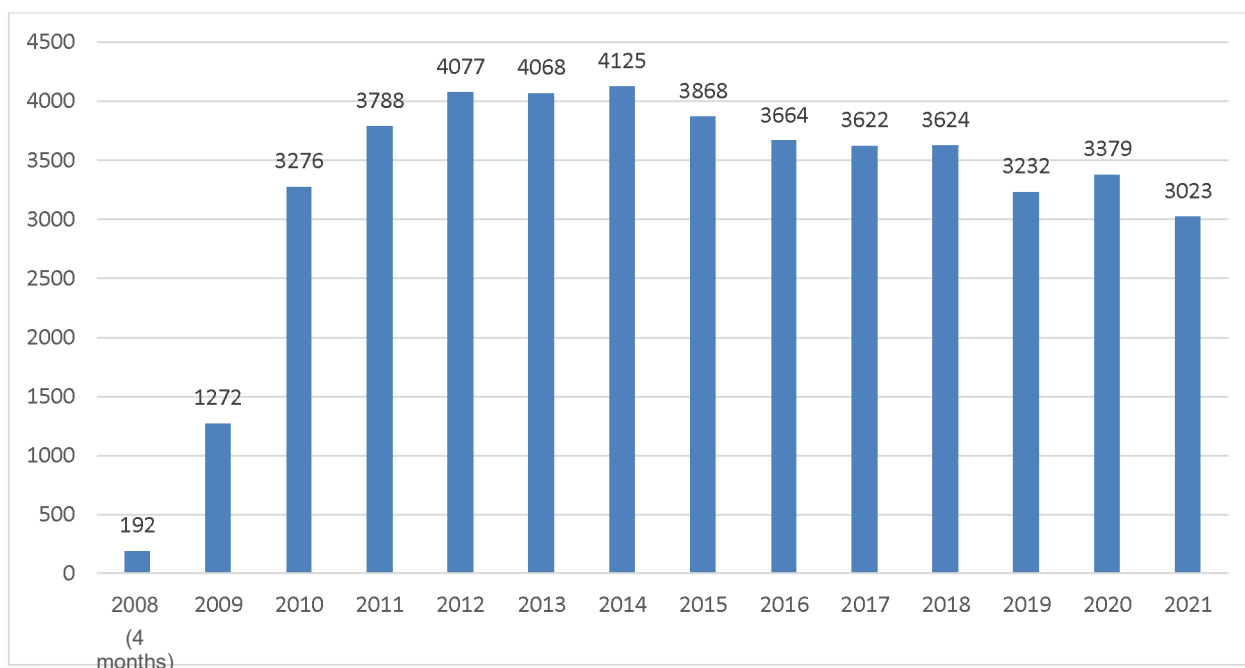
4.1 Analysis of the cases referred to the CGLPL in 2021

4.1.1 The letters received

Overall volume of the number of letters sent to the CGLPL per year

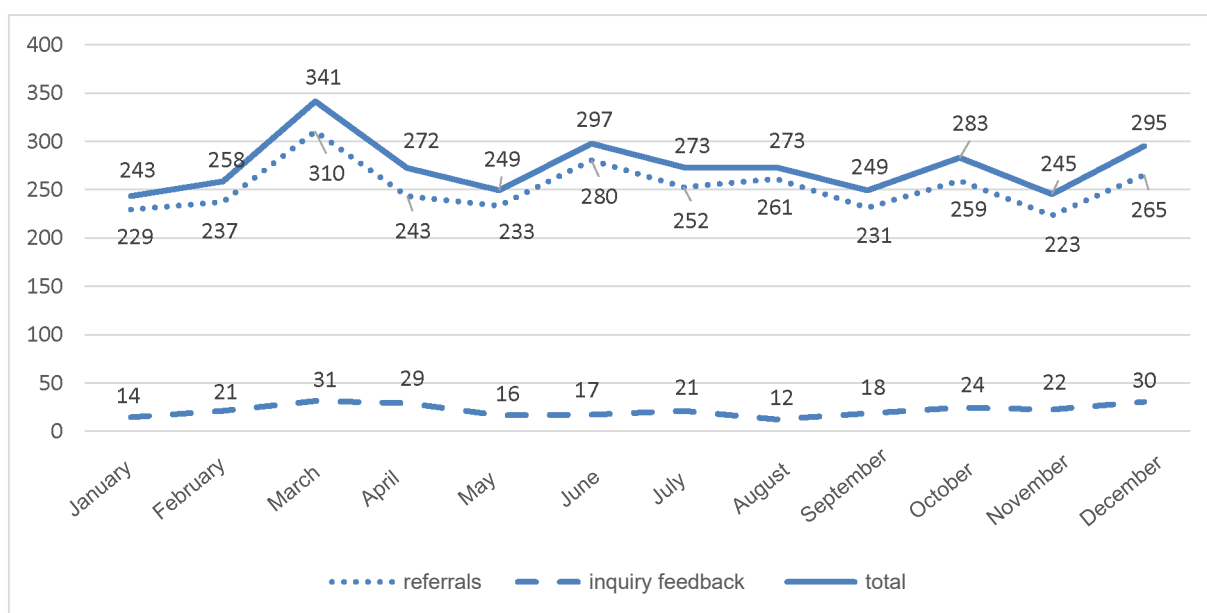
The number of case referrals is down compared to 2020 (-10%).

Out of all the referral letters received between 1 January and 31 December 2021, an average of two (1.96) concerned the same person's situation.



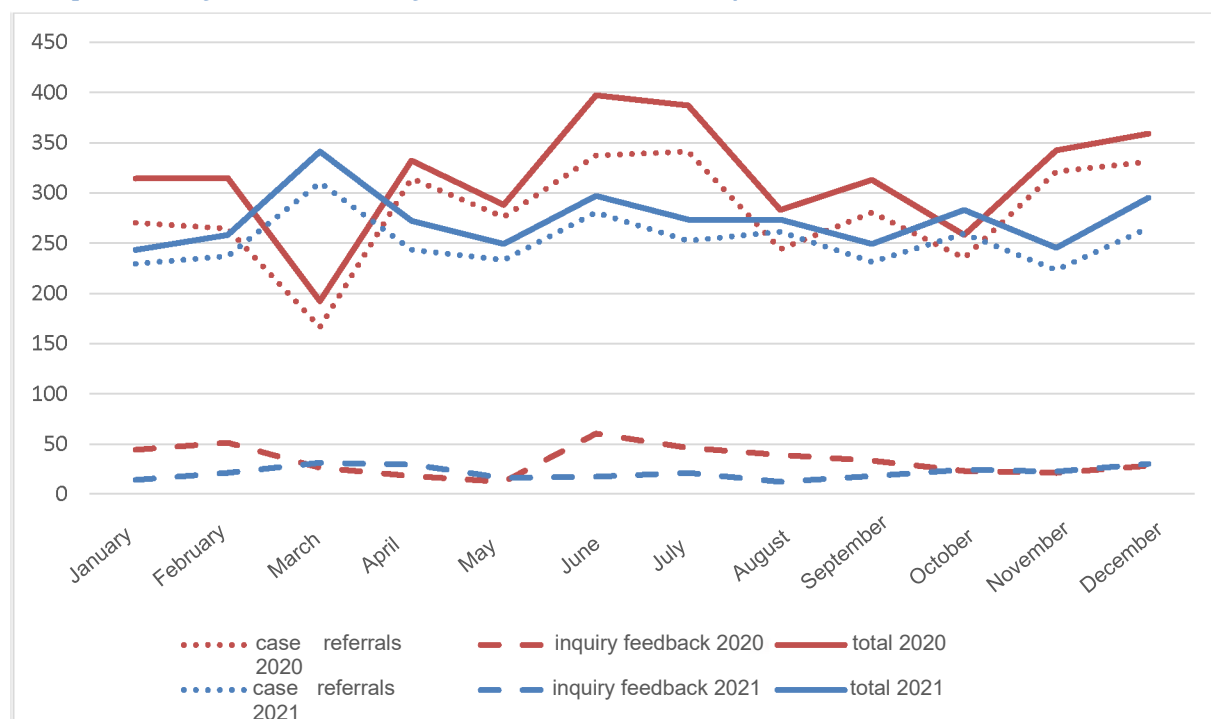
With the exception of letters bearing on the situation of someone whose identity has not been given or the situation of a group of individuals deprived of liberty, the 1,412 individuals concerned by referrals in 2021 include 1,173 men (83%) and 239 women (17%), a distribution equivalent to that of 2020.

Monthly trends in numbers of letters received ⁸²



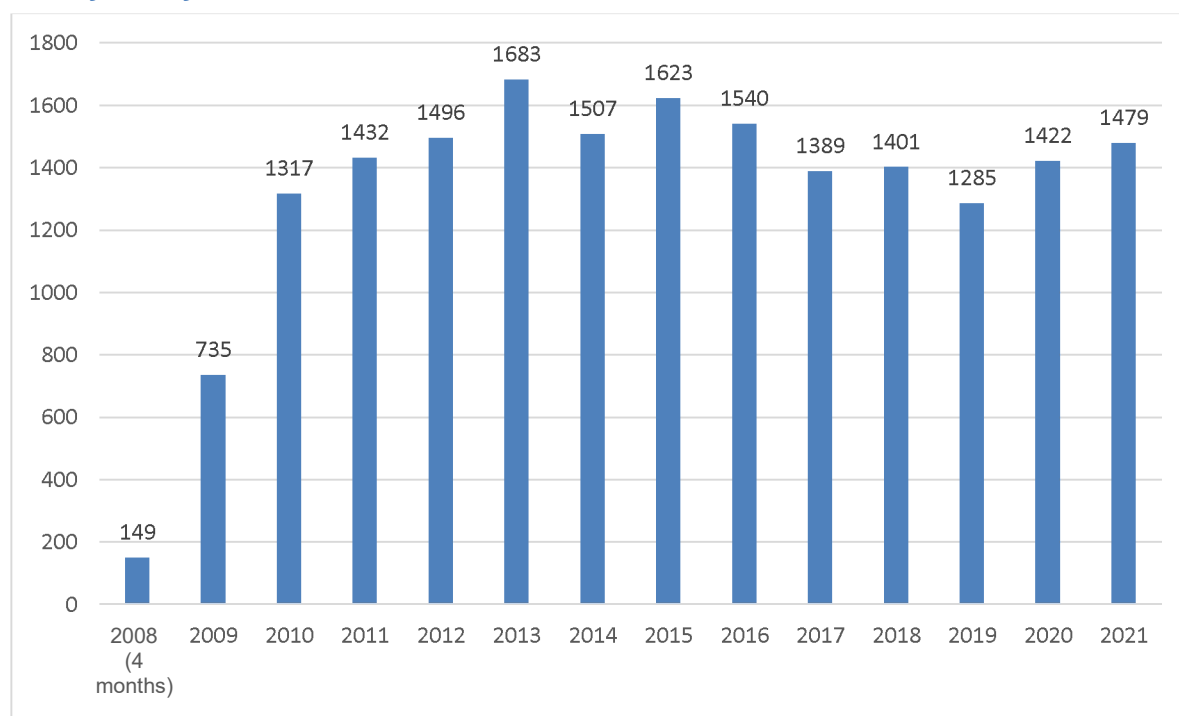
⁸² The number of letters received corresponds to the cases referred to the CGLPL, as well as the responses made by the authorities with which the CGLPL took these cases up within the context of verifications. A total of 3,278 letters reached the CGLPL in 2021, compared with 3,780 in 2020, representing a 13% drop.

Comparison of the number of letters received 2020/2021



4.1.2 Persons and places concerned

Number of persons deprived of liberty (or groups of persons) concerned⁸³ by cases referred to the CGLPL for the first time



⁸³ The distribution is as follows: 1,196 individuals identified, 186 groups and 97 unknown persons.

Distribution of cases by category of person referring them and nature of the institution concerned

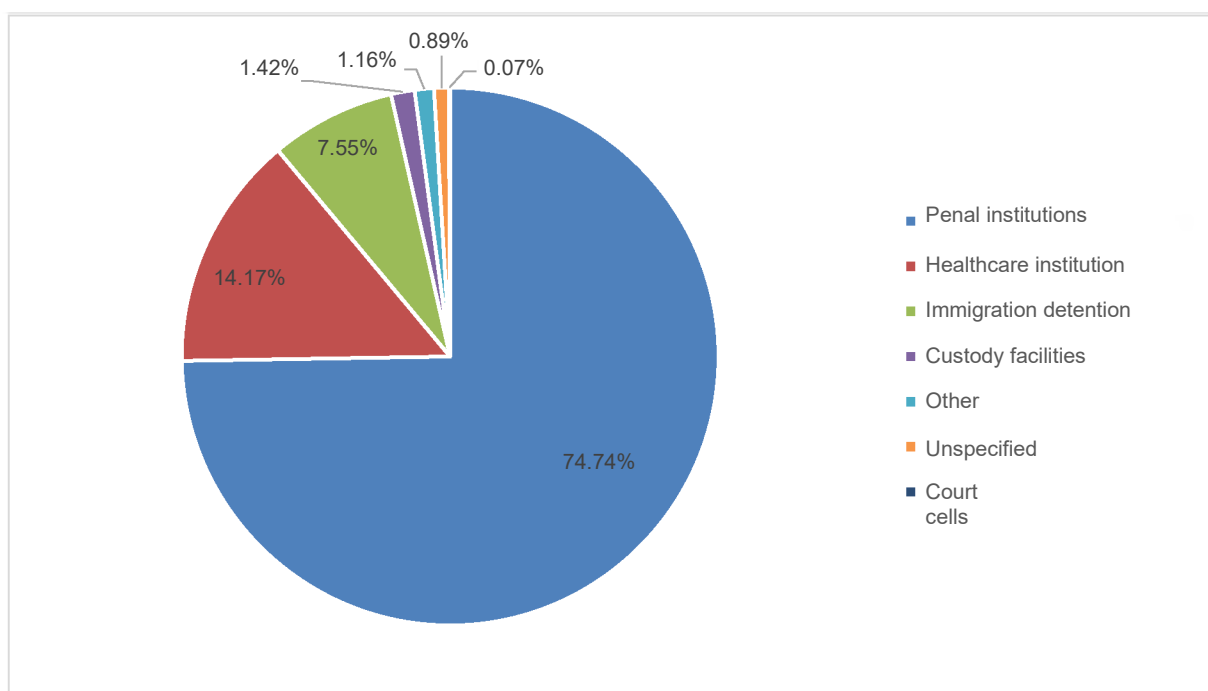
	Person concerned	Family / relatives	Association	Lawyer	Other ⁸⁴	Physicians / medical staff	IGA	TOTAL	Percentage
PENAL INSTITUTIONS	1407	452	106	158	103	15	17	2258	74.74% of PDLs
MA and qMA - remand prison and remand prison wing	544	170	39	104	33	5	8	903	40% of PIs
CD and qCD - long-term detention centre and long-term detention centre wing	457	139	24	16	17	0	3	656	29.05%
CP - prison with sections incorporating different kinds of prison regimes (wing not specified or other ⁸⁵)	239	95	27	22	23	1	3	410	18.16%
MC and qMC - long-stay prison and long-stay prison wing	135	30	7	13	15	5	1	206	9.12%
Unspecified PI / all	10	12	8	3	8	1	1	43	1.90%
Hospitals (UHSA, secure room, UHSI, EPSNF) ⁸⁶	14	4	1	0	1	2	1	23	1.02%
CSL and qSL - open prison and open wing	7	0	0	0	3	1	0	11	0.49%
EPM - prison for minors	1	2	0	0	2	0	0	5	0.22%
CPA – centre for adjusted sentences	0	0	0	0	1	0	0	1	0.04%
HEALTHCARE INSTITUTIONS	271	85	3	5	26	34	4	428	14.17% of PDLs
EPS - public psychiatric institution	173	63	2	2	19	22	2	283	66.12% of HIs
EPS - public health institution psychiatric department	55	13	1	2	4	7	0	82	19.16%
EPS – unspecified / all / other	37	6	0	0	3	5	1	52	12.15%
UMD - unit for difficult psychiatric patients	6	2	0	1	0	0	1	10	2.34%
Private institution with psychiatric treatment	0	1	0	0	0	0	0	1	0.23%
IMMIGRATION DETENTION	20	3	168	25	10	1	1	228	7.55% of PDLs
CRA - detention centre for illegal immigrants	20	3	134	22	10	1	0	190	83.33% of ID
ZA - waiting area	0	0	21	1	0	0	1	23	10.09%
LRA – detention facility for illegal immigrants	0	0	8	1	0	0	0	9	3.95%

⁸⁴ The "other" category includes 56 individuals, 42 participants, 17 staff members, 11 fellow persons deprived of liberty, 6 MPs, 6 referrals from the Office of the President of the Republic, 3 judges, 3 professional organisations, 3 own-initiative referrals, 3 "other", 2 unknown persons, 1 directorate and 1 CPIP.

⁸⁵ Including 36 referrals concerning National Assessment Centres (CNEs).

⁸⁶ Including 14 referrals concerning a UHSA, 6 concerning a USHI and 3 concerning the EPSNF.

ID - other	0	0	5	1	0	0	0	6	2.63%
CUSTODY FACILITIES	20	5	1	8	6	1	2	43	1.42% of PDLs
CIAT - police stations and headquarters	18	5	1	7	5	1	2	39	90.70% of custody facilities
BT - territorial gendarmerie	2	0	0	1	0	0	0	3	6.98%
Custody facilities – all / other	0	0	0	0	1	0	0	1	2.32%
OTHER⁸⁷	7	10	2	2	10	4	0	35	1.16% of PDLs
UNSPECIFIED	21	2	0	0	3	0	1	27	0.89% of PDLs
COURT CELLS	0	0	0	2	0	0	0	2	0.07% of PDLs
TOTAL	1746	557	280	200	158	55	25	3021	100%
PERCENTAGE	57.79%	18.44%	9.27%	6.62%	5.23%	1.82%	0.83%	100%	



Category of place concerned	Statistics drawn up on the basis of the letters received as a whole ⁸⁸										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Penal institution	94.15%	93.11%	90.59%	90.28%	88.91%	85.45%	84.15%	84.05%	82.15%	79.40%	74.74%
Healthcare institution	3.48%	4.24%	5.88%	6.40%	6.75%	10.10%	10.27%	11.34%	11.29%	13.17%	14.17%
Immigration detention	0.71%	1.10%	1.18%	1.21%	2.33%	2.51%	3.84%	3.06%	4.46%	4.47%	7.55%
Custody facilities	0.29%	0.74%	0.61%	0.80%	0.83%	0.87%	0.47%	0.69%	0.71%	0.89%	1.42%

⁸⁷ Including 17 letters related to EHPAD care homes, 4 to military detention facilities and 1 to the IPPP.

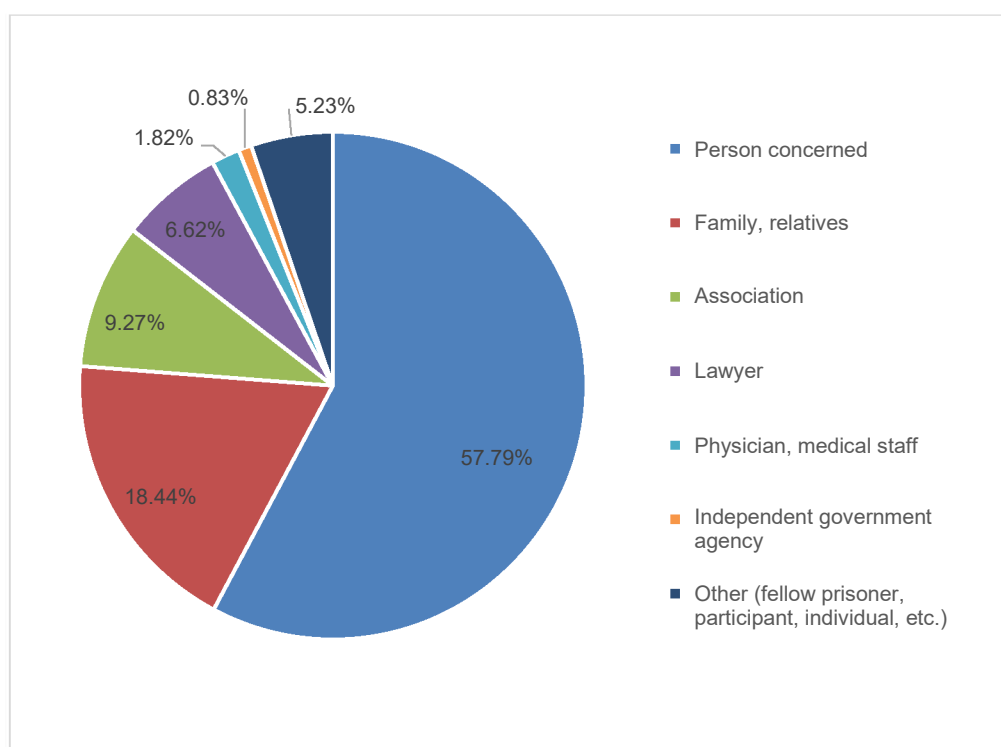
⁸⁸ This table does not present the statistics drawn up in 2009 and 2010, which were based on the 1st referral letter and not on all of the letters received.

Other	0.79%	0.12%	1.16%	0.70%	0.26%	0.44%	0.22%	0.36%	0.49%	1.06%	1.16%
Unspecified	0.42%	0.47%	0.42%	0.39%	0.54%	0.44%	0.64%	0.36%	0.56%	0.59%	0.89%
Cells	0.11%	0.07%	0.04%	0.03%	0.07%	0.03%	0.11%	0.11%	0.12%	0.24%	0.07%
Juvenile detention centre	0.05%	0.15%	0.12%	0.19%	0.31%	0.16%	0.30%	0.03%	0.22%	0.18%	-
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

In 2021, the increase in referrals concerning healthcare institutions observed since 2016 has stabilised, with such referrals accounting for 14% of the total. The proportion of referrals from the people concerned by hospitalisation remains high (63% of all referrals received in relation to psychiatric hospitalisation, compared with 64% in 2020).

The percentage of referrals bearing on immigration detention has increased significantly in 2021, reaching 7.55% of the total number (228 letters versus 151 in 2020, i.e. a 51% increase), with associations remaining the main source (168 letters received, so 74% of referrals concerning these places of deprivation of liberty).

With respect to penal institutions, while the proportion of referrals sent by relatives and the persons concerned has decreased slightly but remains in the majority, the proportion of referrals from associations (5% of the total) and lawyers (7% of the total) has increased compared to 2020 (increases of 49% and 8% respectively).



Category of persons referring cases to the inspectorate	Statistics drawn up on the basis of the letters received as a whole ⁸⁹										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Person concerned	77.61%	77.90%	75.57%	71.10%	73.42%	69.92%	70.71%	72.79%	69.65%	63.72%	57.79%
Family, relatives	9.37%	10.94%	12.81%	13.04%	10.75%	12.5%	11.79%	9.91%	13.37%	19.18%	18.44%
Association	3.02%	2.97%	2.93%	4.39%	4.29%	5.18%	6.52%	5.41%	4.86%	5.86%	9.27%
Lawyer	2.85%	3.68%	2.58%	3.49%	4.70%	4.61%	4.64%	5.08%	5.20%	5%	6.62%
Physician, medical staff	1.24%	0.76%	1.20%	1.25%	0.70%	1.45%	0.90%	1.24%	1.21%	1.09%	1.82%
Independent government agency	0.79%	0.81%	0.96%	1.79%	1.40%	2.16%	1.33%	1.02%	0.96%	0.83%	0.83%
Other (fellow prisoner, participant, private individual, etc.)	5.12%	2.94%	3.95%	4.94%	4.74%	4.18%	4.11%	4.55%	4.76%	4.32%	5.23%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

The rise in referrals from associations, all places combined, is significant in 2021 (280 letters received versus 198 in 2020, i.e. an increase of 41%).

There has also been a decrease in the number of referrals from the persons concerned (1,746 letters received versus 2,153 in 2020, i.e. a drop of 19%) and relatives (557 letters received versus 648 in 2020, i.e. a drop of 14%), an increase in the number of referrals sent by lawyers (200 letters received versus 169 in 2020, i.e. an increase of 18%) and medical staff (55 letters received versus 37 in 2020, i.e. an increase of 49%), and a slight decrease in the number of referrals received from other IGAs (25 letters received versus 28 in 2020, i.e. a decrease of 11%).

4.1.3 The situations raised

Distribution of cases referred according to the primary grounds and type of person referring the case

For each letter received, primary grounds and secondary grounds for referral of the case are given. The last column of the table below shows the percentage of occurrence of different types of grounds, taking the reasons for referral of cases as a whole (without distinguishing between primary and secondary grounds). For example, although the main grounds for referrals concerning difficulties with psychiatric hospitals appear to be procedural issues (21.97%), these grounds only account for 15.08% of all the problems addressed to the CGLPL between 1 January and 31 December 2021 with a bearing on psychiatry.

In view of the small number of letters received concerning police custody facilities and immigration detention, the primary grounds for the referral of cases presented below only concern penal institutions and healthcare institutions.

⁸⁹ This table does not present the statistics drawn up in 2009 and 2010, which were based on the 1st referral letter and not on all of the letters received.

Healthcare institutions receiving involuntary patients: primary grounds according to the category of person referring the case

Order of grounds 2021	Psychiatric hospital grounds	Person concerned	Family / relatives	Physicians / medical staff	Other ⁹⁰	Total	% 2021	% 2020	% all grounds combined (primary and secondary) 2021
1	PROCEDURE	79	11	1	5	96	21.97%	29.05%	↘15.08%
	Dispute of hospitalisation	63	5	0	3	71			
	Liberty and Custody Judge procedure	5	2	0	1	8			
	Non-compliance with procedure	4	1	0	1	6			
	Other	7	3	1	0	11			
2	ACCESS TO HEALTHCARE	35	15	5	3	58	13.27%	7.54%	↗16.72%
	Access to psychiatric care	14	9	0	1	24			
	Care contract	7	1	0	1	9			
	Seeking consent	5	2	1	0	8			
	Health prevention	1	3	1	1	6			
	Other	8	0	3	0	11			
3	PREPARATION FOR RELEASE	39	6	5	2	52	11.90%	16.19%	↘8.28%
	Discharge from hospitalisation	27	1	1	1	30			
	Short-term discharge	10	5	2	1	18			
	Other	2	0	2	0	4			
4	SOLITARY CONFINEMENT	16	16	2	4	38	8.70%	9.31%	↗8.83%
	Conditions	8	6	1	0	15			
	Duration	3	8	1	2	14			
	Other	5	2	0	2	9			
5	RELATIONS WITH THE OUTSIDE WORLD	11	12	0	1	24	5.49%	4.21%	↗8.05%
	Visits	1	9	0	0	10			
	Telephone	8	1	0	0	9			
	Other	2	2	0	1	5			
6	ASSIGNMENT	2	7	4	3	16	3.66%	2.66%	↘2.73%
	Assignment to inappropriate unit	0	6	3	1	10			
	Other	2	1	1	2	6			
7	PATIENT/STAFF RELATIONS	10	2	3	1	16	3.66%	3.10%	↗4.37%
	Use of force	5	1	0	0	6			
	Other	5	1	3	1	10			
8	RESTRAINT	5	5	2	2	14	3.20%	3.55%	↗3.59%
	Duration	3	3	0	0	6			
	Other	2	2	2	2	8			
9	LEGAL INFORMATION AND ADVICE	10	1	2	1	14	3.20%	2.66%	↗5.23%

⁹⁰ The "other" category includes 8 referrals from individuals, 7 from participants, 5 from lawyers, 4 from IGAs, 3 from associations, 2 from judges, 2 from fellow patients, 1 own-initiative referral and 1 from an MP.

	Access to lawyers	4	0	0	0	4			
	Exercise of remedies	2	1	0	0	3			
	Other	4	0	2	1	7			
10	WORKING CONDITIONS OF STAFF	2	0	10	0	12	2.75%	-	↘2.03%
11	MATERIAL CONDITIONS	6	1	2	2	11	2.52%	3.10%	↗8.36%
	Accommodation	4	0	1	1	6			
	Other	2	1	1	1	5			
-	OTHER GROUNDS ⁹¹	25	11	4	8	48	10.98%	13.53%	↗12.98%
-	UNSPECIFIED	37	0	0	1	38	8.70%	5.10%	↘3.75%
	Total	277	87	40	33	437		100%	100%

In 2021, the three primary grounds for referring a case regarding healthcare institutions are procedures, access to healthcare and preparation for release.

Since 2010, the main primary grounds has been procedures – particularly dispute of hospitalisation.

In 2021, all grounds taken together, the main ones are access to healthcare, procedures and solitary confinement. Since 2016, procedures and access to healthcare have been in the first positions.

Since 2018, the persons concerned have mainly referred cases to the CGLPL about procedures. In 2021, families have mainly referred cases related to solitary confinement, while medical staff have mainly referred cases about their working conditions.

Penal institutions: primary grounds according to the category of person referring the case

The last column of this table lists the percentage of different grounds when the reasons for a particular letter are considered as a whole (one letter may contain one or more reasons), rather than the primary grounds only, as before. Accordingly, regarding transfers, although this reason accounts for 7.60% of the primary grounds for letters received between 1 January and 31 December 2021, this percentage goes down if its positioning is considered in light of all the reasons, when it only represents 5.33% of all the difficulties brought to the CGLPL's attention in 2021. The percentage of the third primary grounds for referral, material conditions, is even more frequent when all of the reasons are looked at together, accounting for 13.21% of all difficulties brought to the CGLPL's attention in 2021, i.e. the second highest percentage.

⁹¹ Letters concerning the other grounds are not enough in number to be significant. They pertain to relations with the CGLPL (10), internal order (5), activities (4), self-harming behaviour (4), relations between patients (4), the financial situation (2), worship (1) and other grounds (18).

Order of grounds 2021	Penal institution grounds	Person concerned	Family / relatives	Lawyer	Other ⁹²	Association	Total	% 2021	% 2020	% all grounds combined (primary and secondary) 2021
1	ACCESS TO HEALTHCARE	162	87	28	25	6	308	13.61%	12.22%	↘13.36%
	<i>Health prevention</i>	53	26	4	10	2	95			
	<i>Access to hospitalisation</i>	20	17	11	7	1	56			
	<i>Access to specialised healthcare</i>	26	11	5	3	0	45			
	<i>Access to somatic care</i>	21	19	3	1	1	45			
	<i>Other (access to psychiatric care, paramedical devices, etc.)</i>	42	14	5	4	2	67			
2	RELATIONS WITH THE OUTSIDE WORLD	105	84	26	10	14	239	10.56%	10.77%	↗11.28%
	<i>Access to visiting rights</i>	18	26	4	5	3	56			
	<i>Telephone</i>	31	12	7	0	3	53			
	<i>Visiting room conditions</i>	11	24	7	2	3	47			
	<i>Correspondence</i>	29	7	3	3	3	45			
	<i>Other (information for families, family visiting rooms and UVFs, etc.)</i>	16	15	5	0	2	38			
3	MATERIAL CONDITIONS	154	28	14	20	20	236	10.43%	8.10%	↗13.21%
	<i>Accommodation</i>	54	10	6	11	3	84			
	<i>Hygiene/upkeep</i>	31	10	4	5	12	62			
	<i>Canteens</i>	38	1	0	2	2	43			
	<i>Other (food, cloakroom/searches, television, etc.)</i>	31	7	4	2	3	47			
4	PRISONER/STAFF RELATIONS	144	25	12	8	6	195	8.62%	8.36%	↘7.78%
	<i>Confrontational relations</i>	62	9	3	1	1	76			
	<i>Violence</i>	38	12	6	5	4	65			
	<i>Other (disrespect, discrimination, etc.)</i>	44	4	3	2	1	54			
5	TRANSFER	111	45	13	0	3	172	7.60%	8.58%	↘5.33%
	<i>Requested transfer</i>	50	21	7	0	0	78			
	<i>Administrative transfer</i>	30	9	3	0	2	44			
	<i>Conditions of the transfer</i>	28	10	1	0	1	40			
	<i>Other (including international transfer)</i>	3	5	2	0	0	10			
6	INTERNAL ORDER	90	28	7	10	6	141	6.23%	7.76%	↗7.24%
	<i>Discipline</i>	35	15	1	4	4	59			
	<i>Body searches</i>	22	6	3	2	1	34			
	<i>Other (cell searches, use of force, security devices, etc.)</i>	33	7	3	4	1	48			
7	PREPARATION FOR RELEASE	80	36	6	12	4	138	6.10%	7.39%	↗7.01%
	<i>Adjustment of sentences</i>	24	11	6	7	0	48			

⁹² The "Other" category includes 35 participants, 28 individuals, 17 other IGAs, 14 doctors, 11 staff members, 8 fellow prisoners, 5 referrals from the Office of the President of the Republic, 4 MPs, 3 "others", 3 professional organisations, 2 unknown persons, 2 own-initiative referrals, 1 directorate and 1 CPIP.

	<i>SPIP/Preparation for release</i>	29	8	0	0	0	37			
	<i>Permission to take leave</i>	14	9	0	0	1	24			
	<i>Other (administrative formalities, relations with external bodies, etc.)</i>	13	8	0	5	3	29			
8	PROCEDURES	85	12	8	1	4	110	4.86%	3.97%	↘3.64%
	<i>Dispute of procedure</i>	35	1	1	1	2	40			
	<i>Execution of sentences</i>	19	2	4	0	0	25			
	<i>Other (revelation of grounds for imprisonment, procedural questions, etc.)</i>	31	9	3	0	2	45			
9	ACTIVITIES	84	8	1	5	6	104	4.60%	4.98%	↗7.29%
	<i>Work</i>	46	6	1	1	3	57			
	<i>Exercise yard</i>	16	1	0	0	3	20			
	<i>Other (IT, education, training, etc.)</i>	22	1	0	4	0	27			
10	OVERSIGHT (CGLPL – request for interview, access to documents, etc.)	79	8	3	2	1	93	4.10%	3.64%	↘1.98%
11	INTERNAL ASSIGNMENT	63	14	5	4	4	90	3.98%	3.45%	↘2.80%
	<i>Cell assignment</i>	37	9	4	1	2	53			
	<i>Differentiated regime</i>	12	2	0	2	0	16			
	<i>Other ("new arrivals" wing, loss of property, etc.)</i>	14	3	1	1	2	21			
12	SOLITARY CONFINEMENT	45	12	15	8	3	83	3.67%	3.19%	↘2.80%
	<i>Conditions in the confinement wing</i>	17	4	3	3	2	29			
	<i>Solitary confinement duration</i>	8	1	4	3	1	17			
	<i>Other (solitary confinement on judicial grounds, de facto solitary confinement, etc.)</i>	20	7	8	2	0	37			
13	RELATIONS BETWEEN PRISONERS	54	12	7	3	6	82	3.62%	3.79%	↘3.15%
	<i>Physical violence</i>	24	7	6	2	4	43			
	<i>Threats/racketeering/theft</i>	16	5	1	1	1	24			
	<i>Other</i>	14	0	0	0	1	15			
14	SELF-HARMING BEHAVIOUR	23	19	3	2	6	54	2.39%	2.04%	↗2.49%
	<i>Hunger/thirst strike</i>	10	7	0	0	4	22			
	<i>Suicide/attempted suicide</i>	6	10	2	1	2	21			
	<i>Other (self-harm, death, etc.)</i>	7	2	1	1	0	11			
-	OTHER⁹³	134	35	10	24	15	218	9.63%	11.73%	↗10.63%
	TOTAL	1413	453	158	134	104	2263	100%	100%	100%

In 2021, the primary grounds for referring a case regarding penal institutions are access to healthcare (in particular preventive actions in the face of the COVID-19 epidemic), relations with the outside world and material conditions. In 2020, access to healthcare and relations with the outside world were also in the lead, followed by transfers.

⁹³ The "Other" category includes 48 "other" letters, 46 concerning legal information and advice, 39 concerning the financial situation, 28 for an unspecified reason, 21 concerning the processing of requests, 15 concerning extractions, 10 concerning worship, 8 concerning staff working conditions and 3 concerning the right to vote.

In 2021, all grounds combined⁹⁴, the primary grounds are access to healthcare, material conditions and relations with the outside world. Although placed in a different order, these have been the same primary grounds since 2017.

Furthermore, it can be noted that in 2021, the primary reason for cases being referred to the CGLPL by the persons concerned, their relatives and lawyers is access to healthcare; associations have mainly referred cases to the CGLPL about material conditions.

4.2 The consequences

4.2.1 Overall data

Type of letters sent

Type of action taken		Total 2021	Percentage 2021	Percentage 2020
Verifications (Article 6-1 of the Act of 30 October 2007)	Referral of case to the authority by letter	305	13.57%	22.51%
	Number of on-site verification reports sent ⁹⁵	15	0.67%	0.14%
Subtotal		320	14.24%	22.65%
Responses given to letters not having given rise to the immediate opening of an inquiry	Request for details	728	32.40%	34.63%
	Information	855	38.05%	32.24%
	Other (consideration for visit, passed on for reasons of competence ⁹⁶ , etc.)	194	8.63%	5%
	Lack of competence	150	6.68%	5.48%
Subtotal		1927	85.76%	77.35%
TOTAL		2247	100%	100%

As part of the verifications undertaken, the CGLPL sent the following letters between 1 January and 31 December 2021:

- 305 letters to the authorities concerned (as compared to 481 in 2020);
- 249 letters to persons having referred cases, informing them of the verifications conducted (393 in 2020);
- 108 letters to authorities to which the cases were referred, informing them of actions taken in order to follow-up on the verifications (228 in 2020);
- 91 letters to persons having referred cases, informing them of actions taken in order to follow-up on the verifications (170 in 2020);
- 166 reminder letters (315 in 2020);
- 50 letters to persons having referred cases, informing them of reminders issued (87 in 2020).

⁹⁴ i.e. the primary and secondary grounds included.

⁹⁵ Six on-site verification reports were sent to 15 authorities concerned.

⁹⁶ 62 to the Defender of Rights.

The CGLPL thus sent 2,911 letters between January and December 2021 (as compared to 3,330 in 2020), i.e. an average of 243 letters per month (as compared to 278 in 2020).

The decrease in the number of reminders sent out in 2021 (which had started in 2019) should be considered in light of the follow-up procedure set up by the Prison Administration Department (DAP). This centralisation follows a memo implemented on 26 July 2017⁹⁷ which led to longer response times and a particularly high rate of "non response", which remains problematic in 2021.

In 2021, the proportion of verifications addressed to prison directors was 54%. As in 2020, **87% of these verifications were still pending a response on 31 December 2021**. More than half of the verifications sent in 2020 also remained unanswered.

The increase in the rate of "non response" has continued (this rate was 62% as of 31 December 2020), and the average response time over the last two years has been seven months (with a 68% "non response" rate), whereas it was three months in 2017, when these responses came directly from heads of prisons.

Date	No. of prison management inquiries	No response ⁹⁸	% with no response	Average time to receive a response
January 2020	9	5	56%	188 days (6 months)
February 2020	12	5	42%	223 days (7 months)
March 2020	15	4	27%	262 days (8.5 months)
April 2020	46	27	59%	251 days (8 months)
May 2020	20	11	55%	318 days (10 months)
June 2020	12	9	75%	151 days (5 months)
July 2020	21	14	67%	330 days (11 months)
August 2020	15	10	67%	226 days (7 months)
September 2020	30	14	47%	212 days (7 months)
October 2020	10	3	30%	245 days (8 months)
November 2020	16	9	56%	272 days (9 months)
December 2020	23	14	61%	251 days (8 months)
Sub-total 2020	229	125	55%	250 days (8 months)
January 2021	13	11	85%	163 days (5 months)
February 2021	13	11	85%	133 days (4 months)
March 2021	8	5	62%	19 days (1 months)
April 2021	16	13	81%	116 days (4 months)
May 2021	11	11	100%	Not applicable
June 2021	17	16	94%	185 days (6 months)
July 2021	26	24	92%	80 days (2.5 months)
August 2021	10	9	90%	126 days (4 months)

⁹⁷ This DAP memo provides that, for individual referrals to the CGLPL, the Prison Administration Director shall now be the only party to sign off on responses.

⁹⁸ Some inquiries were closed with no further action taken.

September 2021	11	8	73%	61 days (2 months)
October 2021	13	12	92%	33 days (1 months)
November 2021	20	19	95%	62 days (2 months)
December 2021	8	6	75%	14 days (0.5 months)
Sub-total 2021	166	145	87%	83 days (3 months)
Total	395	270	68%	222 days (7 months)

Time required for the CGLPL to respond (letters sent between January and December 2021)

As of 31 December 2021, the CGLPL had replied to 684 letters of referral addressed to it during 2020 (i.e. 24% of its replies) and to 2,112 letters that arrived in 2021 (i.e. 76% of its replies).

Length of response time	Number 2021 (Jan. – Dec.)	% 2021	Number 2020 (Jan. – Dec.)	% 2020
0-30 days	593	16.78%	655	16.92%
30-60 days	486	13.76%	557	14.39%
More than 60 days	1717	48.60%	1752	45.26%
Response pending	482	13.64%	765	19.76%
Cases not taken up ⁹⁹	255	7.22%	142	3.67%
TOTAL	3533	100%	3871	100%

For letters replied to in 2021, this reply was received within 60 days for 30.54% of them. In 2020, this rate was 31.31%. The average response time in 2021 is 95 days (i.e. 3 months). In 2020, this response time was 79 days (i.e. 2.5 months).

4.2.2 Verifications with the authorities

In view of the institutions concerned and the issues raised in the cases referred¹⁰⁰, requests for observations and documents are, in most cases, sent to prison directors and physicians working in Prison Health Units (USMPs) and regional mental health departments for prisons (SMPRs).

Category of authorities called upon as part of the verifications

Type of authority referred to	Number of referrals	Percentage 2021	Percentage 2020
Head of institution	210	68.85%	58%
Prison director	166	(54.43%)	(47.61%)
Director of a hospital facility	26		
Director of a detention centre for illegal immigrants	13		

⁹⁹ The fact that a case is not taken up does not systematically mean that no action will be taken as regards the issue raised; it refers to letters for which a response is not given directly to the person, either because the sender has wished to remain anonymous, or because the person has been released in the meantime, their referral has become irrelevant or they did not wish to receive a response. Verifications can nevertheless be initiated based on a case that is not taken up.

¹⁰⁰ See above, analysis of the cases referred to the CGLPL.

Police station	4		
Other director	1		
Medical staff	48	15.74%	22.87%
Physician in charge of USMP, SMPR	43	(14.10%)	(20.17%)
Physician in a detention centre for illegal immigrants	4		
Other physician	1		
Central administration	15	4.92%	5.61%
DAP	8		
Other central management	7		
Decentralised management	12	3.93%	3.74%
DISP	6		
Prefecture	3		
ARS	3		
SPIP	10	3.28%	3.53%
Judge	7	2.30%	1.88%
Minister	2	0.66%	3.12%
Minister of National Education	1		
Minister of Health	1		
Other	1	0.32%	1.25%
TOTAL	305	100%	100%

Inquiry case-files

When the situation brought to the CGLPL's attention calls for verifications with an authority, an inquiry case file is opened. This can lead to one or more inquiry letters being sent out to one or more authorities; as such, the number of files newly opened is less than the number of inquiry letters generated in the year. The start of the inquiry corresponds to the date on which the letter giving rise to these verifications is received, and the end of the inquiry to the dispatch dates of the letters informing the persons referring the cases of the action taken and of the analysis to the authorities referred the information which they have brought to the attention of the CGLPL.

In 2021, 212 new inquiry case-files were opened (versus 311 in 2020), of which 25 were closed as of 31 December 2021 (versus 44 in 2020). Among the inquiry case-files that were opened earlier:

- 436 were still in progress as of 31 December 2021 (versus 338 on 31 December 2020)¹⁰¹;
- 131 had been closed during the year (versus 231 in 2020).

The following statistics pertain only to the inquiry case-files that were newly opened (unless specified otherwise).

¹⁰¹ To be compared with the low response rate to the inquiries sent in 2020 to heads of prisons: 55% of the 2020 inquiries were not answered in 2021 (see 4.2.1 Overall data).

Types of persons referring cases leading to the opening of case-files

Category of persons	Total 2020	% 2021	% 2020
Person concerned	107	50.47%	52.41%
Family / relatives	30	14.15%	17.04%
Lawyer	24	11.32%	8.36%
Association	21	9.91%	9.65%
Own-initiative referrals (CGLPL)	11	5.19%	5.79%
Physicians/medical staff	6	2.83%	0.96%
Fellow person deprived of liberty	5	2.36%	1.93%
Other	8	3.77%	3.86%
Total	212	100%	100%

Types of institutions concerned

Place of deprivation of liberty	Total	% 2021	% 2020
Penal institution	171	80.66%	82.64%
MA – remand prison (or remand wing)	73		
CD – long-term detention centre (or long-term detention centre wing)	41		
CP – prison with sections incorporating different kinds of prison regime (or unspecified wing or other)	41		
MC – long-stay prison (or long-stay prison wing)	11		
CSL – open prison (or open wing)	2		
All	2		
Hospitals (UHSIs)	1		
Healthcare institution	21	9.90%	6.43%
EPS – public psychiatric institution	13		
EPS – public health institution psychiatric department	4		
UMD – unit for difficult psychiatric patients	1		
EPS – all or other	3		
Immigration detention	15	7.08%	9%
CRA – detention centre for illegal immigrants	14		
ZA – waiting area	1		
Custody facilities	4	1.89%	1.29%
CIAT – police stations and headquarters	3		
Police custody – other	1		
Court cells	1	0.47%	0.32%
Other	-	-	0.32%
Total	212	100%	100%

Average length of inquiries

156 inquiry case-files were closed between January and December 2021 (versus 275 in 2020). The average length of time taken by inquiries was 18 months (versus 15 months in 2020).

The increase in inquiry times should be considered in light of the delay in responses received on the part of prison directors with regard to verifications (see §4.2.1 on overall data).

Duration	Number of case-files 2021	Percentage 2021	Cumulative percentage 2021	Cumulative percentage 2020
Less than 6 months	24	13.39%	13.39%	14.18%
From 6 to 12 months	36	23.09%	36.48%	46.54%
More than 12 months	96	61.54%	100%	100%
Total	156	100%	100%	100%

Primary grounds upon which verifications were taken up with the authorities

The CGLPL may request observations concerning various different issues from authorities to which cases are referred. However, the CGLPL defines each inquiry case-file on the basis of the primary grounds for verification. Due to their small number, the primary grounds for inquiries concerning immigration detention facilities and police custody facilities are not presented.

Primary grounds with regard to healthcare institutions receiving involuntary patients

Psychiatric hospital grounds	Total
Preparation for release (preliminary discharges, etc.)	5
Solitary confinement (duration, protocol, etc.)	3
Procedures (JLD, etc.)	3
Internal order (confiscated objects, etc.)	2
Relations between patients (threats, violence)	2
Other (assignment, restraint, legal information and advice, access to healthcare, relations with the outside world, etc.)	6
Total	21

Primary grounds concerning penal institutions

Penal institution grounds	Total
Access to healthcare (somatic, specialist, psychiatric, etc.)	39
Material conditions (accommodation, hygiene/upkeep, canteens, etc.)	24
Prisoner/staff relations (violence, confrontational relations, etc.)	14
Internal assignment (PRM cell, differentiated regime, etc.)	14
Preparation for release (administrative formalities, adjustment of sentences, etc.)	11
Relations with the outside world (visiting rooms, telephone, etc.)	10
Relations between prisoners (physical violence, etc.)	10
Activities (work, IT, education/training, etc.)	9

Solitary confinement (grounds, duration, etc.)	8
Internal order (body searches, cell searches, etc.)	7
Transfer (requested, administrative, etc.)	7
Legal information and advice (interpreting services, visits from lawyers, etc.)	5
Processing of requests (intercom, time limits, etc.)	4
Other (taking poverty into account, extractions, etc.)	8
Total	170

Fundamental rights concerned in inquiry case-files by type of place of deprivation of liberty

Fundamental rights	Penal institution	Healthcare institution	Immigration detention	Custody facility	Total 2021	% 2021	% 2020
Dignity	37	4	3	4	48	22.64%	12.38%
Access to healthcare and prevention	38	2	6	1	47	22.17%	28.89%
Physical integrity	34	3	6		43	20.28%	15.87%
Maintenance of family ties, relations with the outside world	11				11	5.19%	9.21%
Moral integrity	11				11	5.19%	4.44%
Access to work, activity, etc.	10				10	4.72%	2.86%
Integration/preparation for release	6	3			9	4.25%	4.13%
Freedom of movement	2	6			8	3.77%	1.59%
Property rights	4	1			5	2.36%	6.35%
Confidentiality	4				4	1.89%	1.90%
Right of defence	4				4	1.89%	1.27%
Legal information and advice	3				3	1.42%	5.71%
Equal treatment	2				2	0.94%	1.27%
Right to information	1	1			2	0.94%	1.27%
Unjustified detention	1	1			2	0.94%	-
Social rights	2				2	0.94%	-
Privacy	1				1	0.47%	0.32%
Other					-		2.54%
Total	171	21	15	5	212	100%	100%

The majority of the case-files newly opened in 2021 concerned, for penal institutions, issues relating to access to healthcare, dignity and the preservation of physical integrity. For immigration detention, access to healthcare and the preservation of physical integrity are also dominant. For healthcare institutions, freedom of movement is the fundamental right mainly targeted by the opening of new inquiries.

4.2.3 Verification findings at the closing of the case-file

In order to report the findings of verifications carried out with the authorities concerned, a distinction has been drawn between any violations of fundamental rights, the results obtained for the person concerned and action taken as regards the authorities.

The following data show that violations occurred (even partially) in 64.10% of the inquiry case-files (versus 64.36% in 2020).

In 41.03% of case-files, the problem has been resolved: either for the person, or for the future, or in a partial manner (versus 44% in 2020).

Lastly, as regards the actions taken, the CGLPL sent recommendations to the authorities called upon in 17.95% of cases (versus 25.82% in 2020). Corrective measures resulting from the inquiry addressed by the CGLPL to the authorities concerned were taken in 17.31% of cases (versus 9.09% in 2020). No special follow-up was given by the Chief Inspectorate in 51.28% of inquiry case-files (versus 44.73% in 2020), either because no violation of a fundamental right was proven, or because the person deprived of liberty was transferred or released and the fundamental right in question could not be dissociated from their individual situation, or because the response was received too late and thus gave rise to no follow-up.

Out of the 156 case-files closed in 2021, the following results were obtained:

Results of the inquiry		Number of case-files	% 2021	% 2020
Violation of a fundamental right	Violation proven	64	41.02%	46.18%
	Violation not proven	56	35.90%	35.64%
	Violation proven partially	36	23.08%	18.18%
Total		156	100%	100%
Result for the person deprived of liberty	Not applicable	40	25.64%	21.82%
	Unknown result	30	19.23%	21.82%
	Problem solved	25	16.03%	19.27%
	Problem not solved	22	14.10%	12.36%
	Problem partially solved	20	12.82%	9.82%
	Problem solved for the future	19	12.18%	14.91%
Total		156	100%	100%
Actions taken up by the CGLPL with the authorities concerned	No particular follow-up	80	51.28%	44.73%
	Recommendations	28	17.95%	25.82%
	Corrective measure taken by the authority or implementation of a best practice	27	17.31%	9.09%
	Call for vigilance	21	13.46%	20.36%
Total		156	100%	100%

5. Resources allocated to the Chief Inspectorate in 2021

CGLPL figures at a glance

65 members of staff, including 34 permanent employees

87% officers in charge of inspection duties, including:

- 15 permanent inspectors;
- 3 inspectors in charge of specific missions (communication, research, international relations);
- 8 inspectors in charge of referrals and inquiries;
- 31 external inspectors, with public service collaborator status;
- 4 management staff members;
- 4 officers in charge of support duties.

65% are women and 35% are men

55 years old: average age (47.5 years old for permanent employees)

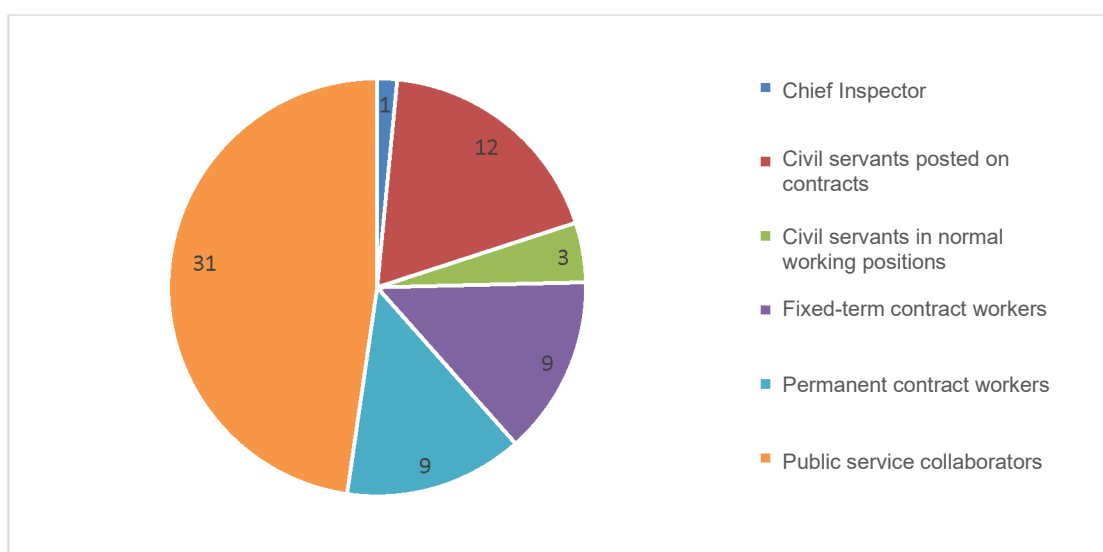
4 years of seniority on average

€5.3m in overall budget (€4.2m in staff appropriations and €1.1m in operating appropriations)

5.1 The institution's human resources

5.1.1 *Statuses of the CGLPL's employees as of 31 December 2021*

The institution relies on staff recruited for permanent positions (34 permanent positions since the Finance Act for 2019) as well as on inspectors with public service collaborator status (31 external inspectors thus helped carry out the institution's missions in 2021).



At the end of 2020, 31 of the institution's positions were effectively filled. Two inspector positions remained vacant. Indeed, the late appointment of the new Chief Inspector did not allow for these recruitments to take place. In addition, a 34th permanent position allocated to the institution in 2019 had never been filled, for lack of authorisation to recruit in terms of employment patterns. In 2021, an authorisation to derogate from the employment pattern was obtained within the framework of budget trade-offs to recruit for the two positions that remained vacant at the end of 2020 and to use the 34th position obtained in the Finance Act for 2019 to create an additional post of inspector in charge of inquiries and referrals, in order to improve the institution's performance in the processing of referrals and develop on-site inquiries and verifications.

As of 31 December 2021, the institution is in a situation of full employment, with all recruitments having been completed.

The status of the Chief Inspector is currently determined by the provisions of the Order of 27 February 2020 issued pursuant to Decree No. 2020-173 of 27 February 2020 relating to the terms of remuneration for members of independent government agencies and independent public authorities, in particular its Annex III.

Among the permanent positions, a majority of the permanent inspectors, who are in charge of overseeing control missions on a rotational basis, are civil servants posted on contracts. This is the majority status for inspection duties. This is because posting on contract is the only management option that ensures the independence of civil servant inspectors with regard to the managing ministries of their profession, which often exercise authority or supervision over the places of deprivation of liberty which are subject to the institution's scrutiny. There are 15 permanent inspectors as of 31 December 2021. All positions have been filled with three recruitments filling an old vacancy from 2020 and with two external transfers in 2021: a judicial magistrate, an administrative magistrate in March 2021 and a Prison Administration Director in December.

Three civil servants – Government department attachés – have been placed in normal working positions. In charge of support (administrative and financial director and archivist in charge of monitoring reports) or legal coordination (Deputy to the Director of Legal Affairs) duties, these civil servants perform tasks within the institution in keeping with the special status of their profession.

Contract workers are mainly recruited:

- as inspectors in charge of case referrals, for which few junior civil servants have any initial training or experience in human rights,
- as inspectors in charge of a specific mission (communication, international relations in a professional environment related to human rights),
- to inspection duties to ensure a diversity of profiles and benefit from the skills of the voluntary sector.

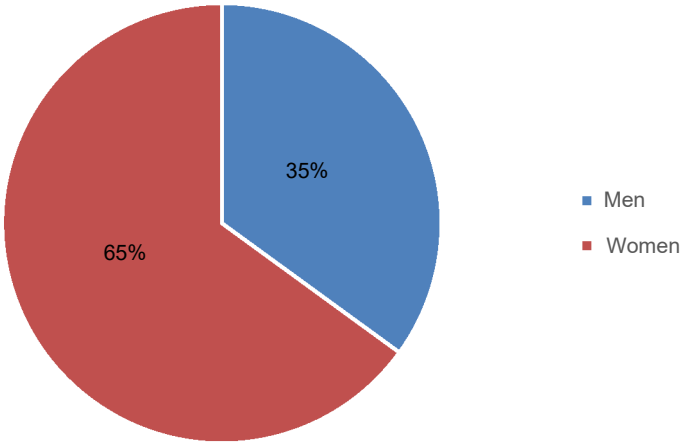
The proportion of contract workers is tending to increase within the institution, particularly in view of the internal mobility paths that have been arranged in 2021. For example, the position of Director of Legal Affairs, which had been vacant in April 2021, was filled via internal mobility by an experienced contract inspector in charge of referrals who had previous experience as a lawyer. A position of inspector in charge of studies and research, which was created in 2021 by transforming the duties of the inspector in charge of the Scientific Committee, whose post had been vacant since 2020, was also filled internally by an experienced inspector in the institution. As a result of these internal transfers, contract lawyers have been recruited to fill the vacant positions of inspectors in charge of case referrals and to fill the new position created in 2021.

Lastly, the graph which includes external staff, constituting a more flexible status for the institution and one that is more precarious for those concerned than the service obligation bearing on

employed staff, attests to the high use of this method to supplement inspection staff or put together the unit responsible for monitoring the quality of the institution’s reports. This form of collaboration enables the institution to attract a wide range of profiles: particularly experienced retired workers, freelancers, civil servants, academics and workers with jurisdictional or inspection duties who can participate on an ad hoc basis in the institution’s actions and contribute to its reflections.

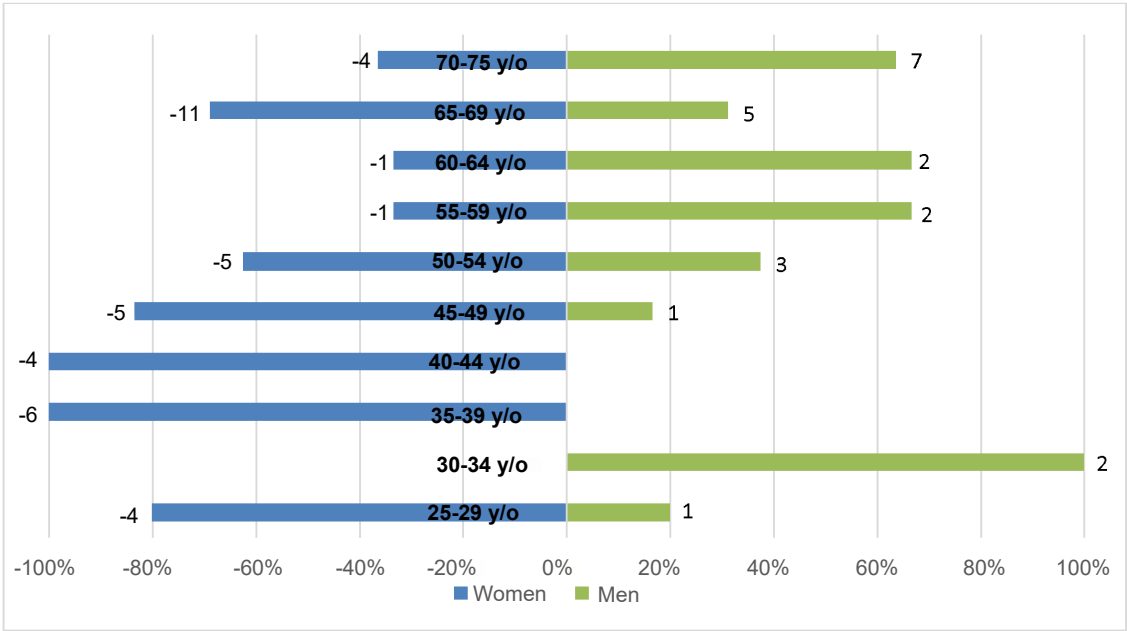
5.1.2 Social assessment of the institution in 2021

Gender distribution among all staff members



Most CGLPL staff members are women. However, inspection duties are almost equally distributed (25 women and 21 men). Women hold 75% of executive positions.

Pyramid of ages of all staff



The large proportion of staff located in the highest half of the pyramid is due to the recruitment policy for inspection duties (recruitment in the second part of careers) and the significant use of collaboration agreements, some of which are entered into with retirees. Recent recruitments of junior profiles for the positions of inspectors in charge of referrals have increased the base of the pyramid.

Turnover and absenteeism among permanent staff

Year	2015	2016	2017	2018	2019	2020	2021
Staff turnover rate	15%	6%	10%	14%	15%	15%	18%

The staff turnover rate, which has been increasing in recent years, indicates the institution's sound capacity to renew its workforce and equip them with skills that are in demand on the public job market. It is higher in 2021, taking into account the absorption of all vacancies.

Rate of absenteeism for sickness		
	2020	2021
Contract workers	2%	1%
Incumbents	6%	2%
Total	4%	1%

The rate of absenteeism for sickness is normal, and much lower than in 2020 (cases of COVID linked to the professional activity of employees had occurred at the very beginning of the pandemic).

Remote working for "sedentary" positions in 2021

For staff members in charge of inspection duties, who work primarily on the move, the institution has implemented, since its creation, a flexible form of work that only includes, in the same manner as institutions in charge of controls and audits (Court of Accounts, Regional Chambers of Accounts, inspectorates, etc.), an obligation of residual presence on the administrative site of the institution, to attend mandatory meetings.

However, employees performing more sedentary duties at the institution's headquarters (support, secretariat, responses to referrals) did not carry out their work on the move and remotely, before the health crisis in 2020. In the context of the health crisis, certain functions normally carried out on-site were reorganised so they could be performed remotely (in particular the validation and signature processes) and occasional on-site interventions were conducted by staff on a rotating basis when they could not be carried out remotely.

The experience of organising remote work for staff with "sedentary" duties, which was successful during the COVID-19 epidemic, and the professionalism shown by the institution's employees during this forced remote working experience justified the organisation of a long-term teleworking framework, in compliance with the provisions of Decree No. 2016-151 of 11 February 2016 as amended relating to the conditions and procedures for implementing telework in public service and the judiciary.

The continuation of the health crisis in the first half of 2021 postponed this implementation of a normal telework regime to 1 July 2021, in application of the Circular of 26 May 2021 on telework in public service, with two days of telework per week.

Eligible staff members have had access to half an annual quota of teleworking days (43 days) since 1 July, subject to hierarchical validation in the leave management application.

The implementation of compensation for the days used will be put in place in the first half of 2022 in accordance with Decree No. 2021-1123 of 26 August 2021 creating a lump-sum telework allowance for civil servants and magistrates.

The results of this first exercise under ordinary law have been assessed.

Review of telework practices since 1 July 2021 under ordinary law provisions		
Number of eligible employees	Individual rights open on 1 July	Total quota
11*	43 days	473 days
Total quota used since 1 July	Use rate since 1 July	Number of compensable days from 1 September 2021
132	28%	121 days**
Average individual use	Maximum individual use	Minimum individual use
12	28	3.5

* number of eligible persons limited to employees present throughout the period (13 as of 31 December 2021)

** for the 13 eligible employees

This assessment shows that the use of the telework scheme by staff in sedentary positions is reasonable. In addition, digital tools for mobile work have been improved to allow almost all tasks to be carried out from home (support duties and mail processing tasks for persons deprived of liberty). Only the tasks of registering incoming and outgoing mail, on-site logistics and the handling of calls from persons deprived of liberty (possible by diverting the switchboard number to professional mobile phones, but psychologically difficult for home-based executive assistants) escape the possibilities of remote working.

The development of video conferencing for internal and external meetings, often using a mixed system combining face-to-face and remote participation, was also generalised in 2021 and is being well received by staff.

The implementation of approaches for analysing practices and preventing psychosocial risks

At the request of some of the inspectors, an approach for analysing practices, led by a specialised service provider, was set up in 2021.

The provider was chosen following a competitive tender involving five companies that was based a set of specifications; it was selected after a panel of judges, including the institution's inspectors, interviewed the three best candidates.

Three groups of 8-10 people have been formed with separate facilitators, all of whom are occupational psychologists. Each group attends six sessions of 2.5 hours each that are taking place every two months between September 2021 and June 2022, either face-to-face on the provider's premises or in a mixed system at the CGLPL.

This operation is benefiting 27 permanent employees and external collaborators, in charge of inspection duties or taking telephone calls from persons deprived of liberty; they are all volunteers.

In addition, with a view to preventing suffering at work, the CGLPL has signed a contract awarded by the Prime Minister's office for the prevention and treatment of situations of suffering at work. This service has two components:

- a telephone answering service with a psychologist, available seven days a week, including at night, for any questions or psychological suffering related to work or private life; a number is dedicated to all members of the CGLPL;
- on-site interventions of psychologists for the handling of emergency situations; they can be prescribed by means of order forms and may potentially be used for the psychological supervision that might be necessary in the case of very difficult missions.

5.1.3 2021 training

A real in-house training plan, initiated in 2021

A real in-house training plan was created in 2020 and gradually implemented in 2021. It includes:

- a two-day group "initial training for new employees" module, which introduces the institution, its international framework, its "minimum recommendations", its information system and its drafting rules; this module had already been in use for several years but its content was formalised in 2021;
- modules giving a general overview of the places of deprivation of liberty inspected;
- methodological training modules in the context of inspections;
- training modules on the rights of persons deprived of liberty.

These modules are designed and operated by experienced inspectors. Each leader organises a session, not exceeding three hours, which can be attended in person or by video conference. The teaching methods used are freely chosen by the organiser, who can call on other internal or external participants or use audiovisual resources. Each session is accompanied by a written document (text or presentation) that is posted on the CGLPL's intranet along with the video recording of the session.

Each member of the CGLPL must attend two training sessions of their choice each year.

The gradual and partial implementation of this plan in 2021 has shown good results in terms of the attractiveness of the courses, as the following summary shows.

In-house training	Duration (in days)	Participants in 2021
Welcome course for new employees	2	6
Overview of places of deprivation of liberty		
The general organisation of deprivation of liberty for foreigners	0.5	12
The general organisation of psychiatry	0.5	10
Methodological training		
Access to information systems and protection of personal data	0.5	14
Use of photos	0.5	12
Interviews in the context of inspection operations	0.5	17
The rights of persons deprived of liberty		
Searches in prison	0.5	16
Total number of days of training		52.5

External training

The CGLPL enjoys free access to certain training programmes at the National School for the Judiciary (ENM) as part of a partnership in which the institution undertakes to introduce judges to inspection duties within the framework of continuing education. In 2021, some ENM courses were cancelled due to the health crisis and others were held remotely, but the assessment of the training courses attended by the institution's staff is much more favourable than in 2020.

Depending on needs, the CGLPL finances external training for employees, to help them either adapt to their position or prepare a professional development project (within the framework of the personal training account). Only one training course was prescribed in 2021 as part of the change in functions; it was conducted with the company ORSYS. **Помилка! Помилка зв'язку.**

5.2 Multiannual growth in financial resources

In 2021, Dominique Simonnot, appointed Chief Inspector on 14 October 2020, completed the first year of her term in the context of a health crisis, without any strict lockdowns, that reinforced the need for on-site inspections in places of deprivation of liberty.

During this first annual cycle, the Chief Inspector defined her priorities for action and evaluated the adequacy of the resources allocated to her. This review led her to propose a reform of the institution's performance indicators in order to adapt them to the new requirements involved in defending the rights of persons deprived of liberty. She also made requests for increased resources for the institution; these were partially met.

5.2.1 *The year 2021: marked by a return to full employment for the institution and near-normal inspection activities, excluding overseas missions*

2021 budget appropriations				
Appropriations in €m	Staff appropriations	Employment ceiling	Operating appropriations	
			CAs	PAs
Appropriations voted in the initial Finance Act	4.272	34	2.035	1.124
Appropriations opened	4.251	34	1.913	1.056
Appropriations used	3.732	31	1.916	1.079
Utilisation rate	88%	91%	100%	102%

The employment ceiling and wage bill appropriations showed under-consumption. In fact, the institution reached full employment at the end of 2021 by gradually completing all of its recruitments over the year, but the last of these only took place in December.

However, the consumption of wage bill appropriations is up compared to 2020 (+4%), taking into account:

- the gradual reduction of job vacancies,
- the resumption of a normal inspection plan by the institution justifying the payment of remuneration to external collaborators.

The following developments can also be noted:

The appropriations allocated to the remuneration of civil servants have decreased, in particular in view of the transformation of the position of Director of Legal Affairs, which was previously filled by a civil servant and is now filled by a contract worker recruited via internal mobility. Lastly, a position of inspector, open to a civil servant, has remained vacant for almost six months. The consumption of CAS "Pension" appropriations is decreasing for the same reasons, but more particularly due to the status of the new Chief Inspector, who is not a civil servant and does not consume any.

The appropriations allocated to the remuneration of contract workers are increasing mechanically due to the increase in their number; in fact, non-permanent employees are growing in number.

Beyond the effect of the resumption of missions, the allowances paid to the CGLPL's occasional employees have increased significantly: +€50,000 compared to the expenditure for 2019 (2020 was not significant from this point of view given the suspension of missions linked to the health crisis and the vacancy of the Chief Inspector position), i.e. an increase of 22%. This increase is due to the increase in the scales applicable to the calculation of allowances (+10% for mission allowances decided at the beginning of 2020 and improvement of the unit rates for the processing of reports by reviewers in the framework of quality control, decided in 2021), as well as to the increase in the number of employees who carry out missions.

With regard to operating expenditure, the CGLPL had the necessary appropriations in commitment authorisations to commit to the renewal of its lease in 2021 for a further three years, which was done.

In terms of both commitment authorisations and payment appropriations, all appropriations were used (the CGLPL even mobilised the reserve for management contingencies for payment appropriations).

Despite the normal resumption of on-site inspection activities in places of deprivation of liberty, the use of travel expenses amounted to €297,000, i.e. a near-normal level of use that was nonetheless €50,000 less than the level for 2019, due to the absence of overseas missions and savings in travel expenses for external staff given the development of video conferencing for internal meetings. It is worth noting that the CGLPL has carried out a successful operation in 2022 by creating two video conferencing rooms at a cost of €23,500, including tax. This equipment will save around €20,000 per year in travel costs for external staff for internal meetings.

In terms of general operations, it is worth noting that there has been a reduction in expenditure items linked to the health crisis (reduction in the cost of hygiene services for facilities integrated into the cleaning contract in particular, expenditure on video conferencing equipment already carried out), in communication expenditure, which had reached a high level in 2020 in the context of the end of the previous Chief Inspector's term of office, and in expenditure on internal seminars.

Lastly, in 2021, the CGLPL prescribed the migration of the outsourced hosting of its data (SHAREPOINT intranet and outsourced backup of the business application containing sensitive personal data) for an amount of €50,000, as the service provider did not wish to continue the contract signed in 2019, due to a lack of profitability. Technological developments enabled low-cost solutions to be implemented (migration of the intranet to Office 365 and use of a secure cloud service provider guaranteed by the State via the UGAP to host the backup of the CGLPL's business application containing sensitive personal data). This expenditure could not be deferred in view of the provider's wish to terminate the contract and the importance of making rapid savings on hosting. It will save the amount of the terminated contract, which is approximately €50,000, by 2022.

5.2.2 *Changes in the CGLPL's budgetary resources in an overall context where its missions are evolving*

The CGLPL's budget has been stable since 2016. Since five additional jobs were created in the Finance Acts for 2015 and 2016, only a few favourable measures have been taken to improve the allocations available to it (annual trend measures in Title 2, an additional job in 2019, without authorisation for recruitment, and a few symbolic measures concerning travel expenses and the taking account of lease indexing, granted in a very sporadic manner from operating appropriations).

However, the context in which the institution carries out its missions has changed significantly.

As part of the work on the finance bill for 2022, the new Chief Inspector wished to report to government agencies and parliamentary authorities on the quantitative and qualitative growth of the institution's missions.

The number of people deprived of liberty has changed

The number of prison places has increased significantly since the CGLPL's creation:

- as of 1 October 2007: 50,714 operational places;
- as of 1 October 2020: 60,654 operational places.

This means there are almost 10,000 additional places. In the same period, the prison population grew in the same proportions. The decline due to the health crisis in 2020 was quickly erased in 2021. Thus, the statistics on the detained and imprisoned population published by the Ministry of Justice show that there were 69,448 detainees on 1 January 2022, compared with 62,673 on 1 January 2021.

The Government's overall objective is to create 15,000 new prison places by 2027, including 7,000 by the end of 2022.¹⁰²

In hospitals authorised to receive involuntary patients, without any significant change in the number of hospitals, the number of patients placed in involuntary care is increasing very rapidly. According to the annual statistics on healthcare institutions, all legal systems combined, it rose from 69,600 in 2007 to 122,600 in 2019.

In detention centres for illegal immigrants, the Senate report on the Immigration, Asylum and Integration programme, carried out in the context of the review of the finance bill for 2022, draws up a provisional assessment of the multi-annual construction and rehabilitation programme for detention centres and facilities for illegal immigrants: "The multi-annual construction and rehabilitation programme for detention centres and facilities for illegal immigrants, which began in 2018, will continue to be expanded in 2022. After three consecutive years of capacity increases, the appropriations opened in 2022 will finance new extension operations within the Olivet (90 places) and Bordeaux (140 places) CRAs. The completion of these operations by the end of 2023, combined with the planned extension of the Perpignan CRA (10 places), should bring the total detention capacity in France to 2,099 places by this date, i.e. an increase of almost 70% compared to the end of 2018".

¹⁰² The Minister of Justice stated the following during the debates on the parliamentary proposal for a law on detention conditions: "In accordance with the commitments of the President of the Republic, the improvement of detention conditions that we are debating also involves the construction of additional prison places, not to imprison more people, but to incarcerate better, in more dignified conditions. We will create 15,000 such places, 7,000 of which are already under construction; this will make it possible to close unsanitary or ageing prisons and create new prison places. I will soon be announcing the sites selected for the additional 8,000 places, with delivery scheduled for 2027".

In juvenile detention centres, a project to build 20 new CEFs was enacted in the Act on 2018-2022 Justice Programming.

The telephone reception of persons deprived of liberty needs to be strengthened

Since its creation, the CGLPL has had a telephone number that can be freely called by any person, including detainees, in a confidential manner. Until 2020, as telephones were not easily accessible in prisons (few telephone booths and limited access times), this function was carried out by the institution's secretariat in addition to its regular duties.

From 2020 onwards, the telephone system in prisons was replaced by phones in cells, which are available at all times and in very large numbers. The CGLPL can only welcome this development, which has helped improve access to the telephone for detainees. But this has not been without consequences for the institution, as the number of calls has exploded, so that the demand is continuous and is only limited by the fact that there is only one telephone line. It is therefore essential to strengthen this function, which can no longer be performed by the secretariat alone.

Legislative developments strengthening oversight of conditions of deprivation of liberty have led to a strong increase in demand for training

In 2021, various legislative reforms, two of which resulted from case-law decisions, strengthened oversight of conditions of deprivation of liberty:

- Act No. 2021-403 of 8 April 2021 to guarantee the right to respect for dignity in detention¹⁰³ introduced a competence of the judicial judge for oversight of the dignity of detention conditions;
- the successive reforms of Article L. 3222-5-1 of the Public Health Code (by Act No. 2020-1576 of 14 December 2020 on the financing of social security for 2021 and the Act of 22 January 2022 strengthening health crisis management tools and amending the Public Health Code)¹⁰⁴ have given the same judge jurisdiction to review seclusion and restraint measures taken in the context of involuntary care measures and their renewal;
- the Act of 22 December 2021 on confidence in the judiciary granted Chairs of the Bar (or their delegates) the right to visit, at any time, police custody facilities, customs detention facilities, immigration detention facilities, waiting areas, juvenile detention centres and penal institutions, under the same conditions as enjoyed by national and European MPs.

For the CGLPL, these developments have had three consequences:

- significant demand for training, particularly for judicial and administrative magistrates as well as for lawyers, at the request of the National Council of Bars;
- demand for expertise on the dignity of detention conditions, for which the courts do not currently have the objective means of information that only the CGLPL is able to

¹⁰³ This Act was passed following the ECHR judgment of 20 January 2020 condemning France for an ineffective remedy against undignified detention conditions, confirmed by the Court of Cassation Ruling of 8 July 2020 and the Constitutional Council's Decision, QPC of 2 October 2020.

¹⁰⁴ These reforms followed decisions of the Constitutional Council: Constitutional Council Decision No. 2020-844 QPC of 19 June 2020 which led to the legislative reform of 14 December 2020 and Constitutional Council Decision No. 2020-844 QPC of 19 June 2020.

provide. The creation of tools suited to this new function is being studied and developed within the institution;

- the need for increased diligence on the part of the institution to quickly make its findings public and enforceable.

In the context of the finance bill for 2022, this demonstration of the increase in the institution's expenses supported a request for the creation of four additional jobs, intended to compensate for the undersizing of control and support functions (telephone reception, communication and management) and deal with this very significant increase in expenses.

It is regrettable that none of these requests have received a favourable response, given the objective increase in the CGLPL's sphere of competence and action (both from a quantitative and material point of view) and the change in the dynamics of the institution, which has already committed itself to a firm objective of reducing the time required to publish its reports, in particular by accepting that this time period should become a performance indicator for the institution (see below), and is involved in a new approach to documenting undignified conditions of detention, in support of the opening of new judicial remedies. These requests for new measures will be made again in future fiscal years.

5.2.3 The Finance Act for 2022 and partial recognition of the institution's costs

Stability of staff appropriations and strengthening of operating resources in the Finance Act

	2022 budget appropriations (in €m)			
	Staff		Operations	
	Staff appropriations	Employment ceiling	CAs	PAs
Appropriations voted in the initial Finance Act	4.220	34	2.035	1.124

With regard to jobs and staff appropriations, the ceiling remains unchanged at 34 full-time equivalents (FTEs) and wage bill appropriations have been reduced by €70,000 from the CAS "Pension" appropriations, which have remained unused for several years.

In terms of operating appropriations, the allocation of CAs and PAs has been increased by €100,000 to enable the CGLPL to better manage its recurring expenses and deal with unforeseeable expenses. This resetting of its operating appropriations is a response to the institution's repeated requests to be compensated for the new operating costs it has had to bear since 2016 with the extension of its real estate holdings, the growth in its staff and the modernisation of its IT architecture and tools. These new resources will enable it to finance its growing real estate expenses with greater peace of mind and start redesigning its website.

As for support-related expenses, Act No. 2017-55 of 20 January 2017 on the general status of independent government agencies and independent public authorities prescribes a multi-annual scheme for optimising expenses by pooling the institution's services with those of other independent government agencies. It is clear that the lack of immediate geographical proximity to another IGA makes any real pooling difficult. However, the CGLPL is participating in the network of independent government agencies on exchanges of best practices.

In practice, even though it is truly suited to the institution, the location of the institution, in the 19th *arrondissement* of Paris, is not ideal for such pooling. The fact that the institution is

isolated from all other administrative structures excludes any pooling of buildings. The CGLPL pays for and maintains meeting room facilities that are only really used during periods when the institution's inspectors are not carrying out missions, and more sporadically in the context of the health crisis and the development of video conferencing. The budget for rent and for maintenance of the site (€445,000 in 2021) is much higher than the budget for mission logistics (€297,000 in 2021).

The implementation of the institution's IT policy also suffers from the geographical isolation of the site, as the institution does not have an in-house specialist in this area. Located far from the Prime Minister's services, from which it can only expect occasional assistance, the institution sometimes struggles to define a policy to implement the best mobile strategy and meet security requirements at the right cost.

The institution's current lease will expire on 15 February 2024. The possibility of a new location for the institution's administrative site, which would be more optimised in terms of functionality and budget, remains contingent on the availability of land.

In the first quarter of 2022, the CGLPL has mandated an audit of charges¹⁰⁵ that have been claimed from it and that it refused to pay, for lack of justification, in order to put an end to disputes with the building management company and avoid any litigation.

Revision of the CGLPL's performance indicators to better evaluate the effectiveness of its work in 2022

After holding discussions with Parliament, the CGLPL has proposed a change in its performance system for 2022. These proposals will be implemented in the framework of the finance bill for 2022.

The performance indicator of the number of places of deprivation of liberty visited, used by the institution since its creation in 2008 and until 2021, is a quantitative indicator of activity devoid of any real search for efficiency. The target is achieved by carrying out numerous rapid missions in small places of deprivation of liberty (in particular, police custody facilities in rural areas), which present fewer challenges from the point of view of fundamental rights, to the detriment of the usefulness of regular and very thorough inspections in places with more complex problems, due to cyclical or structural situations. The pursuit of this target of 150 annual visits is extremely burdensome for the institution, which has to multiply the number of sometimes very costly inspections, instead of mobilising its staff massively for large or particularly problematic institutions, which only represent an additional unit in its achievement.

Without changing the symbolic number of 150 visits, the method of calculating the indicator has been revised in 2022 to introduce a weighting factor that takes account of the occupancy capacity of the places inspected: visits to small institutions will now be counted as less than "one" (0.3 or 0.5), while those to large institutions will be counted as "one" for every 100 people in their care.

In addition, "on-the-spot investigations", carried out in response to alerts or on specific topics for opinions or thematic reports, which have not been counted up to now, will be taken into account.

Reducing the time taken to prepare and publish inspection reports is a commitment made by the Chief Inspector during the parliamentary hearings prior to her appointment; this process is already well under way.

At the request of the Senate's Committee of Laws, the **indicator of the time taken to publish inspection reports**, which is already monitored internally, will be included in the performance system.

¹⁰⁵ Within the framework of a contract for legal assistance for the leases of the General Directorate for Public Finance.

In 2022, the time to the publication of final inspection reports will be monitored for missions conducted in 2021. The initial forecast is an average of 14 months for the publication of these reports and a target of less than 12 months.

Chapter 6

"To the Chief Inspector..."

Letters received

In police custody

"Subject of the request: very dirty police station in [Ile de France]

On Monday 30 August, I was placed in a cell littered with urine and poo.

The toilet was blocked and there was a strong smell.

There was also blood on the bench.

The police officers did not want me to change cells.

I was not even allowed a glass of water while in custody from 8 am to 7 pm".

"I was taken into custody following a preliminary investigation by the agents of the public prosecutor's office in [...]. I was placed overnight at the police station in [Ile de France] and everything that you denounce is true, starting with the inscriptions on the walls where one cannot distinguish whether they are blood or excrement. I was thrown a blanket that looked more like a mop. I was deprived of water for 9 hours. There are no toilets – I couldn't go to the toilet. The tap above a pisspot was broken – it was impossible to drink. The staff let you wait for about 45 minutes before coming. I was on the floor on a filthy mattress that had surely not been disinfected given the colour and the walls... I am writing these words in tears. I left this police station at 7 am in an insurmountable state with the added bonus of hearing: 'Ma'am, this isn't a Hilton'. The agents from the public prosecutor's office took me back and it took them two hours to calm me down because I was so shocked... I would like to say that I was released from police custody".

Involuntary care

"After voluntarily taking medication at a time of personal crisis, I was first taken to the emergency department of the hospital in X after my husband called them. Although I was conscious, I refused to stay in this department where no questions were asked. So I was forcibly stripped, strapped to a stretcher and given a neuroleptic injection which rendered me unconscious (I had never taken a neuroleptic before in my life). I was in this state when I was taken to the emergency room of the psychiatric hospital in Y. I had to answer questions from doctors when I was not able to understand where I was – I did not know where I was.

Following the violent intervention of a nurse (?) who slammed me up against a wall and whom I bit on the arm as a defensive reflex, I found myself under restraint, lying on a mattress on the floor – this task was carried out by a 'squadron' of men in white coats. I was also tied to a chair all day the next day, without access to the toilet or a shower.

Following this event, a decision was taken to hospitalise me involuntarily without my husband or adult children being consulted.

On Sunday evening, still without any explanations, I found myself in a closed unit. This unit, although new with rooms with sanitary facilities, was in the form of a corridor with four single rooms. At the end of the 'corridor' there was a door with a window and a lock. Patients had no way of calling a nurse (the rooms do not have a bell). The only possibility (day or night) was to knock on the window, until someone

would hear the call or rather the noise that served as a call. I would like to point out that in this closed unit there was a man, tied to a wheelchair, who was unable to speak and who spent his days alone.

I stayed in this unit for 11 days. I only learned on the 11th day from the psychiatrist who lifted the measure that the law provides for a hearing with the liberty judge on the 12th day. I had not understood that my hospitalisation was linked to a judicial decision... On the other hand, I was discharged from hospital without medical treatment. [...]

Lastly, I would like to point out that I asked for my medical file, which is almost impossible to read because it is so confusing and in which I found neither a diagnosis, nor the reason for my restraint, nor clear explanations about my involuntary hospitalisation. [...]"

Testimony of relatives of detainees on living conditions in a remand prison

"We are writing to you because we can no longer bear the conditions in which our relatives are imprisoned in the V. remand prison [...]

The premises are dilapidated, old, and unsanitary; the showers are rusty; rats sometimes the size of cats roam the buildings. We know that there was a visit by the Chief Inspector of Places of Deprivation of Liberty in [...] but frankly, nothing has changed since then.

The government gave money for renovation work to be done. This was mainly used to build additional walls on the outside; they were even decorated. But what about inside the premises? Since the beginning of the autumn, there has been heavy rain in V. We know that some cells were flooded. When we bring back the clothes of our relatives, we sometimes have to wash them several times to remove the smell of the prison that is impregnated in them.

The visiting rooms are disinfected with a product that irritates the eyes and throat. Several people have been inconvenienced to the point of having to interrupt the visit or ask to change booths, which they were refused. What is this product? Why don't they use a non-toxic product?

There are also problems with access to healthcare, particularly with regard to the dentist. When a prisoner has a problem with a tooth, instead of being treated, it is pulled out!

The organisation of the canteens is a problem! You have to wait 3 weeks between the moment the voucher is filled in and the moment the products are delivered! This is when canteen vouchers are not misplaced! ...

There is also a big problem with strip searches. A large number of prisoners are systematically strip-searched after visiting hours; sometimes prisoners are even strip-searched twice in one day! This situation is completely humiliating. Moreover, no explanation or time limit is given – the detainees only know if they are "red" or "green".

All these things, which add up, make daily life in this remand prison a living hell and many prisoners are on the verge of a breakdown.

In addition, the majority prefer not to challenge the situation, because they know that they will suffer reprisals later. Indeed, it seems that the administration and the guards can do "whatever they want". That is why we prefer not to sign this letter, as we are afraid of exposing our imprisoned relatives and are concerned about the consequences for them.

We believe that these practices must stop, as they are inhumane. Detainees are human beings but here, they are treated like cattle. Many of us went to visit our imprisoned relatives 20 years ago and the premises have not changed since then, except for a low wall in the visiting rooms which has disappeared; otherwise it could be said that the situation has become even worse.

We are mothers, wives, friends and relatives, and we worry a lot about our imprisoned loved ones. We would like things to change at last, at least with regard to the unsanitary premises and all the inhumane conditions of detention".

Access to psychiatric care in detention

"Dear Sir or Madam,

Imprisoned in the N. detention centre since [...] May 2021, I find myself today, almost 5 months after my arrival, without any psychological medical follow-up.

I would like to inform you that I have been incarcerated since [...] 2015 and that psychological follow-up was operational and optimal in the various previous institutions, at the beginning in X and Y and then with a few passages through the UHSA in Z.

I have repeatedly reiterated my request for continued treatment, the central issue in my progress, without any success or response from the relevant bodies, such as the medical unit itself, the management, the officers or the sentence enforcement judge himself. My letters have simply gone unanswered, apart from the mention: 'on the waiting list'. I hesitated for a long time before contacting you. But medical follow-up is not only a desire on my part – it is also a legal decision and I refuse to shirk it. As I told you before, this psychological work has worked and is proving its worth at this very moment, which is why I am contacting you today".

Multiple rights violations in prison

"I was incarcerated in [...] 2015 in the remand prison of P. [Ile de France] although I am originally from [Region]. First observation: I am far from home – far from my family and my children. When I arrived in P., I found dirty cells full of cockroaches, with a tremendously high rate of overcrowding and totally unhealthy communal showers full of fungi on the floor, ceiling and walls. There were hundreds of rats of all sizes everywhere outside. I saw a lot of rubbish outside when I looked out the window. Cells made for one person were inhabited by two, three and sometimes four people. With cockroaches all over the place, climbing on your body while you watched TV, while you slept, and inside the fridges.

I also saw tension between inmates and guards, with fights, assaults and so on.

In December, I had a pneumothorax, which I noticed when I woke up. I was surprised – it came on suddenly. I asked to see a doctor, who told me at first that I had nothing serious but he did not perform an X-ray or a scan. After a week of intense pain, they decided to take me to hospital. After X-rays, the hospital doctor found a pneumothorax. So I had an operation at the hospital in [...]. After my operation, I returned to the unsanitary remand prison, where the cockroaches, rats, humidity and filthy fungi were increasing month after month. A year later, suddenly, I was struck by a pneumothorax again. I asked the doctor for a consultation and he again told me that it would pass but it persisted and got worse every day. After a week, I had tried everything: talking to the building manager, the medical officer – nothing was done. [...] I asked to be seen by the doctor, and the guard told me I would see him the next day. All night long I pressed the intercom saying that I couldn't breathe and was in a lot of pain but the guard who answered said I'd see the doctor the next day. I insisted. He laughed and said that my fellow inmate should have done some first aid training and then he hung up. I insisted but he didn't want to answer any more. At 7 am the next day, the morning guard found me on the floor suffocating and told me to wait until the medical service arrived. It didn't arrive until 9 am. At 9 am, I was taken into care by the medical staff after a week of suffering and an evening of mockery on the intercom by the guard. I was finally taken to hospital and a conclusion was quickly made after the X-rays: I indeed had a pneumothorax again, which was operated on immediately, and I was kept in hospital for three days. [...]

In October 2018, I was told that my mum had passed away following a stroke. The examining judge authorised me to visit my mother, but the remand prison in P. was opposed to this: I was told that, due to a lack of escorts, I could not say goodbye to my mother or kiss her one last time before her funeral. I didn't understand; I was having a breakdown and the only thing they were offering me was to get counselling. I was living with rats, cockroaches, humidity and prison violence and now I was suffering the death of my mother in prison. A severe depression ensued. Then my judgment came. I was transferred to the O. [region] remand prison. [...]

I was sentenced to [...] years. I was sent back to the remand prison of P. – back with the cockroaches, rats and humidity. I was placed in the building where the convicts were and I signed my wishes to be closer to my daughters who lived in the East with their mother. I was hoping to benefit from family reunification. To my great surprise, the ERISs transferred me. They provoked me during the search but I did not respond to their aggressive provocation. They wouldn't tell me where I was being transferred. I knew where I was when I arrived at the R. remand prison. [...]

When I arrived in July 2019, I asked again for family reunification; I had no one in the Paris region. COVID appeared in March 2020. I couldn't see my children at all; Plexiglas was installed in the visiting rooms. I saw a lot of fights in the exercise yard. After a year of being moved from cell to cell, floor to floor, in July 2020 I was moved to a new building for so-called security rotation. [...] Still no answer for my transfer. I was simply told that I was not the only one waiting to transfer and to be patient. [...]

One day, to my surprise, I was told to go to the registry to sign a paper. [...] I was informed that I was being transferred, but I was not told the destination.

It was with great joy that I arrived here at the CNE of [...] after having spent 6 years in a remand prison. Here, everything is clean, it's quiet, and the staff and professionals are courteous. I experience this as a liberation.

It is certain that I will continue to be affected by the conditions of my detention in the remand prison. What is also certain is that what I experienced during these 6 years disgusted me. I don't want to go through that again and I wouldn't wish it on anyone. [...]

I have been at the CNE for a few days. It will last 6 weeks. I hope to be assigned soon to an institution close to my daughters whom I love more than anything. As soon as I have a job, I will pay my civil parties. At the time of the incident, I was 27 years old. Today I am 33 years old. I still haven't mourned the loss of my dear mother. Everything is different at the CNE. It is soothing, although I am still incarcerated. I will pay my debt to justice: I have no intention of not submitting to it. I have always acknowledged the acts that I committed. I have never been in denial. [...]

COVID makes detention difficult. Although we are in prison for crimes we have committed, we do not deserve such a fate. I am afraid of dying of COVID in detention because not everything is respected in terms of hygiene.

I asked to vote in the regional elections; I was registered but on the day of the vote nobody came to pick me up. I also asked to be vaccinated, but so far I haven't been. Too many rights are being violated despite my best efforts. Thank you for listening".

Chapter 7

Places of deprivation of liberty in France: statistics

By Nicolas Fischer¹⁰⁶

CNRS – Centre for Sociological Research on Law and Penal Institutions

This data uses principal statistical sources including data on measures of deprivation of liberty and the persons concerned. Sources were described in more detail in section 10 of the Chief Inspector of Places of Deprivation of Liberty's reports for 2009 and 2011. Changes noted were commented upon in these reports, to which the reader is invited to refer.

As for the other reports, this edition updates the same basic data on the basis of availability of the various sources. The tables and graphs are accompanied by informative notes on methods and short comments.

Bringing together in one single document data relating to deprivation of liberty in the penal field (custody and incarceration), health field (involuntary psychiatric care) and the field of deportation of foreign nationals (the execution of measures and immigration detention) should not mask the fact that there are major differences in statistical concepts characterising them.

It is still important to ask oneself what sort of numbering methods are being used: moving from liberty to deprivation of liberty (flows of persons or measures) or indeed counting persons deprived of their liberty at any given moment. One well understands that, depending on field, the connection between the two is not at all the same, due to durations of deprivation of liberty which differ widely for remand, detention, immigration detention or involuntary care. Given the state of the available sources, it is not possible to draw a parallel of these magnitudes for the various places of deprivation of liberty in a single table.

This complexity has the merit of recalling the limitations of statistics: far from reflecting an absolute "truth", the figures depend on the social conditions of registration of the activity they describe, and on the tools that organise this registration within the source administrations. To conclude, they also depend on the choices made by the researchers who compile them and put them in series in order to present them.

1. Deprivation of liberty in criminal cases

Preliminary note: Due to the failure of the Ministry of the Interior to provide figures on persons implicated in offences, placements in police custody and placements in prisons (police figure),

¹⁰⁶ This year once again, the author would like to extend his sincere thanks to Bruno Aubusson de Cavarlay (CNRS-Cesdip), author of the statistics shown in the reports from 2009 to 2014, for his advice and invaluable help. This chapter is an update of the statistical series that he initially created, and also includes comments that he suggested.

it has not been possible to update Tables 1.1 to 1.3. This gap, which is regrettable to say the least, will be filled in future editions.

1.1 Number of persons implicated in offences, police custody measures and persons imprisoned

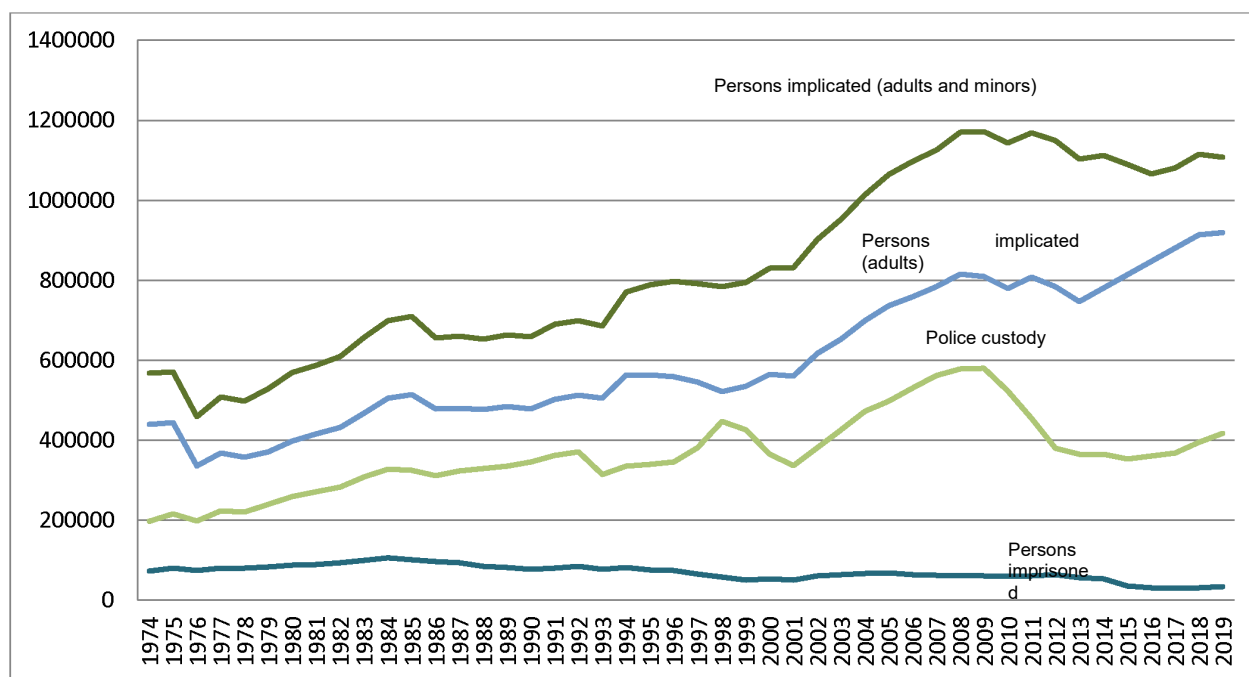
PERIOD	PERSONS IMPLICATED IN OFFENCES	CUSTODY MEASURES	which lasted 24 hours or less	which lasted more than 24 hours	IMPRISONED PERSONS
1975-1979	593,005	221,598	193,875	27,724	79,554
1980-1984	806,064	294,115	251,119	42,997	95,885
1985-1989	809,795	327,190	270,196	56,994	92,053
1990-1994	740,619	346,266	284,901	61,365	80,149
1995-1999	796,675	388,895	329,986	58,910	64,219
2000	834,549	364,535	306,604	57,931	53,806
2001	835,839	336,718	280,883	55,835	50,546
2002	906,969	381,342	312,341	69,001	60,998
2003	956,423	426,671	347,749	78,922	63,672
2004	1,017,940	472,064	386,080	85,984	66,898
2005	1,066,902	498,555	404,701	93,854	67,433
2006	1,100,398	530,994	435,336	95,658	63,794
2007	1,128,871	562,083	461,417	100,666	62,153
2008	1,172,393	577,816	477,223	100,593	62,403
2009	1,174,837	580,108	479,728	100,380	59,933
2010	146,315	523,069	427,756	95,313	60,752
2011	1,172,547	453,817	366,833	86,984	61,274
2012	1,152,159	380,374	298,228	82,146	63,090
2013	1,106,022	365,368	284,865	80,503	55,629
2014	1,111,882	364,911	284,926	79,985	52,484
2015	1,089,782	352,897	272,065	80,832	34,814
2016	1,066,216	360,423	268,139	92,284	31,227
2017	1,080,440	367,479	268,261	99,218	30,040
2018	1,115,525	395,192	287,073	108,119	30,622
2019	1,107,419	417,273	297,907	119,366	33,014

Note: The sharp drop in numbers of people imprisoned from 2015 onwards appears above all to be due to the change in the way data is collected, following digitisation of procedural management as of this date. This figure used to include people referred to the State Prosecutor's Office but who were only subject to detainment in cells pending appearance before a judge. The new definition now only includes imprisoned persons. In addition to this change in counting method is the disparate filling-out of police databases: this information is now considered to be of secondary importance and is not always filled in, the result being that the statistics vary markedly from year to year.

1.2 Trends in numbers of persons implicated in offences, police custody measures and persons imprisoned

Source: État 4001, Ministry of the Interior, series B. Aubusson.

Scope: Crimes and offences reported to the State Prosecutor's Office by the police and gendarmerie (apart from traffic offences). Bad cheques are also excluded for reasons of homogeneity. Mainland France.



Note: The figures for implicated adults have not been updated for the years 2014 to 2017, which explains the linearity of the curve for this period. While the increase described is very real (from 746,542 persons implicated in 2014 to 912,882 in 2018), it is likely to have been less steady.

When counting persons involved in criminal activity or an offence in police investigative procedures ("persons implicated"), one single person may be involved in any one year for different cases and counted several times. For police custody, the charges decided upon are counted (there being the possibility of a number of successive charges for one single person in a case). The source excludes implication for fines, driving offences and offences uncovered by the specialist services (customs, labour inspectorate, fraud investigation, etc.).

The "Persons imprisoned" column shows the decision at the end of the custody period, the majority of measures resulting in release followed or not afterwards by court proceedings. The persons "imprisoned" have, by necessity, been presented before the court at the end of custody (brought before the court) but not all of the referred accused are then imprisoned by court order. The State Prosecutor's Office or court may decide to free the accused. The problems associated with counts of persons imprisoned in the police statistics for a number of years now are still evident: in some police jurisdictions, all referred accused are counted or have been counted as imprisoned since the investigating police department does not know the results of the appearance before a judge or public prosecutor and possibly the court appearance where individuals are held by another department (when a case is filed before the courts). It is however surprising to see existing, at criminal investigating department level (national police and gendarmerie), the collection of statistical information relating to criminal justice. But for the time being there are no equivalent statistics at public prosecutor level.

1.3 Number of police custody measures and rate of use according to type of offence

Source: État 4001, Ministry of the Interior, ONDRP after 2009 / CSDP 2015-2017 Report, series B. Aubusson. Scope: Crimes and offences reported to the State Prosecutor's Office by the police and gendarmerie (apart from traffic offences), Mainland France.

Type of offence	1994			2008			2019		
	Persons implicated in offences	Custody measures	%	Persons implicated in offences	Custody measures	%	Persons implicated in offences	Custody measures	%
Homicide	2,075	2,401	115.7%	1,819	2,134	117.3%	2,796	2,720	97.3%
Robberies	18,618	14,044	75.4%	20,058	18,290	91.2%	3,034	2,815	92.8%
Drug trafficking	13,314	11,543	86.7%	23,160	15,570	67.2%	18,074	16,226	89.8%
Procuring (prostitution)	901	976	108.3%	759	768	101.2%	958	794	82.9%
Insulting and violence against government officials	21,535	10,670	49.5%	42,348	29,574	69.8%	34,799	26,464	76%
Burglaries	55,272	34,611	62.6%	36,692	27,485	74.9%	36,818	24,670	67%
Auto larceny	35,033	22,879	65.3%	20,714	16,188	78.2%	14,282	9,471	66.3%
Fire, explosives	2,906	1,699	58.5%	7,881	6,249	79.3%	6,781	4,538	67%
Vehicle theft	40,076	24,721	61.7%	20,764	15,654	75.4%	11,081	6,583	59.4%
Sexual assaults	10,943	8,132	74.3%	14,969	12,242	81.8%	27,854	15,207	54.6%
Other behaviours	5,186	2,637	50.8%	12,095	8,660	71.6%	8,107	3,824	47.2%
Foreigners	48,514	37,389	77.1%	119,761	82,084	68.5%	11,185	6,427	57.4%
False documents	9,368	4,249	45.4%	8,260	4,777	57.8%	11,145	4,760	42.7%
Other thefts	89,278	40,032	44.8%	113,808	61,689	54.2%	117,086	53,651	45.8%
Assault and battery	50,209	14,766	29.4%	150,264	73,141	48.7%	169,922	73,614	43.3%
Shoplifting	55,654	11,082	19.9%	58,674	20,661	35.2%	46,633	18,553	39.8%
Weapons	12,117	5,928	48.9%	23,455	10,103	43.1%	24,147	9,938	41.2%
Drug use	55,505	32,824	59.1%	149,753	68,711	45.9%	162,058	47,961	29.6%
Destruction, damage	45,591	12,453	27.3%	74,115	29,319	39.6%	45,742	12,065	26.4%
Other trespass to persons	28,094	5,920	21.1%	65,066	20,511	31.5%	98,413	24,415	24.8%
Fraud, breach of trust	54,866	17,115	31.2%	63,123	21,916	34.7%	62,223	8,364	13.4%
Frauds, economic crime	40,353	6,636	16.4%	33,334	9,700	29.1%	21,529	4,061	14.7%
Other general policies	15,524	3,028	19.5%	6,190	926	15.0%	7,919	2,038	25.7%
Family, child	27,893	1,707	6.1%	43,121	4,176	9.7%	70,301	5,745	8.17%
Unpaid cheques	4,803	431	9.0%	3,135	457	14.6%	1,450	27	1.8%
Total	775,701	334,785	43.2%	1,172,393	577,816	49.3%	1,107,419	417,273	37.7%
Total without unpaid cheques	770,898	334,354	43.4%	1,169,258	577,359	49.4%	1,105,969	417,246	37.7%

Note: In drawing up this table, the headings for the offence names (known as "Index 107") have been restated in a wider way to attenuate breaks relating to changes in Index 107 or changes in recording practices. The heading "unpaid cheques" includes cheques without funds, before they were decriminalised in 1992. A large number of persons arrested was shown under this heading (over 200,000 in the mid-1980s) and so as not to obscure results relating to custody, very seldom used in that respect, this figure has been drawn up excluding them.

Comment: The table by category of offence confirms the general effect of the Act of 14 April 2011 which had been preceded by the decision of the Constitutional Council (30 July 2010) referred a priority preliminary ruling on the issue of the unconstitutionality (QPC) of the articles of the Code of Criminal Procedure relating to custody. After a maximum recorded in 2009, use of this measure decreased from 2010 for all types of offences but differences still remain between them. For offences showing the highest rates of custody use (the first six lines in the table), the reduction in this rate is proportionately smaller. It is also worth remarking, in compliance with legislative developments, that the decrease in custody, in absolute numbers and by proportion, primarily concerns offences relating to foreign nationals staying in the country and the use of drugs. In the case of foreign nationals' residence, the drop has been extended under the effect of its replacement by detention for verification of identity in 2011 (see section 3.1).

1.4 Placements in prisons according to criminal category and estimates of placements in detention ("flow")

Source: Quarterly Statistics of the Population dealt with in Penal Institutions, French Ministry of Justice, Prison Administration Department, PMJ5 (1970-2019). Series B. Aubusson.

Scope: Penal institutions in Mainland France (1970-2000) and then for France and its Overseas territories.

Period	Remand prisoners: immediate hearing	Remand prisoners: preparation of case for trial	Convicted prisoners	Of which convicted prisoners placed in detention	Imprisonment for debt(*)	Total
Mainland France						
1970-1974	12,551	44,826	14,181	-	2,778	74,335
1975-1979	11,963	49,360	16,755	-	2,601	80,679
1980-1984	10,406	58,441	14,747	-	1,994	85,587
1985-1989	10,067	55,547	17,828	-	753	84,195
1990-1994	19,153	45,868	18,859	-	319	84,199
1995-1999	19,783	37,102	20,018	-	83	76,986
2000	19,419	28,583	17,192	-	57	65,251
All of France						
2000	20,539	30,424	17,742	n.d.	60	68,765
2001	21,477	24,994	20,802	n.d.	35	67,308
2002	27,078	31,332	23,080	n.d.	43	81,533
2003	28,616	30,732	22,538	n.d.	19	81,905
2004	27,755	30,836	26,108	n.d.	11	84,710
2005	29,951	30,997	24,588	n.d.	4	85,540
2006	27,596	29,156	29,828	24,650	14	86,594
2007	26,927	28,636	34,691	27,436	16	90,270
2008	24,231	27,884	36,909	27,535	30	89,054
2009	22,085	25,976	36,274	24,673	19	84,354
2010	21,310	26,095	35,237	21,718	83	82,725
2011	21,432	25,883	40,627	24,704	116	88,058
2012	21,133	25,543	44,259	26,038	47	90,982
2013	21,250	25,748	42,218	22,747	74	89,290
2014	46,707		43,898	24,847	60	90,665
2015	25,343	25,055	40,525	n.d.	n.d.	93,171
2016	28,290	27,226	40,273	n.d.	n.d.	96,419
2017	27,749	27,387	40,514	n.d.	n.d.	95,959
2018	28,592	28,092	41,744	n.d.	n.d.	98,801
2019	29,537	29,628	42,315	n.d.	n.d.	101,824

2020	28,351	26,511	32,991	n.d.	n.d.	87,853
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(*) Imprisonment of solvent persons for non-payment of certain fines (*contrainte judiciaire*) as from 2005

Note: The multiple changes that occurred in 2015 in the collection of prison data (adoption of the IT management application GENESIS and modification of the method of calculating numbers of prison entries) were, in previous editions, responsible for the lack of data for this same year and for significant gaps for the following years. The publication this year of the new "Statistical series of persons appearing before the courts" for the 1980-2020 period has helped fill in some of these gaps, in particular for the figures concerning remand prisoners. However, figures for convicted prisoners placed in detention and for imprisonment for debt remain unavailable, following the change in the method for counting placements in prisons.

For the 2014-2020 figures presented here, the numbers counted are by imprisonment judgement, for this legal placement under the responsibility of a penal institution no longer always involves accommodation. According to an estimate by the Prison Administration Department (PMJ5) relating to the whole of France, placements in detention (imprisonment without adjustment of sentence *ab initio* or within seven days) represented 78% of imprisonments in 2013. This percentage was still 94% in 2006. Before the introduction, at the start of the 2000s, of electronic surveillance for prisoners (Act of 19 December 1997), it was almost 100%.

Although these figures are no longer updated, this estimate of placements in detention enables, from 2006 to 2014, a series to be offered for those arrested, sentenced and placed in detention, that is, according to the methodology used, not having an adjustment of sentence *ab initio* or within seven days following imprisonment (external placement or placement under electronic surveillance).

Comment: The gaps in the 2015-2020 series make it difficult to assess trends over the last four years. In addition, there are the particularities of the year 2020 and the effects of the COVID-19 pandemic on the evolution of the prison population. For previous years, it can be seen that the average level of placements in detention of those sentenced has not fundamentally changed since the development of sentence adjustment.

In light of the figures published this year, the long-term drop in placements in temporary detention in the context of committal proceedings seems to have reversed over the last four years. In 2019, these placements reached a number close to that of immediate appearances, which were also stabilising. The decline in 2020, due to the effects of the pandemic, is likely to be temporary.

The drop in "imprisoned" persons in police statistics has not been confirmed (but the definition is not the same). Lastly, placements in detention of "remand prisoners" (in the context of committal proceedings or immediate appearance in court before final sentencing) are clearly the majority among those detained over the course of this period.

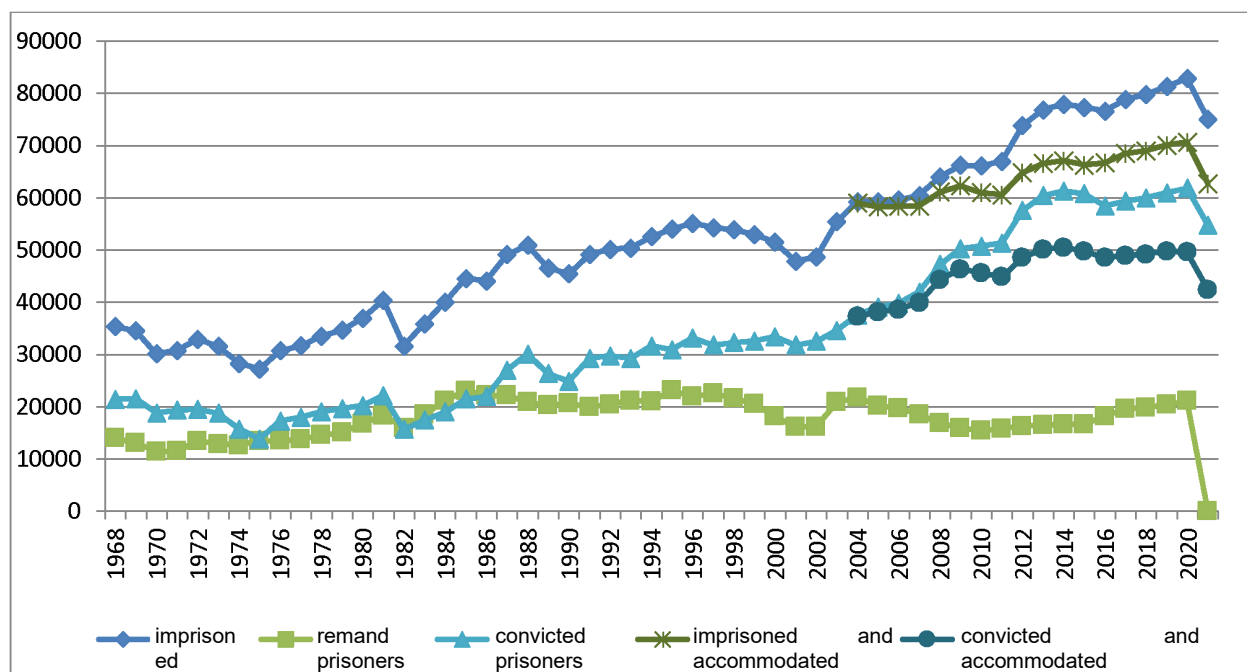
References: These series, as with all those from the prison statistics, have been reconstituted by B. Aubusson de Cavarlay (Cesdip/CNRS) for the earliest period, from printed sources. For more recent years – with the exception, as indicated, of figures from 2015 – they are now regularly distributed by the research and foresight office of the Prison Administration Department (DAP-PMJ5) in a document entitled "Statistical series of persons appearing before the courts" (*Séries statistiques des personnes placées sous main de justice*). For 2016 to 2018, we have also drawn on the statistics published in the brochure *Les Chiffres clés de la justice*, published by the Ministry of Justice (pp. 26 and after for prison administration data).

In relation to temporary detention, other series are presented in the 2015-2018 reports of the

1.5 Population serving sentences or on remand and prisoners at 1 January of each year ("stocks")

Source: Monthly Statistics of the Population of Persons Serving Sentences or on Remand and Prisoners in France, French Ministry of Justice, *Annuaire statistique de la Justice* and the Prison Administration Department, PMJ5.

Scope: All penal institutions, France and its Overseas territories (progressive inclusion of French Overseas territories as from 1990, completed in 2003).



Note: as of 2004, the gap between the two curves for those sentenced represents all of those sentenced and imprisoned under remission of sentence without accommodation (placement externally or placement under electronic surveillance); this gap will be found for total figures of those imprisoned. Remand prisoners (for immediate committal or court appearance, awaiting sentence or final order) are all included.

The decline in all series for the year 2021 is a one-off effect of the COVID-19 pandemic on penal institutions. During his hearing before the Law Committee of the National Assembly on 15 April 2020, the Prison Administration Director mentioned in particular a sharp drop in the average number of persons imprisoned per day, which he said was due to the combined effect of the slowdown in judicial activity in the first weeks of the pandemic, the mechanical effect of the end of sentences, and a deliberate policy of increasing the number of releases by sentence enforcement judges. The figures

¹⁰⁷ Available online: <http://www.justice.gouv.fr/le-ministere-de-la-justice-10017/direction-des-affaires-criminelles-et-des-graces-10024/rapport-2018-de-la-commission-de-suivi-de-la-detention-provisoire-31664.html>

already published for the year 2022 indicate an upward trend in the total number of persons imprisoned (83,267 on 1 January 2022, compared with 75,021 on 1 January 2021), as well as in the number of detainees (69,448 compared with 62,673) and remand prisoners (18,660 compared with 17,856).

Comment: Over the past 40 years, the number of prisoners sentenced has grown steadily. The growth profile of the number of "remand" (untried) prisoners (detained before final judgement) is different: stable between 1985 and 1997, it declined until 2010 (although with a sharp increase again between 2002 and 2004). It then climbs slowly, rising since 2016, whereas the number of convicted prisoners is tending to stagnate. Although no immediate explanation is forthcoming for this increase, the 2015-2016 report of the Temporary Detention Surveillance Committee interestingly tied it in with the November 2015 terrorist attacks, not least because of judges' increased reluctance to release citizens implicated in this type of case, or presenting similar profiles. The 2017-2018 report further observes the increase in placements in temporary detention of children (particularly, again, in terrorism cases), and more generally their rise for certain types of offence: those in connection with immediate committal, and temporary detentions for crimes, which are tending to get longer because the superior criminal courts are so swamped with cases¹⁰⁸.

1.6 Distribution of convicted persons according to duration of the sentence being served (including adjusted sentencing without accommodation)

Source: Quarterly Statistics of the Population dealt with in Penal Institutions, French Ministry of Justice, Prison Administration Department, PMJ5.

Scope: all persons imprisoned; 1970-1980, penal institutions in Mainland France, France and its Overseas territories from 1980 (progressive inclusion of French Overseas territories as from 1990, completed in 2003).

The dates indicated represent the situation on 1 January of each year in question.

Year	Duration of the sentence: number of prisoners					Percentage distribution			
	Less than 1 year	1 to less than 3 years	3 to less than 5 years	5 or more years	All convicted prisoners	Less than 1 year	1 to less than 3 years	3 to less than 5 years	5 or more years
1970	6,239	5,459	1,660	4,616	17,974	34.7%	30.4%	9.2%	25.7%
1980	7,210	5,169	1,713	5,324	19,416	37.1%	26.6%	8.8%	27.4%
1980	7,427	5,316	1,791	5,662	20,196	36.8%	26.3%	8.9%	28.0%
1990	6,992	5,913	3,084	8,642	24,631	28.4%	24.0%	12.5%	35.1%
2000	8,365	6,766	4,139	13,856	33,126	25.3%	20.4%	12.5%	41.8%
2010	17,445	14,174	5,628	13,442	50,689	34.4%	28.0%	11.1%	26.5%
2011	17,535	14,780	5,709	13,248	51,272	34.2%	28.8%	11.1%	25.8%
2012	20,641	17,226	6,202	13,428	57,497	35.9%	30.0%	10.8%	23.4%
2013	21,961	18,169	6,647	13,563	60,340	36.4%	30.1%	11.0%	22.5%
2014	22,213	18,288	6,868	13,902	61,261	36.3%	29.9%	11.2%	22.7%
2015	22,078	17,583	7,122	13,959	60,742	36.3%	28.9%	11.7%	23%

¹⁰⁸ On this point, see Temporary Detention Surveillance Committee, 2017-2018 Report, Paris, CSDP, 2016, pp. 12 and after.

2016	19,783	16,995	7,036	14,359	58,443	33.9%	29.1%	11.7%	24.6%
2017	20,988	17,117	6,858	14,335	59,298	35.4%	28.9%	11.6%	24.2%
2018	21,349	17,379	6,686	14,556	59,970	35.6%	29%	11.1%	24.3%
2019	21,908	17,620	6,668	14,711	60,907	36%	28.9%	10.9%	24.2%
2020	22,769	17,958	6,449	14,609	61,785	36.7%	28.8%	10.4%	23.1%
2021	19,306	15,454	5,412	14,093	54,742	35.3%	28.2%	9.9%	25.7%

Note: This analysis of convicted offenders includes those whose sentences were adjusted, without accommodation. On 1 January 2021, out of the 54,742 individuals sentenced to imprisonment, 12,348 were not detained, under adjusted sentences, and 1,749 were in an open regime or placed in external accommodation. Therefore, 40,645 of those sentenced were detained without adjustment of sentence: the analysis of this group by the quantum of sentence being carried out is not shown by this statistical source.

Comment: This table shows the trend reversing from 2000. During the last three decades of the 20th century, the growth in the number of prisoners serving long sentences was constant and marked. The proactive policy of developing the adjustment of short sentences (firstly less than one year and then less than two years) follows fresh growth in short sentencing demonstrated by the statistics on sentencing, whilst long sentences have stabilised at a high level. The reconciliation between counting movements and those in stock shows that the average prison term doubled between 1970 and 2008 (2009 CGLPL Report, Page 251, note 2 in the French version). Indicators then continued to increase to 10.4 months in 2013. This increase is confirmed for the average duration of detention within its strict meaning, which increased from 8.6 months in 2006 to 11.5 months in 2013 and subsequently stabilised (10.9 months in 2015; 10.9 and 10.7 months in 2019 and 2020 respectively) (DAP-PMJ5, 2014-2020).

Additional reference: *"L'aménagement des peines : compter autrement ? Perspectives de long terme"* (Adjustment of sentences: another way of counting? Long-term outlook), *Criminocorpus*, 2013 (online: <http://criminocorpus.revues.org/2477>).

1.7 Incarceration densities and overcrowding of penal institutions

Statistical data used by the Prison Administration Department – total number of detainees at any given time and operational capacity of institutions – enables it to calculate an "incarceration density" defined as the comparison between these two indicators (numbers present per 100 operational places).

The density for all institutions – 103.4 on 1 January 2021 – has no great significance as the indicator varies a great deal according to the type of institution: 87.2 for detention centres and detention centre wings, 71.5 for long-stay prisons and long-stay prison wings, and 76.3 for prisons for minors, whilst for remand prisons and remand wings, the average density is 118.2.

In addition, the average by type of institution includes variations within each category:

- out of the 130 sentencing institutions, only four had a density higher than 100, including two detention centre wings in overseas territories and one centre for adjusted sentences in the Ile-de-France region. This overcrowding concerned 123 detainees in mainland France and 395 in Overseas France.
- of the 134 remand prisons and remand wings, 36 had a density lower than or equal to 100 and 97 had a density greater than 100, of which 17 had a density higher than 150. For the first time, none exceeded 200 (i.e. a detained population greater than twice the number of operational places).

Overcrowding of prison institutions is therefore limited to remand prisons by application of a *numerus clausus* to sentencing institutions which are a little below declared operating capacity. For remand prisons, the increase in operational capacity (2,008 places between 1 January 2005 and 1 January 2015) was less than that in the number of prisoners (3,742) and density was therefore higher in 2015 than in 2005.

Overcrowding of an institution has consequences for all prisoners in it, even if some cells have normal occupation levels (new arrivals' wing, solitary detention wing, etc.). It is therefore relevant to note the proportion of prisoners based on the extent of occupation of the remand prison where they are. On 1 January 2021, the vast majority were once again affected by this situation of overcrowding (80%); 16% of detainees in remand prisons or remand wings were in institutions where the density was greater than or equal to 150. The decrease was likely due to the one-off effects of the COVID-19 pandemic.

Reference: "*Statistiques pénitentiaires et parc carcéral, entre désencombrement et sur-occupation (1996-2012)*" (Prison statistics and total incarceration, between clearance and overcrowding (1996-2012)), *Criminocorpus*, 2014 (online: <http://criminocorpus.revues.org/2734>).

1.8 Distribution of prisoners in remand prisons by institution density

Source: Numbers, monthly statistics of persons imprisoned (DAP-PMJ5), DAP-EMS1, operational places.

Scope: France and its Overseas territories, remand prisons and remand wings, prisoners.

Remand prisons and remand wings on 01/01	Total		Density > 100		Density > 120		Density > 150		Density > 200		Number of operational places
	Number of prisoners	%	Number of prisoners	Share of total %	Number of prisoners	Share of total %	Number of prisoners	Share of total %	Number of prisoners	Share of total %	
2005	41,063	100	38,777	94%	27,907	68%	12,227	30%	3,014	7%	31,768
2006	40,910	100	36,785	90%	23,431	57%	10,303	25%	1,498	4%	32,625
2007	40,653	100	36,337	89%	27,156	67%	10,592	26%	1,769	4%	31,792
2008	42,860	100	40,123	94%	33,966	79%	13,273	31%	2,600	6%	31,582
2009	43,680	100	41,860	96%	35,793	82%	14,324	33%	1,782	4%	32,240
2010	41,401	100	37,321	90%	25,606	62%	8,550	21%	1,268	3%	33,265
2011	40,437	100	32,665	81%	27,137	67%	4,872	12%	549	1%	34,028
2012	43,929	100	38,850	88%	34,412	78%	9,550	22%	1,853	4%	34,228
2013	45,128	100	42,356	94%	35,369	78%	11,216	25%	2,241	5%	33,866
2014	45,580	100	41,579	91%	37,330	82%	16,279	36%	1,714	4%	33,878
2015	44,805	100	41,675	93%	33,915	76%	17,850	40%	1,092	2%	33,776
2016	47,152	100	30,609	65%	26,896	57%	23,667	50%	1,469	3%	33,369
2017	47,656	100	43,213	91%	38,626	81%	18,109	38%	1,321	3%	33,532
2018	48,536	100	45,843	94%	39,751	82%	21,478	44%	1,212	2%	34,143
2019	47,806	100	44,985	94%	39,800	83%	17,856	37%	793	1.5%	34,165
2020	48,796	100	44,805	92%	40,912	84%	18,826	39%	906	2%	34,941
2021	41,507	100	33,243	80%	21,186	51%	6,721	16%	0	0%	34,754

2. Involuntary committal for psychiatric treatment

2.1 Trends in measures of involuntary committal to psychiatric hospitalisation from 2006 to 2020

Source: DREES, SAE ("Annual Statistics on Health Institutions"), table Q9.2.

Scope: All institutions, Mainland France and French Overseas *départements*

Days of hospitalisation according to the type of measure

	Hospitalisation at the request of a third party (HDT) since the Act of 5 July 2011 Committal for psychiatric treatment at the request of a third party (ASPDPT)	Hospitalisation by court order (HO) (Art. L. 3213-1 and L. 3213-2) since the Act of 5 July 2011 Committal for psychiatric treatment at the request of a representative of the State (ASPDRE)	Psychiatric care for imminent danger	Hospitalisation by court order / ASPDRE according to Art. 122-1 of the CPP and Article L.3213-7 of the CSP	Hospitalisation by judicial court order according to Article 706-135 of the CPP	Provisional Committal Order	Hospitalisation according to Art. D.398 of the CPP (prisoners)
2006	1,638,929	756,120		56,477		22,929	19,145
2007	2,167,195	910,127		59,844		31,629	26,689
2008	2,298,410	1,000,859		75,409	6,705	13,214	39,483
2009	2,490,930	1,083,025		104,400	18,256	14,837	48,439
2010	2,684,736	1,177,286		125,114	9,572	13,342	47,492
2011	2,520, 930	1,062, 486		124,181	21,950	14,772	46,709
2012	2,108,552	964,889	261,119	145,635		20,982	58,655
2013	2,067,990	977,127	480,950	198,222		16,439	85,029
2014	2,003,193	996,282	562,117	138,441		16,322	58,832
2015	2,031, 820	1,013,861	617,592	140,831		17,438	69,019
2016	2,049, 627	988,982	661,394	133,404		11,635	71,158
2017	2,025,844	987,589	672,237	145,262		17,302	78,786
2018	2,101,668	1,020,010	805,112	154,186		10,707	73,036
2019	2,081,768	985,132	768,712	162,582		14,580	74,575
2020	2,072,117	947,568	840,998	167,027		9,091	69,326

Number of patients according to type of measure

	Hospitalisation at the request of a third party (HDT) since the Act of 5 July 2011 Committal for psychiatric treatment at the request of a third party (ASPDPT)	Hospitalisation by court order (HO) (Art. L. 3213-1 and L. 3213-2) since the Act of 5 July 2011 Committal for psychiatric treatment at the request of a representative of the State (ASPDRE)	Psychiatric care for imminent danger	Hospitalisation by court order / ASPDRE according to Art. 122-1 of the CPP and Article L.3213-7 of the CSP	Hospitalisation by judicial court order according to Article 706-135 of the CPP	Provisional Committal Order	Hospitalisation according to Art. D.398 of the CPP (prisoners)
2006	43,957	10,578		221		518	830
2007	53,788	13,783		353		654	1,035
2008	55,230	13,430		453	103	396	1,489
2009	62,155	15,570		589	38	371	1,883
2010	63,752	15,451		707	68	370	2,028
2011	63,345	14,967		764	194	289	2,070
2012	58,619	14,594	10,913	1,076		571	4,033
2013	58,778	15,190	17,362	1,015		506	4,368
2014	57,244	15,405	22,489	1,033		496	4,191
2015	59,662	16,781	30,182	1,056		627	5,546
2016	61,074	17,470	23,062	1,206		473	6,520
2017	62,391	17,346	24,255	1,273		533	7,617
2018	61,040	17,927	26,820	1,294		416	7,237
2019	70,092	17,174	26,341	1,476		407	7,148
2020	59,802	16,755	26,931	1,420		436	5,437

Note: This year, as in previous years, we have used the data published by the SAE (Annual Statistics on Health Institutions), an annual administrative survey carried out by the DREES among all health institutions, and which has included a specific section on psychiatry since 2006¹⁰⁹. This survey has the advantage of showing recent data (available every year for the previous year) and being relatively comprehensive. Nevertheless, it has several drawbacks that must be kept in mind: the recording of the number of days of hospitalisation by the SAE takes into account only full days of hospitalisation, excluding preliminary discharges, and does not enable follow-up of patients on an individual basis. The same patient, treated in multiple institutions during the year, will therefore be recorded several times. Lastly, recording of entries and adopted measures has been subject to several changes in definition and calculation method since 2010, which is why we have only shown the number of days and patients here.

The second limitation relates to the redefinition of hospitalisation measures under the Act of 5 July 2011, the institution of which especially created the category of hospitalisation for imminent danger,

¹⁰⁹ For a more detailed presentation of these sources, please consult the 2015 report and the references given at the end of this section.

which added to hospitalisation at the request of a third party and hospitalisation by court order (which is today known as committal to psychiatric treatment at the request of a representative of the State, see below). This new category-based classification has therefore made year-to-year comparison difficult.

Comment: Making their first appearance in 2011, numbers of days of "hospitalisation for imminent danger" continue to increase, cutting into the two pre-existing categories, hospitalisation at the request of a third party (HDT) and hospitalisation by court order (now known as hospitalisations by decision of a State representative – HSPDRE). However, the progression of these two measures seems to have stabilised over the last five years. The upward trend in detainee hospitalisations appears to be stabilising.

Lastly, SAE figures confirm the increase in the total number of days taken up in 2015 (4,164,719 days in 2018 and 3,916,200 in 2016, versus 3,775,187 in 2014). The figures for 2019 and 2020 remain high (4,087,349 and 4,106,127 respectively).

The total number of patients still seems to be increasing over the long term, from 82,376 in 2010 to 100,858 in 2014 and 110,781 in 2020. In any event, this figure should be interpreted carefully, given the previously mentioned possibility of one and the same patient being counted more than once.

Expressed as the average number of those present on a given day for involuntary treatment, data for 2018 (total number of days divided by 365) indicates, as in previous years, a little over 10,000 patients.

Reference: Delphine Moreau, 2015, *Contraindre pour soigner ? Les tensions normatives et institutionnelles de l'intervention psychiatrique après l'asile* (Forced into treatment? The prescriptive and institutional tensions of psychiatric intervention after granting asylum). Paris: Thesis by the EHESS.

3. Immigration detention

3.1 Implementation of measures for the deportation of foreign nationals (2003-2021)

Source: Annual Reports of the French Inter-ministerial Committee for the Management of Immigration (CICI), Central Directorate of the French Border Police (DCPAF)/Key Immigration Figures, General Directorate for Foreigners in France (DGEF).

Scope: Mainland France

Year	Measures	ITF ¹¹⁰	APRF ¹¹¹	OQTF ¹¹²	APRF + OQTF	Deportation order	Readmission	Forced deportations (sub-total)	Voluntary returns (aided)	Total deportations
2003	pronounced	6,536	49,017	-	49,017	385		55,938		55,938
	executed	2,098	9,352	-	9,352	242		11,692		11,692
	% enforcement	32.1%	19.1%	-	19.1%	62.9%		20.9%		
2004	pronounced	5,089	64,221	-	64,221	292		69,602		69,602
	executed	2,360	13,069	-	13,069	231		15,660		15,660
	% enforcement	46.4%	20.4%	-	20.4%	79.1%		22.5%		
2005	pronounced	5,278	61,595	-	61,595	285	6,547	73,705		73,705
	executed	2,250	14,897	-	14,897	252	2,442	19,841		19,841
	% enforcement	42.6%	24.2%	-	24.2%	88.4%		26.9%		
2006	pronounced	4,697	64,609	-	64,609	292	11,348	80,946		80,946
	executed	1,892	16,616	-	16,616	223	3,681	22,412	1,419	23,831
	% enforcement	40.3%	25.7%	-	25.7%	76.4%		27.7%		
2007	pronounced	3,580	50,771	46,263	97,034	258	11,138	112,010		112,010
	executed	1,544	11,891	1,816	13,707	206	4,428	19,885	3,311	23,196
	% enforcement	43.1%	23.4%	3.9%	14.1%	79.8%		17.8%		
2008	pronounced	2,611	43,739	42,130	85,869	237	12,822	101,539		101,539
	executed	1,386	9,844	3,050	12,894	168	5,276	19,724	10,072	29,796
	% enforcement	53.1%	22.5%	7.2%	15.0%	70.9%		19.4%		
2009	pronounced	2,009	40,116	40,191	80,307	215	12,162	94,693		94,693
	executed	1,330	10,424	4,946	15,370	198	4,156	21,054	8,278	29,332

¹¹⁰ **ITF**: prohibition to enter French territory (*interdiction du territoire français*, principal or additional measure pronounced by criminal courts)

¹¹¹ **APRF**: prefectural order to take back to the border (*arrêté préfectoral de reconduite à la frontière*)

¹¹² **OQTF**: obligation to leave French territory (*ordre de quitter le territoire français*, administrative measure)

	% enforcement	66.2%	26.0%	12.2%	19.1%	92.1%		22.2%		
2010	pronounced	1,683	32,519	39,083	71,602	212	10,849	84,346	8,404	84,346
	executed	1,201	9,370	5,383	14,753	164	3,504	19,622		28,026
	% enforcement	71.4%	28.8%	13.8%	20.6%	77.4%		23.3%		
2011	pronounced	1,500	24,441	59,998	84,439	195	7,970	94,104	9,985	94,104
	executed	1,033	5,980	10,016	15,996	170	5,728	22,927		32,912
	% enforcement	68.9%	24.5%	16.7%	18.9%	87.2%		24.4%		
2012	pronounced	1,578	365	82,441	82,806	186	6,204	90,774	10,021	90,774
	executed	1,043	850	18,434	19,184	155	6,319	26,801		36,822
	% enforcement	66.1%	205.5%	22.4%	23.2%	83.3%		29.5%		
2013	pronounced	n.d.					6,287	97,397	4,328	97,397
	executed						6,038	27,081		31,409
	% enforcement							27.8%		
2014	pronounced	n.d.					6,178	96,229	2,930	96,229
	executed						5,314	27,606		30,536
	% enforcement							28.7%		
2015	pronounced	n.d.					7,135	88,991	3,093	88,991
	executed						5,014	29,596		32,689
	% enforcement							33.3%		
2016	pronounced	n.d.					8,279	92,076	2,627	92,076
	executed						3,338	22,080		24,707
	% enforcement							24%		
2017	pronounced	n.d.					17,251	103,940	3,778	103,940
	Executed						4,589	23,595		27,373
	% enforcement							22.7%		
2018	pronounced	n.d.					27,651	132,978	4,775	132,978
	Executed						5,372	15,677		30,276
	% enforcement							11.8%		
2019	pronounced	n.d.					27,585	152,181	2,515	152,181
	Executed						6,890	18,906		31,404
	% enforcement							12.4%		
2020	pronounced	n.d.					16,448	125,713	930	125,713
	Executed						3,664	9,111		15,949
	% enforcement							7.2%		
2021 (provisional)	Measures implemente d	n.d.					4,367	10,091	1,415	16,819

Note: The measures implemented during one year may have been pronounced during an earlier year. This explains the enforcement rate of 205.5% for APRFs in 2012.

This table is based on CICI reports for 2003 to 2019, and the *Chiffres clefs* (Key figures) of the Ministry of the Interior (sheet 26) for 2020. A second sheet published by the Department of Statistics, Studies and Documentation of the General Directorate for Foreigners in France (*Les essentiels de l'immigration - chiffres clefs / Immigration essentials - key figures*) also provides figures for 2021, but these are provisional and only describe the deportations actually carried out; they are presented as such in the last row of our table.

Their official presentation emphasises the rates of enforcement of deportation measures and any changes in them. From the 4th report for 2006, this information was included in the general context of a policy of recording numbers in relation to deportations. The total number of deportations indicated in the annual report for 2006 (23,831) therefore includes, in addition to 22,412 measures of various types pronounced and executed, 1,419 voluntary returns. Then these "voluntary returns" were counted as being "aided returns", and the annual report was not very clear on the contents of this section. This method of counting, for 2008 and the following years, showed a "result" meeting the objective of 30,000 deportations. For these years, the table shown here contains an additional column ("forced deportations", which is in bold), which excludes voluntary or aided returns.

At a press conference (31 January 2014), the Ministry of the Interior provided another set of data entitled "forced departures", stating that some deportation measures that had been executed had been counted in the past as forced deportations when in fact they were aided departures. The latest reports drawn up under Article L. 111-10 of the CESEDA (2012 to 2019 reports) now make this distinction. For 2012 it was therefore identified that out of the 19,184 APRFs and OQTFs implemented, 4,954 cases related to "aided returns". This resulted in 21,847 "forced returns" being counted for 2012 instead of 26,801 as in the above table for the forced deportations column. According to this presentation, "forced returns" decreased significantly in 2009 (17,422) and 2010 (16,197) contrary to that previously shown (above table) and therefore growth for 2011 was lower (19,328). For 2014, the records also included "forced returns" and "aided returns" under forced deportations, ending up with the figure of 21,489.

Lastly, since 2013, a distinction has no longer been made between deportation measures according to the type of measure (OQTF, APRF, ITF or deportation order); instead, there has been a general presentation distinguishing only between "unaided" and "aided" deportations. Only readmission measures and aided voluntary returns are still shown separately.

Comment: Although the overall rate of deportation measures carried out has slightly increased over the last 10 years or so, it appears to have stabilised at around 20 to 25% of deportations pronounced up to 2017 and then decreased again to 10-15% in the past few years. While the effects of the COVID-19 pandemic on the 2020 figures should again be taken into account, this relatively low rate is largely due to long-standing structural (both material and administrative) obstacles to the implementation of forced deportations.

References:

- Le Courant, Stefan (2018), *Expulser et menacer d'expulsion, les deux facettes d'un même gouvernement ? Les politiques de gestion de la migration irrégulière en France* (Expelling and threatening expulsion, two facets of the same government? Policies for the management of illegal migration in France), *L'Année sociologique*, 68, no. 1, pp. 211-232.
- Nicolas Fischer (2017), *Le territoire de l'expulsion. La rétention administrative des étrangers et l'Etat de droit en France* (The territory of deportation. Immigration detention and the Rule of Law in France), Lyon, ENS Editions.

3.2 Detention centres for illegal immigrants (Mainland France). Theoretical capacity, number of placements, average duration of detention, outcome of detention

Source: CICI annual reports, Senate (in italics, please see note).

Scope: Mainland France

Year	Theoretical capacity	Number of placements	Accompanying minors placed in CRAs	Average occupancy rate	Average duration of detention (in days)	Deported detainees, excluding voluntary returns	% deportations/placements
2002		25,131					
2003	775	28,155		64%	5.6		
2004	944	30,043		73%	8.5		
2005	1,016	29,257		83%	10.2		
2006	1,380	32,817		74%	9.9	<i>16,909</i>	<i>52%</i>
2007	1,691	35,246		76%	10.5	<i>15,170</i>	<i>43%</i>
2008	1,515	34,592		68%	10.3	<i>14,411</i>	<i>42%</i>
2009	1,574	30,270		60%	10.2		40%
2010	1,566	27,401		55%	10.0		36%
2011	1,726	24,544	478	46.7%	8.7		40%
2012	1,672	23,394	98	50.5%	11		47%
2013	1,571	24,176	41	48.3%	11.9		41%
2014	1,571	25,018	42	52.7%	12.1		46%
2015	1,552	26,267	112	54.1%	11.6	-	46%
2016	1,554	22,730	181	49.4%	12.2	-	41%
2017	1,601	26,003	308	57.9%	12.4	-	39%
2018	1,565	25,367	271	78.8%	15.4	-	40%
2019	1644	24,358	276	86.5%	17.5	-	
2020	1,689	12,762	123	61%	19.9	-	<i>42.4%</i>

Note: the annual reports of the CICI from 2003 to 2020 allow the first five columns of the table to be reproduced. The column for accompanying minors was not present before 2011. The last two columns relating to the result of placing in immigration detention do not come from the same source. A report by the Senate Finance Committee, published on 3 July 2009 and following up on a mission carried out by the Court of Auditors, provided numbers for 2006-2008 with regard to detainees who were finally deported, excluding voluntary returns. The proportion out of the number of placements can therefore be calculated (last column). The 7th CICI report, published in March 2011, provided the proportion for 2009 (page 77). The following report gave a rate of 42% for CRAs possessing interservice deportation centres (*pôle interservices éloignement*) and 37% for the rest, but no overall rate. The figures set out in the last column of the table for 2010-2013 are from an informational report from the Senate on CRAs (no. 775 dated 23 July 2014). This report also sets out the number of placements in 2013. A new report by the Senate Finance Committee of 6 June 2019 provides the rate of deportation following a detention measure for the years 2016 to 2018 (p. 40). The same report gives a figure of 9,782 detainees deported in 2018, but it does not indicate the figures for previous years. Lastly, an opinion presented to the National Assembly on the 2022 finance bill (no. 4526) provides the rate of deportation for the year 2020 (p. 29). The same source gives a forecast of 45% for the year 2021. As can be seen, these figures are still linked to occasional spotlights on detention, and their updating remains irregular.

The number of placements in 2009 has been corrected here compared with the first editions of this report: the new statement of 30,270 placements given initially as the total for France and its Overseas territories (CICI reports for 2009, 2010 and 2011) became in later editions (2011 and 2012) that for mainland France, whilst the previous statement (27,699 placements) became that for French Overseas *départements*.

Comment: The CICI annual reports do not show how the average occupancy rate is defined and assessed. By applying this rate to capacity, an estimate of the average number of persons present in CRAs should be obtained. However, this estimate is unreliable as the capacity may have been given for a fixed date (it would not then be the average capacity for the year). Another estimate of numbers would be possible from this table as placements correspond to entries and the average duration of stays has been supplied. A lower estimate is arrived at.

Calculating based on the occupancy rate gives an average number of 1,422 detainees for 2019 and 1,030 detainees for 2020. Calculating using the average length of detention gives an average of 1,167 detainees for 2019 and 695 for 2020. Both methods of calculation show an increase in these detainee numbers from 2003 (496 or 432 depending upon the method of estimating) to 2007 (1,285/1,014) and then a drop until 2011 (811/585). Since 2015, annual figures have shown an increase with all methods of calculation, with figures for 2020 again being affected by the decline in deportations and placements in detention due to the COVID-19 pandemic.

Appendix 1

Map of institutions and *départements* inspected in 2021

Départements inspected in 2021

Penal institution

Healthcare institution

Custody facility

Detention centre or facility for illegal immigrants, or waiting area

Customs detention facility

Court cell

Juvenile detention centre

971 - GUADELOUPE

972 - MARTINIQUE

973 - FRENCH
GUIANA

974 - REUNION

975
ST-PIERRE-ET-MIQUELON

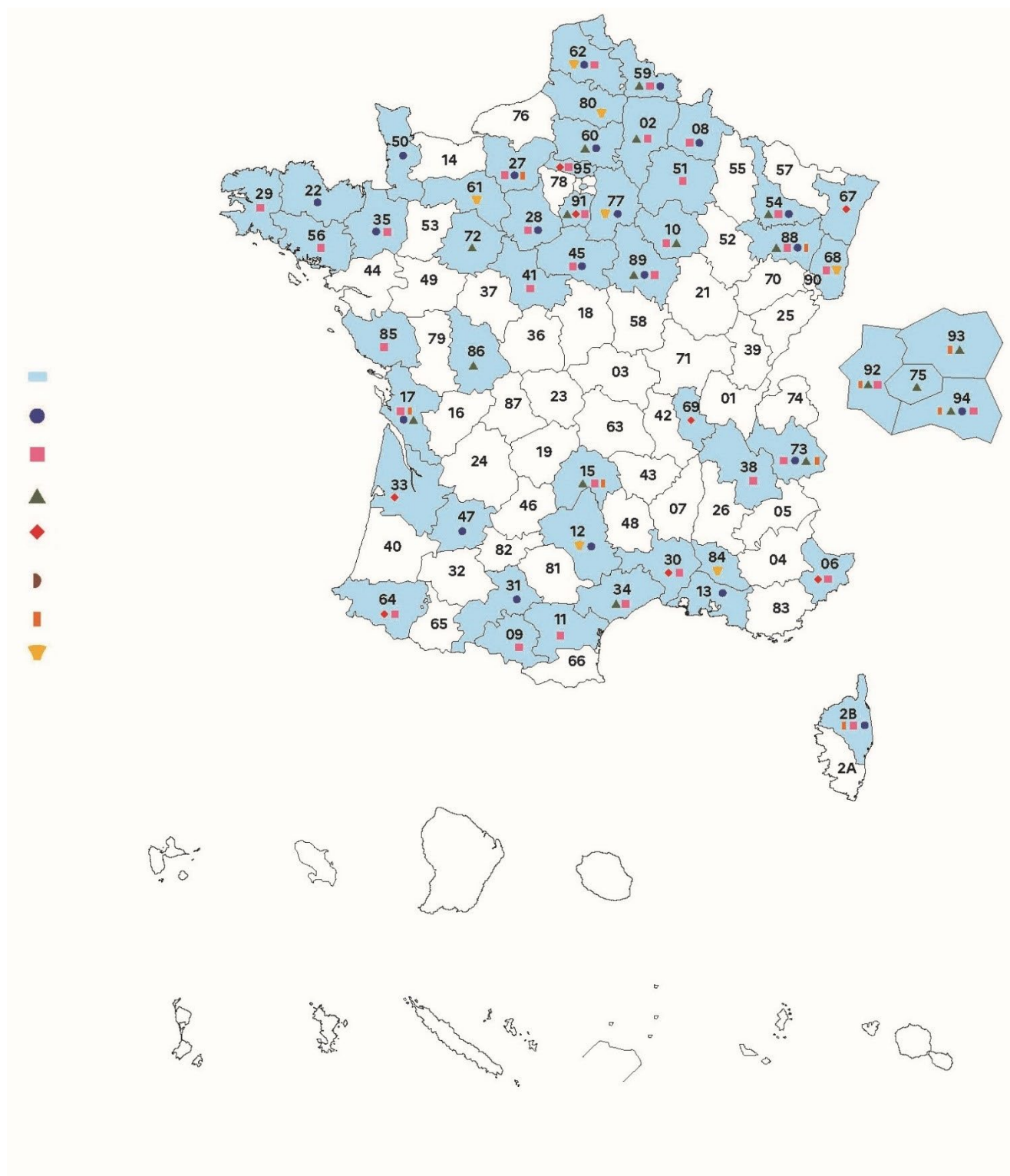
976
MAYOTTE

988
NEW CALEDONIA

985
SOUTHERN AND
ANTARCTIC LANDS

986
WALLIS AND FUTUNA

987
FRENCH
POLYNESIA



Appendix 2

List of institutions visited in 2021

Healthcare institutions

- Ariège Couserans hospital in Saint-Lizier
- Henri Mondor hospital in Aurillac
- Thau Basin hospital in Sète
- Basque Coast hospital in Bayonne
- Simone Veil hospital in Blois
- Boulogne-sur-Mer hospital
- Challans hospital
- Corbeil-Essonnes South Ile-de-France hospital
- Gonesse hospital
- Simone Veil hospital in Eaubonne
- Morlaix hospital
- Mulhouse hospital
- Sainte-Marie hospital in Nice
- Vienne hospital
- Intermunicipal hospital of Villeneuve Saint Georges
- Jean-Martin Charcot psychiatric hospital in Caudan
- Savoie psychiatric hospital in Chambéry
- Nîmes university hospital
- Aube public mental health institution in Brienne-le-Château
- Aisne public mental health institution in Prémontré
- Erasme public mental health institution in Antony
- Saint-Maurice hospitals
- Rennes Interregional Secure Hospital Unit
- Châlons-en-Champagne unit for difficult psychiatric patients
- Villejuif unit for difficult psychiatric patients

Secure rooms of the hospitals of Aiton, Auxerre, Bastia, Charleville-Mézières, Châteaudun, Val de Reuil, Epinal, Evreux, Jonzac, La Rochelle, Lille, Nancy and Orléans.

Penal institutions

- Bédénac detention centre
- Châteaudun 3 detention centre
- Joux-la-Ville 3 detention centre
- Saint-Sulpice 2 detention centre
- Val-de-Reuil 2 detention centre
- Lille-Sequedin National Assessment Centre
- Fresnes National Assessment Centre
- Aix-Luynes National Assessment Centre
- Réau National Assessment Centre
- Aiton prison complex
- Borgo prison complex
- Lille-Sequedin prison complex
- Nancy-Maxéville prison complex
- Villejuif centre for adjusted sentences
- Rennes women's prison complex
- Agen remand prison
- Auxerre remand prison
- Chambéry remand prison
- Charleville-Mézières remand prison
- Cherbourg remand prison
- Epinal remand prison
- Evreux remand prison
- Rochefort remand prison
- Rodez remand prison
- Saint-Brieuc remand prison
- Saint-Martin-de-Ré long-stay prison
- Saint-Martin-lès-Boulogne open wing

- Orléans-Saran prison complex
- Toulouse-Seysses prison complex

Juvenile detention centres

- Combs-la-Ville juvenile detention centre
- Ham juvenile detention centre
- Liévin juvenile detention centre
- Limayrac-Colombières juvenile detention centre
- Montfavet juvenile detention centre
- Mulhouse juvenile detention centre
- Sainte-Gauburge juvenile detention centre

Detention centres and facilities for illegal immigrants, waiting areas

- Bordeaux detention centre for illegal immigrants
- Nice detention centre for illegal immigrants
- Hendaye detention centre for illegal immigrants
- Nîmes detention centre for illegal immigrants
- Palaiseau detention centre for illegal immigrants
- Strasbourg-Geispolsheim detention centre for illegal immigrants
- Tourcoing detention facility for illegal immigrants¹¹³
- Waiting area of the Nice airport
- Waiting area of the Lyon Saint-Exupéry airport
- Waiting area of the Roissy-Charles-de-Gaulle airport

Custody facilities

Police stations: Antony, Aurillac, Auxerre, Béziers, Boulogne-Billancourt, Chambéry, Chambéry (PAF), Creil, Saint-Denis, Drancy, Draveil, Epinal, Tourcoing, Juvisy-sur-Orge, Le Mans, Les Lilas, Montpellier, Nancy, 19th arr. of Paris, 9th arr. of Paris, Tergnier, Villejuif, Vitry-sur-Seine, Orly (PAF).

Gendarmerie brigades: Anizy-le-Grand, Bar-sur-Aube, Brienne-le-Château, Chambéry, Jaunay-Marigny, Montendre, Vivonne and the Vosges departmental gendarmerie group.

Court cells and jails

Judicial courts of Aurillac, Bobigny, Créteil, Epinal, Bastia (and court of appeal), Chambéry (and court of appeal), Evreux, La Rochelle and Nanterre.

¹¹³ The Tourcoing police station and detention facility for illegal immigrants were inspected together and are the subject of a joint report. This inspection is recorded in the CGLPL's statistics as a visit to a police custody facility.

Appendix 3

Summary table of the CGLPL's principal recommendations for the year 2021¹¹⁴

(see table on following pages)

¹¹⁴The following recommendations are from this report and from the opinions and thematic reports published by the CGLPL in 2021. They are in no way exclusive of other recommendations set out by the CGLPL in its inspection reports, opinions and recommendations during 2021, the contents of which are accessible on the institution's website www.cglpl.fr.

Place concerned	Topic	Sub-topic	Recommendation	Chapter
All places of deprivation of liberty	Transgender people (opinion)	Research	The CGLPL recommends that research on the situation of transgender persons deprived of liberty in France be financed and carried out by the public authorities. To this end, data collected in places of deprivation of liberty could usefully be mobilised, in strict compliance with the principles governing the protection of personal data.	2
		Legal developments	Legislative and regulatory amendments should be made as soon as possible to take full advantage of the changes brought about by the Act of 18 November 2016. New clear provisions should be adopted in order to better respect the gender identity of persons deprived of liberty, support them in their transition process and take their specific needs into account. In the meantime, the authorities should issue guidelines to ensure that the fundamental rights of transgender persons are protected.	2
		Support	All persons arriving in a place of deprivation of liberty should be invited to express any fears they may have for their safety or dignity, including on the basis of their gender identity. A procedure should be formalised for this purpose and implemented in a caring and confidential manner. Transgender people should be free to disclose or not disclose their trans-identity.	2
			When a transgender person is identified by the administration or the court, they should be placed in an individual cell upon arriving in a place of deprivation of liberty. They should be asked to indicate the title and first name by which they wish to be referred to orally and in writing, including in procedural elements and in the medical file, in addition to the information contained in their civil register. Preferences expressed in this way should be respected and the person concerned should be able to change them at any time. If detention is to last, they should be seen by a member of the management or supervisory staff for a more detailed review of their situation, and additional and sustainable measures should then be decided.	2
			People arriving in a place of deprivation of liberty should be asked to which categories of professionals they wish to disclose their trans-identity, which should never be revealed without their consent; restrictions on access to this information should then be arranged.	
			All the information collected should be formally recorded before the person concerned is notified and asked to give free and informed consent to the measures envisaged.	2
		Staff of authority	Persons of authority should be appointed and trained to inform and collect the views of those concerned in a safe manner and to assist local management teams in their decision-making.	
		Training of professionals	The initial training of professionals dealing with persons deprived of liberty should include in-depth modules on discrimination against gender minorities.	2

All places of deprivation of liberty	Transgender people (opinion)		<p>Staff in places of deprivation of liberty should have continuous access to up-to-date information about the care of transgender persons, including through designated persons of authority, ongoing training and the development of a regularly updated documentation base.</p> <p>Training for carers should address the legal framework of medical transitions*, hormone prescription and psychological support.</p> <p>In addition, all professionals should be made aware of the risk of self-harm to which transgender people are particularly exposed, and should be trained in the structural prevention of suicide, particularly through comprehensive care that respects gender identity. Lastly, the voice of transgender people, who are the primary experts when it comes to their situation and needs, should be considered as a resource that can be mobilised; training courses could usefully be organised jointly with associations defending the rights of transgender people.</p>	
		Searches	Pat-down and strip searches conducted for the purpose of identifying a person's anatomical sex should be prohibited.	2
			<p>Any decision to search transgender persons or any other person "must be necessary in view of its objectives and proportionate to individualised risks". Its practical arrangements should be implemented gradually and should "always preserve the dignity and fundamental rights of the persons concerned".</p> <p>Thus, the use of an over-the-clothes magnetometer, which is less intrusive and likely to be used by both male and female officers, should be preferred to any other search method.</p> <p>During full-body searches, any request from the person concerned that limits the invasion of privacy without hindering the search (e.g. hiding their chest or genitalia with their hands, undressing in two stages, etc.) should be granted.</p> <p>In any case, upon arriving in a place of deprivation of liberty, transgender persons should be invited to express their preference as to the gender of the officers by whom they will be searched through a systematic and formalised interview, and the interview minutes should be notified to them. Their wishes, which they should be able to revoke at any time, should be respected.</p>	2
		Assignment	<p>Transgender persons deprived of liberty should not be isolated solely on the basis of their trans-identity, unless it is a brief measure of last resort and an emergency.</p> <p>Like any other person who may be particularly vulnerable to violence in places of deprivation of liberty, transgender persons may be subject to specific care. As such, they should be able to be assigned to a wing for people in vulnerable situations if</p>	2

All places of deprivation of liberty	Transgender people (opinion)		<p>they so request or following an assessment of the risks to which they are individually exposed in the ordinary sector. Trans-identity alone should not lead to automatic placement in a protected wing. Within this wing, they should not be subject to any separation measures other than those strictly necessary to improve the quality of their care, and they should be able to participate in group activities.</p>	
			<p>The assignment of transgender persons should be subject to an adversarial procedure.</p> <p>These people should therefore be systematically consulted about their wish to be assigned to a male or female sector. To this end, they must have been informed of the protective measures that can be deployed in the event that they feel unsafe there. Their request must be granted, except in exceptional and justified cases (which exclude organisational and architectural constraints). The assignment decision must then be notified and may be appealed.</p> <p>Transgender people should be able to request a review of their situation at any time. Exclusion from the chosen sector of assignment should only be considered if it is established that the initial request was abusive. Changes of assignment between a male and a female wing should be based only on gender identity considerations and never on disciplinary or internal order grounds.</p> <p>If incidents occur despite the observance of these principles, the personal responsibility of the authorities and agents of the administration cannot be engaged any more than for any other incident.</p>	2
		Personal belongings	<p>Transgender people should be free to keep or acquire objects and accessories commonly associated with the gender with which they identify. The only prohibitions in this area should be justified by detailed safety requirements and should give rise to an adversarial discussion and then a reasoned decision that is notified and subject to appeal; alternatives should then be proposed. In addition, it would be useful for men's and women's wings to have common shopping catalogues.</p>	2
		Access to healthcare	<p>Transgender persons deprived of liberty should have effective and constant access to healthcare tailored to their needs. To this end, caregivers should provide a safe environment, which includes recognising and respecting the gender identity of their patients.</p> <p>Prevention and screening for diseases to which transgender people may have been exposed due to their life course or medical transition (infectious diseases, cancers, etc.) should be encouraged. Psychological support should also be offered and, if necessary, special attention should be paid to the effects of daily confrontation with transphobia.</p>	2

All places of deprivation of liberty	Transgender people (opinion)		Medical examinations should be arranged on arrival in places of deprivation of liberty, and transgender persons should be asked about any needs related to their medical transition. If post-operative treatment or care was under way before the deprivation of liberty measure, it should be continued without delay. If a consultation with a specialist is necessary, it should take place as soon as possible.	2
		Alternatives to deprivation of liberty	If a transgender person cannot be provided with care that respects their dignity, identity, privacy, intimacy and safety, or if they are prevented from continuing or initiating a desired medical transition, alternatives to deprivation of liberty – temporary releases or release from prison – should be considered.	2
	Rights of minors (thematic report)	Accommodation conditions	Places of deprivation of liberty should be kept in a good state of maintenance, upkeep and hygiene. They should be clean from the time of admission of minors deprived of liberty, even if they are held there for only a very short time. Minors should at all times have means to report a service or maintenance problem that needs to be addressed.	2
		Staff	Staff working with minors should receive appropriate training before taking up their post. The organisation of shifts in places of deprivation of liberty where minors are detained should allow for the sustained presence of professionals with them.	2
		Food	Minors should be provided with food of satisfactory quality in terms of its taste and health & nutritional properties; the quantity served must be sufficient for their age. Reflections on nutritional quality should be put in place everywhere. The involvement of young people in the development of menus and their participation in the planning of meals should be sought.	2
		Tobacco	General and realistic rules on the use of tobacco by minors deprived of liberty should be defined and known to all.	2
		Unaccompanied minors	It is advisable to carry out an evaluation of problems connected with treatment of unaccompanied foreign minors, and take all useful measures to provide them with the protection required in the context of France's international commitments.	2
	Arrival (thematic report)	Transport	The use of means of restraint for the transport of persons should be limited to proven risks of physical harm or escape.	2
		Information	From the beginning of the measure, persons deprived of liberty should be provided with complete, up-to-date and comprehensible information about their status, their rights and the rules governing operations or life in the place in which they are detained.	2
			The decision to admit a person to a place of deprivation of liberty and the rights attached to the measure should be notified to the person concerned as soon as their condition permits, including at night. In particular, the rights of a person in police	2

All places of deprivation of liberty	Arrival (thematic report)	Information	custody who is arrested for being publicly and visibly intoxicated should be notified to them as soon as they are able to understand them, and not according to the availability of the night judicial police officers.	
			The fact that certain information has already been transmitted prior to a person's arrival does not exempt the host institution from providing it again at the time of their entry.	2
			A document summarising the rights of detainees should be given to them on arrival in all places of deprivation of liberty; they should be able to keep it with them or consult it at any time. In particular, persons in police custody should be allowed to keep the document summarising their rights for the duration of the measure, in accordance with the provisions of Article 803-6 of the Code of Criminal Procedure.	2
			The practical conditions under which staff provide information to detainees should ensure that it is effectively understood. To this end, they should ensure that all necessary explanations are given, with due attention, in simple terms and in facilities suitable for a calm exchange. Search, control and information operations should not be carried out simultaneously, especially by different people.	2
			Written information documents given to persons deprived of liberty should be explained orally, in easily understandable terms, during the initial admission interviews.	2
			Information given to detained minors should be in a simple, clear and age-appropriate form so that they can fully understand it.	2
		Language	Information about the rights of the detained person and the operating rules of the place of detention should be provided in a language they understand. Non-French-speaking and deaf people should be assisted by a professional interpreter.	2
		Rules of procedure	All places of deprivation of liberty should have up-to-date rules of procedure and a welcome booklet, which should be given to the detainee in a form that they can keep and which should be explained in a language and in terms that they understand; they should include information about the operation of the place and the rules of living. This general information should be widely disseminated in several ways: posting in high-traffic areas, presentation through videos or on a website, etc.	2
		Staff training	Staff in charge of receiving persons deprived of liberty should benefit from specific training, in particular on how to deal with the difficult human situations they may face. They should have working conditions and rhythms, determined according to the actual number of new arrivals, that allow them to fully carry out this mission.	2

All places of deprivation of liberty	Arrival (thematic report)		All professionals, including health professionals, involved in the reception and care of persons deprived of liberty should receive training on the status and rights of these persons.	2
		Maintaining family ties	The right of any person to notify or arrange for the notification of a person or persons of their choice should be ensured irrespective of the day and time of their arrival. To this end, new arrivals should be able to access the data stored in their mobile phone, if necessary after recharging the battery.	2
		Trusted person	A person deprived of liberty should be able to designate, from the outset of the measure, a person to be notified in the event of an emergency, as well as a trusted person who can assist and advise them in their actions and care. The trusted person should be consulted by the administration if the person deprived of liberty is unable to express their opinion. This person should be informed of their designation and accept it.	2
		Vulnerability	Upon arrival in a place of deprivation of liberty, a person's vulnerability should be assessed.	2
		Minors	Holders of parental authority should be informed immediately when a minor is taken into custody in a place of detention. The information provided to them should include the nature and address of the place where the minor is being held, the reasons in fact and in law for their detention, the authority that has decided on it, and the remedies available. They should also be provided with information enabling them to identify their contacts in places of deprivation of liberty, find out their contact details and talk to them at any time on request.	2
		Searches	No strip searches can be carried out without an explicit legal basis – which should be interpreted restrictively. Full-body security searches on arrival are prohibited in all places of deprivation of liberty, except in penal institutions. This prohibition does not apply to searches carried out in police custody for the sole purpose of the investigation.	2
		Personal belongings	Persons deprived of liberty should be provided with lockable cupboards or lockers in which they can keep their belongings in conditions that guarantee their protection; these should thus reduce the number of personal belongings they have to dispose of on arrival.	2
			Every place of deprivation of liberty should draw up and publish a list of objects the possession of which is prohibited.	2
		Inventory	A detailed and joint inventory of the detainee's belongings should be systematically carried out upon their arrival and in their presence. This signed inventory should	2

All places of deprivation of liberty			preferably be kept on a computerised medium to avoid the risk of loss, and a copy should be given to the person concerned.	
		Hygiene and nutrition	On arriving in a place of deprivation of liberty, all persons should be provided with a meal, basic hygiene products, a shower and, if it is lacking, a suitable change of clothes.	2
		Violence	Any person arriving in a place of deprivation of liberty should be able to request a medical examination to ascertain whether there is any assault and battery. To this end, any doctor working in such a place must be trained to issue a certificate of assault and battery, if the person concerned so wishes, which must systematically include the determination of total incapacity for work (ITT).	2
All places of deprivation of liberty (excluding police facilities)	Transgender people (opinion)	Civil status	<p>Transgender persons deprived of liberty who wish to make a legal transition should be accompanied within institutions by duly trained staff. They should have access to the contact details of associations working for the rights of LGBTI+ persons, and these associations' interventions should be encouraged. A telephone hotline for LGBTI+ people should also be available to them free of charge at all times.</p> <p>In order to facilitate the legal transitions and thus respect for the right to self-determination and privacy of transgender persons, the CGLPL reiterates Framework Decision No. 2020-136 of 18 June 2020 of the Defender of Rights, which recommends that such steps may be taken by means of a simple declaration on honour. In the meantime, the administrative and judicial authorities that examine applications from persons deprived of liberty for a change of first name and gender in the civil register should be informed of the restrictions imposed on them in their daily lives and take into account the resulting difficulties in proving their trans-identity.</p> <p>The relevant services and stakeholders in places of deprivation of liberty should accompany transgender persons of foreign nationality who wish to initiate a legal transition with the authorities in their country of origin. In the event that they have fled the latter because of their trans-identity and are in France illegally, they should be informed of the possibility of seeking protection from the French Office for the Protection of Refugees and Stateless Persons (OFPRA) and should be assisted in doing so.</p>	2
		Medical transition	The CGLPL reiterates its general recommendation to substantially improve access to specialised care for persons deprived of liberty, to respect medical secrecy and to significantly increase the capacity for medical extractions. Organisational difficulties within the administration should not hinder the medical transitions of transgender people.	2

All places of deprivation of liberty (excluding police facilities)	Transgender people (opinion)	Medical transition	<p>Transgender persons deprived of liberty who wish to continue or initiate a medical transition should be informed and supported in their efforts by the institution's nursing staff. They should receive prompt treatment in accordance with their needs and wishes; this should be provided by doctors trained for this purpose. The appropriateness of prescriptions should be reassessed regularly in the light of medical check-ups, adverse reactions and requests from the persons concerned. Refusals to prescribe can only be justified by an individualised assessment concluding that transitional care is medically impossible.</p> <p>The right to freely choose a doctor should be respected. To this end, referral to multidisciplinary hospital teams specialising in trans-identity can only be proposed in the same way as other forms of care and after the people have been informed of the possibilities offered by each system (time frames, accessible care pathways, prerequisites, etc.) and then put in a position where they can freely express their choice. In addition, the involvement of civil society experts and access to information, including through medical transition websites, should be encouraged.</p>	2
	Rights of minors (thematic report)	Educational measures	Educational measures aimed at respecting the cells and rooms of minors should be implemented to curb potential damage. Repairs should be carried out in a timely manner and in any event, before a new minor is installed. The learning or re-learning of hygiene practices should be seen as an integral part of the educational process.	2
		Activities	Regular and enhanced socio-cultural and sports activities should be offered to minors during periods when teachers are absent. More activities should be organised on Saturdays and Sundays to reduce the time spent in cells. An individual programme should be given to the young people detained.	2
			<p>Minors deprived of liberty should be offered a range of therapeutic, educational, recreational, sporting, artistic and cultural activities, the number and diversity of which should increase with the duration of the detention measure.</p> <p>These activities should be tailored to a variety of profiles according to physical abilities, health status, interests, culture and the language spoken. Minors deprived of liberty should be consulted and involved in the choice of activities offered to them.</p>	2
		Education	<p>Minors deprived of liberty should be taught in a way that is tailored to their profile but is similar to that enjoyed by students on the outside, particularly in terms of time.</p> <p>Arrangements should be made to ensure educational continuity during school holidays.</p>	2

All places of deprivation of liberty (excluding police facilities)	Rights of minors (thematic report)	Education	Teachers working with minors deprived of liberty should receive specific training before taking up their duties; they should then be continuously supported and monitored throughout the duration of their work with this population.	2
		Internet	The CGLPL reiterates the recommendation issued in its Opinion of 12 December 2019 on Internet access in places of deprivation of liberty: "the CGLPL recommends that all places of deprivation of liberty be able to educate minors deprived of their liberty with regard to digital tools and the Internet".	2
		Continuity of the educational project	Institutions that take in minors deprived of liberty should guarantee the continuation of the educational projects initiated or continued within the institution. To this end, the development of partnerships with schools in which minors could continue their education should be encouraged.	2
		Maintaining family ties	The decision to place a minor in a place of deprivation of liberty should take into account the maintenance of family ties. To this end, preference should be given to an institution close to the family's place of residence.	2
			Minors deprived of liberty for a period exceeding four days should have access to an e-mail service as well as to a video communication service, under conditions appropriate for the type of institution and the minors' needs of protection.	2
	Arrival (thematic report)	Tour of the premises	All persons should be offered a tour of the premises in the first few moments following their arrival in a place of detention.	2
		Orientation	The orientation of persons deprived of liberty at the end of the reception procedure should be based on defined and shared multidisciplinary criteria. The summary documents based on which this orientation is decided should be given to and discussed with the persons concerned and, where appropriate, their legal representatives. Those concerned should be given the opportunity to make their comments or wishes known. They should be able to appeal against their assignment.	2
			A periodic multidisciplinary review of the orientation chosen on the arrival of persons deprived of liberty should be carried out to ensure that it remains appropriate with regard to their changing profile.	2
Custody facilities	Rights of minors (thematic report)	Night	Minors in custody who have to stay in a cell overnight should be taken to a police or gendarmerie unit where officers are permanently on duty.	2
	Arrival (thematic report)	Accommodation conditions	Custody cells should be cleaned on a daily basis. The persons concerned should have easy, continuous and autonomous access to an isolated toilet and a drinking water tap, in the daytime and at night. They should be provided with a shower,	2

			hygiene kit and mirror for their personal hygiene, as well as a clean mattress and blanket in good condition. Clocks should be visible from the cells.	
Custody facilities	Arrival (thematic report)	Extension	In view of the risks involved, the law's tolerance of extensions of police custody unrelated to the needs of the investigation should be reviewed and, in the meantime, used with the utmost caution.	2
		Spectacles and bras	People placed in police custody should be allowed to keep their bras, spectacles and hearing aids. In any case, these should be returned to the person in custody during their hearing, in accordance with the provisions of Article 63-6 of the Code of Criminal Procedure.	2
	Material conditions (<i>Official Gazette</i> recommendations)	Reception capacities	The size of custody and detention facilities in police stations should be commensurate with the level of judicial activity. The number of persons accommodated should never exceed the number of persons who can be effectively accommodated with due respect for their dignity and, as long as they are required, for health distancing.	2
		Maintenance and cleaning	These custody facilities should be kept in a good state of maintenance, upkeep and hygiene. They should be clean upon the arrival of persons deprived of liberty and throughout the duration of the measure. To this end, the cleaning services should be suitable to allow for complete and at least daily cleaning, including and a fortiori when the cells are occupied.	2
		Sleeping conditions	Sleeping conditions should be respectful of people's dignity. Each individual should have a bench of appropriate size, a mattress and at least one blanket; these should all be clean and for individual use.	2
		Hygiene	<p>Detainees should be informed on arrival of the possibility of accessing sanitary facilities at any time on request. They should have male and female hygiene kits at their disposal at all times, and these should be provided to them systematically and without any restrictions.</p> <p>All public health measures imposed on the general population, such as precautionary measures and social distancing rules, should be enforced in police custody facilities: distancing, provision of masks renewed every four hours, continuous access to hand sanitiser gel, regular disinfection of the premises and contact areas, ventilation of the premises.</p>	2
		Attacks on dignity	No one should be detained in a room under conditions that violate the dignity and integrity of persons. If necessary, the judicial authorities should order the transfer of the person in custody to another place or the lifting of the measure.	2
Courts	Rights of minors (thematic report)		The treatment of persons deprived of liberty in the cells of judicial courts is the responsibility of the heads of court and not the security forces. A handcuffed minor	2

			should not under any circumstances walk in places where they can be seen by the public, in particular on a public road. A minor should not be locked up in a jail at night while waiting to be presented before a judge.	
Courts	Arrival (thematic report)	Dignity	People should be able to be brought before the judicial authority in conditions of dress and hygiene that respect their dignity.	2
		Transport	Respect for the presumption of innocence requires that the transport of persons to places of custody or to the courts always be carried out in such a way as to ensure the utmost discretion.	2
		Judicial extractions	Court appearances and escorts should be organised in such a way as to take people referred or extracted to a place of detention at decent times. No placement in a detention centre for illegal immigrants should be decided for the sole purpose of facilitating the organisation of the escort.	2
Penal institutions	Health crisis	Isolation of new arrivals	In the context of a pandemic, health isolation measures for new arrivals should be enforced and maintained pending the results of epidemiological tests.	1
		Activities	It is essential to adopt measures that allow detainees to engage in physical activity and sport while applying health protection measures.	1
	Access to healthcare	Medical confidentiality	The CGLPL reiterates that the respect of medical confidentiality is a right for patients. Pursuant to Article R.4127-4 of the Public Health Code, it constitutes an absolute duty for doctors, for whom it is an obligation. The CGLPL recommends that doctors be reminded of their legal and ethical obligations in this respect. Therefore, the CGLPL recommends that medical consultations take place without the presence of an escort and that supervision be indirect (out of sight and hearing of the detained patient). In any event, it is up to the escort officers to exercise the utmost discretion with regard to the medical information to which they may have access in the course of their duties.	3
	Prison overcrowding		The CGLPL reiterates its opposition to the construction of additional prison places as a means of combating prison overcrowding.	3
			Overcrowding should cease to be considered as primarily a prison-related issue. Efforts to tackle it should become a fully-fledged public policy, to which specific, long-term resources should be allocated. To this end, thought should be given to the way in which our criminal courts operate and to the whole of the sentence application and enforcement process. Targets should be set and should be monitored more closely.	3
			The CGLPL observes that the experiments in prison regulation conducted on the basis of circulars or agreements quickly fizzled out. It reiterates the need for regulation based on a legislative text.	3

Penal institutions	Rights of minors (thematic report)	Searches	Infants locked up with their imprisoned mothers may be searched if and only if there are serious suspicions that a breach of the regulations may have occurred. The search should be strictly limited to the changing of the child by the mother in front of a third party. Any searching of this child by prison staff should be prohibited. Any search of a child should be carried out in appropriate material conditions and should be recorded in writing as a request by an officer. The mother, whose searches are subject to the same presumptive requirements, should never be searched in the presence of her child.	2
		Exercise yards	The exercise yards of penal institutions taking in minors should be equipped to allow minors to sit down and engage in activities. They should have a drinking water tap and toilet facilities that ensure the privacy of the children. Various activity rooms should be set up.	2
		Discipline	Disciplinary measures applied to minors should have an educational objective and must do nothing to hinder maintenance of family ties, education or children's physical and psychological development. This being so, confinement in punishment wings must be a truly exceptional sanction.	2
		Use of force	Any act of physical control over a minor should be regarded as an undesirable event and should be reported immediately to the instructing judge and to the holders of parental authority. Any use of force should be analysed and alternative solutions sought.	2
		Under-age girls	The particular situation of female juvenile detainees should be dealt with in a way that ensures strict equality of treatment between them and young boys. The incarceration of under-age girls in wings for adult women is unlawful. Thus, under-age girls detained in penal institutions other than prisons for minors (EPMs) should be incarcerated in "minors'" wings on the same basis as boys. Only accommodation should be subject to the principle of non-gender mixing.	2
		Unaccompanied foreign minors	The care and preparation for release of unaccompanied foreign minors should be coordinated between all the services concerned: judicial, penal and educational.	2
		Maintaining family ties	Maintaining family ties is essential for the well-being of minors and in the interests of their continued care, integration and education. Consequently, any measure allowing the continuation of relations with relatives should be encouraged, in particular by increasing the number of authorised visits, which should only be limited by the judicial authority on a case-by-case basis.	2
		Maintaining family ties	The adoption of a sanction against a minor deprived of liberty should not prejudice the maintenance of family ties and should not entail any restrictions on access to visiting rooms, the telephone or correspondence.	2

Penal institutions	Rights of minors (thematic report)			
	Arrival (thematic report)	Personal documents	With regard to their personal documents indicating the reason for detention, each detainee should have the choice of keeping them in their cell or entrusting them to the institution's registry. They should be able to protect the confidentiality of these documents when they are kept in the cell.	2
		Detention formalities	A dedicated pathway for the arrival of detainees and the formalities for their detention should be developed to ensure their privacy and the confidentiality of the reason for their imprisonment.	2
		Searches	There is no justification for searching a detainee on arrival in a prison when they have already been searched prior to arrival and have remained under the constant supervision of the prison administration or the police or gendarmerie since that time.	2
		New arrivals' wing	Every person entering detention should benefit from a stay whose duration is suited to their situation – in principle, this duration should be between five and 10 days – in a dedicated wing or cell for new arrivals, where they should be accommodated in an individual cell.	2
			The arrival process should offer not only interviews, but also socio-cultural and sports activities, in order to provide an effective transition and observation period. Some of the activities, walks and briefings should take place together with other incoming prisoners.	2
		Evaluation	On arrival, persons for whom further deprivation of liberty is not justified should be systematically identified. In particular, protocols providing for the identification, on arrival in detention, of persons sentenced to short terms who are likely to benefit from a sentence adjustment without an open debate or a sentence conversion should be generalised.	2
		Orientation	Assignment to ordinary detention should respect the separations prescribed in Article D. 93 of the Code of Criminal Procedure, without neglecting to make use of the flexibility it provides when the personalities of the detainees so warrant.	2
Healthcare institutions	Health crisis	Maintaining family ties	Visits should not be systematically prohibited but should be adapted to the family situation and the patient's condition. Visits should be allowed in individual rooms, in compliance with health protection measures.	1
		Restrictions on freedoms	Restrictions on the visits, activities and freedom of movement of patients can only be individualised and medically motivated. The fight against the health crisis should not be systematically invoked to justify inconsistent practices.	1

Healthcare institutions	Health crisis	Seclusion	During the COVID-19 epidemic, seclusion rooms are sometimes used for the somatic monitoring and health isolation of incoming patients pending receipt of their PCR test results. The confinement of a patient pending testing cannot be equated with a decision to detain them in a seclusion room.	1 and 4
	Seclusion and restraint	Analysis of practices	The analysis of seclusion and restraint registers should be the subject of guidelines and training to ensure that they are effective tools for reducing the number and duration of these measures. However, this analysis should not be performed in isolation. Seclusion and restraint are in fact closely correlated with other events, and it is therefore necessary to compare the extent of their use with a description of the means available to the department in terms of prevention or alternatives, and put any trends into perspective with those in the use of medication or those concerning serious adverse events.	1
	Need for a large-scale reform		The context in which psychiatry operates cannot be ignored by the legislature any longer. A programming law dealing with medical and nursing demographics, the territorial distribution of services and the overall legal framework of the discipline, in particular the status of USIPs and the monitoring of placements in UMDs, is necessary.	1
	Rights of minors (thematic report)	Information	A decision to commit a minor to involuntary psychiatric care pronounced by the State representative should be notified to the patient when their age or maturity allows it; it should be systematically notified from the age of 13. It should be accompanied by explanations and information, including information on how to appeal. A copy of the decision and a form explaining the patient's rights should be given to the patient.	2
			If a minor could not be heard by the children's judge prior to admission to a mental health institution, they should be informed, as soon as possible, of their legal status and rights under the educational assistance procedure.	2
		Host structure	Children and adolescents should not be hospitalised in mental health institutions with adults. In all cases, they should be monitored under the close supervision of a doctor and a team specifically trained in paediatrics and child psychiatry. The psychiatric seclusion of a child or adolescent should be avoided by all means; this practice should in no way make up for the lack of a reception structure appropriate for their age.	2
		Consent to care	A minor should have the right to participate in the decision to admit them to psychiatric care and their consent to the measure should be effectively sought. If their condition does not allow them to express consent, this should be stated in the reasoning for the admission decision.	2

Healthcare institutions	Rights of minors (thematic report)	Parental authority	In the interest of the child, any admission or new admission at the request of the legal representatives should be the subject of a specific application, signed by both parents when parental authority is exercised jointly. Where only one parent has parental authority, the other parent should be informed of the measure unless they have been deprived of this right by a judge. To this end, institutions should ascertain the identity of the holder(s) of parental authority.	2
			Minors hospitalised at the request of their legal representatives should be able to appeal to the Departmental Commission for Psychiatric Care, as well as to the Liberty and Custody Judge when they are contesting the necessity of their hospitalisation. They should be informed of these possibilities by the institution as soon as their condition permits. If it appears that the interests of a minor hospitalised at the request of their legal representatives are in conflict with those of the latter, or if the minor's rights are insufficiently guaranteed by them, the Liberty and Custody Judge should appoint an ad hoc administrator for the minor patient.	2
	Rights of minors (thematic report)	Parental authority	The legal representatives of minors committed to involuntary psychiatric care by decision of the State representative should be sent summonses, information and decisions relating to their child and should be given the opportunity to assert their rights. When a minor patient placed under this regime is monitored as part of an educational assistance procedure, the Liberty and Custody Judge should be informed and their opinion should be sought.	2
			Parental authorisation forms signed by the legal representatives on admission of the child should include the date of signature and detail the scope of the authorisation when they concern acts not provided for in the placement order.	2
		Maintaining family ties	Restrictions on the right of minors deprived of liberty to maintain family ties can only be made by an individualised medical decision limited to therapeutic needs or by a judicial decision and should be explained to the minor concerned and their legal representatives. No general prohibition on communication with the outside world may be issued or imposed as a sanction. Any interference with this right must be necessary, appropriate and proportionate.	2
		Detained patients	Detained minors requiring psychiatric hospitalisation should be accommodated in a child psychiatry department. To this end, the use of suspended sentences on medical grounds or the lifting of pre-trial detention should be encouraged.	2
		Emergencies	The psychiatric emergency sector should allow short-term specialised hospitalisation, for 48 to 72 hours, in coordination with the general emergency	2

Healthcare institutions	Arrival (thematic report)		services and their technical platform, where patients should be able to benefit from a complete somatic examination.	
			Emergency services should have a specific calming space for agitated patients. Any seclusion or restraint decision should be preceded by an examination of the patient by a general practitioner or an emergency doctor and, when taken by the latter, should be validated by a psychiatrist within one hour, after a meeting with the patient. It should be recorded in the patient's medical record and in a specific register.	2
		IPPP	The CGLPL reiterates its recommendation, despite the links created between the Psychiatric Infirmary of the Prefecture of Police (IPPP) and <i>Assistance publique – Hôpitaux de Paris</i> since its first inspection, to transfer the IPPP's resources to the ordinary hospital system – which does not in any way imply modifying the competences in terms of health control measures assigned to the police prefect and police commissioners.	2
		Transport	National guidelines should be adopted to immediately end systematic restraint during the transport of detainees committed to involuntary psychiatric care.	2
		Restrictions on freedoms	Measures restricting the freedom of patients upon their admission to mental health institutions should be individualised and non-systematic, both during the day and at night.	2
		Admission decision	Decisions to commit patients to involuntary care should be signed at the beginning of their hospitalisation, including on weekends and during public holidays. The date of signing should match with reality.	2
		Delegations of signing authority	Delegations of signing authority for decisions to commit patients to involuntary care taken on behalf of the hospital director should be reserved for persons able to exercise effective control over the proposals made by doctors.	2
		Information Information	Patients subject to an involuntary care decision should be informed of this decision, which should be formally notified to them, with a copy left with them. They should also be provided with the certificates on which the decision was based when their text is not included in the body of the decision, as well as, where applicable, the name of the third party who requested admission. The rights relating to their method of admission should also be notified and explained to them, according to a standard document that is drawn up by the Ministry of Health and given to patients explaining, in simple terms, the different types of involuntary hospitalisation and the means of appeal available, and it should be up to each institution to supplement this document to adapt it to local conditions.	2

Healthcare institutions	Arrival (thematic report)	Confidentiality	Patients committed to involuntary care should be systematically informed, upon arrival, of their right to request the confidentiality of their hospitalisation. This should be a formalised procedure ensuring effective and immediate confidentiality for patients who request it.	2
		Personal belongings	The removal of personal belongings from patients admitted to involuntary care should not be based on systematic rules but on individually decided clinical reasons, with regular reassessment. The systematic imposition of the wearing of pyjamas should be prohibited.	2
		Detained patients	Detained patients committed to involuntary care should not systematically be placed in a seclusion room on grounds other than their clinical condition.	2
		Voluntary patients	No voluntary patient should be confined. The admission status of an involuntary patient does not necessarily mean they need to be placed in a closed unit. The stays of involuntary patients can only take place in a hotel room, including if they are required to stay in a dedicated space, such as a seclusion room, for the time necessary to resolve the crisis; the patient should be able to return to their own hospital room at any time.	2
		Access to somatic care	Involuntary patients who are admitted to hospital without having been previously examined by an emergency doctor should benefit from a full somatic examination. For the sake of clarity, Article L. 3211-2-2 of the Public Health Code, the wording of which is currently ambiguous, should be amended to specify that this examination must be performed by a general practitioner.	2
Juvenile detention centres	Rights of minors (thematic report)	CEF construction projects	The CGLPL recommends postponing the project to create 20 additional CEFs until the weaknesses of the system have been duly assessed and because of the exceptional nature of CEF placements.	2
	Rights of minors (thematic report)	Material conditions Material conditions	The material conditions of care for minors in CEFs should preserve their dignity. They should be subject to specific controls. In order to promote their autonomy and investment in their living environment, the participation of minors in minor repairs and maintenance should be part of the individual educational project.	2
Juvenile detention centres	Arrival (thematic report)	Admission	In juvenile detention centres, in the event of a scheduled admission, it would be better for the lead youth workers to go and collect the young person themselves from their previous place of residence or from the placement hearing in order to establish a relationship of trust during this support phase. When placement is immediate, a transitional period of one or two days in a dedicated area of the CEF, separate from the other minors, can be implemented if it seems desirable.	2

Detention facilities for illegal immigrants	Arrival (thematic report)	Time limit for appeal	Article L. 614-6 of the Code for Entry and Residence of Foreigners and Right of Asylum should be amended in order to neutralise the time spent in the LRA when calculating the 48-hour time limit for appealing against a deportation decision.	2
Detention centres for illegal immigrants	Health crisis	COVID screening (PCR tests)	The CGLPL reiterates that it is impossible for medical unit teams in CRAs to perform PCR tests for non-medical purposes.	4
			As long as the epidemic situation is not under control, the staff of UMCRA should establish whether there is a particular risk of physical harm likely to result from infection with COVID-19 for each detainee, as soon as they arrive. If necessary, a medical certificate of incompatibility should be drawn up and given to the person concerned and the head of the centre, who shall be responsible for notifying the competent authorities. These authorities should, in turn, respond accordingly and lift the measures concerned.	1
	Accommodation conditions		The material conditions in which detention takes place should be the subject of a fully-fledged public policy that is funded accordingly.	3
	Interpreting assistance		Interpreters' services are not only needed to provide information on rights and life in detention, but also to ensure all-round delivery of welcome booklets written in appropriate languages.	3
Detention centres for illegal immigrants	Released persons (access to transport and accommodation)		Measures should be taken to ensure that people set free on national soil following a stay in detention have immediate access to public transport and accommodation adapted to their needs.	3
	Granting of a sum of money to people without resources		The Government should adopt the measures required to ensure that no deportee is left in the destination country without having at least enough money to pay for a day's food, a night's lodging and the transport necessary to get to their place of refuge.	3
	Families with children		Considering that the placement of children in detention centres for illegal immigrants is contrary to their fundamental rights as it constitutes an attack on their psychological integrity, whatever their age and the duration of detention, the CGLPL maintains its recommendation that the detention of children be prohibited in CRAs and a fortiori in LRAs, as only the measure of house arrest can be taken against families accompanied by children.	3
	Arrival (thematic report)	Telephone	Persons held in immigration detention should be allowed to keep their telephone, including if it has a camera; they should be warned that taking photographs that infringe on image rights or may undermine security is prohibited.	2

Detention centres for illegal immigrants	Arrival (thematic report)	Access to healthcare	A medical consultation should be offered as an incentive to detainees on their arrival at a CRA; to this end, the list of new arrivals should be provided to the medical unit without delay. An interpreting service should be sought when the detained person does not speak French.	2
			The incompatibility of a detainee's physical or mental health with the conditions of their detention should lead to the immediate lifting of the immigration detention measure.	2

Appendix 4

Follow-up to the CGLPL's recommendations (inspections carried out in 2018)

1. Penal institutions inspected in 2018

1.1 Bapaume detention centre (Pas-de-Calais) – March 2018 (2nd inspection)

The CGLPL identified five best practices and made 55 recommendations.

1.1.1 *Best practices*

The Minister of Justice states that free television for the first and last month is still implemented (only in the event of a release before the 10th of the month for the last month).

The Minister of Justice states that the detention centre is trying to maintain the best practice of introducing an old, non-communicating game console.

The practice of organising a "lounge and UVF" canteen for indigent people and the possibility of recovering unused canteen products are still in place.

The reference guidelines and the social rights booklet continue to be distributed to the detainees.

The practice of organising varied and mixed socio-cultural activities is still in place.

1.1.2 *Recommendations*

The organisational note on the treatment of new arrivals has been updated to reiterate the principle of signing the inventory of fixtures after the actual visit to the cell and not when new arrivals are welcomed at the reception desk.

There is no indication of any refurbishment or new equipment in the communal areas of the facilities.

Although a working group has been set up to work on the clutter and condition of the cells and the installation of new furniture has been planned, there is no indication of any actual change since the CGLPL's visit.

With regard to the redevelopment of the exercise yards, the Minister of Justice indicates that a synthetic football pitch has been installed, in addition to a city park. The supervision of sport has been reorganised.

The Minister of Justice considers that the respect regime does not create additional constraints for the prison population, which can remain within this framework as long as its detention continues to be appropriate.

The Minister of Justice indicates that a decision to exclude a person from the respect regime is validated by the CPU and notified to the person concerned, and the latter is informed of the appeal procedures. However, he does not specify how the detainee is informed of this or how the adversarial principle applies during the procedure.

Regarding the provision of activities in the respect regime, the Minister of Justice indicates that an activities unit was set up but has not been maintained due to a lack of funding and the health crisis.

In the women's wing, the inmates have access to a table tennis table in the exercise yard. They can borrow rackets and balls. Benches and tables still have not been installed.

Regarding the provision of activities for women, the Minister of Justice reports that new equipment has been purchased for the weight room. In addition, since 2020, women have had two sports slots during the week in the gym area and on the outdoor field. Older women prisoners now participate in the "ageing well in detention" workshop and, since November 2021, a zumba session has been offered twice a month. In addition, the "hairstressing" area was completely renovated in the first half of 2021. It is now a "beauty" area where a hairdresser and a socio-beautician have been working since July 2021. Lastly, there are now all types of mixed-gender activities in detention in terms of work, education, and access to socio-cultural activities.

Contrary to the testimonies gathered by the CGLPL, the Minister of Justice indicates that searches of newborns are strictly limited, that staff never intervene directly, leaving the mother to do the changing, and that a mother is never searched in the presence of her child.

Concerning the adaptation of detention conditions for mothers with children, the Minister of Justice explains that a comprehensive care plan for mothers and children has been put in place with many stakeholders and partners and that a nursery project has been validated, with work due to start in 2022.

The Minister of Justice states that if the clothes handed over to the private laundry service provider are found to be damaged, the provider undertakes to reimburse them and/or provide identical clothes, but he does not specify which clause in the contract provides for this.

The Minister of Justice explains that the "new arrivals" kit contains shaving gel but does not mention anything about the monthly hygiene kit.

The menu committee is now attended by inmates who comment on the menus of the last six months. The rating system will take into account the opinions of randomly selected detainees within the detention facility.

Concerning the date of dispatch of canteen products, the Minister of Justice indicates that the service provider has one week to deliver ordinary orders and one month for exceptional orders, subject to the blocking of the necessary amount, even though the CGLPL noted that distributions could take place between seven and 11 days after placement of the order.

Although detainees can request information about transfers made to their account from a guard or officer, this information is still not immediately provided.

The Minister of Justice states that refusals to grant financial assistance to persons without sufficient resources are only made in cases of fraudulent conduct or the organisation of insolvency by the person.

A document recalling the rules for the use of electronic devices has been drawn up and is given to the prisoners concerned.

A reminder has been given to authorised personnel and a notice has been added so that the registers of consultation of video surveillance images are signed off.

The Minister of Justice indicates, without giving any details, that search procedures are respected and have been brought up to compliance and that search decisions are taken within weekly single multidisciplinary committees.

A form has been created as a simplified way to provide information on the means of restraint used.

A methodological guide for disciplinary investigations is still under development, so that practices have not yet actually changed.

The Minister of Justice states that the reasons for placement in solitary confinement are complete and documented, under the control of the services of the interregional directorate.

With regard to the solitary confinement wing, the Minister of Justice indicates that a sports room has been created and that personalised coaching is offered by sports instructors. He adds that the period of solitary confinement is always designed to be as short as possible and that decisions are regularly reviewed.

With regard to the reception of families, the Minister of Justice explains that lockers have been bought and made available. He adds that the booking terminal will be operational after the health crisis and that families now have the possibility of booking visits via the Internet.

The Minister of Justice states that the supply of paper and soap for the toilets in the waiting rooms of the visiting rooms will be ensured when these rooms are reopened after the health crisis. He adds that the prices of drinks and sweets are similar to those found in nearby shops.

The access times for the UVFs and family lounges have been extended. The management intends to offer access after three uneventful visits.

The cells have been equipped with telephones. Difficulties have been encountered with the TELIO system and are regularly reported to the service provider and to the interregional directorate.

The Minister of Justice indicates that the questioning of the telephone numbers registered with each transfer is justified by the need to monitor a possible change in criminal status. He adds that in the event that a number is withdrawn, an adversarial debate is organised.

Concerning legal information and advice, the Minister of Justice explains that persons are referred to the right partner according to the issues identified by the CPIP. The various partners are listed in the welcome booklet. The brochure of the departmental council for legal information and advice (CDAD) can also be handed out if necessary. Lastly, the institution is investing in new equipment in order to revitalise the internal video channel and thus offer varied content.

With regard to the Defender of Rights' representative, posters and leaflets are now regularly displayed in detention, in the library and in the visiting rooms.

The Minister of Justice states that a new procedure for handling requests has been in place since the end of March 2021. He adds that the detention management office registers all requests, sends an acknowledgement of receipt to the detainee, and processes the requests in a timely manner, taking into account the research needed to present complete and clear answers to the detainees.

Concerning the implementation of collective expression, the Minister of Justice indicates that questionnaires and workshops have been set up but does not mention the posting of the minutes.

A new senior nurse was appointed in 2019 to reorganise the health unit. She has made staff changes. Meetings are held to discuss organisational problems and complex situations.

Although a request for an extension of the premises has been made, no redevelopment has taken place in the meantime to improve working conditions.

The Ministry of Justice mentions that methods for treating addictions, the drug circuit, the terms of the psychiatric care system and ARS agreements fall within the competence of the Ministry of Health.

The protocol for dealing with sex offenders has not been updated. The modes of recourse and the missions of the Regional Unit for the Care of Perpetrators of Sexual Violence (URSAVS) have not been clarified and no coordinator has been appointed.

The integration of all partners in the "Ageing well in detention" programme is still not in place. Only "PEP" CPUs have been set up for these people.

The Minister of Justice indicates that monthly "escort" CPUs are held to review levels of escort for detainees; he states that there are no systematic strip searches. He adds that searches under Article 57 Paragraph 2 of the Prison Act are decided each week within a "search" CPU.

A certificate is now given to detainees, detailing the work duties and positions held during detention.

The Minister of Justice emphasises that prisoners are paid for 10 hours for 7.5 hours of work at the weekend (and not five hours as indicated by the CGLPL). He adds that the service provider is doing its utmost to comply with the minimum wage rules but that it is facing competition from ESATs, which are subsidised. He believes that the reform of prison labour will address this difficulty by offering a tax advantage to companies working in prisons.

The Minister of Justice states that special clothing and safety shoes are given to detainees in handling positions.

Contrary to the CGLPL's recommendations, the Minister of Justice considers that the training on offer is sufficient and that the idea of offering training to people who are far from the end of their sentence has been rejected because of the need to practise skills so as not to lose them.

With regard to access to higher education, the institution is awaiting the deployment of the "Digital in Detention" (NED) project.

A new library schedule was introduced in 2018.

The SPIP's unit has been slightly reinforced.

With regard to the involvement of detainees in the "PEP" CPU, the Minister of Justice indicates that it appears materially impossible to have all detainees appear. He adds that appearances have been suspended due to COVID and that the detention director conducts feedback interviews with everyone in order to see those detainees who could not appear.

The Minister of Justice explains that the SPIP and the health unit now work together on the issue of requests for suspensions of sentences on medical grounds and that experts travel for this purpose.

The Minister of Justice notes few positive developments in terms of the recruitment of psychiatric experts. However, the time period for expert assessments has been reduced from nine to six months.

The social cohesion unit of the Departmental Directorate for Employment, Labour And Solidarity (DDETS) now proposes that the SPIP dedicate a number of emergency accommodation places to people leaving prison. The partnership will be finalised. The Minister of Justice states that the SPIP also does everything possible to ensure that prisoners can comply with their obligation to establish their residence in a specific place when leaving detention.

1.2 Tarascon detention centre (Bouches-du-Rhône) – December 2018 (2nd inspection)

The CGLPL identified 11 best practices and made 34 recommendations.

1.2.1 Best practices

The Minister of Justice indicates that the following best practices are still implemented: visiting room slot reserved for new arrivals; presence of prisoners under 22 years of age in the "new arrivals" CPU; possible advances from the personal accounts administration; increase in the threshold for determining indigents; refrigerator available for the time of placement in the punishment wing (QD); prison visitors particularly invested in the reintegration of prisoners; formal meetings with prisoners to analyse consultations; smooth functioning of the health prevention committee; medical certificates taken into account in the "work-training activity" CPU; delivery of tax notices throughout the year to facilitate access to rights.

The Minister of Health indicates that the following best practices are still in force: daily intervention of a nurse from the psychiatric department with persons placed in the punishment wing; participation of

the USMP team in the prevention committee; drafting of medical certificates at the request of detainees for the exercise of a professional activity.

1.2.2 Recommendations

The toilet areas are still not equipped with privacy doors.

Work is planned in the 2022 budget to fit out the PRM cells.

The number of guards has been increased to the level in the reference organisation chart. There is no mention of the implementation of a plan to combat absenteeism.

The Minister of Justice indicates, without giving any details, that the recommendation concerning the use of the budget, in particular the fact that the monthly donation for destitute persons should not be reduced according to the budget, has been implemented.

Assignment to the semi-open and closed sectors no longer results in an inability to access sports activities. The inability to access work, vocational training and the library has been maintained.

Contrary to what the CGLPL had observed, the Minister of Justice indicates that officers are present on each floor between the two wings.

The intercoms have still not been put back into service due to a lack of money.

The Minister of Justice indicates that cockroach treatment is carried out monthly by the private service provider, which had indeed been noted by the CGLPL, although it nevertheless observed the presence of cockroaches. No larger treatment plan has been put in place.

With regard to body searches, the Minister of Justice states, without giving any details and contrary to what the CGLPL had observed, that they are carried out with respect for the dignity of the person and without any prohibited gestures. He adds that searches at the end of a visit are only systematically carried out in the presence of a senior officer or, in their absence, if the person has already been caught with a prohibited object.

The institution now holds a monthly CPU on the subject of escort levels; it reassesses the escort levels of all detainees. The head of infrastructure is instructed to individualise the choice of means of restraint. For example, an elderly or disabled person with escort level 1 is less restrained than another detainee with escort level 1.

Concerning the disciplinary committee, the Minister of Justice indicates that the bar association is systematically notified of summonses of individuals and that decisions are reasoned, as the institution has taken into account the recommendation. The public defender visits on Wednesdays and Fridays. They are always alone, whereas the CGLPL had noted conflicts of interest.

The Minister of Justice states that persons in solitary confinement are not brought together, as they do not request it. He adds that school courses are offered to them but that very few want to take advantage of them. Some have participated in group therapeutic workshops. There is no mention of group access to the exercise yard or weight room.

With regard to the punishment wing, the Minister of Justice indicates that the necessary equipment is provided to wash the floor in the cells but that showering is still limited to three times a week and that it is still not possible to buy food from the canteen.

The allocation of staff to run the UVFs will be organised when these units are handed over in February 2022.

Telephones were installed in the cells in September 2020.

Regarding access to legal information and advice, the Minister of Justice explains that detainees can meet with their lawyer. The representatives of the Defender of Rights and the local mission are present at the socio-educational centre to organise meetings. There is no indication of whether the legal officer at the Citizens' Advice Centre will continue to work in the future.

Protocols have been signed with the Bouches-du-Rhône prefecture concerning the renewal of national identity cards and the rights of foreigners. With regard to identity documents, employees from the prefecture carry out formalities within the institution, and detainees can have their identity photographs taken in the detention centre.

The mailboxes were replaced in 2019. There are now four of them (internal mail, external mail, canteen and health unit).

Prisoners' requests are now registered by the secretariat. The response is summarised briefly in the register.

The protocol determining the terms of access to healthcare for prisoners was updated in December 2019; it was signed by the two hospitals and the prison administration.

The note from the Prison Administration Department recalls that prison staff cannot enter the consultation rooms except at the request of a caregiver. It has still not been translated into a memorandum.

The Minister of Health reiterates that prison staff cannot enter consultation and treatment rooms at times when patients may be present, except at the request of a caregiver. He adds that a reminder of the rules has been given.

The Minister of Health states that a coordinating doctor has been appointed. He specifies that this doctor is in charge of the clinical and institutional coordination of the unit (responding to the observation of a lack of coordination between the somatic and psychiatric care systems), and that he is also the point of contact for the penal institution's management on the specific issue of the care of dependent persons.

The Minister of Health does not respond to the following recommendation: the assignment of a guard to the health unit must be requested and approved by the doctors in charge, in view of the specific nature of the position and the need to have a profile that is suitable for receiving patients. Concerning the same recommendation, the Minister of Justice notes that this is not his responsibility but rather the responsibility of the Ministry of Health.

According to the Minister of Justice, no doctor specialising in addiction services has worked in the institution. The Minister of Health indicates that the organisation of addiction care is in line with the methodological guide on healthcare for offenders, but that increased intervention by the addiction treatment support and prevention centre (CSAPA) has been planned to improve this care.

The Minister of Justice states that the recommendation to obtain certificates from doctors on the compatibility of detention conditions with a person's physical condition or the accommodation of disabilities is being implemented. He says that the institution has two PRM cells and that support is provided by fellow inmates.

The Minister of Justice explains that the recommendation on access to emergency psychiatric care for prisoners, and on access to secure rooms, has been implemented.

The Minister of Health states that the opening of the Marseille UHSA has broadened the range of psychiatric care available, thus allowing the referral of detainees requiring full-time hospitalisation with the aim of tailoring the care offered to the needs of the individual.

The Minister of Health says that no difficulties in accessing the secure rooms have been identified by the hospital. He points out that in the event of surgery, however, there are significant organisational constraints due to the mobilisation of various stakeholders.

Internet access is still not in place, especially at the school centre.

CPUs for "outgoing prisoners" and "individual sentence plans" have been organised and are held regularly in the presence of the prison management, the SPIP and the psychologist.

With regard to the conditions for granting permissions to leave, the Minister of Justice recalls that the judicial authority has exclusive jurisdiction. He adds that the head of the institution intervenes as of the second permission to take leave and thus obtains the opinion of the SPIP. The institution and the SPIP have also renewed their local service commitments, with the procedure for permissions included.

The Minister of Justice states that the recommendation to give prisoners their identity documents when they are out on leave has been implemented.

The Minister of Justice explains that in the event that a transfer request is denied, the detainee is notified of the decision in writing and reasons are provided. However, he is silent on the possibility of appeal.

1.3 Avignon – Le Pontet prison complex (Vaucluse) – February 2018 (2nd inspection)

The CGLPL identified 14 best practices and made 51 recommendations.

1.3.1 Best practices

The Minister of Justice reports that the following best practices are still being implemented: training in the psychiatric approach; provision of a hygiene and clothing kit to destitute released prisoners; choice between two dishes at each meal; hand-delivered tobacco; free refrigerator rental for destitute prisoners; workshop to help write letters; three visits in one day possible for remand prisoners; good organisation of appointments in the health unit; podiatry care offered; pharmacy and medical files common to both somatic and psychiatric care; good management of the emergency protection cell; access to sport for all on arrival; association of professionals for interviews; interview with the magistrate in charge of enforcing sentences before the review of the first request for leave.

1.3.2 Recommendations

The Minister of Justice indicates that the occupancy rate of the remand prison was 109.64% in September 2020 compared to 144.42% in September 2019 (the CGLPL notes, however, that the occupancy rate rose to 150.3% on 1 January 2022).

The Minister of Justice states that the updated rules of procedure are now in line with the legal requirements and address the rights of detainees in relation to complaints and requests. In addition, they are available in each building and in the library.

Arriving prisoners are now offered the opportunity to write down the telephone numbers they wish to keep in their cells.

The Minister of Justice states that the new arrivals' procedure now includes an interview with a management staff member, who presents work and training opportunities (also explained on a presentation sheet given to new arrivals), and with the school assistant to assess needs. The "new arrivals' wing" is regularly assessed as part of the management of prisoners.

With regard to increasing the number of staff (one guard per wing), the Minister of Justice indicates that this solution is difficult to achieve in view of the organisational chart and the number of staff assigned, even though these are regularly consolidated. The cost is estimated at 51 FTEs.

No reception cell for people with reduced mobility has been fitted out, with the Minister of Justice indicating that consideration is being given to carrying out work as part of the Comtat Venaissin institutional project and thus creating such a cell without losing theoretical capacity.

All of the IT equipment in the "minors' wing" has been deployed and put into operation.

The Minister of Justice states that the choice of where minors will be incarcerated is a decision for the judicial authority.

The arrival of a senior officer in the "minors' wing" has made it possible to deal with minors from different living groups. Sporting activities have been introduced, mixing groups and helping the participants learn to "live together". The number of activity slots has increased. Tensions are regulated through relational mediation. The arrival of a new local education officer has also led to better functioning, with the introduction of a timetable that takes account of school levels.

A dialogue has been established with the judges responsible for enforcing sentences in order to avoid any situation of overcrowding in the open wing (QSL). In 2019, the occupancy rate was 88%. With the health crisis, this occupancy has greatly decreased.

Concerning the use of telephones in the open wing, the Minister of Justice indicates that, as the regulations currently stand, communications are only carried out using the telephones provided by the institution.

The installation of working and clean toilets in the exercise yards has still not been completed. It is being studied.

With regard to the amounts paid by relatives into the prisoners' personal accounts, the Minister of Justice indicates that the institution ensures they are available within a maximum period of 48 hours.

Detainees without resources are still unable to acquire a free water heating device.

A procedure has been put in place to allow for the payment of an allowance of €10 per day and per person present for prisoners without resources who receive visitors in the UVF.

The entire institution is now covered by a new video surveillance system.

The Minister of Justice does not indicate that a step-by-step procedure for full-body searches has been put in place. He only states that searches are carried out in accordance with the legal requirements and the practices taught at the ENAP.

The Minister of Justice indicates that a memorandum was issued in 2019 to ensure that the application of security measures during a medical extraction is justified by necessity and proportionality and is assessed on a case-by-case basis.

An investigating officer has been appointed within the institution so that the person leading an investigation will no longer be considered both judge and jury.

Work to refurbish the disciplinary committee room has made it possible to provide a better space for the people being heard and their counsel.

The institution has made the president of the judicial court aware of the situation of assessors, to ensure their effective presence during disciplinary committee meetings. Six external assessors are currently authorised. Concerning the time it takes to appear before the committee, which should be less than one month after the alleged acts, the Minister of Justice does not provide a response.

The institution has stopped writing incident reports and acquittal decisions for victims of infringements. The latter are heard and a record of the hearing is attached to the proceedings.

The Minister of Justice states that the QD's rules of procedure are available in the QD's library and that an extract is given to detainees during their reception interview in this wing.

The Minister of Justice indicates, without elaborating on what measures may have been taken, that the organisation of group time for persons in solitary confinement depends on their profiles and the activities provided.

Concerning the need to flexibly manage the delays of families coming from far away for visits, the Minister of Justice only indicates that the professionalism of the visiting unit is recognised.

Two mailboxes (internal and external mail) have been installed near the access areas by the exercise yards of each detention building.

In-cell telephones were installed in September 2020.

The Muslim faith has not been represented at the institution since June 2019 and, according to the Minister of Justice, the search for a new chaplain has not been successful.

With regard to the presence of a lawyer alongside a detainee who appears before a court by video conferencing, the Minister of Justice indicates that the institution facilitates video conferencing for lawyers who wish to assist their client.

A framework agreement between the prefect of Vaucluse and the prison complex was signed on 15 November 2019 so that any detainee, regardless of their detention regime (remand or convicted prisoner), who wishes to have their national identity card (CNI) drawn up or renewed, can do so.

Foreigners in provisional detention or serving a short sentence (equal to or less than three months) are now invited to go to the prefecture upon their release to renew their residence permit.

With regard to access to social rights and the "digital divide", the Minister of Justice indicates that it is now possible, on request, for prefecture staff to travel with the data collection system that allows for the digitisation of the identity card renewal procedure. He adds that the social service assistant now has access to the CPAM software application, that work is under way to allow a CPAM employee to intervene on a monthly basis in order to help with the preparation of sensitive files and that a *Maison France Service* project is in progress within the institution.

The Minister of Justice indicates that managers and officers have been reminded of the need to log written requests from detainees, but does not specify what has been put in place to ensure this practice.

Work has been carried out to convert the space next to the health unit into offices.

"Health" mailboxes, with the collection of mail by medical staff, have been installed in each detention building.

The Minister of Justice indicates that the difficulties encountered by the physiotherapist cannot be avoided (insufficient space, need for suitable equipment).

The Avignon hospital and the ARS have recruited a new practitioner for 0.5 FTEs. Two doctors are now working in the health unit, which means that the hours stipulated in the agreement are better respected and the need to call 15 (the French emergency number) is greatly reduced.

The management and the officer in charge of work and vocational training have been reminded that decisions sanctioning a detainee working in the workshop or in general service or undergoing vocational training must now be taken within the disciplinary committee after an adversarial debate during which the detainee is invited to present their observations.

The Minister of Justice states that the organisation of the prison's exercise yards allows all prisoners to take a one-hour walk each day.

Contrary to the CGLPL's recommendations, the Minister of Justice indicates that the choice has been maintained to not disclose rankings on the waiting list for work requests in order to avoid any incident.

With regard to the selection of prisoners for work in workshops, the Minister of Justice indicates that the director in charge of work ensures that those already selected are called before any new selection and that, at the same time, the "work-training" (ATF) officer checks the list of selected persons and verifies the reasons for their absence.

Vocational training has resumed since 2019.

The procedure for signing up on the list of persons authorised to go to the library is now governed by a memorandum, posted in detention.

The number of rooms for activities has not increased.

GENESIS software is now available in all detention hearing offices. APPI has been deployed in the open wing, in the two remand wings, in the detention centre and in the SPIP's hearing offices.

The multidisciplinary support for sentence execution set up at the detention centre has not been extended to the remand wing or the open wing, due to a lack of resources.

According to the Minister of Justice, GENESIS software does not allow for inter-institutional monitoring, so that the prison administration is not yet able to report all the details concerning the execution of a sentence when it has been carried out in another institution.

The Minister of Justice states that prisoners can now have their identity cards at their disposal when they are granted permission to take leave.

1.4 Bordeaux-Gradignan prison complex (Gironde) – May 2018 (2nd inspection)

The Chief Inspector of Places of Deprivation of Liberty identified nine best practices and made 69 recommendations, of which 20 have already been taken into account.

1.4.1 Best practices

Persons placed in the open wing can still leave and return at any time subject to the guidelines set by the sentence enforcement judge.

A clock is still visible from the exercise yards of the punishment wing.

Patients waiting for an appointment are still accommodated in a medical waiting room, not a prison waiting room.

Caregivers still have keys for easy access to the detention areas.

The somatic care unit's clinical reviews of discharged patients' files are still ongoing.

The social service assistant in the health unit always accompanies patients when they are allowed to take leave for social or medico-social appointments.

The strategy for preventing suicidal behaviour developed by the prison complex's psychiatrists is still being implemented.

There is still a prison suicide officer and a "peer-support prisoner" programme.

There are still boxes of freely available books in Building A and in the health units.

1.4.2 Recommendations

Reconstruction work began in 2020.

The solutions to prison overcrowding presented by the Minister (Act on Justice Programming, opening of a support structure for release from prison in 2021, detention management policy of the Bordeaux DISP) do not provide a concrete response to the recommendation made by the CGLPL to end the use of mattresses on the floor.

Since the CGLPL's visit, a second post of first shift supervisor has been created, as have two posts of assistant sector officers in detention. Daily sector briefings with detention officers have been rolled out and job descriptions have been created and disseminated.

The Minister explains that the occupancy rate does not allow for all incoming female prisoners to be held in individual cells. Individual cells are thus reserved for certain prisoners who particularly need them.

A specific telephone number has been set up to provide access to an interpreter in detention and the Bordeaux SPIP has deployed translation tablets for foreign prisoners.

Despite the recommendation made by the CGLPL, the new arrivals' wing has not been clearly separated from the rest of the detention area. This wing is still located on the first floor of the detention area, which also includes the cells for "vulnerable" persons.

The Minister's response on the state of the showers in Building A does not seem to address the advanced state of disrepair noted in 2018.

No solution has been found to the advanced state of deterioration of the windows of the cells in the women's wing.

The Minister indicates that activities for women prisoners are scheduled throughout the day. He adds that both permanent (library and worship) and temporary activities are scheduled on weekends.

No arrangements have been made to separate the child's living space from the mother's space. The Minister refers to the upcoming closure of the women's wing.

The Minister explains that there is no differentiation in the regime of the nursery between pregnant women and women who have given birth.

In response to the recommendation that the lack of maintenance of the mother and child's exercise yard should be addressed, the Minister replies that this maintenance is carried out by the floor assistant. And yet the inspection report specifically stated that daily cleaning by an assistant was not sufficient.

The Minister argues that the number of staff does not allow for an increase in the number of guards in the minors' wing. However, he mentions the recruitment of a full-time coordinator, which has encouraged the development of group activities. It would appear that the youth workers now have access to the Internet in the detention area.

With regard to the systematic nature of full-body searches, the Minister merely recalls that minors may be subject to unannounced searches if they are suspected of having breached the rules of procedure.

A memo was issued in April 2020 to remind the staff of the procedure for distributing meals and regular reminders are given to the senior guards who must ensure that this memo is applied.

The Minister states that the prescribed diets are respected by the kitchen staff without explaining the changes that have been made to achieve this.

The Minister's response seems to indicate a decrease in the number of guards assigned to the kitchen, which is contrary to the recommendation made by the CGLPL.

The Minister explains that flows and changes of assignment in triple cells make it difficult to monitor the number of people for deductions of one third of the price of a television set.

It is indicated that the situation of detainees subject to an excessive search regime is studied monthly in a CPU and that the summary is notified to them each time. With regard to the use of showers for full-body searches, the Minister explains that the architecture of Building A does not allow for the presence of a specific search room on each floor.

A form from December 2020, updated in April 2021, serves as a register to track the use of restraints. The registers for the punishment wing and the solitary confinement wing also contain entries relating to the use of restraints.

The recommendation that persons in the punishment wing should have access to an open-air exercise yard has not been implemented.

All the documents on which seclusion measures are based are now included in the file (incident report, psychiatric evaluation, observations, assessment reports, DPS decision, etc.).

The Ministry does not provide a useful response to the recommendation that there should be regular updates on situations of solitary confinement on judicial grounds.

Since the CGLPL's recommendation, a brigade of trained officers dedicated to the surveillance of the solitary confinement and punishment wings has been set up.

The Minister says that there are at least three mailboxes on each floor and in each building. However, mail is not collected by the postal officer.

Phone boxes were installed in all cells in the prison complex at the end of 2020.

A protocol on identity documents and residence permits for foreigners was signed in October 2020.

The Minister states that the five-day time limit for consulting documents mentioning the reasons for detention is respected by the registry.

The recommendation to develop a protocol governing the procedure for handling detainees' requests has not yet been implemented. Nevertheless, the Ministry indicates that a working group was created in September 2021.

It is explained that a consultation procedure with detainees takes place every six months and that two "menu" committees also meet in the presence of detainees every year. No dissemination of the results of these consultations seems to be organised.

A protocol determining the terms of access to healthcare for detainees was updated and signed by the supervisory authorities on 15 February 2021.

As a matter of principle, all prisoners leaving the institution should be entitled to a prior medical consultation. According to the Minister, except in specific situations, these consultations could not be held during the health crisis.

The recommended system of on-call psychiatrists has not been implemented.

There is no procedure in place to deal with all requests for medical escorts and specify the degree of urgency.

The monitoring of persons placed in the emergency protection cell is carried out through regular visits; however, the video surveillance camera has not been removed. The Minister's response does not contain any information on the use of pyjamas.

All requests for work or training are treated as other requests: they are acknowledged, recorded in the GENESIS software application and examined by the "selection" CPU.

The Minister assures that there is no systematic exclusion from certain general service posts for detainees subject to criminal proceedings.

The Minister indicates that each type of activity has a waiting list when the CPU selects useful candidates and that the waiting list is systematic for workshop positions. No provision of information to candidates concerning their ranking on these lists seems to be foreseen.

Apart from the experimental deployment in 2021 of the "Economic activity integration" scheme, no appropriate measures seem to have been taken to enable people with disabilities to access work.

Apart from inquiries and general policy reflections, the Minister does not respond to the lack of compliance with the minimum salary threshold set by the Prison Administration Department. The method of calculating remuneration does not appear to have been explained to workers.

There is no teaching, even in a reduced form, during school holidays. It is explained that people in solitary confinement can have access to education through correspondence courses or by bringing in a teacher if necessary.

The sports facilities have been refurbished.

A new library has been created on the ground floor of Building A.

The institution's updated rules of procedure and the CGLPL's latest annual report have been made available in all the libraries of the prison complex and the majority of the codes have been updated.

The internal TV channel has not been reactivated.

The Minister indicates that it is not materially possible for CIPs to be systematically present at the sentence enforcement commissions (CAPs) when the cases assigned to them are discussed.

1.5 Condé-sur-Sarthe prison complex (Orne) – January 2018 (2nd inspection)

The CGLPL identified 10 best practices and made 42 recommendations.

1.5.1 Best practices

The system where young guards, assigned to the long-stay prison, are mentored by more experienced guards is still in place.

There is still a choice between two main courses for each meal.

Free rental of a refrigerator is still granted to people without sufficient resources.

The screen, which shows CCTV images, is still present in the disciplinary committee room.

The detention management office still sends the file to the lawyer at least 24 hours before the disciplinary committee hearing so that they have time to read it.

Visits to the UVF are still granted, but to a lesser extent than indicated in the best practice (up to twice 72 hours per month in some cases). In principle, these times cannot exceed 48 hours and occur once or twice a quarter. Once or twice a year, 72-hour visits to the UVF are possible.

Due to a change of incumbent, there has been no new collective consultation meeting with the JAP and detainees.

There are still good conditions for providing healthcare (size of the premises, psychiatric nurse, telemedicine equipment and ultrasound machine).

The training of USMP doctors, the availability of technicians and the travel of hospital doctors still help to reduce medical extractions.

The sentence enforcement judge's decisions are still notified by an officer or by the head of the registry.

1.5.2 Recommendations

No concrete actions have been taken concerning the recommendation to limit the maximum length of stay in the detention centre. The Minister refers to the fact that the new management is in the process of drawing up the institutional project.

Despite the CGLPL's recommendation in this regard, no real space for reflection allowing staff to discuss professional practices seems to have been set up. Training and adaptation periods, continuous training and the supervision of practices do not seem to be real spaces for reflection.

The institution no longer has a real new arrivals' wing. The Minister emphasises the existence of six cells reserved for new arrivals (three in the wing for the management of radicalisation and three in Long-stay prison wing 2) and the renewed certification of the new arrivals process in 2021.

With regard to the recommendation concerning the unsuitability of certain assignments to the remand wing, the Minister replies that assignment decisions are the responsibility of the Prison Administration Department, which first assesses the level of staffing required.

The accommodation sector for persons placed in the controlled differentiated regime was closed in 2018. This system has been replaced with individualised management for a fixed period, decided after a debate between the parties. This development and the explanations given by the Minister do not really make it possible to determine the nature and purpose of this regime.

The Minister indicates that the schedules were revised for each building in April 2019, thus making movements more fluid to benefit the implementation of activities.

Long-stay prison wing 3 has been replaced with a wing for the management of radicalisation. The recommendations for this wing are therefore no longer relevant.

No progress has been made in improving access to the prison complex, which is particularly necessary because of the existence of the wing for adjusted sentences. However, the Minister points out that the SPIP has acquired a few bicycles and a scooter, which are available to prisoners in the open wing.

Following the recommendation made by the CGLPL, the service provider no longer takes products if the use-by dates are too short.

With regard to the prices of canteen products, the CGLPL recommended that the prices of products included in exceptional canteens be made transparent. The Minister's response is vague and does not indicate that this recommendation has actually been taken into account.

No product catalogue for exceptional canteens, even if not exhaustive, is distributed. The Minister invokes the absence of a catalogue from the supplying supermarket.

Computer rooms are being used more than before, with a new training course called "digital skills development" having started in September 2021.

No action has been taken following the recommendation to remove CCTV cameras installed above a urinal or facing the entrance to a search room.

The Minister indicates that in the event of a failure or if a person refuses to submit to detection by the millimetre wave scanner, a full-body search is carried out after giving detailed reasons for the decision. This response from the Minister confirms that full-body searches of prisoners leaving the visiting room are systematic when the scanner cannot be used.

All search rooms are now equipped with chairs.

An "escort" CPU is organised every month to determine the level of escort for each prisoner and the use of restraints is individualised.

No changes have been made to the exercise yards in the solitary confinement wing, despite the CGLPL's recommendation to that effect.

In the context of requests for visit permits and visiting room reservations, a request for bulletin no. 2 of the criminal record and a prefectural inquiry, including for relatives, remains systematic, in contradiction with the recommendation made by the CGLPL in this regard.

The possibility of searching a baby's nappy is governed by a memorandum, and searches are carried out by a member of staff and checked by a member of the same sex. These searches therefore persist, despite the recommendation to put an end to them, which was renewed during the last inspection of the institution in 2020.

Rules of procedure for the visiting rooms were drawn up in July 2020.

The Minister admits that nothing has yet been done to revitalise the prison visitor scheme. An information campaign via the internal channel should be carried out.

It appears that the file summarising the correspondence received and sent is still available for consultation by employees other than those responsible for it.

Chairs are now set up near the telephone booths.

Humanitarian and confidential numbers and the memo on the listening, recording and interrupting of telephone exchanges are not displayed at each calling point.

As regards telephone tariffs, the Minister indicates that the new telephone contract has allowed for a reduction in tariffs with the introduction of flat rates.

The Minister does not respond to the recommendation that it should be possible for detainees held in different buildings to be brought together for prayer meetings.

The memorandum on the organisation of worship, dating from 2013, has been updated. The new note from the Prison Administration Department was posted in May 2021.

The procedure for processing CMU-C applications is still not electronic. The Minister invokes the lack of a secure Internet connection in detention.

The protocol between the prison complex and the two hospitals has still not been updated. The Minister indicates that the prison part has been completed but that the psychiatric part has yet to be finalised.

The presence of a guard in the nursing room during consultations has not been banned. The Minister argues that this presence is requested by medical and nursing staff.

The Minister does not really respond to the recommendation that the necessary collaboration between health unit staff and supervisory staff should be accompanied by great vigilance in terms of preserving medical confidentiality in both individual and institutional exchanges.

The Minister indicates that organising the regular supervision of the entire medical team (somatic and psychiatric) by an external party is the responsibility of the Ministry of Health.

The Minister indicates that the implementation of the part-time therapeutic activity centre (CATTP) project supported by the ARS falls within the competence of the Ministry of Health.

The Minister indicates that the updating of the procedures for hospitalisation in the UHSA is the responsibility of the Ministry of Health.

With regard to the small number of qualifying training courses in the detention centre, the Minister's response shows that no change has occurred. Only one non-qualifying training course is being set up. The main explanation given by the Ministry is the lack of stable motivation on the part of the persons

registered. The Minister points to a number of constraints (distance between the site's entrance and the workshops, security risk, etc.) to explain why no qualifying activities have been put in place.

The number of teachers has been increased.

It is not clear from the Minister's response whether a solution has been found to help refocus CPIPs on their core business. In addition, no information is provided on the organisation of training for counsellors on the procedures for the adjustment of long sentences.

Without illustrating his point further, the Minister states that the individual sentence plan is a pillar for the institution.

Processing times for transfer requests have been reduced since the DOT (referral and transfer file) software application was introduced.

1.6 Laon prison complex (Aisne) – October 2018 (2nd inspection)

The CGLPL identified three best practices and made 49 recommendations.

1.6.1 Best practices

In the detention centre wing, individual cells are still used as a matter of principle whenever the number of prisoners allows it, despite the availability of double cells.

A television is still available free of charge for people in solitary confinement.

The "Health Information Point" for new arrivals is still present.

1.6.2 Recommendations

With regard to the overcrowding of the remand prison, the Minister invokes the reform of the drawing rights of the interregional directorates. While this mechanism may have the effect of reducing the number of convicted prisoners in remand prisons, no information on the concrete effects of this reform at the Laon remand prison is provided.

There has been an increase in the number of brigade guards and senior guards. This reinforcement has allowed for the assignment of one officer and two senior staff members.

The new head of detention meets several times a week with the teams. The new deputy director, who took up his post in the summer of 2020, is involved in this.

The rules of procedure have still not been updated.

Employees are increasingly taking ownership of the GENESIS application.

Incoming prisoners can now make a phone call during the booking process and take down the phone numbers stored in their mobile phones. They are also offered the possibility of a shower when they go to the changing room.

A group information session on the subject of violence is held in the new arrivals' wing. A group workshop on the "incoming process" was set up in September 2021. Certain analysis grids (dangerousness, vulnerability, suicidal risks) are used by the CPIP and allow interviews to be tailored to the profiles of detainees. The Ministry does not provide any information on the improvement of the new arrivals' interviews conducted by the building manager or on the updating and translation of the documents given to new arrivals.

The Minister does not respond to the finding that the standards set by the CPT requiring that each detainee have sufficient space to move around in the cell are not being met.

Apart from the installation of gratings on the windows of the punishment corridor overlooking the minors' exercise yard, no action has been taken addressing the CGLPL's recommendation stressing that the minors' wing is too close to the adult wings. However, the Minister says that equipment has been installed: concrete furniture and a removable net.

The Minister indicates that most of the minors incarcerated at the Laon prison complex have the status of remand prisoners and have been transferred as a measure of order. He concludes that they cannot meet the eligibility criteria for permissions to leave.

The Minister's response does not make it clear whether or not activity schedules have been put in place in accordance with the recommendation made by the CGLPL.

Penal institutions have psychologists on duty to support staff members. Employees who wish to do so can call them or the emergency hotline (available 24/7).

Two benches and a pull-up bar have been added to the exercise yards. The sports field was resurfaced with synthetic material and sports equipment was installed around it in 2019. The toilets have been repaired.

The Minister indicates that the regimes in the detention centre wing have been diversified, but his answer does not indicate what this diversification has consisted of. In 2019, the CGLPL noted that three regimes (closed, semi-open, open) coexisted, and stressed that the meaning of the semi-open regime was not clear. It also noted that the opening of doors in the open and semi-open regimes was not accompanied by any monitoring by the guards. These findings remain unresolved to date.

In 2019, a massive purchase of cupboards and tables was made to fill the gaps. In 2021, a complete wing was renovated in the remand prison. The Minister says that cabinet doors are replaced as soon as a report is made.

The showers were redone in 2018 and are designed to be accessible for people with reduced mobility.

In 2021, a mattress renewal campaign took place, during which one third of the mattresses were replaced. In 2022, there are plans to replace the remaining two thirds.

The maintenance of the communal areas has been delegated to a management team, which was reinforced during the pandemic period. Service checks are carried out. It should be noted that the quality of maintenance must also be ensured outside of pandemic situations.

The lack of access for minors to meals served in Gastronorm trays with a choice between two menus has not been corrected, although this service is available to adults. The quality of the breakfasts served has not been reviewed either.

There has been no response to the recommendation concerning the delivery times for items ordered from the canteen.

Apart from the bank statements received by the detainees in the first week of each month and the information attached to canteen products, detainees are still not informed when their account is debited or credited.

The Minister does not respond to the recommendation that the refusal of work by an indigent person cannot lead to a refusal of aid for the indigent and that these people should be allowed to save this money.

A note authorising lawyers to enter the institution with computer equipment has been posted at the main entrance door and in the lawyer's visiting room.

A register on the consultation and extraction of video surveillance data has been created, specifying the names of the personnel authorised to consult the recordings. No information on the use of video recordings is provided.

The Minister assures that full-body searches are always carried out in accordance with the regulations and that all such searches are recorded and traced in the GENESIS software application.

It is reported that there are several rooms dedicated to full-body searches; they are equipped with doors or curtains, floor gratings and coat hooks. In addition, a dedicated room for searches of detainees leaving the workshops was installed in 2019.

The Minister states that the means of restraint and the level of surveillance chosen for medical extractions are the result of a systematic and individualised assessment. He states that restraints may not be excluded at the lowest escort level at the discretion of the escort manager.

Without mentioning any changes since the CGLPL's visit, the Minister indicates that surveillance staff are present in detention.

The lawyer appointed for the disciplinary committee is now invited receive detainees in the lawyer's visiting room.

No changes in disciplinary sanctions are reported. With regard to the decision-making procedure for withdrawing sentence reduction credits, the Minister merely states that the decision is up to the magistrate, without questioning the criteria guiding the recommendations made by detention.

The "shower" room in the punishment wing has been renovated and a "painting" plan has been under way since June 2021.

Work has been carried out to improve the conditions of solitary confinement (showers, exercise yards, sports room, reading, telephone).

There are still no plans to set up a UVF.

As regards access to the telephone for prisoners arriving from another penal institution, the TELIO system, which has replaced the SAGI accounts, allows for a rapid transfer. In addition, incoming prisoners are given a code that allows them to place calls as soon as possible.

The Minister indicates that incoming prisoners are informed by posters and during welcome interviews of the possibility of meeting with the Defender of Rights' representative. He also points out that the Citizens' Advice Centre has been revisited in terms of procedures, under the aegis of the SPIP's social service assistant. It is not clear from this answer whether this information is included in the welcome booklet.

The Ministry's response mentions that arrangements enabling detainees to access their social rights are in place.

In the absence of any identified risks, health professionals can talk to a detainee in the punishment or solitary confinement wing in the cell or in conditions of confidentiality.

No system for systematically identifying refusals of consultations by detainees has been put in place.

The Minister assures that medical treatments are distributed by nurses to adults and minors. However, he acknowledges that when a treatment needs to be taken late, it is sometimes handed over to the night shift.

No changes in the number of psychiatrists and psychologists are reported by the Minister.

Refusals by the persons concerned, unscheduled missions, and emergency transfers to the EPSNF are cited by the Minister as reasons for not carrying out scheduled medical extractions. However, there seems to have been no change since the CGLPL's recommendation for the reliable execution of medical extractions.

The Minister assures that communication between the psychiatric team and the prison administration in the field of suicide prevention is effective.

The emergency protection cells do not appear to have been equipped with a cigar lighter, and no information on improving their cleaning is reported. However, an effort seems to have been made regarding the drafting of placement sheets.

Little effort seems to have been made with regard to information about work and vocational training opportunities.

The Minister states that the recording of the attendance of auxiliary staff assigned to general service is no longer a problem.

The European Prison Rules (EPR) process for outgoing prisoners was validated during previous audits; the department draws up a "social rights" checklist and systematically hands out an "outgoing prisoners" booklet.

The number of CIPs has been increased.

The construction of an open prison is under way.

1.7 Lorient-Ploemeur prison complex (Morbihan) – July 2018 (2nd inspection)

The CGLPL identified three best practices and made 50 recommendations.

1.7.1 Best practices

The Minister of Justice indicates that the group meetings for new arrivals are intended to continue, even though they had to be interrupted due to the health crisis.

The youth information point has been closed but replaced with a "Support for professional projects" scheme with an integration officer whose mission is to accompany the detainee. The arrival of a social worker also allows for support to be provided for accommodation. Administrative matters are now handled by the integration coordinator.

The best practice regarding the procedure set up by the SPIP and social security funds is still implemented.

1.7.2 Recommendations

The Minister of Justice states that in spring 2021, there were no mattresses on the floor of the institution. He adds that the number of transfers from other institutions to reduce overcrowding has decreased (none in 2021) and that transfers have been made to take account of overcrowding in the remand wing.

The institution now has 133 prison officers (actual number). The technical service is complete and the positions of officers have been filled.

The rules of procedure of the institution, with the exception of those of the open wing and the workshops, were updated in January 2020. Changes to the rules are set out in memoranda, which are commented on and disseminated. A welcome booklet is now given to new arrivals.

The "new arrivals' wing" opened on 8 October 2020. However, prisoners continue to have only one period of outdoor time per day.

The layout of the cells has not been improved. Only an overall operation to install partitions separating the toilet area from the rest of the cell has been carried out.

With regard to the exercise yards, the Minister of Justice indicates that the covered areas have been washed and repainted and that benches have been installed. In addition, a first phase of work is planned (asbestos removal, repair of systems and communal showers, replacement of woodwork, painting, repair of sanitary facilities, etc.).

Appointment scheduling has been in place since 2019. The detainees concerned are registered in the GENESIS software application so that lists can be drawn up.

In the detention centre wing, kitchen furniture including a built-in oven, a sink and a storage cupboard has been installed. The premises have been repainted.

In order to use the available space for integration and leisure activities, an application to create a vegetable garden was submitted but rejected. It will be re-filed in 2022.

An "outgoing prisoners" working group has been set up to discuss the programme on preparation for release from the open wing. The project is under construction, with an implementation target of 2022, but nothing concrete is yet in place.

The water heaters have been changed. A request to refurbish the showers has been made. Bed linen is washed every fortnight. A laundry assistant is responsible for cleaning the personal belongings of the detainees. A booking schedule allows detainees to reserve laundry slots and information is given during the welcome hearing. Lastly, a cleaning kit is provided every fortnight (scouring cream, detergent, bleach, paper, etc.).

The weight of the meals, considered insufficient, has not been reviewed. Consultations on the theme of food service will be organised at the end of the health crisis, according to the Minister of Justice. However, the menus are now displayed.

The Minister of Justice indicates, without giving any details, that the "persons without sufficient resources" committee applies the rules set out in the circular on financial aid. While cell cleaning kits are now routinely distributed, personal hygiene kits are still only distributed on request. Lastly, the kit for outgoing prisoners is still not systematically and completely delivered.

The Minister of Justice indicates that prisoners have the possibility of acquiring a computer in their cell and that they are aware of this right (rules of procedure, booklet for new arrivals). Concerning the withdrawal of an authorisation, the Minister only explains that the measure is adapted according to the profile of the detainee, but he does not specify anything about the procedure implemented.

Since 2020, all installed video cameras have been capable of recording images. Eight video cameras have been installed in the open wing. All outdoor areas are now equipped with video cameras, as is the detention centre wing. A request has been made for facilities in the remand wing and in the exercise yards of the solitary confinement and punishment wings.

The Minister of Justice indicates, without providing any details, that the institution is in compliance with the rules on searches and that staff are regularly reminded of them. He does not say anything about their traceability or changes in the practices observed.

The Minister of Justice indicates, contrary to the CGLPL's findings, that the presence of escorts during medical consultations varies according to the escort level, the detainee's dangerousness and the configuration of the premises.

The Minister of Justice indicates, contrary to the CGLPL's findings, that preventive measures are proportionate to the seriousness of the acts and that the role of each person is respected. He does not mention what may have been put in place in this regard.

The Minister of Justice does not indicate that the shower facilities have been refurbished. He adds that showers are offered twice a day, in accordance with the rules in force.

People in the solitary confinement wing (QI) still do not benefit from two daily outdoor sessions.

The Minister of Justice indicates that the organisation of the QI has been reviewed and that access to a gym and reading is organised, as is access to telephones. He adds that painting work has been carried out.

The number of visiting rooms used is still limited to 15. The Minister of Justice does not indicate anything about the equipment of the terminals. The procedure for booking by telephone has not been adapted, but the persons concerned are informed of the procedure by means of an information document. In addition, the Minister of Justice indicates that overshoes are available and that benches have been installed. No vending machines for drinks or sweets have been installed. Lastly, concerning the limitation of linen, a note to families has been posted. Prisoners have access to the list of laundry brought in.

The UVFs and family visiting rooms have still not been opened.

There are now mailboxes on each floor, but the mailbox for the health unit has still not been installed. The postal officer now has access to a list of authorities whose mail should not be opened.

Telephones have been installed in all cells except in the open wing and the punishment wing. Information on the use of telephones, free humanitarian telephone numbers, and the contact details of the Defender of Rights' representative and the CGLPL are included in the welcome booklet and the rules of procedure and are displayed in detention.

Since May 2021, a Muslim chaplain has been appointed and is working. The chaplains' mailboxes are still located in the office of the postal officer, limiting their accessibility.

The programming of activities is now organised, as associations' interventions are recorded in the GENESIS software application and detainees are summoned. The practical arrangements for accessing associations and the Defender of Rights are posted in detention. However, the number of "lawyer" visiting rooms is still limited to two.

The protocol with the prefecture to provide access to public services is still not finalised.

Nothing has yet been done regarding the traceability of requests or the right to collective expression.

The Minister of Justice considers that the recommendations relating to the establishment of a framework protocol for the USMP, the drafting of a USMP service project, the methods of assigning non-medical staff to the USMP, the training of medical staff, the management of medical extractions, telemedicine, the development of health promotion programmes, the methods of dealing with addictions and the prescription of medicines fall within the remit of the Minister of Health.

The Minister of Health points out that work to update the framework protocol and the procedures for social protection has been initiated by the ARS with the health institutions concerned.

The response from the Minister of Health shows that the recommendation to draw up a service project for the USMP, in line with the plans of the complexes of the two health institutions concerned, has still not been implemented.

While the Minister of Justice indicates that a coordination meeting is held every quarter between the USMP and the management of the institution, he does not mention the creation of a health committee.

The Minister of Health underlines the good coordination between the health unit and the prison administration since the health crisis.

Only a dedicated activity room has been set up, as the USMP's premises have still not been reconfigured.

According to the Minister of Health, a training plan for medical and non-medical staff in the somatic care system has been under way since 2019.

The drafting of a protocol for the procedure for managing urgent medical consultations is only in progress. Nothing has been done to review the management of traditional medical consultations. Neither the Minister of Justice nor the Minister of Health provides any response suggesting that the corresponding recommendation has been taken into account. The reason given by the Minister of Health, that there has been a drop in medical consultations, is not acceptable.

The Minister of Health points out that in the context of the study carried out by the Brittany ARS on the state of healthcare for the prison population, the development of telemedicine is one of the priorities of the roadmap currently being finalised. It must be noted that the use of telemedicine remains a major difficulty three years after the CGLPL's recommendation in this regard.

A health promotion programme and a steering committee have been set up by the hospital in charge of this issue. The Minister of Health emphasises that several actions have been carried out: first-aid training, sophrology, oral hygiene workshops, and dietary workshops.

The Minister of Health indicates that the Douar-Nevez CSAPA intervenes in detention. He specifies that the annual review of interventions is presented in the USMP's activity report during the assessment committee meeting. However, the drafting of an organisational protocol and an annual review specific to these issues must be established.

The staff of the USMP was momentarily strengthened in 2019 through the hiring of a pharmacy assistant; this is the only response given on this topic by the Ministry of Health, without any further details on the urgent need for the entire drug circuit to be reviewed and secured as soon as possible.

With regard to psychiatric care, the Minister of Justice indicates that the organisation of the unit, the medical project, and the methods of patient care are the responsibility of the Minister of Health.

The response from the Minister of Health shows that the treatment methods for patients receiving hospital psychiatric care admitted to the Charcot public mental health institution and the Rennes UHSA remain unchanged, without any reflection having been initiated.

According to the Minister of Justice, the management of sex offenders is a topic that was put on the agenda of a coordination meeting in September 2021. A reminder memo for staff has been issued.

According to the Ministry of Health, the obligations of healthcare workers with regard to respect for medical secrecy and the confidentiality of care are known to and respected by these workers.

For suicide prevention, a pair of officers and an individualised protection plan have been set up. Work has been carried out on specific monitoring. A monthly meeting is now held to discuss the most serious psychiatric profiles. Lastly, the emergency protection system is no longer used in the punishment wing.

The response from the Minister of Health focuses on the following points: a programme for suicide prevention in prisons has been considered at regional level, with the deployment of several actions planned for 2022, including the implementation of the multimodal strategy, the development of the regional strategy and the creation of a regional monitoring committee. Three years after the visit, no internal procedures have been drafted.

The Minister of Justice states that the criteria for selection for work are the same for all prisoners (behaviour, length of sentence, indigence, prioritisation of school) but does not mention anything about whether they are more transparent. Furthermore, misconduct committed in detention and not at work can still be grounds for reclassification.

The change in the curriculum, tailored to the non-stop workshop day, mentioned by the Minister of Justice as having taken place in 2017, is still a source of limited access to education for working prisoners.

Unoccupied prisoners can still only benefit from two sports sessions per week. It is worth noting that new sports equipment has been installed in the gym which is accessible every day.

Contrary to the CGLPL's findings of numerous shortcomings and a high rate of absenteeism, the Minister of Justice indicates that the organisation of cultural activities does not pose any difficulties. He adds that information circulates well and that prisoners are registered for activities through GENESIS.

The library has been rearranged and furniture has been purchased. The legal and administrative collection has been enriched by updated codes, but nothing is mentioned about religious works, with the Minister of Justice generally stating that renewals are regular.

The institution has not developed an internal channel for disseminating information. However, every three months it publishes the "Oxygène" newspaper produced in detention.

1.8 Maubeuge prison complex (Nord) – January 2018 (2nd inspection)

The CGLPL identified five best practices and made 56 recommendations.

1.8.1 Best practices

The institution's "incoming prisoners" process has been certified since 18 October 2010.

The fluid reception of families is still sought while respecting rules of health and prison security.

The provision of school grants is still in place. Continued access to school classes in the afternoons for employed prisoners has been made permanent.

Prisoners in a fragile state of health still benefit from suitable sports activities in which the hospital is involved.

The unit for monitoring the risk of recidivism for persons completing their sentence with a *sortie sèche* (i.e. release without follow-up to help with reintegration) is still in place.

1.8.2 Recommendations

With regard to trafficking and violence involving prison officers, the Minister replies that regular meetings with prison staff have been set up, that the subject of violence was to be included in annual training from 2021, that a note has been distributed to officers and that discussions on these subjects take place during evaluations. He also states that every incident is reported to the public prosecutor and that a "violence" steering committee has been set up. In view of the critical situation described in the inspection report, these measures do not constitute a sufficient response.

Moves from the remand prison to the detention centre are encouraged, and a systematic referral file is opened for convicted persons with less than nine months left on their sentence. In May 2021, the occupancy rate of the remand prison was 89% and that of the detention centre 86%.

The necessary adaptations to GENESIS have been made, and institutions are now able to produce the characteristics of the prison population so that they can target their treatment methods.

Rules of procedure were drafted in 2020 and were being reviewed at the end of 2021.

The Minister's reply does not make it clear whether representatives of associations are now prohibited from participating in all multidisciplinary committee meetings during which confidential information covered by professional secrecy is discussed.

A search room has been created with two compliant booths, in the remand prison and in the workshop corridor.

The Minister of Justice acknowledges that the recommendation to provide a shift until 7 pm to prevent overnight detention for more than 12 hours has not been taken into account. He explains that the remand prison closes at 6:30 p.m. so that the guards can join their colleagues for the closing of the detention centre.

Shelters were installed in 2021 in the institution's two large exercise yards.

The heating problems were solved in 2018.

The health module has been completely overhauled, an increase in activities will be undertaken at the end of the pandemic, and the activity rooms have been rehabilitated. Detainees involved in the module will also be monitored.

The activities in the commissions of the respect regime have not led to a decrease in the number of paid auxiliary staff; on the contrary, five posts were created in 2019 and two in 2021.

The showers have been gradually renovated. A new paint job was to be done in 2021. The work undertaken does not appear to be commensurate with the findings made in 2018.

An employee is present at the surveillance post in the detention centre wing to monitor the exercise yards. New video cameras have been installed.

The Ministry indicates that the CIPs have access to interview offices that ensure confidentiality, without explaining whether any changes have occurred since the CGLPL's visit.

The issue of access to the sanitary facilities for people with reduced mobility has not been resolved.

The Ministry states that a differentiated detention regime at the detention centre allows victims to be separated from their aggressors. As regards the remand prison, it is explained that assignments are differentiated.

The Ministry's response does not specify whether decisions to place prisoners in a closed regime, taken by the CPU, are subject to a formalised notification procedure with a statement of reasons.

In the detention centre, the operating rules for the closed regime have been distinguished from those of the new arrivals' wing. Since November 2021, detainees placed in the observation regime (the new name for the closed regime) have had access to the exercise yard, work and activities.

No changes to the shower access regime have been made, leaving the recommendation for more flexible access without effect.

The recommendation that shaving cream should not be distributed without shaving brushes does not appear to have led to any change. The Ministry only states that brushes can now be bought in the canteen. The situation of people without sufficient resources is not addressed.

The procedure for washing bed sheets and retrieving packages was changed by a note from 2020. There is no information indicating whether bed sheets are hand-delivered to prisoners.

Canteen products are distributed between 8 am and 10 am so that the majority of detainees are in closed cells. The CGLPL recommended that products be packaged for distribution.

Any refusal of indigent aid in the CPU is notified with explanatory reasons.

Shoe covers are now available at the main entrance.

The old set of video cameras has been completely renovated and 35 additional video cameras have been installed.

A memo, dated 28 September 2021, was issued to remind staff of the organisation of searches and the procedures to be followed, and of the need for more rigorous application within the institution of Article 57 Paragraph 2 of the Prison Act.

A note from the Prison Administration Department in 2021 sets out criteria for the different escort levels. This statement does not ensure that the security levels implemented are individualised. No answer is given concerning the presence of escorts during medical consultations.

It is not clear from the Minister's response whether those responsible for investigating disciplinary incidents are sufficiently trained or whether the investigating officer is assigned from a different wing from the person implicated.

In the event of an incident, the investigation is carried out quickly and the disciplinary committee is scheduled to meet within a fortnight. The prison assessor is appointed from the surveillance staff assigned to detention and varies from one committee to another. The victims are now heard as witnesses.

The Ministry states that the punishment and solitary confinement wings do not allow for the creation of dedicated search rooms or interview offices. However, he says that the shower rooms were renovated in 2018 and that the telephone numbers of associations and authorities are now posted in these wings.

Prisoners in solitary confinement are grouped together in the exercise yard or during sports activities when their profiles allow it.

The Ministry acknowledges that there are still no plans to build a UVF, but says that the project is feasible.

A lawyers' office is open in the institution once a month. Since February 2021, a tripartite agreement has allowed for the arrival of Bus France Services.

Regarding access to supplementary universal healthcare coverage (CMU-C) for prisoners entitled to it, the Ministry replies that affiliation to the CPAM is automatic upon arrival. It is not clear from this answer whether the blockage of CMU-C applications has been solved.

Since 11 October 2021, an officer has been assigned to set up the processing of requests. This assignment is a step towards traceability, but it cannot be stated that there is real systematisation.

Four consultations with detainees, under Article 29 of the Prison Act, were carried out in 2021.

Confidentiality is respected, the psychologist's consultation office is closed and film prevents people outside from seeing in.

Regarding dental care, the Ministry states that an agreement provides for consultations with three detainees per day from Monday to Friday but that this is not respected. He notes that dental care is provided twice a week, which he describes as insufficient. The Minister notes this deadlock without proposing a solution. At the time of the visit, the dentist only intervened half a day a week.

Difficulties in accessing psychiatric care have not been resolved due to recruitment difficulties encountered by the ARS and the USMP.

The construction project for the new hospital includes secure rooms. Delivery of the hospital was scheduled for the end of 2020.

According to the Minister, reports of vulnerable detainees during the suicide prevention CPU are brought to the attention of the management, which deals with these elements.

According to the Minister, the two emergency protection cells are used appropriately and the procedures and protocols are known.

According to the Minister, all requests for work selection are considered at the CPU meeting. They are registered in GENESIS. However, the order in which requests are considered is not specified and there is no indication that formal responses are provided to prisoners.

Workers can apply for a work certificate.

The Ministry recognises that it has to ensure that the guaranteed minimum wage is respected and that work rates are monitored. However, it explains that this could be counter-productive for some companies, which would then break the contract. It goes on to say that the situation in Maubeuge is favourable and that the arrival of new companies will help to put an end to the activities generating the least income. Lastly, it explains that the obligation to pay detainees on an hourly basis (provided for by the Act on confidence in the judiciary) will certainly cause some companies to leave.

The Minister says that the socio-educational area on the first floor is not accessible to people with reduced mobility and that no work is feasible.

The Minister's response to the recommendation on access to education for those with education of short duration is unsatisfactory. He states that the local education unit conducts interviews as needed and assesses those who may require follow-up.

Prisoners now have access to an e-learning platform, with training provided by the "Auxilia" platform and not by the CNED for financial reasons.

The time limit for registering for the certificate of general education (CFG) examination has been reduced, as the regional teaching unit has become an examination centre.

The renovation of the sports toilet and shower facilities was under consideration at the end of 2021. The creation of changing rooms is not feasible due to a lack of space.

Participation in a sports activity outside the institution is better correlated with the level of sports investment in detention and sports instructors are involved in the selection of applicants.

The number of CPIPs in charge of the remand prison has been increased and the number of prisoners in this remand prison has decreased at the same time.

The redesign of the committee on the individual sentence plan, which provides for a hearing with the detainee, has not been carried out.

The recommendation that a person submitting a first request for permission to take leave or a request for release under constraint should be heard at the CAP meeting does not seem to have been implemented.

1.9 Moulins-Yzeure prison complex (Allier) – April 2018 (2nd inspection)

The CGLPL identified seven best practices and made 34 recommendations.

1.9.1 Best practices

The solitary confinement wing of the remand prison has no special facilities and still consists of a normal detention corridor dedicated to solitary confinement.

Detainees placed in the solitary confinement wing of the remand prison can still, depending on their profile, have activities in small groups.

The anti-waste menu is still in place in the long-stay prison for voluntary detainees.

Detainees can still buy fresh meat from the canteen.

Cash can still be sent by Western Union in the long-stay prison.

With few exceptions, sports activities are still freely accessible.

"Sport-health" sessions are still being developed.

1.9.2 Recommendations

The Minister of Justice states that the institution has "I am in detention" welcome documents in eight languages and that the most common vocabulary is translated into 16 languages.

With regard to the equipment in the remand prison's exercise yards, it is stated that they have a canopy and fixed bars as well as a telephone booth.

A new building with 11 places has been used for juvenile detainees since 11 January 2021, including a cell for persons with reduced mobility.

According to the Minister of Justice, the health unit now validates meals. The Minister of Health notes that the validation of menus by a doctor from the health unit is not part of his prerogatives.

With the exception of vocational training at the remand prison, no vocational training for the detainees working in the kitchens has been put in place. The Minister nevertheless specifies that prisoners working as kitchen operators can have their professional experience recognised through the validation of acquired experience.

With regard to the high rate of waste of food produced in the kitchen, noted during the CGLPL's visit, the Minister of Justice points out that the arrival of a kitchen technician has made it possible to rework the composition of the menus and reduce waste.

Vaping items have been added to the canteen catalogue of the remand prison.

No action has been taken concerning the recommendation that the financial situation of people considered for the granting of assistance to persons without sufficient resources should be established on the same date each month.

The Minister of Justice states that the terms of payment for the rental of a television and refrigerator are brought to the attention of the detainees through notes to them. The clarity of these notes remains to be verified.

With regard to the necessary improvement in the speed of forwarding case files in the event of a transfer, the Minister of Justice indicates that efforts have been made in the transmission of information. However, he explains that the confidentiality of some transfers sometimes delays this transmission.

The Minister of Justice does not provide a satisfactory response to the recommendation to individualise the use of restraints during medical extractions.

The Minister indicates that feedback is systematically organised following suicides. The CGLPL's inspection report highlights the lack of feedback following attacks experienced by the guards. These spaces for dialogue should be further developed.

The pool of external assessors has been replenished.

Despite the recommendation to do so, the time slots for booking visiting rooms by telephone have not been extended. However, the Minister indicates that families of prisoners in the remand prison can now reserve time slots via the Internet at any time of day.

Despite the recommendation to that end, the number of lockers available to visitors has not been increased.

The Minister of Justice does not provide any information on the rehabilitation of the visiting room reservation terminals.

Despite the recommendation to do so, nothing has been done to provide shelter from the rain or sun for visitors and staff at the entrance to each of the wings.

With regard to the reorganisation of the visiting room area in the remand prison, the Minister of Justice indicates that the temperature control system was serviced in 2021. However, he does not provide any information on whether the privacy provided by the premises has been improved.

Curtains and floor mats have been installed in the search cubicles of the visiting rooms in the remand prison.

The Minister of Justice mentions that condoms are available to detainees and their families in the UVFs and family lounges. He points out that this system is not, however, in place for the family visiting rooms.

It is not clear from the Minister of Justice's reply whether prison visitors are now involved in information meetings for new arrivals at the remand prison.

In response to the recommendation to renew the list of prison visitors, the Minister of Justice states that the SPIP management undertakes to meet with each person wishing to become a prison visitor.

Since the first half of 2021, all the floors of the long-stay prison have been equipped with separate mailboxes. However, the Minister says that the mailboxes for the health unit have not yet been installed.

The list of useful numbers (including the unattended number of the CGLPL) has been displayed next to each telephone.

Since the CGLPL's visit, the institution, in conjunction with the CDAD, has set up a system where lawyers are on duty on a monthly basis for each of the institution's sectors.

Despite the CGLPL's recommendation in this regard, the protocol signed with the Allier prefecture for national identity cards has not yet been extended to residence permits. However, a meeting on this subject was held with the prefecture in June 2021.

The Ministry of Justice does not provide any explanation as to whether or not the lack of response for a large number of CMU (universal health coverage) applications, which gave rise to a CGLPL recommendation, has been resolved. The Ministry of Health did not provide a response.

The Minister assures that the monitoring of requests is constantly improving as the use of GENESIS has become more widespread.

Consultations with detainees are now held in both wings of the institution. It is noted that nine consultations took place in 2020 and two in the first half of 2021.

As regards the need to strengthen medical coordination, the Minister of Justice points out that a service project and a protocol are being considered for a major revision in the coming months.

According to the Minister of Health, the coordination committee has been reactivated, but there is no indication in his reply that the protocol has been updated or that a service project setting out the operating rules and objectives of the health unit has been drafted.

There has been no extension of the premises of the health unit in the remand wing.

The Minister of Justice points out that negotiations between the hospital and the health unit are under way to develop telemedicine.

Regarding the development of telemedicine, the Minister of Justice indicates that work has been delayed due to the health crisis but that anaesthetists are already using it.

The Minister of Health does not respond to the recommendation to computerise patient records and pharmaceutical prescriptions.

With regard to the development of health education and promotion, the response of the Minister of Justice does not objectively demonstrate whether the corresponding recommendation has been implemented.

The response of the Minister of Justice does not make it clear whether the psychiatric care system is currently organised and independent of the somatic care system but coordinated with it.

On the subject of setting up a part-time therapeutic centre, the Minister of Justice indicates that a procedure has been defined, but that it is hampered by the availability of the USMP's premises. The Minister of Health invokes the same justification related to inadequate premises.

No psychiatric day hospitalisation places have been created. The Minister of Justice again invokes the impossibility of expanding the USMP's premises. The Minister of Health argues that the creation of a

few psychiatric day hospital places is unthinkable in view of the difficulties in recruiting psychiatrists in this area and the presence of two SMPRs.

The guidelines for the management of addictions in prisons are not respected any more than they were during the CGLPL's visit. According to the Minister of Justice, there are no plans to arrange for time spent with an addiction specialist. The Minister of Health points out that a procedure for dealing with prisoners taking opioid substitution therapy is being developed. It ensures consistency of care between the various parties involved (psychiatrists, psychologists, addiction care, support and prevention centres and nurses).

According to the response from the Minister of Justice, no procedure for dealing with persons at risk of suicide or with medical conditions that require monitoring has been put in place, despite the recommendation made by the CGLPL in this regard. The Minister of Health indicates that the suicide risk procedure will be re-evaluated and readjusted in conjunction with the prison administration.

According to the Minister of Justice, no structured management of sex offenders has been put in place, despite the recommendation made by the CGLPL in this regard. The answer given by the Minister of Health does not bring any more hope, as he indicates that the management of sex offenders is being structured.

Prospecting in 2020 and 2021 created additional jobs for prisoners. The Minister of Justice states that the validation of acquired experience is being developed throughout the interregional directorate. No information is provided on the development of distance learning.

Despite the recommendation made by the CGLPL, the state of the library in the long-stay prison has not changed.

1.10 Remire-Montjoly prison complex (French Guiana) – October 2018 (2nd inspection)

The CGLPL identified four best practices and made 91 recommendations.

1.10.1 Best practices

The Minister of Justice indicates that while the practice of allowing mothers to accompany their infants to the Cayenne hospital has been implemented on an exceptional basis, the regulations do not provide for a mother to accompany her child as part of a medical extraction. He adds that the Ministry of Justice is currently considering whether Article D. 291 of the Code of Criminal Procedure should allow for this possibility.

The Minister of Justice explains that the possibility for prisoners in the open wing to keep their mobile phones once they have returned to the prison is not yet regulated, although it is implemented.

Cultural mediators are still present.

The principle of no returns from hospitalisation from Friday evening to Monday morning is still applied.

1.10.2 Recommendations

Although a busway project is being developed, the prison complex is still not served by public transport.

On the issue of overcrowding, the Minister of Justice simply states that six-person cells have been abolished but does not provide any further information on problematic overcrowding.

Concerning GENESIS, the Minister of Justice indicates that the "query" tab and the infocentre enable statistical data to be extracted.

Regarding staffing, the Minister of Justice explains that a plan to combat absenteeism is now in place and that support is being offered to staff. No increase in staffing levels is planned.

The institution's budget increased from an average of €4M in funding over the period 2014-2016 to €5.4M over the period 2017-2019.

The rules of procedure have been updated and are now available on the institution's common digital server, available to the guards, in French. Translations are planned.

An officer in charge of the new arrivals' wing is now responsible for providing detainees with comprehensive information (translated according to the language of the detainee). Prisoners are also systematically invited to take down the numbers and addresses stored in their mobile phones.

The detention assignment process has been reviewed and a new organisation has been put in place to take account of the 14-day quarantine period. Detainees leave the wing as soon as the medical quarantine is lifted.

The separation of female prisoners is now taken into account and suicide prevention is the primary criterion for assignment.

Women with children are now housed in a "nursery" cell.

The Minister of Justice indicates that the intervention of the paediatrician depends on the available resources of the hospital, but that the maternal and child welfare services (PMI) intervene.

The training of staff dedicated to the minors' wing had to be cancelled due to the health crisis but will be organised as soon as possible.

The intercom system has been reinstalled and is now working in all areas.

Regarding the state of the cells, the Minister of Justice indicates that the paintwork has been redone but says nothing about the hygiene conditions, which were described as deplorable, or the state and inadequacy of the furniture, so that the problem remains.

Prisoners in the open wing are now allowed to leave the wing with a family escort to visit a doctor or for other care, with the permission of the head of the institution. A change in the timetable in the event of an appointment has also been planned.

A reflection is under way on the night-time surveillance of the prisoners in the open wing, which means that this surveillance is not yet in place.

The conditions of admission to, detention in and release from the wing for vulnerable persons have not yet been brought into line with a specific mode of imprisonment.

Concerning the showers, the Minister of Justice indicates that they have been repainted and that the mechanical ventilation has been changed. He adds that those in the exercise yards have been secured and are cleaned daily. Nothing is said about the installation of showers in the cells.

The only work carried out to maintain the cells has been repainting and the replacement of the nozzles. The Minister of Justice does not indicate how the treatment of pests has been strengthened.

The buildings are still not equipped with washing machines.

Concerning the hygiene and sanitary conditions of the kitchen, the Minister of Justice indicates that a new kitchen is being created, that a transitional kitchen has been fitted out in compliance with hygiene rules, and that trolleys have been purchased.

The quality and quantity of the meals served have been reviewed. A good level of service is now guaranteed.

Refrigerators have been provided to each prisoner, free of charge.

The electrical installation does not allow each cell to be equipped with a hot plate. A project is under consideration, but prisoners still do not have the opportunity to cook.

Concerning the ordering circuit, the Minister of Justice indicates that the institution is dependent on suppliers who do not have a clear view of their orders due to the *département's* supply difficulties.

As regards the price of renting a television set, the amount is still €9 per month per inmate, without taking into account the number of users of the same set.

Contrary to the CGLPL's findings, the Minister of Justice considers that the televisions are of good quality but are damaged by the prisoners themselves. He adds that the institution offers a variety of products for access to information but gives no examples other than television (no access to computers, etc.).

Regarding access to the institution, the Minister of Justice states that the one-way windows keep the security equipment out of the public eye and adds that there is a shelter by the entrance door, in addition to a protected tunnel between this door and the visiting area.

With regard to searches, the Minister of Justice simply states that the criteria are respected without explaining how decisions are reasoned or traced.

The Minister of Justice recalls the legal framework relating to the presence of escorts during medical consultations, but does not indicate whether in practice this presence is no longer systematic, as the CGLPL observed.

The partnership agreement between the penal institution and the Cayenne public prosecutor's office now mentions the procedure to be followed in the event of violence between prisoners.

The Minister of Justice states, without further details, that the recommendation to hear victims of assault as victims, outside the framework of the disciplinary committee, has been implemented.

Concerning the time limits for appearing before the disciplinary committee (CDD), the Minister of Justice indicates that the assignment of an additional officer will allow the procedure to be streamlined.

A CPU on the subject of dangerousness has been set up. A steering committee will meet from January 2022 to address the topic.

The Minister of Justice states, without further details, that the recommendation to stop preventive placements as sanctions has been implemented.

A senior guard specifically responsible for disciplinary proceedings and investigations will be appointed in February 2022.

The storage room has been converted into a hearing room for the lawyer before the CDD.

Oral exchanges have taken place between the different presidents to harmonise disciplinary management.

The Minister of Justice states, without further details, that the recommendation to use video surveillance for the CDD has been implemented.

In order to combat violence in detention, the Minister of Justice indicates that management staff have been remobilised and repositioned and that notes on the division of competences have been drawn up.

The Minister of Justice indicates, without further details, that the recommendation to ban the pre-writing of decisions to renew solitary confinement measures before discussion has been implemented.

The Minister of Justice states, without any details or explanation of the procedure applied, if any, that the recommendation to give reasons for solitary confinement decisions has been implemented.

The cells in the solitary confinement wing are now equipped with storage shelves.

Contrary to the CGLPL's findings, the Minister of Justice states that the courtyards are partly covered to protect detainees from bad weather. There is no mention of repairing sports equipment and no other activities are offered due to a lack of suitable premises.

To ensure better care for the punished and isolated population, an officer has been appointed to be in charge of the solitary confinement and punishment wings since September 2020.

With regard to maintaining family ties, the Minister of Justice indicates that work to redevelop the visiting area is beginning in 2022, with the creation of family lounges, a room for child-parent liaison services, visiting rooms for the women's remand prison and two video conferencing rooms. However, there are no plans in the institution to create a UVF.

The Minister of Justice reports that the recommendation for individualised assessments of applications for visit permits has been implemented.

Staff now assist visitors when they need to use the electronic appointment booking terminals for the visiting rooms. A display system has also been put in place.

The Minister of Justice indicates, without further details, that the recommendation to strike a balance between security and privacy in the surveillance of visiting rooms is being implemented.

The postal officer now delivers letters to the addressee, handing over the envelopes and having the prisoners sign for them. He also issues a receipt for registered mail with acknowledgement of receipt. Lastly, he keeps a register of all mail received by registered mail with acknowledgement of receipt.

A second phone has been installed in the women's wing.

The Minister of Justice reports that the recommendations to install soundproofing walls, maintain the telephones and display information on eavesdropping have been implemented.

While the Minister of Justice indicates that the president of the CDAD has been made aware of the need for lawyers to provide consultations, he only indicates that lawyers provide services at the Citizens' Advice Centre.

With regard to the issuing of identity cards, the Minister of Justice indicates that a protocol was signed in December 2019 with the prefecture of French Guiana and that the methods for processing requests will be discussed at a meeting. He explains that applications for residence permits are now made via the Internet, with the help of the Citizens' Advice Centre and the SPIP if necessary. A solution has still not been found for the price of photographs.

The Minister of Justice recalls the new legal framework regarding the right to vote, but does not indicate whether this possibility is actually offered to prisoners.

The number of assistant "public writers" has been increased to one per building.

The installation of mailboxes for queries is planned for spring 2022 and the tracing of these queries in GENESIS was one of the 2021 objectives.

Work is planned in the healthcare facilities, an estimate has been requested and the painting plan provides for repairs, but nothing has yet been done.

The Minister of Justice indicates that the recommendations to eliminate duplicate medical records, archive these records and ensure the proper supply of medical and paramedical products are the responsibility of the ARS and the hospital.

The Minister of Justice states that the recommendation on access to physiotherapy is the responsibility of the hospital.

Although access to showers is planned for people with disabilities, the development of a specific cell will only be examined in the context of the 2022 project.

The Minister of Justice indicates that access to optical care is the responsibility of the Ministry of Health but specifies that the services of an ophthalmologist are planned.

The Minister of Justice states that the recommendations on psychiatric care and on hospitalisation and extractions are the responsibility of the Ministry of Health.

The process of collective debriefing one month after the occurrence of a suicide has been implemented.

The Minister of Justice indicates that medical secrecy is now respected, particularly in the CPU, since discussions are now limited to the risk of committing suicide.

The Minister of Justice indicates that placement in an emergency protection cell is now a decision that is the sole responsibility of the head of the institution, after receiving the opinion of a doctor.

Concerning the supply of labour, no new concessionaire has yet been found.

The Minister of Justice indicates, contrary to the CGLPL's findings, that work placements are validated by the CPU. He does not mention the issue of the selection criteria.

The Minister of Justice states that reclassifications are now carried out according to the legal procedure.

The Minister of Justice indicates that a reflection is under way to increase the pay of general service workers.

The Minister of Justice explains that the territorial authority of French Guiana requires prisoners to be legally present in the territory in order to receive vocational training. He points out that the range of training courses is not his responsibility but says that the sessions resumed in December 2021.

The Minister of Justice states that access to education is no longer restricted for those over 25 or for women.

Regarding the provision of sports activities, the Minister of Justice indicates that additional slots have been set up for specific groups and that balls have been distributed so detainees may play in the exercise yards.

The Minister of Justice indicates that the recruitment of a cultural coordinator at the SPIP has enabled socio-cultural activities to be developed and coordinated in detention.

Copies of the rules of procedure and updated editions of the Penal Code and the Code of Criminal Procedure have been made available in the library.

The new SPIP premises are now operational. No reinforcement of the SPIP staff has yet taken place. The SPIP now has a dedicated mailbox.

The Minister of Justice indicates that the psychologist works with the SPIP to personalise each detainee's experience and that "PEP" CPUs are held regularly, but he does not indicate how the detainees' input plays a more important role during these discussions.

The Minister of Justice states that the referral and transfer file is now the IT tool enabling the smooth and traceable processing of transfer requests.

The Minister of Justice explains that the time taken to process referral files is due to difficulties in obtaining judicial documents from the Cayenne court (TJ).

1.11 Marseille prison for minors (Bouches-du-Rhône) – March 2018 (3rd inspection)

The CGLPL identified 10 best practices and made 18 recommendations.

1.11.1 *Best practices*

The Minister of Justice indicates that the various best practices identified (individual care arrangements, awarding of diplomas in the presence of parents, operation of the "respect, participation, empowerment" unit, in-house newspaper, sports instructors from outside the institution, alternative care methods for addictions, good medical-psychiatric collaboration, use of more educational sanctions, initiatives for the care of foreign minors, etc.) are still being implemented.

1.11.2 *Recommendations*

The Minister of Justice states that the cells, bathrooms and sanitary facilities are repainted at least annually or in case of damage. He does not address the issues of dampness and water ingress. He adds that the soundproofing of the dining rooms has not yet been completed.

The Minister of Justice denies that the occupancy rate of the EPM is higher than that of the minors' wings in the region. Regarding legal information and advice for non-French-speaking minors, a partnership between the prison administration and the PJJ is under way and a protocol with an interpreting association has been signed in the meantime.

The Minister of Justice states that the recommendation to replace absent teachers and organise replacement activities falls within the competence of the national education system, even though the institution could offer solutions.

An institutional project was implemented in July 2021.

The private service provider has agreed to provide all newly arriving minors, whether indigent or not, with suitable clothing.

The framework for reinforced care has not yet been redefined. Reflections are under way.

A reflection has been carried out regarding the guard-youth worker pair, training courses and analyses of professional practices have been planned for 2021 and each unit is now equipped with offices and computer equipment enabling the pair to work.

The Minister of Justice indicates that a proposal has been made to the inter-regional directorate for minors to be given one hour of outdoor time per day, but he does not specify whether this proposal has been implemented.

There has been a change of cook. In addition, a minor now participates in the "food" committees and satisfaction questionnaires have been introduced.

With regard to cleaning and tidying up, the Minister of Justice indicates that now, minors leaving their cell must remove all objects belonging to them. He adds that the appointed pair of staff offers support in case of hygiene problems.

The Minister of Justice states that now, the guard does not indicate the health unit to which a minor is going in order to preserve medical confidentiality.

Medical records can now be accessed by the emergency services.

The Minister of Justice indicates that the recommendation to complete the welcome booklet has been implemented and that a film is even shown in cells and to families.

As regards CCTV images, the Minister of Justice indicates that they can still be used by the disciplinary committee.

The Minister of Justice indicates that full-body searches are reasoned and traced in GENESIS. He adds that they are no longer systematic, particularly for newly arriving minors, and that the installation of an additional scanner has helped limit their use. Regarding non-individualised searches, he says that there were only two in 2021.

Concerning the wearing of handcuffs and the presence of prison staff during transport and medical consultations, the Minister of Justice indicates that only handcuffs are worn, which was specifically pointed out by the CGLPL with regard to the escort level for most minors. He also recalls the risk of abduction for some minors and the lack of a reliable assessment of the potential for dangerousness.

A briefing note has been written on the operation of Unit 1 and placements behind bars (which are now recorded in a register in the punishment wing).

Concerning support for foreign minors, the Minister of Justice indicates that a draft national agreement is being studied but that local partnerships are still necessary. He adds that a training module is being set up. Furthermore, he explains that the mobilisation of the national education system in detention allows for support to be provided. Lastly, he indicates that the use of interpreters has been put in place, in addition to a support system with the possibility of accommodation and food.

1.12 Angers remand prison (Maine-et-Loire) – February 2018 (3rd inspection)

The CGLPL identified five best practices and made 25 recommendations.

1.12.1 Best practices

Common training courses are still offered to all types of professionals and volunteers working in the institution. The Minister of Justice adds that a guide containing the essential rules to be known is being drafted.

Collective and pooled information from various stakeholders is still organised every week for new arrivals, despite periods of temporary suspension linked to the health crisis.

Therapeutic workshops, health promotion and education activities and individual interviews are still organised within the institution.

The Minister states that the best practice emphasising the coordinated action of care and prevention stakeholders is the responsibility of the Minister of Health.

There is still a programme for daily sports activities and special activities both inside and outside the institution. The Minister adds that a city stadium was built in June 2021 and that a "sport and health" theme week has been introduced.

1.12.2 Recommendations

The recommendation to align the organisation chart for surveillance staff with the operational capacity of the institution has not been implemented. The Minister of Justice states that the application of the reference organisation charts does not confirm the need for a revision.

The open wing is still not equipped with a telephone booth. However, prisoners in the open wing can access their mobile phones on request to the officer in the wing. The Minister's response suggests that this possibility is not formally provided for in the current regulations.

New arrivals are systematically provided with clothes and shoes if they so wish. The Minister of Justice does not specify whether the supply difficulties noted during the visit have been resolved.

The addition of the JAP and public prosecutor's contact details in the new arrivals' guide, as well as the updating of the CGLPL's address, were carried out in June 2021.

The Minister of Justice states that a general inventory of all cells and communal areas is carried out every two months, without specifying whether any repair work has taken place since the CGLPL's visit. No information is given on the equipment of the cells despite the recommendation made at the end of the visit.

Four hearing offices have been made available to the SPIP in the accommodation sectors and the dividing wall between the interview cubicles located by the airlocks has been destroyed in order to create a more suitable interview cubicle.

The hairdressing room has been renovated and a new chair installed, but problems with seepage have caused damage to the room. Work needs to be done.

An inventory of the cells and premises is carried out every two months. The new director supervising the technical department has set up a table to monitor all interventions. The Minister of Justice states that a lot of corrective and remedial maintenance work has been under way since 2019. However, he admits that the planned closure of the institution in 2027 is limiting work to maintaining functional conditions.

Hygiene kits are systematically given to indigent detainees, and the number of rolls of toilet paper has been increased to four. These kits will be distributed to all prisoners from January 2022. The Minister begins his response by stating that indigent prisoners and/or those without a visit permit can do their laundry every fortnight, and then in the middle of his response he states that these people can benefit from this service every week.

Protective slippers are now available for people who need to remove their shoes to enter the institution.

The use of a room to keep agitated detainees locked up, without any official decision or traceability, ceased in 2018.

The visiting area was renovated in July 2018 by vocational trainees and new children's play equipment was purchased.

With regard to the recommendation that the prefecture designate a correspondent to process applications for residence permits, the Minister of Justice indicates that no correspondent has yet been designated.

Apart from the installation of a sliding door between the treatment room and the pharmacy, no partitioning or soundproofing work has been carried out in the offices of the USMP extension. The Minister of Justice indicates that a request to extend the premises of the health unit is being considered.

The USMP team still does not seem to have been involved in the design of the health unit's premises in the future facility. The Minister of Justice points out that the healthcare teams are waiting for details regarding the final size of the institution and the people it will take in.

The health unit has been equipped with a digital X-ray machine since May 2019.

The Ministry of Justice indicates that discussions are under way with the healthcare teams to find organisational methods that will make the most of the time spent by USMP staff on-site. The current operation described by the Minister does not differ from the operation observed during the CGLPL's visit that gave rise to the recommendation.

Without elaborating further, the Minister of Justice states that the distribution of medicines has been in the process of being modified for some months. It should be noted that the immediate response from the Minister of Health in 2018 already mentioned that a proposed modification was under consideration.

With regard to the recommendation to recruit a full-time dentist, the Minister of Justice notes that this is not his responsibility but rather the responsibility of the Minister of Health.

A special note has been added to the extraction form to inform prison escorts that their presence during medical consultations or examinations must be at the express request of the doctor and must remain exceptional.

An emergency protection cell usage register has been in place since 2018.

It is not clear from the Minister of Justice's response how the Personalised Professional Integration Support Programme has been more widely implemented.

No new concessionaire has been found by the prison administration. The Minister of Justice refers to the difficulty of this search and states that a new location is not possible for the time being due to a lack of available space.

The sports instructor has been replaced by a contracted professional.

New furniture for the library was purchased in 2020 and painting work was carried out.

1.13 Besançon remand prison (Doubs) – March 2018 (2nd inspection)

The CGLPL identified five best practices and issued 48 recommendations.

1.13.1 Best practices

The Minister of Justice indicates that the various best practices identified (participation of minors in one of the CPU meetings, increased access to showers for minors, use of video surveillance in disciplinary committees, assistance of an interpreter during medical consultations, preparation of forms for medical follow-up) are still being implemented.

1.13.2 Recommendations

The Minister of Justice indicates that an interregional transfer campaign is implemented when a prisoner has more than six months left on their sentence in order to respect their right to an individual cell.

Requests for officers and deputies have been made but are awaiting a response.

The rules of procedure have been updated and are in the process of being validated by the Interregional Directorate for Prison Services.

The organisation of the staff's shifts has been reviewed and tailored to the operation of the institution. The new time charter was validated in March 2021 and is being applied.

The Minister of Justice indicates, contrary to what the CGLPL has noted, that memoranda are regularly updated and distributed. He adds that "reflex sheets" and important notes are laminated and placed in every office in detention.

With regard to the new arrivals' wing, the Minister of Justice indicates that activities have resumed, that collective information on phenomena of violence is still being provided and that other group activities will be envisaged after the health crisis.

On the state of the cells, the Minister of Justice indicates that the plan to repaint them is under way. Nothing is said about the defective windows, the call system or the installation of refrigerators. Regarding the toilets, the Minister of Justice maintains that a door or partition is present in most of the cells.

There are still no covered areas in the exercise yards, which are still not cleaned daily.

Prisoners still cannot return to their cells in very cold weather before the end of their outdoor time slot. There are plans to diversify the range of activities for minors, but nothing has yet been implemented in practice.

Personal hygiene products continue to be renewed only for indigent prisoners.

Concerning the showers, the Minister of Justice indicates that their repair is foreseen in the maintenance plan of the institution and that a daily shower is offered to the prisoners participating in the sport session.

A memo has been issued requiring the guards to check the condition of the cells on entry and exit. The cell inventories have been updated.

The kitchen renovation-extension project, including the canteens, has been finalised and work has started.

The Minister of Justice states that only one in two meals is vegetarian. He adds that, despite the CGLPL's findings, extracted prisoners always have a meal planned. Lastly, he explains that the prison population is consulted at the food committee meeting and that prisoners participate in it.

The Minister of Justice indicates that it will be possible to revise the list of products offered in the canteen once the premises have been refurbished.

Concerning the provision of information about canteen products, the Minister of Justice explains that canteen vouchers are given to prisoners and that prices are displayed in the buildings.

The staircase in the minors' wing is now under video surveillance.

There is no indication of a decrease in systematic full-body searches.

The search rooms have been renovated to provide better visual protection. A "step-by-step" document has been posted and the door has been modified to enhance privacy.

With the arrival of the new head of institution, the rules concerning escorts were reduced and refined. The transfer team was reminded of them.

The arrival of a new officer has enabled work to be done to update the disciplinary procedures.

As regards the solitary confinement wing, no measures have been taken to improve living conditions. The exercise yards have not been restructured.

As regards the visiting rooms, the legally required three visits per week are still not implemented.

The leaflet of the PERGAUD association has been displayed in the waiting rooms for families.

The confidentiality of exchanges is still not guaranteed in the visiting rooms.

The information that detainees should post their own mail in the mailboxes installed for this purpose has been disseminated.

Telephone booths have been installed in each cell, in addition to two video intercom systems.

A Citizens' Advice Centre was set up in September 2018 but the bar association declined to participate.

A note to the prison population has been distributed to reiterate the procedure for meeting with the Defender of Rights' representative, and leaflets are distributed in the new arrivals' wing.

The Minister of Justice indicates, without further details, that there are no longer any difficulties with the referral of social security applications.

The Minister of Justice indicates, without specifying further, that all queries are processed via GENESIS with a receipt for the detainee, even though the CGLPL noted that the acknowledgement of receipt was not always given to the detainee.

With regard to the right of expression of detainees, the Minister of Justice indicates in particular that meetings are held in the institution on various subjects and that the SPIP is going to organise a consultation with detainees on desired cultural activities.

It has been agreed that the dental surgeon will be present an extra half day per week. Additional dental equipment has been purchased.

The Minister of Justice states that consultations with new arrivals take place at the USMP, which guarantees confidentiality.

The Minister of Justice explains that the guards assigned to the health unit work with their colleagues in detention to ensure that detainees with appointments can be received on time. In addition, the refurbishment of the premises, which took place in 2019, has improved the quality of and facilitated the organisation of care.

Substitution treatments are no longer distributed in the cells but at the USMP.

A solitary confinement/punishment wing manager has been appointed to have a senior officer in this wing.

Regarding the place where minors meet with the psychologist, the Minister of Justice explains that the doctor chooses this place because of its proximity.

A register has been set up in the officers' office to track the occupancy rate of the emergency protection cell.

The remuneration of those working in the workshops has not been reviewed.

Internet access and the use of USB sticks have not been facilitated. The Minister of Justice recalls the ban on Internet access and the possession of USB sticks.

The restructuring of detention days and the range of sports activities is ongoing and has not yet been completed.

The Minister of Justice states that the library in the minors' wing is well stocked and that the solitary confinement/punishment wing has well-stocked shelves in the room used as a hearing room, which he considers suitable.

The CPIP team was expanded in September 2019. A social service assistant has been assigned. A substitute CPIP is also available. Lastly, an SPIP manager has been assigned to supervise and lead the team.

1.14 Béthune remand prison (Pas-de-Calais) – September 2018 (2nd inspection)

The CGLPL identified three best practices and made 45 recommendations.

1.14.1 Best practices

The Minister of Justice indicates, without further clarification, that the visiting room team is still stable. Training sessions on the highway code are still offered and "class councils" for these training sessions are still organised.

1.14.2 Recommendations

The Minister of Justice states, without further clarification, that the recommendation to make the rules of procedure available in the library has been implemented.

The participation of the National Association of Prison Visitors in the single multidisciplinary committees has ceased.

With regard to the surface area of the registry's waiting rooms, the Minister of Justice indicates that an operation to increase the institution's land footprint is under way. As yet, no changes have been made.

The Minister of Justice maintains, despite the CGLPL's findings, that given the size of Building C and the absence of open-wing prisoners during the day, the presence of a single officer belonging to a brigade of five staff members assigned to the building is sufficient.

The Minister of Justice states that the schedule for the new arrivals' wing has been updated.

Concerning the refurbishment of the cells in the new arrivals' wing, the Minister of Justice indicates that the cells have been repainted, but makes no mention of the dilapidated state of the sanitary facilities, which justified the recommendation.

For the other cells, the Minister of Justice indicates that the size of the prison population does not allow for major renovations.

The project to install an intercom system in the cells is scheduled for 2022. It is therefore still not complete.

The renovation of the shower rooms has not been considered a priority by the interregional directorate, even though it is a matter of respecting the privacy of the detainees and offering them satisfactory hygiene conditions.

Concerning the identification and management of vulnerable persons, the Minister of Justice indicates that they are identified as part of the "new arrivals" process or during detention and that special measures are planned (isolated exercise yard, isolated shower, etc.).

No reorganisation of the operation of the open wing has been carried out (to promote integration, ensure a physical break with closed detention, facilitate steps with the outside world, etc.).

Measures have been taken to combat humidity, pests, fleas and bedbugs (purchasing of a steam device and diatomaceous earth, systematic disinfection of furniture, use of blowtorches supervised by a technician, etc.).

The rehabilitation of the water system has not been completed and is dependent on sufficient funds being available for 2022.

The Minister of Justice indicates that the creation of a committee on food is no longer necessary because the institution no longer has a producing kitchen and depends on a central kitchen that produces for several institutions.

The entire CCTV system was changed in November 2018.

The Minister of Justice indicates that, contrary to the CGLPL's findings according to which systematic searches are carried out each time a prisoner is reintegrated, prisoners in the open wing are not systematically searched.

The Minister of Justice indicates that a detailed report is sent each month to the public prosecutor and the interregional directorate regarding search practices.

Concerning the place where searches are carried out after visits, the Minister of Justice indicates that the inside of the booth is only visible to the officer in charge of the search, whereas the CGLPL's recommendation concerned the size of the booth, which does not allow the officer to carry out searches with the door closed and out of sight.

Concerning the use of means of restraint and surveillance, the Minister of Justice simply replies that these are in line with the doctrine of use, without providing any further details, despite the various

observations made by the CGLPL (systematic use, lack of confidentiality, etc.). The same answer is given for this use in the medical field.

With regard to the diversity of sanctions, the Minister of Justice indicates that community service work has not been implemented and does not address the possible sanction of confinement.

In the punishment wing, the library assistant is now expected to visit the cells with a trolley, books, and the complete catalogue of books available in the library.

For the visiting room, each visiting permit holder now has a booking card, the booking slots have been extended, and a clock has been installed. Concerning the waiting time for detainees, the Minister of Justice states that it has been reduced to the minimum necessary.

The Minister of Justice does not provide a response regarding the use of the mailboxes located in detention, where collection by the floor officer cannot be the only solution proposed.

The register of letters to the authorities is still not countersigned by the detainees.

The postal officer now gives mail receipts to the detainees.

With regard to the systematic sending of letters in a foreign language for translation to the interregional directorate, the Minister of Justice simply replies that foreign detainees are few in number, as are letters written in a foreign language, so that no individualised assessment of this practice has been put in place.

Telephone booths have been installed in the cells so that the confidentiality of conversations is now guaranteed.

An annual meeting is now organised, bringing together the different faiths.

The contact details of the Defender of Rights are now included in the welcome booklet, broadcast on the internal channel and displayed in detention.

For applications to obtain or renew a residence permit, the Minister of Justice states that the CIMADE no longer intervenes but that the SPIP has taken over the management of applications and now has a single contact person at the prefecture. A letter to the prefect is being drafted so that a local protocol can be drawn up, which is why the current procedure has changed little.

The social service assistant has set up a procedure for applying for renewal of universal medical coverage (CMU) or initial application for or renewal of a social security card by electronic means.

Apart from the creation of two additional posts for the detention management office, nothing has been done with regard to the procedure for handling detainees' requests.

The small size of the treatment rooms has not been addressed.

Regarding the supply of work, a new concessionaire has been found but the supply remains limited. The number of positions offered by the institution has increased from 25 to 31, which is still low.

Job descriptions and work-related documents have been reviewed and brought into compliance.

Detainees selected for general service work now have a weekly day off.

Remuneration has been reviewed and is now in line with the DAP guidelines. All hours are also paid.

With regard to the reclassification procedure, the Minister of Justice states in general that it is implemented through an adversarial debate, but does not give any concrete examples from recent years.

The SPIP team has been expanded to include a social service assistant responsible for access to rights and relations with partners in this area, assisting detainees with their administrative procedures, providing information to detainees and providing technical support to officers.

1.15 Caen remand prison (Calvados) – May 2018 (2nd inspection)

The CGLPL identified nine best practices and made 41 recommendations.

1.15.1 *Best practices*

The funding of scholarships by the Secours Catholique is still in place.

The priority action plan to combat violence is applied within the institution, a local steering committee for the prevention of violence is organised each year and individualised plans for the prevention of hetero-aggressive acts were put in place in 2020.

The closed mailbox on the food distribution trolley has been maintained and letters read by the postal officer are still stapled shut.

The agent of the prefecture still comes to the institution with a mobile fingerprint collection device to issue national identity cards.

The interpreting service used by the CIPs has been improved and they now have access to a telephone interpreting platform.

The social life council is still active and meets once a quarter.

The pharmacy is still shared between somatic and psychiatric care and the pharmacist is still physically present in the remand prison.

The smoking cessation aid allowing the distribution of electronic cigarettes has not been extended by the health unit.

The Pôle Emploi officer still has access to the Internet from the cubicle in detention.

1.15.2 *Recommendations*

The Minister says that a balance has been found with the health unit to avoid placing too many detainees in the only waiting room at the same time. This response does not take into account the recommendation which suggested improving the organisation of movements to allow more prisoners to access the health unit.

The Ministry considers that a washable plastic mattress cover is sufficient for the comfort of prisoners and does not plan to include fabric covers in packages for new arrivals.

In 2020 and 2021, 69 cells were renovated. The aim is to renovate 40 cells per year.

The cost of connecting the urinals in the exercise yards to running water is too high for this work to be undertaken.

The opaque plates in front of the windows of the cells in the women's wing cannot be removed as this would cause problems of co-visibility with the men's wing and would pose a security problem. The Ministry invokes the forthcoming closure of the institution to justify not planning any work.

The architecture of the institution is also cited as a reason why it is not possible to respect the principle of separation between minors and adults.

The rules of procedure, updated in January 2021, and the welcome booklet now specify the frequency and procedure for cleaning and changing blankets.

The ability for prisoners who do not receive visits to have their laundry done in the canteen is now mentioned in the welcome booklet.

Since 2018, the list of products that can be bought in the canteen has been regularly supplemented by products proposed by the social life council, among others.

The difficulty concerning the delivery time for tobacco has been solved. Since August 2018, the delivery time has been reduced to seven days.

The provision of information to families on the procedure for sending money has been improved. Rejections due to incorrectly filled in forms are decreasing.

No alternative solution is provided by the Ministry following the discontinuation of the "justice money orders". It is explained that families can use "Nickel" accounts or go through relatives with bank accounts.

The Ministry does not provide any solution to the impossibility of respecting a minimum degree of formalism during disciplinary committee meetings. He cites the architecture of the building and the lack of available space.

The five cells of the punishment wing have been completely renovated since January 2021.

The appointment booking terminal was completely revised in August 2018. In addition, since March 2021, booking has also been possible via the Internet.

The SPIP provides all new arrivals who report a situation of isolation with the opportunity to be assigned a prison visitor. The time between the request and a visit is two months.

Free telephone numbers (including those of the Defender of Rights and the CGLPL) have been displayed near the various calling points. Since February 2021, calling points have been installed in the cells and this information has been integrated into the welcome booklet and broadcast via the internal video channel.

The information provided to detainees (through the welcome booklet, internal video channel and memoranda) has been updated as part of the renewed certification of the reception phase (social telephone service, PAD, ASTI association).

The protocol on the procedures for the first issue and renewal of residence permits for foreign nationals has been updated in accordance with the Circular of 25 March 2013. It is currently awaiting prefectural signature. However, there is no provision for the SPIP to be kept informed of rejection decisions or obligations to leave French territory.

Three years after the recommendation to this effect, the SPIP is still working on the establishment of a partnership that will allow prisoners who meet the conditions for receiving active solidarity income (RSA) to receive it upon their release.

No persons with reduced mobility have been accommodated in the institution since 2018. Should the situation arise, the Minister assures that the Interregional Directorate for Prison Services will be contacted for reassignment.

The Minister points out that for each election, prisoners are informed of the three voting methods available to them: postal voting, proxy voting and permission to take leave.

It is reported that all requests to the management are recorded.

An opaque film has been affixed to the glass of the waiting room for psychiatric consultations to ensure confidentiality.

When asked about the need to expand the premises for healthcare activities, the Minister states that the space reserved for the health unit does not offer any possibility of expansion.

A general practitioner is assigned to the health unit every working day. However, three years after the recommendation, the vacancy for a physiotherapist has still not been filled.

Mailboxes for mail to the health unit have been installed.

By answering that the flow of patients is regulated in such a way as to ensure the organisation of consultations as well as the safety of people and staff, the Minister does not indicate whether a real organisation has been put in place to ensure that detainees attend their medical appointments.

With regard to restrictions on access to healthcare for women, justified by a desire to not allow for the simultaneous presence of male and female detainees, the Minister indicates, without further explanation, that access to healthcare for women is not restricted except once a week.

In order to provide addiction support for prisoners who are obliged to undergo treatment, the Minister indicates that partnerships have been set up with the Narcotics Anonymous association and the National Association for the Prevention of Alcoholism and Addiction.

The Minister indicates that the recommendation on medical certificates of incompatibility with detention is the responsibility of the judicial authority and the health partner.

Meetings are held every quarter with the director of the hospital, the head of the health unit, the pharmacy's health officer, the dentist, the CPIP responsible for this issue, an officer and the director of the remand prison.

The procedure for accessing paid activities was completely revised in 2019 to take into account the recommendation made by the CGLPL (traceability, acknowledgement of receipt, examination by the CPU).

Since a new concessionaire arrived in July 2020, the level of activity has increased and remuneration has risen. In the women's wing, a paid vocational training course has been set up. This information does not indicate whether the remuneration is in line with the prison administration's guidelines.

Two vocational courses were developed in the summer of 2021. Two sessions are planned for each course. The Personalised Professional Integration Support Programme is being developed.

Weight training for adults can still be done without a guard or instructor present; however, a video surveillance system was installed in 2018.

A cultural officer has been appointed among the surveillance staff.

The library is accessible once a week for the men's and minors' wings and every day for the women's wing, with free access from the exercise yard.

With regard to the recommendation to find a procedure for the SPIP to propose to the JAP only those cases of release under constraint that have a chance of succeeding, the Minister points out that, in accordance with the law and unless a refusal or a parallel request for sentence adjustment is made, all situations are examined in the context of release under constraint.

1.16 Châlons-en-Champagne remand prison (Marne) – December 2018 (2nd inspection)

The CGLPL identified five best practices and made 61 recommendations.

1.16.1 Best practices

The Minister of Justice indicates that the following best practices are still implemented: use of the mattress used in ordinary detention in the punishment wing; presence of individual locked cupboards in punishment cells; adapted arrangements for managing visiting rooms; possibility for young adults to take a course at the local teaching unit on arrival; mixed-gender classes for certain courses.

1.16.2 Recommendations

A hairdresser and a beautician now regularly work in the women's wing.

A working group was set up in 2019 to combat violence in the institution. The proposals made have been implemented (violence analysis committee, discussion groups).

An agreement was signed between the prison management and the Marne prefecture on 11 October 2021, providing, in particular, for prefecture employees to travel to the prison in order to renew detainees' national identity cards.

In terms of improving accommodation conditions, the sports facilities have been refurbished and the windows of the showers in the 2nd division and the hot water circulation pumps have been replaced.

The posts of head of detention and administrative secretary in charge of the registry have been filled.

The Minister of Justice indicates that the institution has the "I am in detention" guide, which has been translated into nine foreign languages and is handed out during new arrivals' hearings.

Documents are no longer displayed in the cells but rather in the corridor. Documents are also given to new arrivals.

The cells are still equipped with two to six beds, and individual cells are still not provided.

With regard to furniture, the Minister of Justice says that the cells with six beds now have three cabinets, but that triple and double beds are still not equipped with a ladder.

The Minister of Justice does not indicate whether the most dilapidated cells have been closed. On the other hand, two accommodation sectors, including the "new arrivals' wing", have been renovated.

Instructions have been given by management to stop the inclusion of personal information on cell door labels.

The Minister of Justice does not mention any measures regarding the maintenance and hygiene of the communal areas (corridors, staircases, showers).

The schedule for the exercise yards posted in the corridors still does not mention the times. It is still necessary to refer to the rules of procedure to find out about them.

The Minister of Justice states that the renovated cells in the women's wing have not been equipped with ventilation and that the windows have not been replaced. He adds that according to the remand prison's technician, there are no problems with the electricity network.

In the women's wing, the shower is still only accessible three times a week and the premises still do not have a curtain to protect the women's privacy.

In the women's exercise yard, a shelter has been installed where the basketball board used to be and a shared garden has been created. The outdoor time slots have not been widened and the floor has not yet been renovated.

An access slot for the men's weight room has been set up for women and a second slot is under consideration.

Access to the library is still limited to one slot per week. It has been extended to one hour instead of half an hour.

The Minister of Justice indicates that the various memos now take account of the regulations on searches in the open wing, but does not specify the actual changes made. He adds that telephones have been installed in the cells. With regard to activities, he explains that the cells remain open during the day, as does access to the exercise yard, and that prisoners are granted permissions to leave at weekends.

The hairdresser's assistant has not worked since the health crisis.

Special medical diets are provided, such as diabetic, mixed, vegetarian diets, etc., to take account of particular disabilities.

A food committee has been set up. The weight of meals is checked by the technical officer. The latter works in conjunction with a hospital dietician on the composition of the menus, which are checked by the head of the institution. Lastly, the kitchen area is still under video surveillance.

Canteen products are still not placed in sealed bags due to a lack of staff.

The Minister of Justice indicates that, contrary to the practices that were observed, the conditions for granting indigence aid do not exclude people who have not applied to work.

The Minister of Justice explains that the regulations on searches, contained in the recently drafted memoranda, are strictly applied within the institution.

The Minister of Justice indicates that the memorandum on searches now specifies the information to be entered in the register, the conditions under which searches must be carried out and the responsibility of the low-ranking security officer in keeping the register.

The room located in detention near the exercise yards has been brought up to standard.

The registers ensuring the traceable use of means of restraint and use of force are now kept up to date by the security officer.

The Minister of Justice indicates that in the disciplinary committee, hearings are policed by an officer of the third division and that sometimes, exceptionally, the prison assessor looks for the detainee after the deliberation, as the regulations do not prohibit it. He adds that the decision is notified without delay by one of the persons present. The number of authorised external assessors is still set at three, with the Minister of Justice indicating that one of them is always present, contrary to what was observed by the CGLPL. The recommendation that in the event of multiple detainees appearing in court, the investigation reports should be read by both lawyers and both lawyers should be present during successive appearances has been implemented. While the Minister of Justice states that the adversarial principle is respected, he does not explain how the investigations have been made more thorough or whether the files provided are complete. The Minister of Justice indicates that victims of violence are always summoned as witnesses, contrary to what the CGLPL observed.

An alternative to prosecution was introduced in October 2020 for criminal offences. The other sanctions remain the punishment cell and a warning.

The Minister of Justice states that the recommendation to open the bars of the punishment cell when the doctor visits in order to allow for a confidential interview is only implemented at the doctor's request.

With regard to the extension of solitary confinement measures, the Minister of Justice explains that the administration systematically seeks the opinion of the doctor.

The solitary confinement and punishment wing registers have been redesigned to improve their accuracy.

Concerning the care of detainees placed in the solitary confinement wing, the Minister of Justice indicates that medical regimes have been implemented, that access to the gym, chess and individual schooling is possible, and that the doctor and the medical-psychological unit visit the solitary confinement wing.

Eight prison visitors (instead of four) now come to the institution.

Telephones have been installed in the cells. Free humanitarian telephone numbers and telephone tariffs are given to each new arrival and displayed at each telephone booth.

The traceability and processing of requests continue to be reserved for those addressed to the management.

With regard to the implementation of the right to collective expression, the Minister of Justice indicates that two consultations took place in 2020 and that another consultation has been planned, with no set date.

The Minister of Justice indicates that the recommendations concerning the creation of a common medical file (somatic and psychiatric), the connection to the management software of the Châlons-en-Champagne hospital, and the recruitment of doctors all fall within the competence of the Minister of Health.

A PRM cell has been set up.

A memorandum has been drafted to limit the use of handcuffs and shackles during medical extractions.

A personal hygiene kit is distributed every month for persons without resources or at the request of the prison population.

While the Minister of Justice recalls the basis of work, he does not say anything about the difference between the hours paid and the hours actually worked, nor about the difference in hourly pay for identical work. The number of concessionaires offering work has not increased. Management has still not imposed an hourly wage corresponding to the time actually worked in the workshop and a record of hours worked is still not kept.

The number of training courses is still the same. Vocational trainees sign a commitment form which is now systematically handed to them. A certificate of admission to the course is also given. Contrary to the CGLPL's recommendation, the Minister of Justice considers that training should be aimed at people with no experience in a particular field and at those who have already acquired skills, in order to supplement them with a view to certification or qualification.

Work to refurbish the sports facilities has taken place.

A cultural coordinator has been appointed at the SPIP. The balance remaining from actions funded for 2020 has been put in place for 2021 and the SPIP will apply for a larger integration budget in 2022.

While the Minister of Justice specifies that a professional from the media library intervenes in the library, he does not indicate whether or how the SPIP has become the driving force behind the operation of this facility.

Subscriptions to weekly newspapers have been taken out but there is still no subscription to a daily newspaper. The rules of procedure and the CGLPL's annual reports are now available in the library.

An SPIP branch manager was appointed in January 2020, taking up the post in March.

The Minister of Justice considers that the recommendation for a hearing by the Assessment Board (CAP) with persons applying for a first permission to take leave or release under constraint falls within the competence of the judicial authority.

The interventions of the Citizens' Advice Centre, Pôle Emploi and the local mission have been reinforced. External places in therapeutic apartments are being validated and the association "Jamais seul" is now also being called upon to provide accommodation. Some prisoners still benefit from Personalised Professional Integration Support Programmes (PPAIPs).

1.17 Fleury-Mérogis men's remand prison (Essonne) – November 2018 (2nd inspection)

The CGLPL identified 24 best practices and made 91 recommendations, 17 of which had been taken into account at the end of the visit according to the information provided by the institution.

1.17.1 Best practices

A team of guards specialised in maintaining order and dealing with aggressive detainees is still in place.

The laundry, which allows people without resources or visitors to wash their own clothes, is still present in the minors' wing. This system has not been extended to the adult wing, as the Minister claims that this is not possible due to a lack of human resources.

Detainees in the "specific wing" can still access a special workshop for them, which was opened in 2018 and offers similar conditions to those in ordinary detention.

Television is free of charge for all detainees at the time of their assignment to ordinary detention, until the first CPU dedicated to those without sufficient resources.

Prisoners are still effectively kept informed of the income collected from their savings.

The €5 telephone credit, recommended by a Circular of 17 May 2013, is still granted to people recognised as having insufficient resources.

Detainees, whether on remand or convicted, are still entitled to three 45-minute visits per week. An adapted welcome booklet is still distributed.

The Minister of Justice indicates that a reminder will be issued to the postmaster to perpetuate the best practices, noted by the CGLPL, ensuring the confidentiality of prisoners' mail.

The following best practices are still in place: the Defender of Rights' representatives participate in the training of new guards and the Citizens' Advice Centre provides legal information to new Prison Rehabilitation and Probation Counsellors.

An employee from the prefecture continues to travel to the site in order to register electronic applications for national identity cards.

The Citizens' Advice Centre still provides information and support to foreign nationals subject to an obligation to leave French territory (OQTF). The detention management office still provides persons who have been notified of an OQTF with a petition form for bringing their case before the administrative court and takes care of forwarding the petition in a timely manner.

Partnerships and actions to raise awareness among the prison population on how to participate in elections are still in place.

Five hospital social workers are still involved in the USMP's three main areas of activity.

A memento on prison work is still distributed in each building of the detention facility.

Prisoners working in the laundry are still paid at a much higher level than in other penal institutions.

The annual calendar for the closure of remuneration for detainees, which shows the periods corresponding to the payroll months, is still displayed.

In some blocks, school classes are still held from 4 to 6 pm to allow prisoners working in the workshops to attend.

The school centre for minors still serves a group breakfast to encourage minors to attend. During the school holidays, classes and some projects continue in order to ensure continuity in the care of the minors. The families of minors are still invited to the school centre for special events. The local education officer continues to visit the family reception centre every Monday.

The qualifying training course for prisoners working as librarians, provided by the Association of Librarians of France, has continued.

The minimum amount set for leaving the institution with permission (€15) continues to be granted as indigence support for prisoners who do not have it.

The agreement between the PJJ and the Essonne child welfare services (ASE), allowing unaccompanied minors to be received by the latter on the day of their release, is still in effect.

1.17.2 Recommendations taken into account

These recommendations have been considered as taken into account based on information provided in 2018.

Following the recommendation of the CGLPL, the interregional director has validated the updated rules of procedure. The director in charge of the Prison Law Department is now responsible for updating them annually.

The response from the Minister of Justice does not confirm whether the use of the interpreting platform has been extended to the entire remand prison. It was reported in 2018 that the platform was little used by staff because it was cumbersome and there were not enough translation tablets. No information is provided by the Ministry in its response.

Transfers from the solitary confinement wing to the specific wing are now carried out in accordance with the legal rules.

The information provided by the Minister of Justice does not confirm the commitments made by the service provider to provide regular training to auxiliaries on kitchen hygiene. However, the participation of detainees in the meetings of the local menu committee seems to have been a given since 2019.

The Minister of Justice indicates that work on the organisation of the single multidisciplinary committees, particularly on the subject of indigence, is continuing. In view of the time that has elapsed, the recommendation to involve the SPIP and the voluntary sector in these meetings should be considered as not having been implemented. In addition, the Minister does not address the criteria used to exclude a detainee from the indigence scheme.

With regard to compliance with the technical procedures to be adopted by guards in the event of a full-body search, the Minister of Justice points out that the monitoring of respect for fundamental rights has been delegated to the Director of Prison Law and that the annual training plan for staff provides for annual training in both technical procedures and ethics.

On the subject of the periodic reassessment of escort levels, the Minister of Justice confirms that the "security" CPU in charge of reassessing these security levels does indeed meet every quarter.

The Prison Administration Department assured that it had been reminded by the management of the need to transmit all records on the use of force in order to consolidate and analyse them. The Minister of Justice indicates that this best practice is being implemented without further clarification.

The CGLPL recommended the systematic viewing of the available video surveillance images during disciplinary committee meetings. The Prison Administration Department indicated that training had been organised and that such viewing was possible. The Minister of Justice merely states that this practice is still in effect, without specifying whether the disciplinary committees have taken advantage of this possibility of viewing that has been opened up to them.

With regard to the recommendation concerning the need to organise meetings to enable the chairmen of the disciplinary committees to harmonise their case law after establishing criteria for individualising sanctions, the Prison Administration Department replied that the Director of the Prison Office had undertook to organise such meetings. The Minister's response does not provide any assurance that these meetings are actually taking place.

The Minister's response concerning the proportionality of the security measures applied to persons placed in the punishment wing mentions a certification procedure and the implementation of educational work on this topic.

With regard to the measures implemented to counter the major wave of suicides that occurred in 2018, the Minister confirms that the management of this problem has improved and indicates that the link between the institution and the health unit has been restored.

The Minister of Justice states, without further clarification, that the recommendation concerning telephone access has been implemented.

The right to collective expression of detainees has been made effective following the recommendation made in this regard by the CGLPL. The Minister points out that 45 meetings took place in 2020 and 54 in 2021.

The partnership between the health service and the prison administration, recommended by the CGLPL in order to find solutions to the shortcomings in psychiatric care, appears to have been implemented. As regards the increase in the number of cells in the SMPR and the construction of therapeutic activity rooms, no information is provided by the Minister of Justice in his response.

Following the observation that it was impossible for some detained operators to sit down in the workshops, the penal institution drew up an action plan to implement the recommendations made by both the CGLPL and the labour inspectorate. The manager of the company concerned was ordered to provide each worker with a suitable seat. The response of the Minister of Justice does not indicate whether the order was acted upon. However, he says that the labour inspectorate carried out a visit in May 2021 and that a delegation from the ATIGIP has enabled all institutions to be equipped.

A new operating procedure for the library was implemented in September 2021. No information is provided by the Minister on the recommended increase in the library's collections of foreign language books.

1.17.3 Recommendations

According to the Minister of Justice, the registry is now able to obtain figures on the composition of the institution via the GENESIS software application.

With regard to the recommendation concerning the need to set up a prison regulation mechanism between the judicial authority and the prison administration, the Minister of Justice points to an occupancy rate of 122% as of 21 June 2021 and stresses the assertive and active policy of the referral and transfer file (DOT).

The recommendation stressing the need to guarantee the right to an individual cell was answered by the Minister of Justice as follows: the institution and the interregional directorate are aware of this problem and the Ministry of Justice as a whole is working to find solutions in this area.

The Minister of Justice reports that the management of the remand prison is aware of the lack of staff, especially of supervisors. He identifies two reasons for this: the insufficient number of school leavers assigned and the challenge of attracting permanent staff. On this second point, he emphasises the recent introduction of a retention policy.

With regard to the CGLPL's observation that the number of trainees was too high, the Minister of Justice notes the development of training programmes by psychologists and members of the remand prison management. In response to remarks about staff instability, the Minister praises the recent improvement in staff accommodation and the reception of new employees, and again refers to the retention programme planned by the Prison Administration Department.

Despite the recommendation made by the CGLPL, the doubling of the workstations in the wings has not been implemented. The incompatibility of this recommendation with the staffing situation is highlighted in the Minister's response.

The recommendation that the GENESIS application should be configured at national level so that dates corresponding to certain procedural deadlines appear automatically has not been implemented.

The evaluation board now meets on an annual basis.

A mobile phone charging point has been installed to allow detainees to plug in their phones when they are taken into and out of custody.

The recommendation to grant €1 of communication, unless the judge decides otherwise, to any remand prisoner so they may inform their relatives of their situation has not been implemented. The Minister refers to the Circular of 9 June 2011 indicating that this amount shall be granted by decision of the magistrate to whom the case was referred.

There is no mechanism in place to minimise late imprisonment. The response of the Minister of Justice states that this is mainly an issue of escorting and that meetings between the prison registry and the internal security forces in charge of escorts have not resolved the problem.

Arrangements have been made to ensure that detainees do not suffer from the cold. In periods of extreme cold, readings are taken to adjust the heating settings. When temperatures drop too low, some cells are closed. The switch to geothermal energy has been decided and the work should have been completed since October 2021.

Reminders are regularly issued to staff and information is given to trainees assigned to the institution so that an inventory is carried out each time detainees are assigned to or leave a cell.

No mechanism has been put in place to allow prisoners to change cells, except in emergency situations, without having first found a substitute or a cell mate willing to share their cell.

The management of cell transfers is complex. The officers favour this procedure of transfers-permutations, which are granted and traced to limit the risk of disputes in cells, but if needed or in the event of an emergency, the officer changes the detainee's cell according to penal and age and personality criteria.

Since the CGLPL's visit, the sports facilities in the exercise yards have been improved. However, no benches or tables are planned. With regard to the maintenance and cleaning of the urinals and drinking water taps, the Minister indicates that the necessary steps have been taken.

In response to the observation that the detainees on the fourth floor of the D1 block had been abandoned, the Minister indicates that the block has been repainted and that work is carried out on a daily basis. However, the necessary action recommended by the CGLPL was not limited to the dilapidated state of the cells.

Despite the recommendation made by the CGLPL, no mechanism has been put in place to allow for an in-depth analysis of the penal situations of detainees and provide them with rapid and accurate information on the actual length of their prison sentence.

The location of the minors' wing within the adult detention facility has not been reviewed. No relevant information was provided by the Minister of Justice suggesting that educational action has been challenged for the benefit of the detained minors.

No improvements to the exercise yards of the "specific wing" have been made, despite the CGLPL's recommendation to that effect.

All the cells in the institution, except for the cells in the punishment wing, have been equipped with a telephone. A videophone system has also been put in place.

The Minister of Justice states that the recommendation on the need to organise regular visits by doctors, including psychiatrists, to the solitary confinement wing has been taken into account.

The function and role of the members of the two-person support teams, renamed psychologists and youth workers of the *Mission de lutte contre la radicalisation violente* (Unit to combat violent radicalisation) network, have been clarified through the drafting of a note on the strategy to combat violent radicalisation.

Despite the CGLPL's recommendation to this effect, a decision to assign a prisoner to the radicalisation assessment wing is not subject to an adversarial debate and cannot be appealed. Moreover, the severity of the detention regime in this wing does not appear to have been questioned.

With regard to the shortcomings in the quantity and quality of food served to detainees, the Ministry's response, which refers to the holding of monthly activity meetings and interim thematic meetings, does not indicate that the recommendation has really been taken into account.

There is no effective response to the recommendation to limit shortcomings in the supply of products sold in the canteen and to speed up re-crediting.

There is no solution for prisoners to send money abroad to recipients who do not have a bank account. The Minister's response invokes the prison administration's Note of 12 December 2018 prohibiting a natural person from acting as an intermediary between an issuer and a beneficiary in a transaction. No mention is made of the intervention of the SEP 21 association, whose action as a payment intermediary was nevertheless noted by the CGLPL during its visit.

No precise information is provided by the Minister of Justice on the subject of delays attributable to the prison administration in the payment of fines by prisoners.

With regard to the conditions of access to computer equipment, the response from the Minister of Justice details the ordering procedure and points out that the purchasing of this equipment is not reserved for prisoners in higher education. This response does not indicate whether the number of prisoners with access to computer equipment has changed favourably, nor does it enable levers for action to be identified.

The Minister of Justice does not provide any useful response to the recommendation criticising the use of CCTV in both emergency protection cells and a solitary confinement cell housing an accused "TIS" prisoner. The Ministry's response merely invokes compliance with the regulations and the principles of proportionality and individualisation.

The Minister of Justice denies the systematic nature of pat-down searches in the exercise yards, all while justifying their compliance by invoking the increase in the number of assaults in the exercise yards with weapons not detected by the scanner.

With regard to the legal conditions for carrying out individual searches, the Minister of Justice states that the management of the institution has issued the necessary reminders to staff. It is also emphasised that senior guards and officers will be made aware of the terms of Article 57 of the Prison Act during their ongoing training.

No action has been taken following the recommendation on the need to notify a reasoned decision to carry out systematic searches at the end of visiting hours, and to reduce the length of time that persons are subject to systematic searches. The Minister of Justice invokes compliance with the legal provisions.

The Minister of Justice takes note of the opposition in principle formulated by the CGLPL on the use of the provisions of Paragraph 2 of Article 57 of the Prison Act. He adds that directors and heads of detention will be reminded of the legal obligation to provide detailed reports to the public prosecutor's office when sector-specific searches are carried out.

The Ministry's response argues that full-body searches are conducted in suitable facilities, but no details are provided on these facilities. It is not clear from this response whether the Minister is refuting the findings made by the CGLPL during its visit or whether any changes have occurred.

With regard to the use of handcuffs and shackles during hospital treatment, the Minister of Justice invokes compliance with a note issued by the Prison Administration Department on 24 March 2021, without providing further details.

The Minister of Justice does not report any changes in the management of security in the exercise yards of the Fleury-Mérogis remand prison, despite the particularly worrying observations made by the CGLPL. Only communication with the public prosecutor's office when incidents occur seems to have been improved.

The recommendation that detainees in the punishment wing should have access to a shower every day has not been taken into account, and the Minister of Justice reiterates that the rule of three showers a week has been followed.

In response to the recommendation stressing the need to identify and protect the most vulnerable people and those in need of support, the Minister of Justice highlights the project to build a second SMPR. While this construction is to be welcomed, it does not address the situation of vulnerable prisoners who are not under the care of the SMPR.

The Minister of Justice denies the systematic nature of security measures and restrictions on access to activities for persons listed in terrorism files or suspected of Islamic radicalisation.

Despite the recommendation to that end made by the CGLPL, it is stated that the construction of UVFs or family lounges is not in the works at the institution.

The Minister of Justice indicates that the Family Allowance Fund (CAF) does not wish to set up an office in the remand prison.

Regarding the time it takes to access a Pôle Emploi advisor, the Minister of Justice indicates that a Pôle Emploi intervention should be initiated as part of the new arrivals process.

The Minister of Justice states that the protocol between the institution and the prefecture concerning applications for residence permits has been rewritten and was in the process of being signed at the end of 2021.

According to the Minister of Justice, all requests made by detainees are now processed regardless of the medium used and work is under way to standardise requests and processing procedures in the institution.

No useful information is provided by the Minister of Justice with regard to the recommendation to increase the presence of doctors in the care units of the blocks.

Regarding the participation of psychiatrists in medical on-call duty, the Minister indicates that there are not enough of them for this recommendation to be implemented. No information is given on a possible reorganisation of on-call duty.

Health education activities have taken place, and others aimed at unaccompanied minors are planned. These few actions carried out or planned do not constitute a real health promotion programme as recommended by the CGLPL.

On the subject of individualised care for prisoners with reduced mobility, the Minister mentions that these persons can request the help of a carer.

Despite the recommendation made by the CGLPL and the conclusions of two ARS reports in 2010 and 2015, the overall drug circuit in Fleury-Mérogis has still not been computerised.

With regard to the development of telemedicine, the response from the Ministry of Justice emphasises the competence of the hospital.

Following the recommendation made by the CGLPL, upon receipt of a detainee's letter, their work request is recorded in the GENESIS software application. No information is provided regarding the

time taken to respond to requests for work selection or the harmonisation of the procedure across all blocks.

In accordance with the recommendation made in this regard by the CGLPL, the Ministry of Justice states that directors and heads of detention have been reminded that the existence of an incident report for a detainee should not be a criterion excluding them from access to work.

In the absence of details on their current composition, the response of the Minister of Justice does not make it clear whether the recommendation to organise genuine single multidisciplinary work selection committees has been implemented.

Despite the recommendation made by the CGLPL in this regard, the assistance of a lawyer during the administrative procedure prior to reclassification can still not be covered by legal aid.

The Minister of Justice states that the prison administration has been making less use of incentives to resign and more use of the reclassification procedure since a reminder was issued.

According to the Ministry, the number of detainees working for general service is now in line with the number of open posts.

The Minister of Justice states that no prisoners in the Fleury-Mérogis remand prison are now paid less than the minimum wage.

With regard to the regularisation of pay slips and the need to provide detailed information to detainees on the procedure and the amount of pensions acquired through work in detention, no useful response is provided by the Minister of Justice.

No progress has been made regarding Internet access in detention for detainees attending school, but also for teachers, despite the recommendation made by the CGLPL in this regard.

The number of sports instructors has increased since the CGLPL's inspection. It is hoped that this increase has helped to address the under-utilisation of the sports facilities.

As regards socio-cultural activities, the Minister of Justice indicates that they are evaluated, at least every year, in order to establish the schedule. In addition, after each intervention, a report on the activity is sent by the workers to the socio-cultural centre. Prisoners are asked to fill out a satisfaction questionnaire on the said activity and on those they would like to be offered. A sign-in sheet is used for each intervention to record attendance. As such, a detainee who is absent from two consecutive sessions is replaced by someone who is likely to be more motivated to participate.

The feasibility of an internal channel was assessed in 2021. Only one building is wired. This will be a multi-year project.

Consideration is still being given to the possibility of having the same CPIP monitor detainees throughout their period of detention.

As regards hearings with applicants before the CAP, the Minister of Justice considers that this is a matter for the JAP to decide. Concerning the presence of the CPIP who monitors detainees within the CAP, it is indicated that there are many internal movements within the institution and inter-block transfers, and that a request for permission to take leave may often be initiated in one building but heard in another. Regarding the processing of requests for permission to take leave, the Minister of Justice indicates that the issue has been discussed at a tripartite meeting (head of institution, SPIP, court), but he does not indicate the concrete changes that have taken place in this area.

Concerning the possibility for prisoners to put forward their arguments in the event of a risk of an unfavourable decision on sentence reduction credits or additional sentence reductions (CRP and RPS), the Minister of Justice recalls that the magistrate has sovereign powers, including with regard to the preparatory work on which they base their decision.

Hearing times for sentence adjustment applications have been reduced (they are now between four and six months). The Minister of Justice adds that prisoners are informed, upon their arrival, of their eligibility for a sentence adjustment and that the introduction of release under constraint has helped strengthen this work with prisoners.

With regard to the creation of a "sentence adjustment" lawyers' office, the new head of the institution met with the Chair of the Bar and the point was raised, but nothing is yet in place.

The contents of the "outgoing prisoner" kit have been improved. Electrical outlets have been installed to allow phones to be charged and thus enable contact with relatives at the time of release.

The Minister of Justice explains that the USMP guards give doctors the list of outgoing prisoners. He adds that there is still no "outgoing prisoner" CPU, given the number of prisoners concerned each month. Nothing is said about the collection of data on *sorties sèches* (releases without follow-up to help with reintegration) or on the initiation of an overall reflection on the management of outgoing prisoners.

The Minister of Justice indicates that the recommendation to mobilise the courts to respond to requests from the PJJ and take care of unaccompanied minors leaving the institution falls within the competence of the judicial authorities.

The protocol between the prison administration and the border police, to ensure that detainees with a prohibition to enter French territory or subject to a deportation measure are informed of the likelihood of being placed in a CRA, was in the process of being signed at the end of 2021.

With regard to the transfer procedure, the response of the Minister of Justice does not make it clear whether the recommendation to reorganise the procedures for transferring detainees has been taken into account.

1.18 Le Mans remand prison (Sarthe) – April 2018 (2nd inspection)

The CGLPL identified eight best practices and made 30 recommendations.

1.18.1 Best practices

The Minister of Justice indicates that the best practices under his jurisdiction (smoothing of entries into the remand prison, two visits per week outside the context of the health crisis, management of the CProU) are still being implemented.

1.18.2 Recommendations

Signage has been installed allowing prisoners to find their way around.

The right to an individual cell is still not in effect.

Mandatory training has been prioritised over training related to violence management and psychopathological disorders.

The Minister of Justice indicates that despite the absence of a room available at the time of imprisonment, the individualised management procedure allows for the confidentiality of exchanges to be respected.

Detainees' belongings are now kept in locked suitcases in the cloakroom and identity documents are kept in the registry.

An agreement between the SPIP, the institution and the "Inser-Vêt" association was signed in 2020, including the creation of a stock of clothing to meet the needs of new arrivals.

With regard to the activities offered to new arrivals, the Minister of Justice indicates that the sector's single room is used primarily for group meetings and that certain slots are available for consulting books or documentation.

Cultural and sports activities have been set up in the open wing (departmental and sports committee, training organisation, sustainable development worker, partner for access to rights and accommodation, partner for road safety, etc.) but need to be consolidated and resumed after the health crisis. Two CIPs have been assigned to the open wing.

With regard to the canteen, a consultation with detainees was organised to update the catalogue.

Concerning access to the Internet, the Minister of Justice indicates that the current regulations do not allow it, but that the NED project is opening up prospects.

The Minister of Justice believes that the institution now strictly applies the rules for searches. The memoranda have been updated and all practices are traced in GENESIS.

The Minister of Justice indicates that a memorandum now provides for the level of escort to be reassessed once a month under the supervision of the head of detention. The highest escort levels are reassessed at a monthly "dangerousness" CPU meeting, chaired by a member of management.

Following the recommendation of the CGLPL, investigations into the behaviour of a senior guard were carried out and did not bring to light any shortcomings. No complaints were filed against him. He was transferred in 2018.

The Minister of Justice states that the exercise yards are cleaned regularly and are compliant, but does not mention any rehabilitation work carried out.

The telephone booking slots for visiting rooms have been supplemented by on-site terminals for families and by Internet access since November 2020.

Prisoners are still not allowed to be given shoes that are not new, as the Minister of Justice believes that the provision of new shoes facilitates their inspection and the assessment of their purchase value in case of loss.

Mailboxes have been installed in each accommodation building even though they are rarely used.

In-cell telephones were introduced in July 2020, and videophones in March 2021.

The project for processing RSA applications has still not been finalised.

Documents mentioning the reason for imprisonment can now be consulted in the lawyer's visiting room.

The traceability of queries is not yet systematic, since only refused requests are recorded in GENESIS. Responses received within a very short period of time are also not recorded.

Consultations to allow for the collective expression of prisoners have been organised, more than once every two months.

The protocol defining the healthcare to be provided to detainees has still not been completed due to the health crisis.

Specific health mailboxes have been installed.

The Minister of Justice states that recommendations on the adjustment of the working hours of the general practitioner and dental surgeon, the repair of equipment, the prescription of treatments exclusively by doctors and the recruitment of psychiatrists fall within the competence of the Minister of Health.

With regard to the presence of escorts during medical consultations, the Minister of Justice explains that officers respect what is indicated on the escort form, without indicating how this presence remains

exceptional. He adds that deviation from the form is possible at the request of the practitioner and that behaviour on the spot may justify a reassessment, which is recorded on the form by the escort officer.

There has been no change in the time frames for the payment of vocational training remuneration.

Security has been organised in such a way as to not restrict access to education (employee managing summonses and flows, priority and accompanied school movements).

Pre-registration for library access slots has been abolished.

The internal channel has been used and enriched with information from partners, in connection with consultations of prisoners.

The CPIP's still do not systematically interview prisoners before considering additional sentence reductions, as the interviews depend on the situation and the level of understanding of the persons concerned.

1.19 Mende remand prison (Lozère) – May 2018 (2nd inspection)

The CGLPL identified two best practices and made 23 recommendations.

1.19.1 Best practices

The Minister of Justice indicates that the best practices (speed of response to requests for items not on order forms, coordination of stakeholders for socio-cultural activities) are still implemented.

1.19.2 Recommendations

The Minister of Justice indicates, without giving any details, that the outdoor areas have been fitted out.

A workload schedule has been drawn up to remedy the dilapidated state of the premises and their equipment (repainting of unoccupied cells, insulation of the roof, installation of an room temperature sensor, installation of a new hot water tank).

The rules of procedure have been finalised and a memorandum, which will be annexed, deals with the provisions for persons without resources.

A local note on access to the media in compliance with the regulations was issued to the prison population in 2021.

Contrary to the CGLPL's findings, the Minister of Justice indicates that the reasons for and dates of decisions to carry out full-body searches are recorded on the list of persons subject to them.

Contrary to the CGLPL's findings, the Minister of Justice indicates that the means of restraint used during extractions are personalised.

The visiting room has not been modified to allow for more privacy.

The Minister of Justice states that, pursuant to a memorandum, detainees are informed of the possibility of depositing personal documents at the registry.

The Minister of Justice indicates that the right to collective expression is now exercised in two ways: through meetings and the submission of questionnaires.

The protocol with the ARS and the hospitals treating detainees has not yet been updated.

No changes have been made to the USMP's premises.

The Minister of Justice states that the recommendations on the provision of healthcare, the information in medical records, the distribution of treatment, the recruitment of practitioners, the use of specialists,

the use of seclusion and restraint, the confidentiality of care, and the sharing of medical information fall within the competence of the Minister of Health or the Interior.

The Minister of Justice indicates that awareness-raising for officers is planned regarding the need for confidentiality of care in their dealings with health personnel.

A "disinfection" auxiliary post has been created. No further jobs have been created.

In terms of sports activities, only one additional sports slot has been created on Mondays from 2 pm to 4 pm. Half of the weight training equipment is scheduled to be replaced in 2022, the other half in 2023. Reflections are under way but few concrete developments have taken place.

The Minister of Justice does not address the lack of information about the transfers carried out provided to the magistrates in charge of enforcing sentences, but indicates that the DISP has endeavoured to reduce the overall number of these arrivals (transfer requests motivated by an active policy of sentence adjustment).

1.20 Arles long-stay prison (Bouches-du-Rhône) – July 2018 (2nd inspection)

The CGLPL identified four best practices and made 30 recommendations.

1.20.1 Best practices

Two main courses are still offered to the detainees for each meal.

When a cell is searched, the following procedure is still implemented: before & after photos are taken and the detainee concerned can make observations in a dedicated register, subject to the adversarial process.

A multidisciplinary and varied approach to sports and individual follow-up to promote social reintegration are still in effect.

Prisoners are still individually accompanied by the CPIPs during their first permissions to take leave.

1.20.2 Recommendations

Since the CGLPL report, the Prison Administration Department has adapted the GENESIS software application and a tab now provides statistics on the composition of the prison population.

The detainee facilitator and relationship mediation schemes were reactivated in 2018. However, the Minister points out that the health crisis and changes in certain penal situations have slowed down the optimisation of these schemes. This optimisation is included in the objectives for 2021.

A contract psychologist has been recruited pending the return of the psychologist assigned to the individual sentence plan.

No protocol concerning the specific integration wing has been drawn up, despite the CGLPL's recommendation to this effect. The Minister indicates that this is one of the institution's objectives.

Regarding the ventilation system, the Minister says that it is maintained via annual servicing. This response does not indicate whether any changes have occurred since the CGLPL's findings.

The accommodation buildings have not been equipped with washing and drying machines despite the CGLPL's recommendation to that end.

Delivery times for canteen products have been reduced to one week from order to delivery.

The malfunctioning of the GENESIS software application in the distribution of subsidies received by prisoners (available share/release share/civil party share) has been corrected.

Regarding the free rental of a refrigerator for people without sufficient resources, the Minister indicates that the Circular on the fight against poverty is being amended by the Prison Administration Department and that if the electricity network allows it, a refrigerator is made available free of charge to people without sufficient resources. It is not clear from this response whether or not the recommendation has actually been implemented at the Arles long-stay prison.

There appears to have been no change in access to computers for detainees. The Minister mentions potential for improvement within the NED programme.

The Minister's response suggests that decisions on the use of the millimetre wave scanner are still not taken by the head of the institution, nor are they reasoned, traced or periodically reviewed. According to the Minister's response, 12 male officers have been trained in its use.

With regard to the restraint measures implemented during medical extractions, the Minister points out that the conditions for carrying out medical extractions are individualised, depending on the profile of the detainee, in accordance with the regulations in force.

In response to the recommendation that placements in the punishment wing should not be extended beyond emergency situations, the Minister states that the conditions of detention in the punishment wing comply with the regulations in force.

Despite the recommendation to do so, the cells in the solitary confinement wing have not been refurbished.

The exercise yards of the solitary confinement wing have not been transformed, and the prisoners still have no visual perspective.

The Minister's response suggests that no review of the grounds for placement in solitary confinement has taken place.

The Minister indicates that the recommendation concerning the need to organise legal consultations with lawyers has been forwarded to the president of the CDAD.

A protocol was signed with the prefecture concerning the issuance of identity documents and residence permits. The first intervention was carried out in July 2020.

The social worker has been replaced.

The Minister's response suggests that the traceability of queries submitted by detainees to the various external services is not systematically ensured by the use of GENESIS.

The Minister of Justice states that the issue of on-duty nurses falls within the competence of the Minister of Health.

With regard to the need to increase the surface area of the health unit, the Minister indicates that an increase in the surface area of the health unit is not currently planned, but that satellite premises have been made available in detention. He adds that work has been carried out to streamline access to and occupancy of the rooms.

In order to limit the number of outpatient consultations and hospitalisations cancelled by detainees, apart from emergencies, no medical extractions are scheduled on visiting days and extractions take into account UVF reservations.

A suitable room has been provided for medical staff in the punishment wing. The Minister says that guards do not hand out medication. These assertions do not respond to the findings of the CGLPL, which pointed out the incompatibilities between the reinforcement of security measures and access to healthcare.

No insulation of the workshop roofs has been carried out despite the recommendation made by the CGLPL.

Detainees enrolled in university education are still unable to access their digital workspace.

The Minister argues that allocations and spending on the development of activities were increased in 2019. He acknowledges that there was a decrease in 2020 but says this was because of the decline in activities due to the pandemic.

With regard to the structural understaffing of the SPIP, the Minister indicates that two counsellors are now working in addition to a cultural coordinator.

2. Mental health institutions inspected in 2018

2.1 Mental health association of the 13th arrondissement - ASPM13 (Paris) – June 2018 (1st inspection)

The CGLPL made 45 recommendations.

The institution has initiated several meetings between the various institutions referring patients for involuntary care through their emergency services. No concrete action has emerged from these exchanges, notably the signing of an operating agreement. Moreover, no study has really been conducted on the conditions of recourse to the different statuses of involuntary care (SSC) initiated in emergency services.

The role of the territorially competent administrative and judicial authorities in the review of decisions relating to involuntary psychiatric care is defined by regulations and must be implemented by the institution. This is the role of the management and not the medical project as put forward by the institution.

The delegations for the signing of admission decisions have been revised to cover weekdays, nights, weekends and public holidays.

The legal register has been updated and is maintained in accordance with the regulations. It is updated regularly when any new certificate is produced.

JLD hearings are still held at the Evry judicial court once a week. No action has been considered to relocate them to the site of the institution, given the proximity of the Evry court to the hospital.

The request to increase the number of JLDs to allow two hearings to be organised per week so that the 12-day period can be used to the fullest extent for patient observation has not been acted upon.

No response has been given to the large number of medical certificates declaring patients as "not hearable" by the JLD as a result of the low number of hearings and the lack of JLDs.

Two offices have been made available to the lawyers at the Evry judicial court where they can receive patients in complete confidentiality.

The entire medical community has been reminded of the regulatory framework for care programmes. The internal audit conducted on those decided after 2019 showed compliance with the Public Health Code.

Work is under way to formalise the organisation and operation of the college of caregivers. This formalisation was to be operational by the end of 2021.

The observed malfunctioning or even non-functioning of the Essonne CDSP has not changed. The one in Paris has included the polyclinic in its scope of action.

The visit from the authorities foreseen by the law once a year remains very hypothetical.

The training of staff in the new methods of psychiatric care and the corresponding regulations is still very inadequate. The training plan announced by the institution, three years after its inspection, is forthcoming.

The patient welcome booklet has been modified and now specifies the rights of patients and the avenues of appeal available to them. Patients involuntarily hospitalised are informed of the avenues of appeal, depending on their place of hospitalisation. This information is contained in the documents provided.

The welcome booklet, which incorporates the rules of procedure, has been updated or is in the process of being updated for each of the units on both sites.

The procedure for designating a trusted person is currently being audited using the *Parcours Tracéur* method.

A document recalling the principle of the financial participation of protected adult patients and its calculation method was drafted after the CGLPL's visit.

The signage on the polyclinic's premises has been reviewed. The refurbishment of the ground floor space to provide a reception area is not planned until 2023.

The outdoor area of the Sept Fermé unit is now open continuously during the day.

Patients now have access to their smartphones, unless medically advised otherwise. Secure lockers have been installed so that patients can have their phones at their disposal whenever they want.

Arrangements are being made to install a telephone booth isolated from the rest of the unit. These devices were to be operational before the end of 2021.

The installation of self-service computer equipment is under consideration and should be completed by early 2022.

The remoteness and geographical isolation of the L'Eau-Vive hospital considerably restrict the possibility of visiting patients. The shuttle schedules have not been reviewed because of the relocation of these units to the Saint-Maurice hospitals. Nevertheless, four years will have passed since the inspection. The terms of reception of relatives are still under consideration but are not yet finalised.

The necessary renovation of the Sept Fermé unit's premises has been postponed in view of the planned move to the Saint-Maurice hospitals.

Wherever possible, the institution ensures that when a patient is secluded, their place in an ordinary room is maintained. However, due to the large number of admissions at certain times, a secluded patient's room may be used.

The institution has undertaken a number of actions dealing with the sexuality of psychiatric patients: training of an ethics officer (head doctor in the unit) responsible for raising ethical issues in the committee for difficult clinical situations and calling on external ethics committees when necessary; use of the necessary legal resources in the committee for difficult clinical situations.

Therapeutic activities are recorded, but their annual evaluation is still done on a unit-by-unit basis and is not traced. A mission statement was sent to the unit heads by the medical director in September 2021 to ensure that these activities are evaluated annually.

Twice-weekly video conferences have been set up between L'Eau-Vive and the polyclinic, involving the medical and paramedical teams of the Paris and Soisy-sur-Seine sites. They deal in particular with the conditions for transferring patients between the two sites and their relevance. These clinical exchanges are also opportunities to decide on the continuation of care (place, duration, treatment, etc.). Summary meetings bringing together all those involved in the care of a patient are also organised at the initiative of the attending psychiatrist.

ASM 13 has recruited somatic doctors to work on this institution's two sites. The time allocations (0.3 FTEs for one and 0.2 FTEs for the other) are nevertheless very underestimated for this type of unit.

The renovation of the seclusion rooms of the two units on the Soisy-sur-Seine site has only been partially completed, as the architecture does not lend itself to the desired modifications and, above all, this unit is supposed to be relocated to the Saint-Maurice hospitals.

A register of seclusion and restraint measures has been operational since March 2020. An annual report is produced.

The use of seclusion is still too frequent and its duration, in at least 50% of cases, is far too long. These decisions must be analysed and reduced. The institution responded only very partially to these observations on the grounds that the health crisis did not allow these steps to be taken. A procedure for seclusion was drafted in March 2021. It is common to all units. A review of the number of seclusion rooms and their orientation is under way, particularly on the Soisy-sur-Seine site.

The policy of preventing violence between people is being worked on in the context of certification.

The intervention of specialised child psychiatry resources is a point that is being worked on in the context of certification. A procedure entitled "Emergency hospitalisation of minors in the adult sector" has been developed.

2.2 Blain psychiatric hospital (Loire-Atlantique), now EPSYLAN – June 2018 (1st inspection)

The CGLPL identified 11 best practices and made 32 recommendations.

The Blain institution has carried out a number of actions which, combined, have led to a significant reduction in the occupancy rates of the hospital beds. The seclusion rooms are no longer used as hotel rooms.

Several measures have been put in place to make the patient care pathway more fluid in order to reduce the bed occupancy rate. These measures, which are included in the 2019-2023 institutional project, are currently being deployed.

As part of the development of its 2019-2023 institutional project, the hospital affirmed its desire to promote the mobility of carers by including it in its social project. In 2021, support has been integrated into the new mobility procedure for State-qualified nurses.

The "Occupancy rates and staffing" actions carried out have led to a significant decrease in the occupancy rates of hospital beds, and consequently in the inappropriate use of the SDTU (care at the request of a third party in an emergency) procedure in order to obtain a hospital bed.

In the institutional project, and more particularly in the user project, certain actions are aiming to improve the collection of patient observations. A group training course on "patients' rights" has been implemented within the institution since 2021.

The team of the user centre meets monthly and provides services for users. The location of the meetings has been reviewed: meetings take place near the "village square", which is an important place for the users of the institution.

An action plan, jointly managed by the Care, Quality and Risk Management Department and the User Relations Department, is being implemented in order to educate healthcare workers and any other professionals concerned about the concept of the trusted person, support for patients in designating them, and the confidentiality of hospitalisation.

For patients who do not benefit from legal aid, full prior information on the costs incurred should be formalised, even though this information is very often already given verbally by healthcare managers.

An information bulletin for patients in involuntary care and health professionals is distributed as soon as the ARS learns that the CDSP is visiting. This information is also relayed verbally by healthcare managers to the patients concerned in the days preceding the visit.

Daily checks are carried out by the Office of Stays to monitor involuntary care measures, and in particular compliance with the chronology of the documents required and produced when patients are admitted and maintained in involuntary care.

Since March 2021, the Director's delegation of signing authority, in his absence and as part of the management of involuntary care measures, has been reviewed, limiting the number of delegators.

Work has begun to develop a protocol on the compulsory interview with the patient at the meeting of the college of professionals.

The reflection on the opening of the doors of the closed units has been completed. All the doors to the units are now open during the day, except for those of psychiatric admission for the elderly.

Unauthorised discharges of patients hospitalised voluntarily are no longer counted as unauthorised discharges.

The 2019-2023 user project within the institutional project has identified as an objective the fitting of the doors in the care units' rooms with a system that allows patients to lock their doors so that they feel safe, while providing staff with access if required. After validation of the selected system, a deployment plan will be agreed.

Tobacco management is being worked on in each care unit. Smoking restrictions are supported (e.g. by offering patches) and discussed with the patient.

Patients can keep their mobile phones during hospitalisation, unless there is a medical contraindication that is notified in the temporary computerised patient file (DPI).

The installation of Wi-Fi in the hospital has been integrated into various projects (user project and information system master plan). It is not currently deployed.

In 2019, EPSYLAN was granted investment credits as part of the "Invest in hospitals plan". In the investment plan, a budget is dedicated to the development of lounges suitable for the reception of toddlers.

Blackout films have been installed on the windows of the hospital building.

The bank for hospital patients works in conjunction with the Blain treasury, which has the exclusive right to authorise cash withdrawals. Patients under protective supervision wishing to withdraw money (on a monthly, weekly or exceptional basis) must first submit a request to their guardian or trustee. The bank's opening hours have not been revised, but a reorganisation has integrated the bank into the Office of Stays, thus ensuring that it is open every day.

The installation of individual safes in patients' rooms has allowed them to secure their belongings and valuables independently.

The sentence "Sexual relations are prohibited on the hospital premises" has been deleted from the institution's rules of procedure. A reflection on the sexuality of patients could be carried out as part of the actions of the institutional project.

The gendarmerie only intervenes twice a year in the institution to seize drugs collected from hospital patients, and only for very small quantities. There has been no increase in the quantities seized and the nature of the products is stable (cannabis resin and flowers).

Events that make patients feel unsafe are reported by carers or through adverse event reports. Patients can also inform the management in writing or in an interview.

Regarding the observation that there were too few occupational activities in the units, notwithstanding the activities offered by the social therapy department, the institution states that activities are organised by the social therapy team throughout the day. This answer does not enable the actual increase in activities to be assessed.

Regarding the observation that seclusion was used to protect the most fragile patients, the institution has begun to reflect on the measures to be put in place for the care of its patients, in particular the installation of calming rooms.

The institution has put in place a policy to reduce the use of seclusion based on reliable observation tools. The duration of seclusion measures decreased significantly between March 2020 and March 2021.

2.3 André Rosemon hospital in Cayenne (French Guiana) – October 2018 (1st inspection)

The CGLPL identified three best practices and made 49 recommendations.

2.3.1 Best practices

The judge visits the units, including the seclusion room, when patients are not brought to the hearing.

The institution allows families to have a meal with a patient in the unit.

The psychiatric emergency services offer outpatient consultations for outgoing patients for whom the time required to make an appointment in a mental health centre (CMP) does not allow for continuity of care.

2.3.2 Recommendations

The development of the territorial mental health project is under way. The shared territorial assessment has been drawn up and presented, in plenary sessions, to the general management of the ARS, the Regional Conference on Health and Autonomy and the Grand Customary Council, for validation.

The institution has defined medical staffing targets. Practitioners' files are sent and examined at national and regional (ARS) level according to their nationality.

The monitoring of psychiatric activities, including the average length of stays in inpatient units, is in place. The annual report produced by the Financial Affairs Department is regularly transmitted to the governance teams of the units. However, there is still a limit to this monitoring due to the incompatibility of the different exploration systems in place. The deployment of computerised patient files (DPIs) at hospital level should improve this monitoring in the future.

Psychiatric care in prisons has been strengthened with the creation of a part-time therapeutic activity centre (CATTP).

A protocol has been drawn up for the care of detained patients in the "Wapa" hospital unit. Placement in a seclusion room is no longer systematic; it is only decided if the person's clinical condition warrants it. Detained patients are treated like any other patient in the unit.

A welcome booklet for the institution and a welcome booklet for the psychiatry unit have been drawn up, as have flyers describing the various structures of the psychiatry unit and a multilingual identity monitoring booklet. These documents given to patients on admission specify their rights, in particular the various avenues of appeal in the event of involuntary psychiatric care. They also specify the procedure for lodging complaints and claims. The inpatient charter and "rules of living" are posted in the units in several languages.

Documents relating to medical certificates and hospitalisation decisions have been updated to take account of the regulations in force. Hospitalisation decisions are notified to the patient and countersigned by them. If the patient's clinical condition does not allow for this notification, the inability to carry it out is traced.

The User Committee (CDU) meets regularly. Several ongoing actions carried out in the unit are gradually helping to better integrate users, users' families and carers into the care system.

The procedure for designating a trusted person is included in the regulatory documents to be handed over on admission to a psychiatric hospital unit. A *Patient Traceur* system was set up in June 2021 to evaluate the application of this procedure.

The last elections in June 2021 led to the establishment of a procedure enabling patients to exercise their right to vote. An institutional protocol is currently being discussed.

The request to appoint chaplains from the most represented religions in French Guiana, thus avoiding the services of the ombudsman (lay chaplain), has remained unanswered. The opening of a dedicated multi-faith worship room is under consideration.

Patients have the opportunity to indicate that they would like for their hospitalisation to remain confidential. This is specified in the documents given to them on admission.

The institutional protocols, already available, specify best practices for hearings before the JLD. A meeting of the JLD, the healthcare institution and the judiciary was intended to contractualise their actions, particularly in the context of the recent reform of seclusion and restraint practices.

The CDSP meets regularly. However, no answer is given with regard to the exercise of its missions within the healthcare institution.

The "committal to involuntary psychiatric care" protocol has been updated to take into account the regulations in force, in particular the obligation for the director to notify the hospitalisation decision. This notification of the decision now occurs on admission as soon as the medical certificates are produced.

The functioning of the college of health professionals has not changed. A forum for reflection has been planned.

Clear signage to facilitate access to the psychiatric units in the hospital is still not in place. A process is under way to take into account the rehabilitation work on the psychiatric hospitalisation units that will be relocated.

The full-time psychiatric inpatient sector has been restructured since 2019, identifying specific units and patient pathways within a sector logic. These units, taking into account the profiles of the patients admitted, have different regimes (open or closed units).

A project for an "inclusive cafeteria", responding to the need to create a gathering place, has been finalised. Its opening is dependent on its funding.

Hospitalised minors have access to the garden adjacent to the building provided they are accompanied by an adult. A gym has been refurbished and equipped.

A working group has been set up on the identification, assessment and means of combating tobacco addiction.

Protocols have been established within the adult psychiatry department concerning the rules of living in the full-time inpatient unit. These include giving patients a comfort key to their room.

The hospital's dietetics department is working on improving the quantity and quality of the meals served in the institution, also taking into account the tastes of the users and their eating habits.

Protocols have been established within the departments concerning the rules of living in the full-time inpatient unit, specifying the procedures for sending and receiving mail. The installation of mailboxes is planned as part of the overall refurbishment of the hospital. A protocol should be developed for the collection of mail by the postal officer.

The various issues raised concerning the use of smartphones, telephone installations and Internet access have not yet received any concrete response.

According to the institution, the wearing of pyjamas is exceptional and subject to medical prescription, depending on the patient's clinical condition.

An overall rehabilitation plan for all of the psychiatric hospitalisation units is scheduled to run until 2022 to meet the need to renovate these premises. The installation of individual cupboards in the rooms is foreseen in the equipment plan attached to the architectural project. As soon as the frames and new furniture have been delivered, they will be installed.

Support from sponsors is being considered to obtain "health kits" to be distributed to the poorest patients. Donated clothes, underwear and shoes are stored in the units for the benefit of patients.

A procedure is being considered to simplify and secure the management of patients' financial assets. This will include guidelines for minors.

A focus group will look at issues relating to patients' sexuality. This reflection will be based on a broader system already in place entitled "Our ethical meetings on psychiatry and the elderly".

The available institutional protocols specify best practices and the need to seek the consent of patients for the performance of healthcare procedures. Medical teams have been made aware that injectables cannot be prescribed in advance for use "as needed".

A set of measures including 24-hour medical care and the efficient planning of practitioners' leave and absences has been put in place to ensure continuity of care.

Protocols have been drawn up and implemented within the child psychiatry department integrating the rules of living in the inpatient units. They also stress the importance of maintaining family ties, especially for minors.

The individualised distribution of treatments in the treatment room is now systematic in the inpatient units, guaranteeing respect for confidentiality. Patients are informed and their consent is sought.

A full-time general practitioner has been recruited to ensure access to somatic care in the adult psychiatric inpatient units. A protocol on "somatic care during admission to an adult psychiatric department" and a protocol on "somatic care during admission to a child psychiatric department" are now available and accessible on the ad hoc platform.

The project for the psychiatry unit includes a number of measures aimed at developing and structuring therapeutic activities (CATTP project, institutional training, specific budget allocations for care units, etc.).

The overall rehabilitation project for the psychiatric unit's hospitalisation services includes the equipping of the rooms, including the seclusion rooms. Four out of 10 seclusion rooms will be closed. Those in the child psychiatry sector were closed at the end of 2018. Two calming spaces have been created.

The institutional protocols on seclusion and restraint practices have been updated and now reflect the 2020 reform. In the 2020 report on seclusion and restraint practices, the institutional policy to reduce such practices is explained. Areas for improvement have been identified and actions defined. A project by the psychiatry unit entitled "Improving the management of violence in full-time hospitalisation to limit the use of seclusion and restraint" is currently being developed.

Officers now benefit from awareness-raising and training in violence management and crisis intervention situations. OMEGA training (on the management and prevention of violence and aggression) is included in the continuing education programme, as is GEPS training (on suicide prevention).

2.4 Henri Mondor university hospital in Créteil (Val-de-Marne) – January 2018 (1st inspection)

The CGLPL identified three best practices and made 20 recommendations.

Unit closures during leave due to high absenteeism have been stopped. In order to achieve this objective, the organisation has been adapted to emphasise outpatient care and an agreement has been signed with a clinic to provide 20 sector beds.

The procedure for designating a trusted person has been reviewed, particularly with regard to its practical application.

Since December 2020, patients have had free access to an outdoor area during the day. The external fences should be secured in the long term.

The department has initiated an evaluation of professional practices (EPP) on the relevance of the indications and the terms of implementation of restrictions on patient freedoms. It specifically concerns closed units. Each restriction on freedoms must be medically decided upon and medically justified, after an assessment of the patient. Caregivers then have a monitoring role.

In order to continue to improve the layout of the premises so that they are as suitable as possible for the reception of patients and meet the expected recommendations, the institution has formalised a multi-year plan to refurbish the various units, including the seclusion rooms. Since 2018, the magnolia and cedar units have been renovated. The process is continuing in 2021-2022 with the rehabilitation of the grounds.

An action plan has been put in place to manage overcrowding, with the aim of improving the quality of patient care. Several actions have been put in place, notably: development of outpatient services (creation of a day hospital), opening of a CMP, agreement with a clinic providing 20 sector beds, and strengthening of the outpatient intensive care team.

Patients' belongings are managed by the Albert Chenevier hospital's administration office. If adaptations are necessary, the main office at Mondor is usually accessible.

The medical university department "Impact" is leading a reflection on healthcare and the organisation of therapeutic activities, as well as on the diversification of the profiles of professionals working with psychiatric patients. The arrival of the new senior manager is an important lever for revitalisation.

General activity data are recorded for each unit. These data are monitored monthly in a consolidated dashboard by the Medical Information Department (DIM), as well as in a dashboard consolidated by the Finance Department and made available to the medical university department via a shared network.

Since 2021, the sectorised psychiatric department has had two days per week of time with a somatic physician. The institution considers that this working time is sufficient on the grounds that all the psychiatrists in the department are very actively involved in the somatic care of patients.

An architectural project is being developed in the emergency department, with a space dedicated to psychiatric emergencies; the objective is to allow these patients to be received in a way that respects their dignity and physical integrity. In this respect, the status of the dedicated space has been studied in order to define a clear and fluid circuit for dealing with psychiatric emergencies. As of the end of 2021, the work had not yet been initiated.

The emergency room restraint procedure was identified as one of the procedures to be updated as part of the changeover to electronic document management planned for summer 2021. No details are given concerning the actions taken.

The renovation of the seclusion rooms is included in the institution's multi-year work plan. No date is specified. It should be noted that refurbishment work has already been carried out in some seclusion rooms.

A "seclusion and restraint" working group was set up in March 2021 to prevent seclusion and restraint and to respect patients' rights. A timetable for the group's work has been defined, with a review scheduled for November 2021. The related procedures will be updated following the group's work. This group is also tasked with studying ways to reduce the average length of stays in seclusion rooms. In light of these responses, no concrete measures are in place three years after these recommendations.

Since 1 July 2018, all seclusion and restraint measures have been entered in a specific module of the Orbis medical file, which automatically creates the seclusion and restraint monitoring register. No response has been given concerning the drafting of an annual report on seclusion and restraint measures.

Concerning the functioning of the ethics committee, the hospital group specifies that it is properly constituted.

2.5 Lannemezan hospital (Hautes-Pyrénées) – September 2018 (1st inspection)

The CGLPL identified five best practices and made 45 recommendations.

2.5.1 Best practices

The CDAD visits the institution once a month in the event of requests for information.

The provision in some units of cupboards with two safes, one available to patients, the other usable only by carers, allows patients to easily access their belongings and preserve items they consider valuable.

A free shuttle service is organised by the hospital, allowing patients to go into the city three times a week.

The presence of a general practitioner in each unit allows for appropriate individual somatic care to be provided, including in seclusion rooms.

The residency of a team from the Lannemezan hospital in the emergency department of the Tarbes general hospital helps avoid hospitalisation or organise it in closer collaboration with patients and their relatives.

2.5.2 Recommendations

The hospital stresses that the lack of psychiatrists is linked to a national medical shortage and is not related to the lack of an updated medical project.

The Ministry specifies that Instruction No. DGOS/R4/2021/89 of 29 April 2021 recommends that institutions set up a training plan for all professionals working in institutions authorised for psychiatry, with a view to reducing seclusion and restraint practices. This is now included in the training plan, with two groups of 10 staff members and a two-day extended training course.

The institution is awaiting the finalisation of the territorial mental health project (which the ARS was due to sign in September 2021). The medical project that underpins the institutional project should then start, in conjunction with the territorial medical group.

The procedure for involuntary care needs to be reviewed. All healthcare managers responsible for notifying decisions and related rights should receive training. No response has been provided with regard to this recommendation.

The contact details of the services to be contacted in the documents intended to inform patients of avenues of appeal are indeed included in the *ad hoc* document.

There are plans to modify the computerised patient files to ensure the traceable collection of patients' observations and the search for their consent.

A copy of the institution's rules of procedure is made available to patients in each hospital unit.

Users are represented in the mandatory bodies (User Committee, supervisory board and ethics committee). The institution has provided them with an equipped office.

A communication officer has been recruited with the role of improving information on citizenship, particularly concerning elections. Any patient who wishes to do so is accompanied to vote and can be granted a discharge permit.

Information about worship services is included in the welcome booklet given to patients on admission. The chaplains have asked to not be contacted directly by patients.

Awareness-raising on the confidentiality of hospitalisation during external calls has been carried out and reminders are issued on a regular basis. A written procedure is under way.

All departments are now informed of hearing dates by the admissions office. Managers have been made aware of the importance of giving patients this information promptly.

Unless medically advised otherwise, voluntary patients are free to go outside, and this freedom is respected.

A reflection on connected tools, tablets and the use of smartphones was initiated at the ethics committee meeting of 30 June 2021. The use of telephones is permitted unless otherwise advised by a doctor.

Due to the COVID crisis and the various lockdowns, Wi-Fi hotspots have been installed in the buildings to maintain ties with the outside world.

All units have a reception area suitable for visits by relatives of the population being cared for.

The ways in which patients' property is managed, which are a source of dysfunction, have changed. A new organisation is being considered.

A new project for the operation of the cafeteria, with the aim of making this activity more dynamic, has been drawn up by a new board of directors.

A reflection on the sexual freedom of patients has been carried out within the ethics committee. It has improved respect for sexual freedom in the care units while respecting community living.

Patients under restraint have access to social therapy activities on medical prescription.

Patients admitted to the Lannemezan emergency room are seen by a psychiatrist. Restraint and seclusion measures are recorded in computerised care files.

The referral of involuntary patients admitted to the emergency room is determined by the medical certificate and not by their admission status.

All the seclusion rooms have been rehabilitated, including the geriatric psychiatry room, guaranteeing dignified conditions for patients.

Restrictions during a patient's period of seclusion are now individualised and can be reviewed and adjusted according to the patient's clinical condition.

Seclusion and restraint measures are taken in accordance with the legislation in force.

The change of admission status when a voluntary patient is placed in seclusion is made within 24 hours. A reflection is under way on the terms of seclusion for minors.

The recent use of the register now serves as an additional tool for reflection on seclusion and restraint practices (reminder of the recommendation), the importance of which was recalled in Instruction No. DGOS/R4/2021/89 of 29 April 2021.

Similarly, the necessary institutional reflection including all medical and nursing staff is being put into place.

The individual distribution of treatments in a closed space ensuring respect for confidentiality and medical secrecy as well as sharing with the professional administering the treatment is being organised.

The institution has an open, unsecured park. It has no security team and no police powers. The question remains.

Concerning the hospitalisation of detainees, the Minister of Health states that:

- restraint during transport is a measure of last resort justified by the patient's clinical condition;
- these patients are hospitalised for short periods pending transfer to a UHSA, and the secure room is considered as a place of care;
- detained patients are hospitalised based on a medical certificate and no information on their judicial dangerousness is known;
- the video surveillance system will be maintained, as this tool has helped to thwart risky situations;
- lastly, these secure rooms are focused on the provision of healthcare and not on security aspects.

None of these responses address the recommendations made.

The medical committee of the institution is studying the functioning of the rehabilitation units as part of the service project and the institutional project, but this has not yet been completed.

Work is planned in and around the geriatric psychiatry unit and specific equipment to alleviate acute crisis situations involving elderly patients has been purchased and installed in this unit to meet needs.

The psychiatric hospitalisation of a minor cannot be considered as a standard practice. Any infringement of the legal provisions concerning the exercise of parental authority, even if the parents are not in the region and even if the minor is placed in an educational institution (ASE or other), is to be avoided. In his reply, the Minister of Health specifies that all minors are hospitalised with parental consent. In case of failure to act, a provisional placement order (PPO) is requested from the judicial authorities.

2.6 Buëch-Durance hospital in Laragne-Montéglin (Hautes-Alpes) – May 2018 (1st inspection)

The CGLPL identified six best practices and made 34 recommendations.

2.6.1 Best practices

A training programme is offered to families with the aim of helping them to better understand the illnesses and treatments of their hospitalised relatives.

The costs of expert opinions for legal protection applications are in principle covered by the departmental council if the patient is on minimum social welfare.

The opening of all units remains the principle. Exceptions are rare, short and justified.

2.6.2 Recommendations

As no autonomy in the dispensing of medicines is currently planned, the current procedures for the distribution of medicines remain in place.

Internal awareness-raising sessions for professionals (nurses, health executives, medical secretaries, admissions office managers, on-call administrators) on best practices for managing admissions to involuntary care (SSC) are organised within the institution.

In view of the increasing number of SSC measures for imminent danger, the emergency services are being made aware of the specific nature of these admissions. These admissions are now monitored annually.

The procedure for managing involuntary care has been modified to ensure full compliance with the legislative and regulatory provisions (notification of rights within one hour of admission, both during the week and at weekends).

The information document on rights and remedies attached to the prefect's orders has been modified and now includes all the rights set out in Article L. 3211 of the Public Health Code.

Notifications to patients are made at the time of communication of the admission decision. No mention is made of patient information on medical certificates.

The patient charter is displayed in the department and the rules of living can be found in the department's presentation brochure.

The welcome booklet is currently being rewritten and should be finalised by 2021. It will include the rights of involuntary patients and the avenues of appeal.

The healthcare institution has announced that the National Union of Families and Friends of Mentally Ill and/or Disabled People (UNAFAM) will be setting up offices in the hospital on the second Wednesday of every month. The website was updated in 2020; an information page mentions user associations and their contact details.

The mutual help group (GEM) cannot sit in a deliberative capacity as it has not submitted an application to the ARS. However, it is invited to every User Committee meeting.

Serious adverse events include not only unauthorised discharges but also serious violence. The number and nature of serious adverse events declared are reported at each CDU meeting.

A trusted person designated by a patient must be informed of their designation and the consequences thereof and asked to confirm whether they agree to it. This measure is not in place.

The healthcare institution cannot intervene in the departmental operation of family associations, which have their own organisation.

No information about hospitalisation is given to a third party without the patient's consent.

The procedure for referring cases to the JLD has been updated and, as far as possible, the full contact details of third parties are provided to the JLD.

Since 2019, the bar has organised a rota with three lawyers from the Hautes-Alpes, allowing for the representation of persons under psychiatric care at each JLD hearing.

There are still no CDSP visit or meeting minutes sent to the institution.

The notification procedure in the legal register was updated in June 2018; it now includes a copy of all the documents provided for in Article L. 3212-11 of the Public Health Code.

The difference between patients in involuntary care and those wearing pyjamas has been explained to the switchboard team, as have the steps to be taken.

Private areas are provided for visits (activity room, bedroom or outside area). The architectural design of the future entrance building will include one or more family lounges.

The procedure for wearing pyjamas has been updated and will be evaluated. Each patient is now presented to the JLD in civilian clothes.

An inventory is now made of valuable items entrusted to the teams at a patient's request. No information is provided concerning inventories of other assets or a possible adversarial procedure.

A new organisation allowing for the presence of carers in the self-service cafeteria for dinner was introduced in 2020.

The opening hours of the cafeteria have been extended (except in the context of the health crisis); it is now open two weekends a month.

The answer given concerning the sex life of patients, limiting exchanges to the units, does not meet the recommendation for an institutional debate.

The written opposition of the State representative in the *département* to a short-term discharge project and its notification at the latest 12 hours before the planned date are not systematic.

Two dentists were recruited at the end of 2018 to carry out on-site shifts (three days per month).

A sheet now specifies the duties of general practitioners in structuring curative and preventive actions for hospitalised patients.

The development of a protocol on the use of "secure" rooms is included in the medical and nursing project validated for 2019-2024.

The register has been automated since September 2018. The analysis is carried out as part of the annual report on seclusion.

Medicines are now distributed to each patient in the department's pharmacy.

2.7 Lille regional university hospital (Nord) – April 2018 (1st inspection)

The CGLPL identified two best practices and made 17 recommendations.

The CDSP and the public prosecutor regularly visit the psychiatric units of the regional university hospital (CHRU). Two visits were carried out in 2019 by the CDSP and the deputy public prosecutor. The latter paid another visit in 2020.

Patients are provided with tablets if they so wish. They also have access to their personal smartphones (unless otherwise advised by a doctor).

All rooms have been renovated in compliance with the standards. They are all equipped with a call system and a lockable cupboard. Damaged cupboards are regularly repaired.

The CHRU indicates that restraint is carried out by nursing staff. Security guards are only present for security purposes, with their presence being considered a deterrent. Security guards should not be present.

Specific training for carers was proposed in 2019. The training plan is updated annually and is in line with the institutional project. It is available on the Intranet.

The rules of living are prominently displayed in the department and are updated regularly. A patient can obtain a copy if they so request.

The satisfaction questionnaire has been simplified by the Quality, Risk & Patient Experience Department. The current return rate of questionnaires is in line with the national score.

Information on what to do in the event of a complaint or claim is posted in the care unit and in the document management software application.

Patient files include the document for designating a trusted person. Patients are invited to designate one on admission.

The procedure for contacting a chaplain is now posted in the department and the necessary documents are given to patients at their request.

The telephone area has been renovated. A booth has been installed to ensure confidentiality. Access to mobile phones is now allowed as a matter of principle, with any temporary ban requiring a prior medical decision.

The installation of mobile call boxes with batteries and the associated risks is not recommended by the medical and nursing team. Thus, the mobile call box system has not been implemented. Surveillance in the department has been increased to compensate for this shortcoming.

Work on compliance with seclusion and restraint procedures has been undertaken with the adult and child psychiatry teams, including consideration of the computerised patient files.

A register compliant with Article L. 3222-5-1 of the Public Health Code has been set up.

A room dedicated to restraint and seclusion has been identified and equipped.

Restraint and calming registers have been kept since August 2018 in child psychiatry. The calming room is usually freely accessible, with the door left open.

2.8 Valvert hospital in Marseille (Bouches-du-Rhône) – January 2018 (1st inspection)

The CGLPL identified seven best practices and made 21 recommendations.

2.8.1 Best practices

The hospital favours a policy based on good treatment, individual freedom and patients' rights. Defined in the institutional project, this policy constitutes a core set of values shared by the entire hospital community.

The open mode of operation of the ethical focus group leads to the provision of work that is taken up by the staff. In addition, other ethical reflections, such as an analysis of restrictions on freedom at the hospital, are *de facto* encouraged.

The rules governing the opening of the care units and their respect by the staff guarantee the freedom of movement of hospitalised persons, particularly those in voluntary care.

Social therapy contributes to the overall therapeutic care of hospitalised patients by recognising the risks of social isolation to which they are subject and by re-establishing all links of belonging to the community, both inside and outside the hospital.

The institutional commitment to supporting innovation and community living within the institution contributes to better patient care.

2.8.2 Recommendations

Admissions for imminent danger are only made when the patient's condition requires urgent care and the family cannot be contacted. When the family is known, every effort is made to involve the patient's relatives in the admission procedure.

A document summarising patients' rights is being prepared by the communication department; it will be displayed for patients. However, no indication is given as to whether this information will be included in the welcome booklet.

A training course on "Involuntary psychiatric care" took place in October 2020 for the social workers and law office of the institution with the aim of training these stakeholders in the legal framework of involuntary care (SSC) and to be able to provide adequate information to patients and/or their relatives.

Since 2019, all serious act committed against patients by other patients have been systematically reported to the competent authorities.

Since 2019, the possibility of designating a trusted person has been explained to patients and the procedure has included informing the designated person and confirming their agreement.

The welcome booklet includes a paragraph on patients' right to vote. There is no formal protocol on this subject.

A reflection should be undertaken with user representatives, patient services and the quality department in order to supplement the welcome booklet and specify in particular the different religions involved in the institution.

Decisions to hospitalise involuntarily are now transmitted by the admissions department/law office to the department for protected adults. These two departments are part of the patient centre.

The implementation of the reform on seclusion and restraint allowed the institution to meet with the JLD and the president of the Marseilles judicial court, who visited the hospital on this occasion. The administrative authorities (notably the public prosecutor and the CDSP) visit the institution at least once a year to check and sign the law books in the admissions department.

Since May 2021, the JLD's hearings with patients hospitalised involuntarily have taken place in the hearing room set up for this purpose at the Édouard Toulouse hospital.

The rules of procedure are currently being updated to include one sheet specifying the terms and conditions of hospitalisation of detainees and a second sheet containing information on involuntary hospitalisation.

Improvements in the conditions of reception of patients and their relatives are now an integral part of the support services project for healthcare in the institutional project; however, their concrete applicability is not specified.

The multi-annual investment programme includes the rehabilitation of the hospital buildings. The first step is the rehabilitation of the "Les Lavandes" and "Les Lilas" units. To date, no rehabilitation has taken place. No mention of time frames is made in this response.

The renovation of the seclusion rooms programmed in the 2019-2024 multi-year contract of objectives and means (CPOM) is still not in place.

The content of the seclusion and restraint register is now in line with the legislation, as the passage of nurses is mentioned. The traceability of medical decisions is now included in the computerised patient files. An evaluation of professional practices was carried out in 2019 by the Medical Information Department (DIM) and the medical quality consultant.

The computerisation of the drug circuit should allow distribution to be reorganised so that it is carried out individually and in complete confidentiality. This project is still under consideration.

Feedback is systematic for adverse events (AEs) and is not limited to serious adverse events (SAEs).
The conditions of care for detained inpatients have still not changed. A focus group is in place.

2.9 Annecy Genevois hospital in Metz-Tessy (Haute Savoie) – May 2018 (1st inspection)

The recommendation to look for alternatives to seclusion has not yet been implemented.

An eight-hour cross-functional State-qualified nurse position has been in place since October 2020 to ensure that patients are supported seven days a week. This nurse is part of the daily care staff (to be distinguished from the security staff).

Several training courses were held on patients' rights and the management of aggression and violence in psychiatry. Others were scheduled for the last quarter of 2019, addressing seclusion and restraint and involuntary psychiatric care. This training plan continued in 2021.

An information note has been drafted on the obligation to provide all medical certificates to patients. Patients are given a document listing the documents handed over, enabling them to exercise their rights.

The rules of procedure of the adult full-time hospitalisation units have been reformulated since August 2018. They are displayed in each of the units concerned.

A new procedure providing for the delivery of a specific questionnaire for psychiatry at the time of a patient's discharge is currently being written and has not yet been finalised.

UNAFAM's opening hours are posted in each unit and at the reception desk of the adult full-time hospitalisation building, allowing patients and users to be informed.

Summonses to JLD hearings are now given to patients.

The ARS has reinforced its secretarial staff at the CDSP, enabling this commission to carry out its tasks with confidence.

The functioning of the college of health professionals has been reviewed, including the fact that patients should be heard and their observations should be collected before any decision is made.

The hospital has undertaken an institutional reflection on deprivation of liberty for voluntary patients, as part of the project to restructure the building into sectors with the creation of a secure unit. No concrete response is given with regard to this type of deprivation of liberty, which is contrary to the law.

Searches for drugs were immediately stopped following the CGLPL's visit.

The conditions of communication between patients and their relatives have been reviewed, including the reorganisation of the family lounges with dedicated furniture, the installation of a mobile phone line dedicated to patients and access to patients' smartphones, unless medically contraindicated. The psychiatric buildings are covered by Wi-Fi.

All rooms have been equipped with a comfort lock.

The treasurer has validated the deposit office for valuables with the possibility of partial or total withdrawal of cash and the means of payment deposited during hospitalisation.

The opening hours of the library have not been extended, as they are dependent on the availability of volunteers. On the other hand, a multimedia workshop has been set up via an Internet connection.

A procedure on non-consensual sexual intercourse in connection with the findings of the feedback committees on this topic is currently being drafted and therefore has not yet been implemented.

The data of patients admitted to the emergency room for psychiatric reasons are collected by the emergency room nurse and then by the emergency physicians. Psychiatrists working in liaison psychiatry in the emergency department (SAU) code their acts in the medical information collection system for psychiatry (RIM-P).

The training of psychiatrists and emergency physicians was reinforced in 2019 for the topics of "seclusion and restraint" and "involuntary care". It is also worth noting that a training course has been set up for emergency room staff, run jointly by an emergency room psychiatrist and an emergency physician.

An admission procedure has been created to encourage the direct entry of involuntary patients admitted to the emergency department. A regulatory health executive intervenes between the SAU and the units (seven days a week).

A restraint register has been set up in the emergency room. Extractions from the transport control software of data relating to transfers of restrained patients are not yet possible. A traceability system on the use of restraint measures in the emergency department as well as during transfers of involuntary patients to psychiatric inpatient units is therefore still not operational.

Three years after the CGLPL's inspection, the hospital project has still not been finalised.

The number of seclusion rooms has been reduced to four in the future building project for the restructuring of the adult full-time hospitalisation units into sectors.

A project to reorganise and restructure the adult and child outpatient services is under way with the support of a consultancy. This project is still not complete, three years after the visit.

A few concrete actions have been carried out concerning somatic care, but no organisational project seems to have been thought out or drafted on this issue.

The urgent material changes requested for the seclusion rooms have only been taken into account for 20% of them.

The institution integrated the seclusion & restraint module into its operating software in the summer of 2021. It will allow decisions to be notified and the computerised monitoring of seclusion and restraint measures to be put in place. This data collection is accompanied by an analysis of practices and is presented to the public health institution medical committee (CME) and the nursing, rehabilitation and medical-technical committee along with the annual report required by law.

The criteria for using seclusion and the associated procedures have been updated and an institutional reflection has been developed in the hospital. Alternatives to seclusion and restraint have been worked on as reflected in particular in the creation of a pair of lead nurses (IDE/AS) for each hospitalisation unit, the conversion of a seclusion space into a calming space in September 2018 and the development of a new architectural project which includes the restructuring of the hospitalisation units by sector and a calming space in each care unit.

A "seclusion and restraint" procedure (and an emergency procedure) was developed in 2019 and updated in 2021 to comply with new legislative requirements. An institutional procedure on restraint is being finalised.

The hospital has still not established an institutional policy on seclusion and restraint referring to current recommendations and legislative and regulatory texts.

The preparation of the annual report on seclusion and restraint depends on the quality of the data collected in the register. As this collection has not yet been finalised, this procedure has not been completed.

2.10 Ravenel hospital in Mirecourt (Vosges) – April 2018 (1st inspection)

The CGLPL identified six best practices and made 16 recommendations.

Admissions under the emergency procedure or the imminent danger procedure deprive patients of the guarantee provided through the production of two medical certificates. A reflection with all partners has been under way since 2018.

All nursing staff have been trained in how to inform patients of their rights, so that such information can be provided throughout their hospital stay.

Admission and renewal decisions and the related medical certificates are notified to patients in accordance with the regulations.

At each election, there is a survey of patients wishing to vote by proxy. No distinction is made between patients under legal protection and those without guardianship/trusteeship; all patients can vote.

The members of the CDSP have free access to all units. Patients are informed before the CDSP's visit via an information note relayed by the health executive and the unit's professionals. Patients can ask to be seen by members of the CDSP.

Restrictions for people in voluntary care are exceptional and justified only by their clinical condition. Those for involuntary patients are based on considerations relating to the geographical location of the site that do not guarantee the safety of these patients.

Patients are not allowed to open the windows in their room themselves. The institution is considering what changes can be made.

Locks have been installed in all the rooms and allow patients to choose whether or not to lock their rooms, while allowing staff to intervene if necessary. Therefore, there are no longer any prescriptions for night-time seclusion in this unit.

Occupational activities should be developed but are subject to the number of nursing staff and the workload (prioritisation of nursing interviews). The forthcoming opening of the centralised day unit will promote therapeutic activities.

The hospital has committed to setting up an inter-unit working group to reflect on sexuality. No further information is provided on the implementation of this commitment.

The institution says that it is determined to avoid using seclusion rooms as hotel rooms, noting nevertheless that during peaks of activity it may do so very occasionally.

The number of general practitioners was increased in 2021 to provide somatic care.

A steering committee has been set up to promote the improvement of accommodation conditions and the fitting out of seclusion rooms. However, no concrete action has been taken.

A register of seclusion and restraint measures has been set up. It was drawn up by the doctor in charge of the institution's Medical Information Department (DIM). In June 2021, the institution created a multidisciplinary group dedicated to reflections on alternatives to seclusion and restraint. These actions follow the publication of Instruction No. DGOS/R4/2021/89 of 29 April 2021.

The dispensing of treatment still does not follow a single protocol, leaving each unit free to manage it. Respect for confidentiality and medical secrecy and sharing with the professional administering the treatment cannot be guaranteed in all units.

2.11 Pyrénées hospital in Pau (Pyrénées-Atlantiques) – March 2018 (1st inspection)

The CGLPL identified five best practices and made 43 recommendations.

Medical staffing since 2018 has increased by 18%, representing 12 FTEs. This measure responds to the lack of time spent on-site by psychiatrists as observed during the inspection.

In 2019, 2020, and 2021, training courses on patients' rights were set up. A total of 63 employees were trained. In 2020 and 2021, training on involuntary care was planned. It could not be carried out due to the health crisis but was postponed to 2021/2022.

The provisions of the "health, security & justice" agreement, signed in 2012 and updated in 2018, expressly provide for the need for a requisition for the provision of information to a judicial authority.

The hospital has set up a very strict procedure and a traceability system for the admission of patients in involuntary care, to ensure that third parties can be sought. Care measures by decision of the director must give reasons for the absence of third parties.

While waiting for a place in the UHSA, detained patients are admitted to the psychiatric intensive care unit (USIP). The length of stay of detainees therefore takes account of the time before their transfer, which is independent of the psychiatric care provided at the psychiatric hospital.

Training/awareness-raising sessions on involuntary care, in particular the documents to be submitted and the support measures to be taken, for care staff and their managers, have been carried out by the User and Quality Department (deputy director and attaché) in all the units of the institution. The appropriate documents to be handed over during involuntary hospitalisation are transmitted on an ongoing basis; traceability is provided for.

The welcome booklet includes all the rights specific to involuntary care, the terms/organisation of involuntary care, the remedies, authorities and appeals, and mandatory assistance by a lawyer. The "Psycom" leaflet on involuntary care is also attached.

The operating rules of the units are currently being updated, with a deadline of September 2021. The possibility of objecting to urine tests for drug use will be included in the new operating rules.

The rules of procedure were updated and validated in October 2019.

Associations representing users and families are involved in the institution through organised sessions and the provision of the user and family centre.

The welcome booklet contains the form for designating a trusted person and an explanatory leaflet. The training sessions for the staff in the care units organised by the User Department include a point on the trusted person.

The welcome booklet informs patients of the possibility of practising the religion of their choice by calling on the representatives of the various faiths.

The reception procedure, which includes a "reception interview" procedure, indicates in the prerequisites that the interview must be conducted in a place that respects the confidentiality and privacy of the exchanges.

Referral to the JLD includes a reasoned medical opinion.

The procedure for issuing summonses to the JLD hearing is known to and understood by the care staff. The JLD receives all patient acknowledgements of receipt. The training sessions also include this point.

The CDSP has been inactive for several years. The renewed collection of medical applications to participate in the CDSP was planned for 2020 but was called into question due to the epidemic context. The ARS is planning a call for applications in the last quarter of 2021.

The names of the members of the college of health professionals, the dates of its meetings and its decisions are specified in its opinions in accordance with the Public Health Code. Patients are systematically heard.

Regarding the request to relax the operating rules of care units limiting outings to the park for people admitted for involuntary care, the institution indicates that patients in the closed units ESA1 and ESA2 can benefit from accompanied outings to the park, if medically indicated, and from therapeutic activities outside the unit, and that unaccompanied outings to the park for patients hospitalised in a closed unit are programmed at certain times on the decision of the medical manager concerned.

The organisation of care in the closed units limiting access to the courtyards due to the obligation to be systematically accompanied by two carers was to be reviewed in the light of the new operating rules in September 2021. The aim is to allow for the individualisation of access restrictions to the enclosed courtyard. No mention is made of the effectiveness of these measures.

The operating rules of the open units specify that the rooms shall remain freely accessible during the day except for clinical reasons and/or reasons related to the patient's safety.

The rules of procedure and the welcome booklet now reiterate that telephones can be freely used. This freedom can only be restricted for therapeutic reasons. The communal areas of all the care units are also equipped with Wi-Fi. Rooms in some specific units also have this type of access.

The material conditions in which visits are carried out have been improved. The unit that did not have a visiting lounge should have its premises extended for this purpose. The cafeteria is open again at weekends.

The wearing of pyjamas is no longer systematic for patients in the USIP. This decision is based on an individualised medical prescription. Concerning the systematic wearing of pyjamas for patients in the reception and admission area of the emergency room, a reflection is under way.

All measures have been carried out enabling patients to lock the door of their room, have a secure place to put their belongings and partially open their window.

A meeting with the treasury to discuss the issue of setting up an imprest account and a revenue account was scheduled for July 2021.

The herbal tea served in the evening can be supplemented with a small snack if the patient is hungry. Specific work has been carried out by the dieticians to provide suitable snacks.

Each patient participating in a workshop (sewing, framing, bookbinding, firewood bundling, basketry/jewellery, *Renov'ergo* and mosaic) now receives a stipend.

The hospital needs to engage in an institutional reflection on the sexuality of patients and abandon the general and absolute prohibition of sexual relations. The institution indicates that there is no longer a prohibition. No response has been given with regard to the need for institutional reflection.

The Cariatides common computerised patient files and the restraint register are filled in as expected, both for medical decisions and for nursing supervision.

Measures have been taken to ensure that any seclusion in a dedicated or non-dedicated space is recorded in the registers. The calming spaces (lounges and rooms) are alternatives to seclusion and restraint and therefore do not feed into the registers. "Secure" rooms are used for prisoners in a safe environment. The procedure for the care of detainees is being amended to this effect. All seclusion rooms have been equipped with a patient call button (push button or call handset).

Measures have been taken to limit the placement of patients admitted to the USIP in seclusion rooms.

The institution has begun to reflect on the management of patients placed in seclusion and in particular on the lengths of stays observed, which are quite long. An evaluation of professional practices on this subject is under way in the institution.

The seclusion and restraint procedures have been modified and now include a post-measure review by a multi-professional team. All the functional units with seclusion rooms carry out a traceable analysis of seclusion and restraint practices.

Since January 2019, the process of managing adverse events has been digitised, allowing all carers to have access to this information.

The Pyrénées hospital participates in the work of the territorial hospital group, which has set up a Béarn and Soule territorial ethical space. The reflections of this territorial ethical space are divided into sub-groups. At this stage, no decision has been made to reactivate an internal ethical space as such at the Pyrénées hospital.

The procedure for dealing with hospitalised detainees is being modified to individualise their care while ensuring the safety of the other patients in the unit and that of professionals. Detainees are transported to the hospital with their personal belongings.

Dedicated staff have been assigned to the geriatric psychiatry unit to run occupational activities. The development of facilities for the reception of families is currently being studied.

The recommendations concerning restraint measures are now applied in the geriatric psychiatry unit.

2.12 Plaisir hospital (Yvelines) – June 2018 (1st inspection)

The CGLPL identified one best practice and made 22 recommendations.

2.12.1 Best practice

The rapid crisis response team brings efficiency and fluidity to the management of episodes of psychiatric agitation or decompensation by intervening at the very scene of a crisis, thus avoiding hospitalisation. In the context of a shortage of medical and paramedical staff in the rapid response and crisis team, a decision to stop its night-time activity was taken in December 2019. One of the hospital's objectives is to clarify the tasks of the rapid response and crisis team.

2.12.2 Recommendations

To supplement the existing training courses, two additional courses – "Establishing and maintaining a care relationship with involuntary patients" over two days and "Restraining and secluding patients to continue providing care in psychiatry" over one day – have been set up.

Within the framework of the training course on "Consolidating knowledge for newly arrived State-qualified psychiatric nurses", several sessions have been planned to analyse practices. The consolidation of knowledge was scheduled for the second half of 2021.

The establishment of a list of information to be provided to patients is one of the areas for improvement in the institution's 2019-2023 care project. A working group was set up but did not start due to the health situation.

In order to strengthen relations between carers, families and patients, several measures have been put in place, including a centre for users and associations, which was inaugurated in 2019, and the drafting of a users' project. In addition, two peer health mediators have been integrated into the CDU and are participating in several working groups in the framework of the project to rebuild the psychiatric facilities on the Mansart site.

A new system for organising visits has been put in place since 1 September 2020 by the management of the units. In addition, a study was carried out in the last quarter of 2019 with the nursing staff and the Maintenance, Works and Security Department in order to identify an area for welcoming families on-site outside the communal areas and ensure a certain degree of privacy for meetings. No details are given concerning the actions taken since this study.

A leaflet explaining the role of the trusted person and the procedure for their designation, revised in April 2018, is given to patients.

Information concerning worship in all the units is posted. The welcome booklet has been updated.

Ways of ensuring the confidentiality of hospitalisations are being studied.

The confidentiality of the patient reception area for the dispensing of treatments is one of the areas for improvement in the institution's 2019-2023 care project. However, this area is still not operational, as it depends on a working group that was unable to start due to the health crisis.

The procedure for medical prescriptions for wearing pyjamas has been revised and a reminder of this procedure was sent in 2020 to all the departments concerned.

The new welcome booklet, with the updated details of authorities that can be contacted, has been in circulation since January 2021.

Booths ensuring the confidentiality of telephone conversations were installed in some units in the first half of 2019. No details are given on the use of smartphones.

Major work to be carried out has been prioritised, in particular the relocation of psychiatric activity to a new building on the Mansart site in place of the current facilities. The health crisis did not allow it to be programmed as planned. This programming is under way.

All the actions concerning therapeutic and occupational activities, several of which would require the creation of spaces, could not be carried out because of the health crisis. This project was to be relaunched at the end of 2021.

A somatic medicine service has been set up with the recruitment of a general practitioner in September 2020. A second professional is being recruited, with their arrival expected in September 2021.

All the seclusion rooms have been brought up to standard.

A working group bringing together the CME chair, user representatives and management led to the development of a computerised register at the end of 2019.

The institution has carried out an evaluation of professional practices entitled "Improving practices to reduce the use of seclusion and restraint". The 2020 annual report on seclusion and restraint practices gave an assessment of practices and a summary of the results. No details are provided on these areas of improvement.

The Regional Mental Health Department for Prisons (SMPR), in conjunction with the ethics committee, has conducted a review of the procedure for dealing with detainees during hospitalisation, including the transport conditions.

Since 2018, detainees, like other patients placed in seclusion rooms, have been the subject of a reflection on professional practices conducted by a working group: "Improving practices to reduce the use of seclusion and restraint".

2.13 Estran hospital in Pontorson (Manche) – October 2018 (1st inspection)

The CGLPL identified five best practices and made 29 recommendations.

2.13.1 Best practices

The implementation of a document allowing patients' observations to be traced before each decision pronouncing the continuation of care or defining the form of care is a local initiative that deserves to be highlighted.

The creation of a medical college specific to the adult mental health unit, the regularity of its meetings, the quality of the subjects discussed and the decisions taken are important factors in the cohesion of the medical teams for the management of the unit and the implementation of future reorganisations.

The weekly organisation of joint clinical staff meetings between the inpatient and outpatient facilities is a factor that encourages coordination. These exchanges make it possible to better adapt patient care, both in and out of the hospital, and ensure that patients can be monitored along their care pathway, regardless of the type of care they receive.

The organisation, functioning and schedule of therapeutic activities offered by the cross-functional therapeutic activities unit are strong points for the patients in the mental health units.

2.13.2 Recommendations

The institution has set up specific training courses on seclusion and restraint measures. *Ad hoc* procedures have been formalised and disseminated.

The measures to be taken to ensure that the director's admission decision is drawn up and signed as soon as an involuntary patient is actually taken into care are still not in place, despite reminders from the ARS.

A patients' rights sheet incorporating the rights set out in Article L. 3211-3 of the Public Health Code is now attached to admission decisions. The patient signs a receipt acknowledging that they have been notified of the decision in question and have received the rights sheet.

For the time being, no concrete action has been taken with regard to the requested changes to the content of the welcome booklet, including the various procedures for committal to involuntary care and the specific rights of patients in relation to this measure.

The designated trusted persons are now contacted to collect their consent.

The invitation of the judicial representative to the summary meetings of the units is not effective.

The requested modification of the summonses sent by the JLD's registry for hearings, indicating that "the fees of this lawyer shall be paid by you unless you meet the conditions for legal aid", has not been made on the grounds that this decision is a matter for the judicial authority.

In response to the request to provide the institution with reports on the CDSP's visits and meetings, the Ministry states that the legislation and regulations do not mention this. However, this legislation does not prohibit it.

The reminder of the regulations on the keeping of the legal register concerning all the documents that must be included and the time-stamping of these documents was clearly not understood, with the Ministry indicating that the reminder will be sent by the ARS to the CDSP. The healthcare institution is responsible for keeping this register.

The college of health professionals has not yet been convened in accordance with the conditions set out in Article L. 3212-7 of the Public Health Code, with the Ministry indicating that it informed the institution of this request in 2021.

Requests to improve certain accommodation conditions (securing patient room cupboards, rehabilitating a unit) are under study and therefore have not yet implemented.

The creation of a hotel committee with the participation of patients is being studied without further details.

The request to initiate an institutional reflection on issues relating to patients' sexuality is also under consideration, according to the response, without any further details on a possible timetable. To date, neither a contract nor a unit project has been drawn up.

In accordance with the provisions of Article L. 3211-11-1 of the Public Health Code, no additional measures may be attached to the prefect's refusal of a short-term discharge. However, the grounds for the prefectural opposition may state that the measures planned and detailed for the discharge do not meet the necessary guarantees of public order and personal safety.

The director of the institution for ASPDTs and the prefect for ASPDREs must ensure that, for the proposed care programmes, the periods of hospitalisation are not longer than the periods of discharge and that any measure of restraint is excluded for a patient in a care programme. The Ministry of Health provides a response indicating compliance with its rules for SPDREs. No response is given for the other types of measures under the director's responsibility.

The partnership between the La Baie private hospital and the L'Estran hospital was formalised by the signing of an agreement on 1 April 2021. This includes facilitated somatic care for the patients and residents of the institution within the multidisciplinary medical department.

In response to the five recommendations concerning seclusion and restraint (procedures, training, seclusion room, register, annual report, etc.), the Ministry of Health cites the latest texts published on this subject, without any details on their implementation in this institution.

A project has been formalised for a post-emergency psychiatry and addiction unit on the site of the Avranches hospital. However, no information is provided on the revision of the protocol organising the care of psychiatric patients in the Avranches-Granville hospital's emergency department.

2.14 Sainte-Marie Ardèche-Drôme hospital in Privas (Ardèche) – September 2018 (1st inspection)

The CGLPL identified one best practice and made 19 recommendations.

Since September 2019, the updated addresses of the authorities that patients in involuntary care can contact have been included in the welcome booklet.

The dates of the User Committee meetings are planned and communicated to the members in advance.

A note has been drawn up with the names and contacts of religious representatives. It is displayed in all units.

A procedure to ensure the confidentiality of hospitalisation for patients who request it was drafted in 2020.

JLD hearings will be organised within the hospital at the end of the next phase of work, which will enable the hearing room to be delivered (the site's complete reconstruction is under way). This phase of work includes the provision of an intramural hearing room and a room for meetings between patients and their lawyers. The confidentiality of these meetings will therefore be ensured. These projects are still to come.

The CDSP is now fulfilling all its tasks. Its reports are sent to the CGLPL.

Since 2019, the legal register has been kept in accordance with the regulations. The new rules for keeping this register now prevent any falsification of records.

The opening of the units has been in effect since 2019. Access controls may be put in place as a last resort for security reasons, inviting users to ask staff to leave the unit.

Comfort locks have been installed in seven out of 11 care units. Thirty-four rooms out of the 174 in the institution are still to be equipped in 2021.

The demolition work and the new architectural plan must not in any way hinder the renovation work that is now necessary in some units. The institution does not provide any concrete response to this observation, suggesting that no renovation work has yet been carried out.

Therapeutic and occupational activities are still coordinated by a manager. Activity schedules are anticipated and posted. An information booklet for families and relatives of hospitalised persons has been published.

Issues relating to sexuality are dealt with on a case-by-case basis, either on request or following a particular event, as well as during the caregiver-patient meetings organised in the care units. There have been no institutional exchanges on this topic.

The new institutional project, adopted in May 2021, provides for a more intelligible medical and nursing project in terms of the care policy, particularly concerning the links between the actions planned in the various projects and the institution's quality policy.

A procedure has been drawn up incorporating best practices from the HAS guidelines, including methods for distributing medicines. The institution considers that treatments are now distributed in a confidential manner.

The institution has written a memo reiterating that secluded patients have free access to the toilet. Hygiene buckets should be removed in order to respect the dignity of patients. It indicates that any new rooms will be built on this model, which means that there is no guarantee that the situation noted in 2018 has changed.

The institution indicates that patients' rooms are now always kept when they are placed in a seclusion room. No answer is given on the seclusion of patients not hospitalised in the corresponding unit.

Although the data in the register are collected and available to doctors and managers, no analysis of the data is currently carried out. The institution indicates that this is in progress.

The protocol for detained patients has been updated. However, the meeting with the management of the remand prison was postponed to 2021. The ARS has regularly reminded institutions that SDRE patients can only be put in seclusion rooms based on clinical criteria, not internal security criteria. No details are given concerning the actions taken.

The closing of cupboards in the geriatric psychiatry unit is no longer systematic. The institution notes, however, that patients with severe behavioural problems put themselves at risk if they have access to all the items traditionally provided and that this rule cannot be applied to everyone.

2.15 Les Murets hospital in La Queue-en-Brie (Val-de-Marne) – July 2018 (1st inspection)

The CGLPL identified two best practices and made 14 recommendations.

2.15.1 Best practices

The space provided for the patient's observations on the certificate of notification of the decision to commit them to involuntary care makes it possible to trace this collection.

2.15.2 Recommendations

A new model decision including appeal procedures and deadlines has been drafted. Decisions are now written in real time by the professionals in the involuntary care department and the administrators on duty and then transmitted to the patients by the care teams. The same principle is applied to decisions to maintain patients in involuntary care.

A procedure for designating a trusted person has been drawn up and can be consulted by all professionals. A reminder has been given to the authorities.

Although the care units where involuntary patients are treated are open, no information is provided on the practices of the other units or their harmonisation.

The wearing of pyjamas is no longer prescribed outside of seclusion rooms.

All the dilapidated rooms have been renovated. Covers have been placed on the few windows that are not blacked out. All cupboards can be locked (with a key or padlock).

All seclusion rooms are now equipped with a call button.

All units now have a green, sun-protected outdoor area. The maintenance of these outdoor areas has been integrated into the maintenance contracts for outdoor areas outside the units.

Work has been carried out on the quality of food, in particular to match quantities with needs for breakfast. During the summer months, bottled water is available for patients.

Coordination meetings are under way with the referring emergency services. No details are given on the results of these exchanges.

Indicators on seclusion and restraint measures developed by the institution are monitored and analysed. Each unit now receives its own statistics. These are used to conduct the policy of reducing these measures.

The work of the ethical focus group is disseminated to all professionals. No details are provided on how to refer a case to this body.

2.16 Rouffach psychiatric hospital (Haut-Rhin) – September 2018 (1st inspection)

The CGLPL identified nine best practices and made 17 recommendations.

2.16.1 Best practices

A formalised mentoring system based on an individualised specialised training programme facilitates the integration of new nurses.

The CDSP, through its reflections and dynamism, contributes to the implementation of best practices to guarantee the rights and dignity of people hospitalised involuntarily.

A specialised psychiatric facility, open 24 hours a day, combining outpatient services and short-term hospitalisation, has been set up in Mulhouse (Haut-Rhin).

As part of a quality of care approach, the institution has put in place an exhaustive list of tasks to be carried out when a patient is admitted.

Preparation for discharge and relapse prevention are particularly taken into account through tools such as day hospital discovery days and the *Bail Tremplin* and specific "transition case management" systems.

In the seclusion room, the call system available to the patient and reception by a dedicated carer, who is able to intervene rapidly, allows for direct visual human surveillance. This presence of a carer is preferable to the use of video surveillance in terms of respecting personal dignity and privacy.

Transfers and admissions of detained patients are organised according to procedures developed with the participation of all stakeholders, who have shown a desire to create the best possible conditions of care.

2.16.2 Recommendations

None of the room doors are equipped with a window any more, to respect the privacy of the patients.

The annual visits by the authorities set out in Article L. 3222-4 of the Public Health Code have resumed.

All the documents inherent to involuntary care are now given to patients. Professionals received new training in 2021 on respecting patients' rights.

The digitisation of the legal register was to be operational by the end of 2021.

A reminder of the college's intervention procedure provided for in Article L. 3212-7 of the Public Health Code (CSP) has been given to all professionals in the care units. The patient's opinion must be sought. These elements are traced in the patient file.

All "closed" units now have a dedicated outdoor space that can be accessed by patients.

It has not been possible to provide patients with access to a Wi-Fi network.

The institution has questioned the feasibility of having only single rooms in the closed units. It considers that this is not currently possible due to the occupancy rate of these units. However, the improved coordination of patient pathways between the closed and open units, which has been promoted and supported by the institution, should allow for more single rooms.

The end of the management of patients' and residents' funds by the hospital's public treasury has led to a complete change in practices. For patients and residents placed under a protective measure, the persons in charge of them must take care of the provision of funds, possibly through the association "Le Tremplin", which now manages this activity formerly carried out by an office of the institution. When they are able to do so, patients and residents open accounts in a private bank and take care of withdrawals themselves.

An institutional working group on the intimate, emotional and sex life of patients has been created for all the psychiatric units. Issues relating to patients' sexuality are also integrated into the institution's care plan.

Following the CGLPL's visit, the institution recruited several somatic physicians. Each psychiatric unit currently has at least one somatic physician.

When a patient is placed in a seclusion room, their bed in a hospital room must be retained. Furthermore, the use of a seclusion room as an ordinary room in cases of overcrowding to compensate for the lack of beds should be prohibited. These rules are now applied within the institution.

Several approaches to analysing seclusion and restraint practices have been implemented. They are coordinated by an institutional "seclusion and restraint" group. The institution is continuing to adapt its practices in line with regulatory developments.

The number of admissions of adolescents to adult hospital units has decreased. The improvement of the adolescent unit through the recruitment of a child psychiatrist has largely contributed to this.

The forthcoming opening of the new Lutterbach prison complex led to the organisation of a meeting between the departments concerned regarding the conditions for the psychiatric hospitalisation of detained patients, including the maintenance of their rights.

2.17 Saint-Nazaire hospital (Loire-Atlantique) – August 2018 (1st inspection)

The CGLPL identified two best practices and made 16 recommendations.

Training on the notification of rights was to be offered to professionals in 2021 (this was supposed to be held in 2020 but was cancelled due to the COVID pandemic).

When a patient is admitted to involuntary care during the weekend, they are now notified of their rights on admission if their clinical condition so permits.

The welcome booklet includes a document specifying patients' rights and possibilities of appeal. Patients are now offered the opportunity to write their observations on the decision form for committal to involuntary care.

Forms enabling inpatients and their relatives to make a complaint are in the welcome booklet.

Work is in progress within the institution, and therefore has not yet been finalised, on the procedure for designating a trusted person.

The healthcare institution still has no procedure for the confidentiality of hospitalisation.

Treatments are now dispensed individually in a dedicated area.

The reorganisation of the college of health professionals, which includes meetings with patients, has still not been formalised.

The prohibition of sexual relations on the premises of the institution has been removed from the rules of procedure of the admission unit concerned. However, no information is given on how these practices are managed.

The hospital's somatic emergency department is equipped with a security room. This is not used for psychiatric patients.

A reflection on the freedom of movement of patients has been carried out over the last few weeks, resulting in the gradual opening of the three admission units from 13 September 2021.

Telephones are now allowed in all units, unless otherwise advised by a doctor.

A mobile support team for the medico-social sector was to be set up in autumn 2021 to prepare and support discharges of patients no longer in the hospital sector.

The time spent with general practitioners for somatic monitoring has been re-evaluated. As for the project aimed at making their visits systematic and providing for dedicated human and material resources, it has not yet been completed.

Therapeutic education workshops have been initiated in the rehabilitation unit for schizophrenic patients.

The procedure for collecting data from the seclusion and restraint register is currently being reviewed. It is subject to the installation of specific software, which should be in place by the end of 2021.

The opening of a full-time hospitalisation unit for adolescents in January 2021 (SHADO unit) has helped reduce the number of minors hospitalised in adult psychiatry. If a minor is received in adult psychiatry, they are not systematically put in an "intensive care room".

2.18 Alpes-Isère hospital in Saint-Égrève (Isère) – June 2018 (1st inspection)

The CGLPL identified 10 best practices and made 31 recommendations.

2.18.1 Best practices

A mentoring system has been in place for many years and allows for the appropriate integration of new nurses.

The institution has set up a weekly meeting to analyse undesirable events in a collegial manner.

The Alpes-Isère hospital (CHAI) is involved in local mental health councils, which helps to de-stigmatisate mental illness and allows the population to accept care structures in the heart of towns.

These best practices are still in effect.

2.18.2 Recommendations

The 2019-2023 institutional project has been finalised. Following its validation, a number of medical projects were implemented. The reflection has continued with the strong involvement of CHAI professionals in the construction of the territorial mental health project.

The institution is facing difficulties in medical recruitment linked to the unfavourable psychiatric workforce. The management continues to work in close collaboration with the university psychiatry centre of the university hospital in order to overcome these difficulties. A recruitment policy has been initiated.

Work to define a functional workforce, the recommended workforce, and a minimum workforce, particularly in the event of a strike, will be undertaken from September 2021. In the meantime, when adjusting the schedules of professionals, the management ensures that the number of carers on duty is balanced in relation to the number of patients present and the care to be provided.

The institution has set up a "territorial care pathway referral unit" to facilitate access to the care offered by the institution. This unit will also have the task of facilitating discharges of patients in the event that their stay is unsuitable.

The 2021 action plan includes continuing training on patients' rights and on alternatives to seclusion and restraint. Training in the use of joint crisis plans and post-crisis debriefing has been identified as a priority. The health crisis linked to the COVID-19 pandemic did not allow for all the actions identified to be implemented.

A number of actions have been put in place to further anticipate requests for hospitalisation. In particular, a "territorial pathway referral unit" has been created to limit care for imminent danger in the emergency department.

The medical certificates sent to the ARS mention that patients' observations are collected when they are admitted for involuntary care.

For all patients admitted for involuntary care, all the administrative and medical documents relating to their situation are given to them throughout their stay, as are an information sheet on their rights and the possibilities of appeal and a description of the medico-legal process.

A new procedure for designating a trusted person has been operational since the second half of 2019. Regular *Patient Traceur* audits show a clear improvement in practices.

A memo dated 27 November 2019 states that requests for unaccompanied discharges of less than 12 hours should not be made for an outing to the institution's park or to attend activities or appointments within the institution.

A "confidentiality and non-disclosure of patient presence" procedure was validated in March 2020.

The configuration of the new inpatient units ensures that the confidentiality of care in these units is respected.

An agreement on the rights and protection of persons receiving psychiatric care and the terms of their care was signed in 2019 by the ARS, the prefecture, the judicial court and the CHAI.

The institution has pursued a policy of opening up its units. Five out of 10 are now open.

The institution requested the opinion of the ethics committee at the end of 2018 regarding the issue of wearing pyjamas in seclusion rooms in order to be able to support a change in practices. No response was given.

An individual safe has been installed in each room of the new hospital buildings, allowing patients to store their valuables. The organisation of the deposit office provides for exceptional access outside opening hours.

Therapeutic activities are offered every day in the units: drawing, music, and a "culture and health" project.

An information leaflet on the activities offered in the therapeutic mediation unit has been produced. It is distributed in the units and made available to patients.

A project to renovate the university hospital's short-stay hospitalisation unit, including the seclusion room, is under consideration. No date has been specified for this measure.

Decisions to place a patient in a seclusion room are taken by psychiatrists. During the period of after-hours care, the intern on duty may have to take this decision but under the supervision of the hospital practitioner on call (telephone validation).

An agreement was signed in 2018 specifying the organisation of the reception of psychiatric patients in the university hospital's emergency department.

The register was implemented immediately after the CGLPL's visit to the emergency room of the Voiron hospital. It should be noted that the Voiron hospital is not an institution authorised for psychiatry nor is it designated to receive involuntary patients, unlike the Grenoble university hospital.

Better coordination between somatic care services and psychiatric services has been sought in the contract for the "emergency liaison and specialities" unit. The management has increased the number of somatic doctors to improve the somatic care of patients.

Work has been carried out in the psychiatric units. Free access to toilets during the day and night is now possible. There is only one dilapidated unit left which is due to be moved in 2021. The move will ensure that the toilets are freely accessible both during the day and at night.

The main task of the "territorial referral and care pathway unit", created in 2020, is to ensure that beds are set aside for patients placed in seclusion rooms.

The operational analysis of the restraint register, organised on a quarterly basis, has continued and its summary is included in the CHAI's annual report on seclusion and restraint practices. The institutional project validated by the supervisory board on 22 May 2019 highlights the improvement of respect for patients' rights as well as the need to reduce the use of seclusion and restraint.

Work was initiated in 2019 to provide nurses with a room for their interviews and to improve access to the garden for minors. Due to the health crisis, this work could not be carried out in 2020. It has been rescheduled for 2021.

A contract psychiatrist was recruited on 2 February 2021 and is 100% assigned to the Tony Lainé unit. This practitioner has undertaken to take the national competitive hospital practitioner examination for a permanent position in the future.

Patients' personal mobile phones are left at their disposal once the situation has been assessed by the doctor and nursing team. In order to respect the confidentiality of patients' conversations, depending on the patients' situations and requests, the department's telephone may be made available to patients.

A reflection has been initiated to consider reorganising the premises. The improvement of the material conditions of the visitor's room and the signage for visitors will be included in the specifications for the new building.

2.19 Uzès psychiatric hospital (Gard) – February 2018 (1st inspection)

The CGLPL identified 19 best practices and made 33 recommendations.

2.19.1 Best practices

The intervention of a local mobile care team in EPHADs and in the homes of vulnerable and fragile elderly patients is a follow-up mechanism that helps avoid the need for full-time hospitalisation.

The pharmacist organises discussion groups with nurses and patients.

Care is organised on a continuous basis between the patient's home, the EHPAD or the CMP and the hospital in order to avoid or limit the period of hospitalisation and relapse.

2.19.2 Recommendations

With regard to the recommendation to extend the hours of reception of the CMPs in order to receive emergency patients in the evening and on Saturday mornings and avoid hospitalisation, the institution responds by mentioning the strengthening of psychiatric presence in the emergency department where patients are admitted. This response is inappropriate.

A protocol has been developed on the reception of detained patients.

Mentoring has been included in the 2021 training plan and group supervision (by unit) has been introduced. An e-learning course on patients' rights, seclusion and restraint is available to all staff.

The seclusion and restraint register is now digitised from the computerised patient files and provides reliable figures on the number of measures of involuntary care in real time.

The patient newsletter has been updated and supplemented with the exact contact details of the authorities that can be contacted by patients. It specifies that no lawyer's fees are to be anticipated by patients in the context of the JLD hearing. The Nîmes bar association's roll is now displayed in each unit.

The provision of information to patients on their rights and the delivery of any notification by an administrative/nursing pair were tested in the intensive care unit and then extended to the other units.

Administrative and medical documents are given to patients by a member of the administrative or nursing staff.

In agreement with the CDU, complaints, including oral ones, are recorded in the dedicated register. This means that there is no longer any informal filtering of complaints and claims in the units.

In order to reinforce their visibility, the contact details of user associations are now regularly updated in the welcome booklet and these associations host a stand during drug safety week.

In order to respect the confidentiality of hospitalisation, the institution has set up a procedure for admission under an alias, which is carried out as often as necessary.

The distribution of treatments has been individualised, whether in the patient's room or in the treatment rooms.

Forensic certificates are now written in accordance with the law. The psychiatrist issues a medical certificate in the days preceding a hearing.

The nature and role of the JLD hearing are systematically specified at the beginning of a hearing. The role of the JLD is explained to the patient by an administrator or a carer before a hearing.

The composition of the CDSP was updated on 7 June 2021 but no details are given on its reactivation.

The legal register is updated daily and contains all the information required by law.

Meetings of the college of caregivers are now formalised. The patient is received by the three members of the college and informed of the college's intentions.

Telephones are in principle accessible to patients. Exceptions are always based on the clinical condition of the patient.

Patients in the three full-time inpatient units are given the key to their cupboard. This practice is being generalised in the other units. Comfort locks are in place in some rooms. Deployment is under consideration for all units.

The management of valuables is now centralised and harmonised in the admissions office.

A reflection has been conducted on the sexuality of patients. This topic will be the subject of an information day.

Efforts to "humanise" the seclusion rooms, including the blacking out of the windows, are under way.

The institution has set up an indicator to monitor seclusion measures lasting more than 48 hours, with a systematic analysis of situations. The objective is to verify the application of the law. However, this verification will remain too late for patients in voluntary care, as the time taken to transform their status should not exceed 12 hours. The register of seclusion and restraint measures is now computerised.

The ethics committee meets monthly.

The conditions for transferring detained patients have been reviewed, with any restraint measure now subject to a medical decision.

2.20 Fondation Bon Sauveur de la Manche healthcare institution in Saint-Lô (Manche) – December 2018 (1st inspection)

The CGLPL identified three best practices and made 11 recommendations.

2.20.1 *Best practices*

User representatives are still fully involved in the life of the institution, both on the Board of Directors and in the User Committee, but also at all levels of reflection relating to patient care.

2.20.2 *Recommendations*

Following the recommendation on the content of medical certificates for patients admitted to the emergency department for whom involuntary care is proposed, the Ministry of Health suggests that this topic be addressed by the CDSP. This reflection is not within the remit of this commission.

The institution has been reminded on several occasions that the director must sign the decision to commit a patient to involuntary care within the time strictly necessary to prepare the document. No updated information is given on the effectiveness of this measure.

The desired changes concerning the summonses sent by the JLD's registry for hearings, requesting the removal of the statement "the fees of this lawyer shall be paid by you unless you meet the conditions for legal aid", are, according to the Ministry of Health, a matter for the Ministry of Justice.

Since July 2016, all unfavourable individual administrative acts decided by the prefectural authority have been reasoned in accordance with the provisions of Article L. 211-2 of the Code of Relations between the Public and the Administration. The healthcare institution will be reminded of this rule for decisions taken by the director of the institution.

Seclusion rooms should not be used as ordinary rooms in the event of overcrowding, even on an exceptional basis. No response has been provided with regard to this practice.

All of the teams in the care units administer medicines individually in the treatment room. This practice guarantees confidentiality and allows for a privileged moment between the patient and the caregiver.

Work to improve reception and hygiene conditions was undertaken in June 2019 to equip the two seclusion rooms in the Jean-Baptiste Pussin unit with individual toilet facilities. In the Ile-de-France unit, as part of the internal policy to reduce seclusion and restraint, the seclusion room has been eliminated and replaced with a visiting room dedicated to families.

The institution has set up a training programme on violence management that is dedicated to knowledge of involuntary care and patients' rights. Specialised staff have been recruited. In addition, the institution has set up a monitoring committee for involuntary care that meets once a month.

No response was received concerning the request to review the management of detained patients systematically placed in seclusion.

2.21 Marseille Specially Equipped Hospital Unit (Bouches-du-Rhône) – September 2018 (1st inspection)

The CGLPL identified three best practices and made 31 recommendations.

2.21.1 *Best practices*

The Minister of Justice indicates that the following best practices are still being implemented: numerous discussion sessions led by doctors; strengthening of the cohesion between day and night teams; effective collaboration between the prison and hospital administrations.

2.21.2 *Recommendations*

The Minister of Justice indicates that a second escort team will be set up as needed and in the event of an increase in the UHSA's activity.

The Minister of Justice explains that partnership meetings are held regularly, without specifying their frequency, and that instructions have been given for drawing up minutes.

The Minister of Justice points out that the damaged mailboxes have been gradually replaced and that mail is delivered on the same day. He adds that identification on the back is only required for "open" correspondence.

A cloakroom is now available and the two social service assistants have brought in the chaplains to stock it. However, no association has yet been found to ensure a regular supply.

The Minister of Justice says that detainees can bring their tobacco from their site of origin and can even buy products from the canteen.

As regards free access to all television channels, the Minister of Justice states that this is a matter of hospital practice. This means that patients still do not have access to the full range of programmes.

According to the Minister of Justice, patients can buy unsweetened food products such as mineral water from the canteen.

The Minister of Justice indicates, without specifying further, that persons without sufficient resources receive monthly assistance, even though the CGLPL noted that the brevity of their stay prevented their case from being studied.

The Minister of Justice explains that the recommendations to end full-body searches on transfer and systematic searches after visits have been implemented.

The Minister of Justice indicates that the issues of placement after hospitalisation and continued care will be a focus of work. The subject has therefore not yet been addressed.

The Minister of Justice considers that the reallocation of personal belongings at the end of hospitalisation complies with the regulations in force, even though the CGLPL noted that this was more or less rapid.

3. Detention centres for illegal immigrants and waiting areas inspected in 2018

3.1 Cayenne-Rochambeau detention centre for illegal immigrants (French Guiana) – October 2018 (2nd inspection)

The CGLPL made 25 recommendations.

Despite the recommendation to do so, the size of the outdoor courtyards has not been adapted and the fences have not been removed. The Minister of the Interior cites reasons of technical infeasibility and security.

The position of deputy head of the CRA was filled on 1 September 2019 but has been vacant again since the departure of the officer assigned to it. The recommendation made in 2018 should therefore be renewed.

The Minister of the Interior states that the pace of refresher training for escort capacities was reviewed on 25 November 2019. This training now takes place every six months.

The Minister of the Interior indicates, without providing further details, that the CRA's civil servants systematically ensure that rights have been notified by the arresting agencies. He goes on to state that upon admission to the centre, foreigners are again notified of their rights and these rights are explained, if necessary through an interpreter.

With regard to the rules of procedure, the Minister notes that they were updated in February 2021, that they have been translated into the most commonly used languages and that they are posted in the living areas. Going against the corresponding recommendation, he states that no paper copy is given to detainees. While the immediate response indicated that work was under way to develop pictograms that would allow illiterate people to understand the rules, the Ministry's updated response does not mention this.

A list of authorised objects has been installed at the entrance to the detention area and in the reception area; this list contains pictograms in accordance with the CGLPL's recommendation. In addition, the Minister of the Interior emphasises that detainees are informed that they can hand in their belongings to the control centre and collect them at any time. No information on the implementation of the recommendation to individualise and give reasons for any withdrawal of authorised objects is provided by the Minister.

With regard to the security of detainees' personal belongings, the Minister points out that although the baggage room can be freely accessed, it is nevertheless supervised by a civil servant, and he also indicates that lockers have been ordered. No full inventory of belongings contained in bags is carried out. It is not clear from the Minister's response whether the baggage room remains locked or open. Doubts thus remain about the implementation of the CGLPL's recommendation on this subject.

The Minister of the Interior states that after admission, each detainee is accompanied to the living area and is given information on the functioning of the premises.

The equipment of the centre is described by the Minister as follows: the rooms are equipped with openings to the outside and fans, and each room has beds with built-in bedside tables, as well a sufficient number of chairs and tables. He states that, in accordance with the recommendation made by the CGLPL, pillows have been ordered. The study, mentioned in the Ministry's 2018 response, that was intended to allow more natural light to be brought into the rooms, does not seem to have been acted upon. No cabinets have been installed and no extra switches have been added despite the CGLPL's recommendation.

Since the CGLPL's visit, it has been agreed that during cleaning hours, detainees wishing to go to the CIMADE, the OFII or the infirmary should make a request to the civil servant in the courtyard in charge of their surveillance so that this civil servant can accompany them.

The toilets are now equipped with a sufficient amount of toilet paper. The reasons for refusal given by the Minister in 2018 – prevention of theft and limitation of waste – thus appear to have been usefully overcome.

Regarding the maintenance of the premises, the Minister of the Interior states that the logistics department ensures that emergency repairs are carried out; he indicates that the detention area of the centre was completely repainted in 2021 and that the plumbing is being completely repaired. He also says that a solution has been found to speed up the validation process.

The removal of visitors' belongings is still not subject to a joint inventory; however, since the CGLPL's visit, individual lockers with padlocks have been made available to visitors.

Since the CGLPL's visit, visitors have been able to give food to their relatives in detention. The Minister says that this rule has been incorporated into the new rules of procedure.

The visiting rooms have not been reconfigured, so they still do not allow detainees to talk properly with their relatives.

With regard to facilities to alleviate the idleness of the detainees, the Minister points out that a library is being installed in each living area with books in different languages and that game consoles have been received by the centre. In addition, board games have been purchased and an elliptical trainer is being installed. Lastly, the Minister stresses that remote controls are now available to detainees.

Concerning the recommendation to provide clothing as needed to all detainees arriving at the CRA, the Minister of the Interior replies that the OFII ombudsman is responsible for this. This task was already being carried out by the ombudsman at the time of the 2018 inspection, and no additional resources appear to have been allocated to him since then. Therefore, this recommendation cannot be considered as taken into account.

According to the Minister of the Interior, the provisions of Article R. 8252-2 of the Labour Code are now displayed in the detention area.

The Minister states that each detainee is fully informed of their possibilities of appeal when the decision to detain them is made. No information is given on how this information is provided, nor on the registration and transmission of appeals by the registry.

According to the Minister's response, the association in charge of legal assistance contacts newly admitted detainees every morning and is informed by the control centre of the day's deportations. The recommendation was to inform the detainees as soon as possible so that the association could, if they so wished, help them to seek remedies. This recommendation therefore does not seem to have been taken into account.

The medical agreement has been renewed and now provides for a wider range of hours. This information, communicated by the Minister of the Interior, does not make it clear whether all detainees actually receive a medical examination including screening for infectious diseases.

The Minister of the Interior states, without further clarification, that medicines are distributed in a confidential manner. No information is provided on how medicines are distributed in the absence of nursing staff.

The Minister's response does not ensure that the deportation of persons held at the Cayenne CRA, whose actual deportation to Brazil is not possible in the absence of a consular pass, and when the Oyapock bridge is not accessible, is no longer carried out on the French side of the Oyapock, a 300 km

drive from Cayenne. Apart from the fact that this recommendation has not been taken into account, the problem pointed out by the CGLPL seems to have been completely ignored by the Minister.

3.2 Lyon-Saint-Exupéry detention centre for illegal immigrants (Rhône) – January 2018 (3rd inspection)

The CGLPL identified four best practices and made 16 recommendations.

3.2.1 Best practices

The Minister of the Interior did not make any particular comments on the following best practices: the presence of plainclothes police officers in the centre to prevent tension, the systematic decontamination of luggage to combat bedbugs, the installation of television sets in the rooms and training of lawyers in foreigners' rights by the Lyon bar association.

3.2.2 Recommendations

Since the CGLPL's visit, Lyon Airport officials have put up signs in strategic places to indicate the location of the detention centre.

Specific training courses have been set up for civil servants from the guard, the registry and the management team. However, the health context has limited the number of training courses provided. The duration of validity of the escort modules has increased significantly (from three to six months). Based on this response from the Ministry of the Interior, the corresponding recommendation can be considered as taken into account.

The Minister indicates that the time taken to process entries is appropriate to limit the time spent by accompanying persons at the centre. However, this statement is not accompanied by an explanation of any changes that have improved the situation that led to a recommendation by the CGLPL.

Without providing any further information on the efforts made, the Minister states that a memo has recalled the conditions under which detainees' rights should be notified and adds that confidentiality is respected and the rights stated to detainees are translated by interpreters.

The rules of procedure are now posted in the admissions office and dining hall and translated into the most commonly used languages. No information on their updating, recommended by the CGLPL, is provided.

No specific list of items to be confiscated from detainees appears to have been posted. The Minister's response only indicates that the types of items are made known to the detainees.

The activity rooms seem to have been effectively improved and are more lively. The Minister's response mentions a complete renovation of the activity rooms and the bi-weekly intervention of an external provider to run recreational workshops.

A mailbox has been installed in the dining hall to allow detainees to make requests for appointments during meal times.

With regard to the systematic proposal of a medical examination to detainees, the Minister of the Interior notes the publication of the Order of 17 December 2021 on the healthcare of detainees in detention centres for illegal immigrants. This Order requires that all new arrivals be offered such an examination. The systematic inclusion of infectious disease screening in this examination is not specified.

Despite the recommendation made by the CGLPL, no agreement has been put in place with an institution specialising in psychiatry. The Minister of the Interior only indicates that a psychologist works in the CRA and that hospitalisations in a psychiatric department are organised when necessary.

Since the CGLPL's visit, a counter has been installed in the dining hall to improve confidentiality during the distribution of medication.

According to the Minister, since the CGLPL's visit, the detention register has been rigorously filled in and regular monitoring by management ensures that it is properly kept.

Visits by consular authorities and lawyers are now recorded in the detention register.

With regard to the state of the cells in the Lyon judicial court in which foreigners wait before the hearing before the JLD, the Minister of the Interior notes that this is not within his jurisdiction.

The list of lawyers authorised by the Lyon bar association to defend foreign nationals is now displayed in the admissions office and dining hall.

The Minister of the Interior points out that the surveillance staff of the detention centre for illegal immigrants only use shackles when a detainee is considered dangerous to themselves or others or if they are likely to attempt to escape. He adds that regular reminders are given to the staff.

3.3 Mesnil-Amelot detention centre for illegal immigrants 2 and 3 (Seine-et-Marne) – May 2018 (4th inspection)

The CGLPL identified two best practices and made 22 recommendations.

3.3.1 *Best practices*

The Minister of the Interior did not wish to make any specific comments on the two best practices identified during the inspection.

3.3.2 *Recommendations*

Buildings 7 and 8 in Centre 3 are now occupied by detainees.

With regard to the detention of minors, the response of the Minister of the Interior is identical to the response given in the context of the general recommendations.

Detainees now carry a copy of their notification of rights in detention available in the six UN languages.

With regard to the procedure for handing over packages for new arrivals, the Minister says that shortages are very exceptional but does not say whether packages are systematically checked when they are distributed.

According to the Minister of the Interior, particular attention is paid to the material conditions of accommodation. His immediate response, given before the inspection report was published, mentioned the replacement of the water fountains and the initiation of a reflection on replacing the doors of the personal cabinets. The Minister's response in 2022 does not contain any information indicating whether concrete changes have been made. This response, formulated in a generic manner, recalls the rigorous monitoring of the repairs carried out by the service provider and the daily rounds conducted to check the condition of the equipment.

Regarding the cleaning of the buildings, the Minister points out that the company responsible for cleaning the buildings intervenes seven days a week – which was already the case at the time of the inspection in 2018 – and that the floors are stripped and scrubbed twice a year and a single-brush machine is used once a month.

The Minister of the Interior states that when a living area is being cleaned, the two buildings are never closed at the same time, thus allowing detainees to take shelter in either building.

The childcare equipment in Centre 2, which includes the family area, has been renewed and now includes, among other things, bedding adapted to cots as well as nappies and swaddles.

With regard to food services, the Minister of the Interior states that a sufficient stock of buffer meals is available to the staff. However, he does not answer the question concerning the content of these buffer meals, which appeared insufficient during the inspection.

The Minister states that detainees are notified in a language they understand of their right to communicate with any person of their choice upon placement and then upon arrival at the centre.

A list of items prohibited in the visiting area is now displayed in the search room. Security pat-downs of adult visitors still do not seem to be reserved for exceptional cases.

Since the CGLPL's inspection, game tables have been installed in the activity rooms, several sports facilities have been installed in the exercise yard and activity equipment has been purchased. In Centre 2, recreational activities are offered every week and children's games are available for families. In Centre 3, activities are organised for two hours a week. The Ministry's response also mentions ongoing arrangements to install game consoles in the TV rooms.

Citing a DGEF/OFIG agreement, in force until 22 March 2022, the Minister states that ombudsmen cannot be present seven days a week and that their presence on Sundays can only be envisaged on an ad hoc basis. The recommendation has therefore not been implemented.

The Minister of the Interior emphasises that the purchasing of activity equipment is not the responsibility of the OFIG; he lists the expenses incurred by the DGEF in 2020 for purchases of activity equipment.

The Minister says that a medical consultation is organised every day by a doctor, except on Saturdays and Sundays. Assuming this is true for both centres, this is an improvement on the situation in 2018. This brief response does not, however, make it clear whether the number of staff and the doctor's hours are in line with the number of persons detained and meet the requirements of the Interministerial Circular of 7 December 1999.

With regard to the training of healthcare workers in foreigners' rights, the Minister of the Interior notes the competence of the hospital that has signed an agreement with the prefecture.

The Minister indicates that the infirmary hours are posted and that detainees are called by loudspeaker for their appointments. This answer does not make clear whether the hours posted are common to both centres or separate, nor does it show any improvement in transparency in the organisation of access to healthcare.

A medical examination is offered to each detainee upon admission to the centre; however, this examination does not yet include automatic screening.

The Minister notes that the centre's staff only intervene or accompany detainees to the medical department at the express request of the CRA's medical unit staff. However, this hypothesis of intervention does not guarantee the respect of medical secrecy or the confidentiality of care.

Presentations to the JLD have not been reorganised, and the time during which detainees have to wait in the judicial court's annex is most likely still excessive.

The room in which video conferences with the OFPRA are held has been soundproofed.

Depicting a situation opposite to that observed by the CGLPL in 2018, the Minister of the Interior indicates that upon release, families are accompanied to a train station and that in cases of late release,

accommodation is provided. This answer is given without any explanation of how the situation has evolved.

3.4 Sète detention centre for illegal immigrants (Hérault) – July 2018 (2nd inspection)

The CGLPL identified two best practices and made 11 recommendations.

3.4.1 *Best practices*

The Minister of the Interior did not wish to make any specific comments on the two best practices identified during the inspection.

3.4.2 *Recommendations*

A poster with pictograms explaining dangerous and prohibited objects has been put up in the reception hall for detainees.

With regard to the maintenance of the premises, the Minister of the Interior indicates that the CRA underwent work in 2020-2021: the living areas were repainted, the attic was insulated, the lighting was progressively relamped with LEDs, the first floor was fitted with reversible air conditioning, the underfloor heating system was renovated, and the dining room and sanitary facilities were redone. He adds that the window openings cannot be replaced and that secure storage in the rooms is not being considered for security reasons.

The Minister of the Interior argues that the architectural structure of the building does not allow for the relocation or extension of the outdoor courtyard.

Regarding food, the Minister of the Interior explains that the menus are prepared according to the guidelines of a dietician, and that vending machines with sweets and drinks have been set up. A water fountain has also been provided. In addition, the provider has increased the amount of starch served at lunchtime.

Regarding activities, the Minister of the Interior indicates that a weight bench and benches in the TV room have been installed, that activities have been set up (drawing, watercolour, video games), and that detainees have access to books, magazines, decks of cards and board games. In addition, a sports coach now comes in twice a week. A drama activity has started, once a week, and a music activity has also been planned. Lastly, activity equipment has been purchased for the CRA (board games, books, consoles, etc.).

With regard to the intervention of OFII ombudsmen, the Minister of the Interior explains that police escorts are requested by the OFII's national management and not by the head of the CRA. He points out that the interviews nonetheless remain confidential. Lastly, he adds that purchases are also limited by the OFII's management and that vending machines are once again available.

Since 2020, a hospital psychologist has been present for one afternoon a week. The CRA's referring doctor also organises additional psychiatric consultations at the hospital in Sète from time to time.

A transfer of offices between the OFII and the legal aid association Forum Réfugiés was carried out in 2020 to allow Forum Réfugiés to conduct simultaneous interviews and have a larger working area.

The systematic escorting of detainees by a police officer to the premises of Forum Réfugiés, the OFII and the medical unit remains the rule in view of security requirements.

As regards access to suitable premises within the judicial court or the Court of Appeal for lawyers, the Minister of the Interior states that this is not within his remit.

The Minister of the Interior notes that handcuffing is still prescribed by law behind the back but can be adapted for long journeys. It has therefore not been abandoned.

3.5 Bordeaux-Mérignac waiting area (Gironde) – July 2018 (1st inspection)

The CGLPL identified one best practice and made five recommendations.

3.5.1 Best practices

The Minister of the Interior states that the book allowing associations authorised to visit the waiting area to make observations is still available.

3.5.2 Recommendations

The Minister of the Interior indicates that a new order on the delimitation of the waiting area designates a new Ibis Budget hotel in support of the waiting area premises at the airport, allowing hotel conditions and the necessary hygiene equipment to be provided for the persons held.

The Minister of the Interior argues that there are no legal or regulatory provisions requiring that decisions to refuse entry be translated or accompanied by a document specifying rights in a foreign language. He simply specifies that if necessary, these measures are notified with the assistance of an interpreter.

The Minister of the Interior also indicates that the CESEDA does not require the delivery of a document relating to the rights of the detained person. The latter is simply informed of their rights when they are notified of the deprivation of liberty measure.

Since 1 August 2018, a new register has been set up, including legal and other non-mandatory information, to simplify monitoring and respect confidentiality criteria.

The Minister of the Interior states that the magistrates of the Bordeaux public prosecutor's office inspected the premises of the waiting area and the registers twice in 2019.

3.6 Lille waiting area (Nord) – February 2018 (1st inspection)

The CGLPL identified one best practice and made three recommendations.

3.6.1 Best practice

The Minister of the Interior specifies that access to personal belongings is assessed on a case-by-case basis by the head of the waiting area and that risks of theft may lead him to limit the amount of money left available. The locker can be accessed at any time.

3.6.2 Recommendations

The Minister of the Interior indicates that, in agreement with the PAF services, the Nord prefect issues an individual order for placement in the waiting area each time there is placement in the IBIS hotel. There is no order to create a waiting area.

The Minister of the Interior argues that the address of the competent administrative court is mentioned in the documents provided, which are regularly updated.

The Minister of the Interior states that the register of detention in the waiting area has been modified to include information related to the exercise of rights. However, he does not specify whether this document is regularly checked and signed by the management.

3.7 Nantes waiting area (Loire-Atlantique) – March 2018 (1st inspection)

The CGLPL made eight recommendations.

The Minister of the Interior states that the configuration of the airport does not allow a foreigner's return to the plane to be separated from other passenger flows in the event of immediate re-routing, but argues that the dignity of persons is preserved insofar as they are not coerced if they agree to leave voluntarily without claiming the clear day. He does not specify anything in the event that they do not accept. If a foreigner placed in the waiting area is re-routed, access to the plane is granted before boarding, limiting the risk of crossing paths with passengers.

The Minister of the Interior indicates, without specifying further, that the rules of procedure have been adapted specifically for the Nantes waiting area.

Decisions to keep a person in the waiting area now mention possible extensions after a hearing before the JLD.

The document on the rights of detained persons specifies, according to the Minister of the Interior, that they have the ability to file an asylum application.

The Minister of the Interior states that the people held are given a list of the telephone numbers of the main consulates when they are placed in the waiting area.

The documents notifying a decision to refuse entry and to keep a person in the waiting zone, as well as the report on the filing of an asylum application, now include the postal address of the competent administrative court.

Several registers have been created: the waiting area logbook register, the non-admission register, and the register of non-admitted persons placed in the waiting area.

The Minister of the Interior indicates that the above-mentioned registers will be presented to the Nantes public prosecutor's office during its next annual visits.

3.8 Waiting area of the Roissy-Charles-de-Gaulle airport (Val d'Oise) – June 2018 (3rd inspection)

The CGLPL made 20 recommendations.

The current signage and routing in the airport area now indicate the location of the police station. The health crisis, however, has affected this visibility, so guidance and information officers have been employed in large numbers to provide information to users.

The Minister of the Interior states that the forms for notification of a decision to refuse entry are standardised so that the address of the competent administrative court and the contact details of the bar association cannot be included. He specifies that the ANAFE association is nevertheless present in the waiting area to provide this type of information and that the decision is notified with the help of an interpreter. Lastly, he adds that a sorter with forms translated into the most commonly spoken languages is available at the PAF stations. On this point, the Minister of Justice had indicated that the CDAD was responsible for translating the forms and that a dialogue had been established with the bar association to set up a lawyer consultation service.

With regard to the length of time that people are held in the terminals, the Minister of the Interior points out that transfers can sometimes take several hours due to operational constraints, as material and human resources are allocated to all police duties. He adds that memos have been issued to prioritise transfers of the most vulnerable people (minors, families, the sick). Buffer meals are distributed to non-admitted persons when these transfers take place during meal times.

The Minister of the Interior states that written instructions in several languages on how to use the public telephones are posted near each phone.

An internal memo helped to standardise the registers in 2019; they are now more rigorously kept and are regularly checked by the terminal officers. They have been standardised again in 2021.

The Minister of the Interior points out that any violence or incident of note is systematically reported to the national information and command centre. He adds that in the terminal, incidents are listed and accessible on request and that, for events requiring it, a referral is drawn up to initiate legal proceedings. However, the CGLPL was not able to access these data.

The request to improve the road signs has not been successful. The display of public transport serving the ZAPI has been updated and shows the bus lines serving the ZAPI.

The air-conditioning has been repaired. The air handling unit was replaced and accepted in 2020. The waterproofing of the roofs was accepted in 2021.

The study to carry out the necessary work to install washing machines and dryers will only be requested and has not yet started.

The Minister of the Interior states that, in addition to television, foreigners who are detained are provided with board games, a computer with Internet access, books in several languages, and access to an outdoor recreation area. He says that the provision of other activities (including weight training equipment) is still under consideration.

A strict process has been created for the seclusion of an individual. The decision is within the competence of the head of the ZAPI or their deputy or the night shift supervisor, if the person held poses a risk of public disorder or danger to their safety or that of others. This is not a disciplinary measure. The detainee is taken to a dedicated room and a note of seclusion is made in the register. The public prosecutor, the doctor and the association are notified of their placement. Health isolation is also provided for.

The outdoor section of the minor area has been fitted out in consultation with the French Red Cross and the DGEF. The enclosed space, however, prevents any extension.

Menus have been displayed on the door of the dining hall since June 2019. The frequency was increased in September 2019 with a weekly menu display. The ZAPI's rules of procedure were amended in October 2019, shifting breakfast to 7:30 am, and translated into the six most commonly used languages. As regards the feeding of young children, snacks have been offered by the provider since October 2019 and the Red Cross provides suitable foodstuffs.

On the question of luggage, the Minister of the Interior indicates that for persons held in the waiting area undergoing medical treatment, hold luggage is systematically recovered. In addition, since 6 June 2019, a memo has provided for the recovery of the luggage of people who appear to be in a fragile situation: unaccompanied minors, pregnant women and/or women with children, families and asylum seekers. It is also possible to ask for luggage to be forwarded if this was not done during the first 24 hours of detention in the waiting area. The extension of this approach to all those detained is not desirable, as more than 50% of people wish to leave as soon as possible. According to the Minister, this management would slow down the return process.

The Minister of the Interior notes that the ZAPI's medical department no longer issues certificates of compatibility with holding in the waiting area or with re-routing, but issues certificates of visits to the ZAPI's medical department, mentioning whether or not there are contraindications to holding or re-routing.

Concerning access to legal information and advice, the Minister of the Interior indicates that the list of lawyers from the Bobigny bar (without giving their specialisations) is displayed in the ZAPI. He does

not say anything about the terminals. He adds that the rights of non-admitted persons are explained to them in the rules of procedure and in the ANAFE documentation, available in several languages.

The agreement between the DGEF and ANAFE has been renewed. It remains the only structure involved.

Regarding the time taken to transmit OFPRA opinions, the Minister of the Interior indicates that over the first nine months of 2019, the average monthly time taken varied between 2.3 days and 4.3 days. OFPRA has set up a system of flying reinforcement teams to increase processing capacity from time to time. In addition, the post of head of mission has not been abolished as a new officer was appointed in the second half of 2018.

The Minister of the Interior notes that improving the premises of the judicial court's annex is not within his competence. The Minister of Justice indicates that there are plans to bring air-conditioning into operation and install vending machines. He adds that the bar association has paid for the necessary equipment and that the court had paid for the telephone line.

Concerning JLD hearings, the Minister of Justice argues that the staggering of summonses does not seem feasible. Many cases are withdrawn. However, he notes that hearings are suspended at 1:15 pm so that all those concerned can return to the ZAPI for a full meal. In addition, OFPRA sends a protection officer to the site, depending on their availability. If OFPRA gives a positive response before the hearing, there is no longer any reason for the person to be held and the PAF withdraws its referral. If this information is given afterwards and the person has been the subject of a decision to extend their detention, they are immediately granted access to French territory. Lastly, he recalls that the JLD does not have jurisdiction to rule on the regularity of asylum procedures or admission procedures for asylum. Systematic information prior to the hearing would have no impact. On the other hand, according to the Minister, there is nothing to prevent contact with OFPRA, depending on the situation, if any difficulties are raised by the protection officers.

4. Juvenile detention centres inspected in 2018

4.1 Cambrai juvenile detention centre (Nord) – October 2018 (1st inspection)

The CGLPL identified one best practice and made 16 recommendations.

4.1.1 *Best practices*

The Minister of Justice confirms the weekly meetings of the activity centre, which brings together the educational unit manager, the STAPS technical teacher and the school teacher.

4.1.2 *Recommendations*

Since 2019, the operating rules have been modified, providing for short breaks between activities and long breaks after meals.

The operating regulations, updated in 2021, provide for the free movement of minors within the communal areas and collective spaces, with the exception of certain areas at specific times (activity rooms, meal areas, TV room, boarding section). The Minister does not specify the places where informal exchanges can occur.

The operating rules have been formalised and validated by the DTPJJ, and the service project is currently being validated. Certificates of delivery or dispatch of the regulations and the welcome booklet

are added to the minors' files. The Minister does not indicate that the documents are systematically given to minors.

An inventory card has been introduced for items confiscated on arrival. No information is given on how to access these items.

A telephone contact form for families and/or legal representatives has been created and is included in the youth booklet. The solicitation dimension of the "non-apparent" parent system has also been reiterated in operational meetings. Nevertheless, the Minister recognises that the use of this tool needs to be strengthened.

A space with a partition has been set up in the youth workers' office for telephone conversations. Despite the observations made by the CGLPL, the maintenance of the telephone in the youth workers' office seems to undermine the confidentiality of telephone communications.

Contacts between minors and their families are monitored by means of the contact form, the monitoring booklet and the individual care file.

A detailed timetable showing all activities for each young person is displayed on the window of the youth workers' office and is visible to all. An individual extract from this weekly schedule is given to each young person every Friday.

Permanent workshops have been set up but their frequency needs to be improved. Educational sheets are being produced and reviews are planned.

A meeting was held with the National Education Inspectorate responsible for special education and the education of disabled pupils. A new teacher was appointed on 1 September 2020; she has access to the National Education exam registration portal.

Workshops on career awareness have been set up and are still running. Appointments are held at the information and guidance centre (CIO). There are "integration" slots (writing CVs and cover letters, looking for internships). Minors can carry out internships in companies.

A health file has been created but the prolonged absence of the CEF's nurse has prevented its effective implementation.

Communication difficulties with the CMP and the effects of the health crisis are cited as reasons for the lack of progress in the mental healthcare of minors. A proposal has been made to ask the Territorial Directorate for Judicial Youth Protection to finance the shifts of private psychiatrists.

The updated operating rules clarify the colours used in the daily behavioural monitoring chart for minors and the educational responses. An incident information sheet now shows the educational response and the decision-maker. This should be archived in the minor's file.

Preparations for hearings are recorded in the youth booklet. This practice should be systematised. The right to request a lawyer is included in the operating rules.

4.2 La Chapelle-Saint-Mesmin juvenile detention centre (Loiret) – June 2018 (3rd inspection)

The CGLPL identified five best practices and made 18 recommendations.

4.2.1 Best practices

The combination of a daytime youth worker and a night-time youth worker on duty between 7 pm and 9 pm is still in place.

Funding is still provided for transport and accommodation for families. It has been strengthened by the creation of the family area and the development of home visits.

The individualisation of teaching and registration outside the CEF for examinations, including the certificate of general education (CFG), have been maintained.

Participation in internships has been affected by the health crisis. Research is under way to diversify the resource sites (Compagnons du Devoir association, companies, etc.).

Various camp projects have been cancelled due to the health crisis, but the Minister of Justice says that professionals are still working on these projects.

4.2.2 Recommendations

Road signs now show how to get to the centre.

The family reception area has been finalised and its organisation has been worked on by the multidisciplinary team.

Concerning work spaces, the Minister of Justice indicates that the provision of laptops will allow for the development of occasional teleworking in the short term.

With regard to the material conditions of the living area, work has been carried out for all the specific improvements to be made. A larger work programme is being developed.

Regarding assignment methods, the Minister of Justice emphasises that the CEF gives priority to requests from within the region, for young people living within a maximum four-hour drive. The number of young people from the region has increased.

The files have been reorganised and structured. The issue of archives has been partly addressed by the recruitment of an archivist and the project to create a storage space. No one has been appointed to ensure that they are properly kept.

The inventory form is now included in the file and individual time with the young person is set aside to familiarise them with the rules. However, this familiarisation is not yet recorded in the file. The rules of living have not been updated.

Access to individual files is still not provided for teachers, as the Minister of Justice considers they are not accredited to access the server, as they are not employees of the Ministry of Justice.

The Minister of Justice indicates, without further details, that the recommendation to provide holders of parental authority with a specific authorisation form for activities that may pose a risk to the child has been taken into account.

The Minister of Justice indicates, without further details, that the recommendation to integrate the individual care file into the individual folder has been taken into account.

Concerning access to rooms during the day, the Minister of Justice states that it is now possible, depending on group dynamics, to return to the rooms between the end of lunch and the start of the afternoon activity. The access times can also be adjusted according to the young people. A reflection is under way on the organisation of collective quiet times.

The Minister of Justice indicates, without further details, that the recommendation that young persons should sign a document attesting to their withdrawal of pocket money has been taken into account.

The Minister of Justice indicates, without specifying further, that the recommendation to better regulate access to tobacco has been taken into account.

Although Internet access is now possible on the teaching computers, the multimedia room having been fitted out, telephone access is still limited to two calls per week, in the presence of a professional.

There is still no individual document given to minors listing the possibility of practising the various religions inside or outside the centre.

The Minister of Justice indicates, without further details, that the recommendation to equip the school room has been taken into account.

In terms of activities, interior facilities have been provided (reading area, table football, etc.) and an outdoor equipment project is under way. Partnerships have been developed to provide access to indoor facilities in the urban area.

There is still no child psychiatrist working in the CEF.

Any incidents noted and the sanctions decided upon are now recorded on a "reported incident sheet", which is then sent to the DPJJ. The Grand Centre interregional directorate has also set up an interregional incident management platform.

4.3 La Jubaudière juvenile detention centre in Baupréau-en-Mauges (Maine-et-Loire) – October 2018 (2nd inspection)

The CGLPL identified six best practices and made 23 recommendations.

4.3.1 Best practices

The centre's youth workers still offer to welcome minors' relatives at the Cholet train station. In addition, when the legal representatives are visiting from far away and the return trip cannot be made during the day, the CEF provides hotel accommodation.

The accommodation building is accessible outside of activity times, the doors of the rooms are never locked and the minors have a latch to protect their privacy.

The proper keeping of the "reference" book was verified during the on-site inspection in December 2020.

No information is provided on whether visits to detention prior to integration into the CEF have been maintained, nor on whether the head of department or a lead youth worker is present at the placement hearing.

For 2021, the educational project provides for a place to receive families on a site outside the CEF. The Minister's response seems to indicate that in 2019 and 2020, there were no such reception areas.

In 2019, educational work camps were regularly organised. In contrast, due to the health crisis, only one work camp could be organised in 2020.

4.4 Moissannes juvenile detention centre (Haute-Vienne) – November 2018 (2nd inspection)

The CGLPL identified three best practices and made eight recommendations, six of which, according to the information received, have already been taken into account by the institution.

4.4.1 Best practices

The participation of minors in painting the premises and making personal decorative items remains a reality.

The documents supporting the collective educational project, based on the rights of minors, are still used.

The organisation of work experience placements, both internally and with external partners, still continues.

4.4.2 Recommendations

The Minister of Justice states that the room for meetings of minors with their families has been refurbished.

The Minister of Justice indicates, without specifying further, that the recommendation to update the documents supporting the collective educational project has been taken into account.

The Minister of Justice indicates, without specifying further, that the recommendation to develop individual care plans has been taken into account and that professionals have received training to improve their writing.

The Minister of Justice states that the recommendation to abolish sanctions or rewards that result in a restriction or extension of family ties has been taken into account.

The sanction of depriving minors of tobacco is no longer used.

The Minister of Justice states, without further details, that the recommendation to clarify the conditions of access to the weight room and adapt the equipment stored there has been taken into account.

The Minister of Justice indicates, without further details, that the recommendation to create a well-stocked and varied library has been taken into account.

Dismissals and disciplinary sanctions have been imposed in response to inappropriate conduct involving the unjustified use of force. The abuse prevention plan has been updated. Monthly and weekly meetings are held to review violent events. The CEF has also participated in inter-CEF training courses on the subject.

4.5 "La Mazille" juvenile detention centre in Saint-Jean-la-Bussière (Rhône) – June 2018 (2nd inspection)

The CGLPL identified one best practice and made four recommendations.

4.5.1 Best practices

The Minister of Justice emphasises that the combination of school education, physical and sports activities and vocational awareness-raising workshops in a single centre is still relevant.

4.5.2 Recommendations

The role of families has been rethought, and the welcome booklet has been updated and is systematically provided to families. In addition, a monthly newspaper has been set up to present the activities and projects carried out. It can be consulted during visits and during the time set aside for assessments.

No response has been given concerning the improvement of the conditions in which family visits take place (planned in a multi-purpose room).

Alternative solutions have been put in place to compensate for the absence of a return to the family in the event that a permission to leave is called into question: local accommodation or mediated visits (thanks to the strengthening of the "care" unit).

With regard to the lack of time that minors have without activities and away from the group, the Minister of Justice states that the duty of supervision does not allow minors to be left alone on a daily basis.

In order to promote the empowerment and accountability of young people, fortnightly youth meetings have been set up on the basis of the life council's tasks. Individualised support sessions are also planned with the housemistress.

The shortcomings in the psychiatric care of minors have been partly remedied by the recruitment of a nurse specialising in psychiatry who works six hours a month and by the establishment of a partnership with the forensic psychiatry centre of the Le Vinatier hospital.

4.5.3 Recommendations

Regarding the maintenance of minors' rooms and the integration of hygiene training into the educational process, the Minister mentions a complete renovation of the rooms in 2020.

A housemistress has been recruited.

The Ministry highlights the recruitment of four employees and the hosting of several trainees without commenting on the diversity of recruitment (male/female and intergenerational) recommended by the CGLPL.

The 2020 steering committee and thematic operational audit were postponed due to the health crisis. A steering committee was planned for the last quarter of 2021.

With regard to the PJJ territorial and interregional directorates' regular and in-depth audits of the CEF's activity, the Minister lists the interregional steering committees of the CEFs, the interregional technical bodies of the CEFs and the territorial operational monitoring committees (CSOTs) that were set up in 2019, 2020 and 2021. He adds that no information justifying a malfunction inspection has been reported.

The institutional project was drafted in 2018 and validated in 2019. Following the CSOT of 1 December 2020, the welcome booklet was revised and sent to the DTPJJ.

In addition to the administrative file of each minor kept and processed by the institution's secretariat, the CEF has been equipped with the "Sil'age" software application since August 2019.

The management has undertaken to reiterate the need to obtain the signature of minors on the rules of procedure, the inventory register and the inventory data sheet. The latest CSOTs have verified this point.

Each minor is present when their individual care file (DIPC) is examined and signed, and legal representatives are also systematically invited to this meeting. Site visits in the framework of the CSOTs have enabled the production of DIPCs to be verified.

During the lockdown, the CEF equipped families with digital tablets so that video conferences could take place. This system has been extended to include contacts between unaccompanied minors and their families abroad. The Minister does not comment on the crux of the recommendation, which was to increase telephone contact time and make this issue explicit in the operating regulations.

The Ministry lists the number of meetings held, and indicates that consultations with and the participation of minors and their parents are integrated into the functioning of the facility, without however specifying whether this principle of collaboration has been written into the founding documents of the institution.

The Minister acknowledges that he has been aware since 2016 of the need to bring the kitchen up to HACPP (hazard analysis and critical control points) standards and indicates that this work was planned for the 2020 and 2021 budgets but was postponed each time.

All smoking within the institution is subject to the authorisation of the legal representatives and to personalised monitoring by the health unit. The recommendation also concerned the automatic charging of the cost of tobacco to the bonus allowance; no response was given on this point.

The teacher, who arrived in September 2018, entered a training cycle for the 2019/2020 school year, causing her to be unavailable. No information for the 2020/2021 school year is provided by the Ministry. The situation does not appear to have changed favourably since the CGLPL's inspection.

The Ministry insists on the reorganisation of the "culture and citizenship" unit and on the importance of cultural and citizenship activities for the CEF, without responding to the recommendation that internal equipment should be oriented towards new technologies.

Ongoing difficulties remain in the search for doctors, linked in particular to the structural lack of doctors in rural areas.

Strip searches and searches of minors' rooms without their presence have no longer been practised since 2018. The mandatory presence of the minor when a check is carried out in their room has been reiterated.

The CEF has agreed to use an inventory book listing all the checks carried out. The CEF has re-examined its practices regarding the use of security wands and a request for training by an accredited organisation was made in December 2020. In order to curb the introduction of cannabis into the institution, a search is organised once a year with the public prosecutor and the police.

The proportionality and necessity of restraint measures, their formalisation in a detailed report and the provision of information to the holders of parental authority were formalised in Part 3 of the 2019 internal evaluation. The term containment has been substituted for restraint. A "containment" action sheet has been drafted.

The Ministry states that sanctions are recorded in young people's files through the "Sil'age" software application. He recalls that the 2016 operating rules mention the existence of sanctions without indicating whether these rules specify the acts that may be sanctioned, the sanctions provided for and the authority empowered to pronounce them.

4.6 Sinard juvenile detention centre (Isère) – June 2018 (2nd inspection)

The CGLPL identified two best practices and made 19 recommendations.

4.6.1 Best practices

The emergency protocol drawn up by the nurse that enables youth workers to adopt the right conduct when a minor requires it is still in force.

The *fil rouge* PJJ youth worker in the open environment still has a role to play in the construction of young people's projects. For example, they are invited to summary meetings.

4.6.2 Recommendations

The dining room, the cloakroom entrance, the activity room and the television area have been renovated. Other major work has been scheduled (kitchen area, toilets for PRMs, youth reception room). The purchasing of furniture for the reception of families, the renewal of furniture in the rooms and the transfer of the laundry are planned for 2021-2022. The young people have been involved in the creation of decorations (frescoes, graffiti painting, etc.).

The managers have reiterated the need to use the liaison tools (checked each morning) correctly and note incidents in the instruction booklet, using "incident sheets" and incident notes. A "professional writing" training course is also planned each year.

Regarding the recruitment and training of staff, the Minister of Justice explains that the process is continuing. Every year, the management team organises training courses and accompanies the youth

workers in the field in order to professionalise them. Staff members have been recruited (one specialised youth worker and two youth workers). The team consists of nine women, as the management has difficulties in recruiting male profiles.

The management now regularly raises awareness among youth workers about record keeping and document filing, especially during team meetings. In addition, young people are always welcomed by a manager who gives them the rules. They then read them with a youth worker and sign them.

Searches with complete undressing are strictly forbidden and no longer take place in the CEF. Each new youth worker receives training to ensure that the reception procedure is carried out in accordance with the rules.

The Minister of Justice indicates that, for several years, the CEF protocol has provided for a presentation and tour of the institution, after which the minor is introduced to the group.

The Minister of Justice explains that the individual care file (DIPC) formalises the assessment and the objectives and is then completed over time. The managers ensure that it is properly kept. Nothing is said about the presence of the young person's administrative file.

As regards correspondence with families, it was decided that minors could benefit from two periods of calling during the week, on Thursday or Friday (as before) and also on Saturday or Sunday if they did not return to their family at the weekend.

The activity schedules now mention "external appointments" for all confidential appointments. The information is specified in the minutes of team meetings.

Civilian clothing is now systematically allowed for certain activities, external appointments and visits to families. However, the nature of some activities may require specific equipment and a supply of basic clothing is often needed when young people arrive.

Young smokers are now allowed to smoke even if the parents refuse or the legal representatives are absent. Addiction awareness-raising is provided to support smoking cessation; nicotine substitutes are offered and parents are informed.

The location of the classroom has been changed to keep the teacher from being isolated and to place them symbolically at the centre of activities. A new teacher has been recruited and will have to comply with the class group organisation allowing each young person to benefit from 15 hours of teaching.

The library is now also used by the teacher and the youth workers for daytime activities (e.g. reading for one and a half hours). A FNAC account has been opened to diversify the collection and a monthly budget is regularly used to complete the library, which has also been fitted out in a more convivial way (sofa, armchairs, etc.).

A partnership has been set up with a dentist, but he is located in Mens, some 30 km from the CEF. The search for new partners continues, but in the meantime, no minors have been left without care.

There is a new scale of sanctions, integrated into the operating rules, which no longer provides for depriving minors of snacks or not allowing them to return to see their family. There is no mention of including the list of breaches in the operating rules.

The Minister of Justice indicates that disciplinary decisions are notified to minors during an individual interview, prior to feedback in a discussion group, and that the reasons for the decision are given at that time.

Incident sheets and sanctions are now systematically archived in minors' files by the head of department, after the interview.

When a young person returns to phase 1, the Minister of Justice indicates that the individualisation of the sanction is maintained through the possibility of continuing, for some minors, activities related to

professional integration or schooling. This procedure will be included in the operating regulations when they are updated.

When a minor reports an assault, the public prosecutor's office is now systematically informed without delay by the management, as are the legal representatives, the judge and the local gendarmerie.

4.7 Tonnoy juvenile detention centre (Meurthe-et-Moselle) – December 2018 (2nd inspection)

The CGLPL identified eight best practices and made 17 recommendations.

4.7.1 Best practices

The design of the premises without excessive security concerns is still relevant.

The accommodation area is still divided into two units of six minors.

The work on cohesion between the technical youth workers and the accommodation youth workers has been maintained. In addition, times are set aside for passing on instructions.

A clothesline is still provided to each young person.

A social life council (minors, parents and staff members) continues to meet.

The content and frequency of the courses continue to be tailored to the needs and wishes of the minors.

Relays are still organised between the teacher and healthcare professionals.

Projects allowing interactions between the minors and the local business community still exist.

4.7.2 Recommendations

There is no indication that the interview sheets have been revised to complete the template.

A request booklet has been made available to the minors so that they can submit their requests and receive a written response.

A desktop computer has been made available to the teacher. A digital whiteboard should be delivered by the end of 2021. No information is given on the provision of a photocopier or suitable computers for minors.

The person in charge of professional integration has reactivated the partnerships with the local mission and the information and guidance centre and is developing others. However, they have not benefited from PJJ training.

An agreement, currently being signed, between the CEF and the Nancy psychotherapeutic centre now provides for information sessions for the CEF's professionals on the problems encountered by minors.

According to the Minister of Justice, the CEF's management team is now vigilant in monitoring the security measures to which the young people are subjected.

The notes sent to the magistrate now show the sanctions applied within the CEF.

The amendments to the individual care file are now completed after each summary meeting, signed by the management staff and the minor, transmitted to the parents and subject to hierarchical controls.

The reference documents sent to families have been revised to provide them with more information. In addition, a letter of invitation, combined with a telephone call, is systematically sent to the legal representatives.

A new cook has been recruited. Most of the dishes are cooked with raw products, using vegetables from the CEF's garden. Menus have been improved and reviewed in the "meal committee", allowing for the involvement of minors.

Telephone communication times have been increased (now 15 minutes) and calls are now made from the institution's mobile phone, without a loudspeaker.

A youth worker is now responsible for offering teaching sequences during school holidays. Interactions take place between the teacher and the CEF. However, nothing is said about continued teaching during the summer or about the possibility of a more sustained pace outside school holidays.

The Minister of Justice indicates that contacts have been established with the competent authorities so that minors can take school exams regardless of their date of arrival in the CEF, but specifies that the provisions of the National Education system do not always allow for this access. He adds that the CEF itself has been an examination centre.

The Minister of Justice indicates, without specifying further, that in 2019, the CEF committed to an agreement for minors already enrolled in a school programme and that partnership relations with the National Education system may be reactivated as needed to build a project. No specific agreements are put forward.

An application for social security affiliation is systematically made when a minor arrives and the DTPJJ provides support if the wait is too long. In addition, the CEF always provides the necessary care and advances the costs if needed.

Training on medical confidentiality has been provided. A specific form has been included in files to allow for the traceability of health information and to better control confidentiality. Health forms are collected at the infirmary and given to the minors in a sealed envelope when they leave.

A sanctions booklet has been developed and is regularly updated. It is given to minors on their arrival.

Appendix 5

Inspectors and staff employed in 2021

Chief Inspector:

Dominique Simonnot, *journalist specialising in justice issues*

Secretary General:

André Ferragne, *Chief Inspector of the French armed forces*

Permanent inspectors:

Chantal Baysse, *Director of Prison Rehabilitation and Probation Services*

Mathieu Boidé, *administrative judge* (until 1 March 2021)

Anne-Sophie Bonnet, *former ICRC delegate* – delegate for international relations

Alexandre Bouquet, *Director of prison services* (until 1 July 2021)

Luc Chouchkaieff, *public health general medical inspector*

Matthew Clouzeau, *Chief Superintendent of the French National Police Force*

Candice Dagestani, *judicial judge*

Cécile Dangles, *judicial judge* (since 1 March 2021)

Maud Dayet, *Director of prison services*

Céline Delbauffe, *lawyer*

François Goetz, *Director of prison services* (since 13 December 2021)

Jean-Christophe Hanché, *photographer*

Stéphane Julinet, *administrative judge* (since 1 March 2021)

Anne Lecourbe, *administrative judge*

Yanne Pouliquen, *former lawyer in the associations sector* – communication delegate

Estelle Royer, *lawyer, former executive in the associations sector* – delegate for studies and research (since 1 April 2021)

Julien Starkman, *psychiatrist, hospital practitioner*

Bonnie Tickridge, *health executive*

Marion Testud, *Director of the Judicial Youth Protection Service*

Fabienne Viton, *Director of prison services*

Inspectors responsible for case referrals:

Maud Hoestland, *Director of Legal Affairs, lawyer* (since 15 April 2021)

Maria de Castro Cavalli, *Deputy Legal Affairs Director, Attaché of Government departments*

Marie Auter, *political scientist and lawyer* (since 6 December 2021)
Benoîte Beaury, *political scientist and archivist*
Kevin Chausson, *lawyer*
Sara-Dorothée Guérin-Brunet, *engineer and political scientist*
Mari Goicoechea, *lawyer*
Capucine Jacquin-Ravot, *academic, Doctor of Law* (since 3 May 2021)
Elodie Marchand, *lawyer* (since 1 October 2021)

External inspectors:

Hélène Baron, *former attaché of prison services*
Dominique Bataillard, *psychiatrist, hospital practitioner*
Joachim Bendavid, *Auditor at the Council of State*
Annie Cadenel, *former nurse in the psychiatric sector and association manager in the social and medico-social field*
Marie Crétenot, *lawyer, former employee in the associations sector*
Betty Brahmy, *psychiatrist, hospital practitioner*
Jean-Francois Carillo, *general of the gendarmerie*
Thierry Chantegret, *photographer*
Marie-Agnès Credoiz, *judge*
Aline Daillere, *police, justice and prison consultant*
Patrice Duboc, *hospital director*
Hélène Dupif, *Commissioner General*
Isabelle Fouchard, *research officer at the CNRS in comparative law*
Gérard Kauffmann, *Chief Inspector of the French armed forces*
Francois Koch, *journalist*
Augustin Laborde, *assessor at the National Court of Asylum*
Agnés Lafay, *judge*
Annie Kensey, *demographer*
Philippe Lescène, *lawyer*
Pierre Levené, *former president of Caritas France*
Bertrand Lory, *former attaché to the City of Paris*
Jacques Martial, *lawyer*
Dominique Peton-Klein, *public health chief physician*
Bénédicte Piana, *judge*
Marie Pinot, *public health medical inspector*
Bruno Rémond, *former chief auditor at the Court of Auditors*
Michel Roszewitch, *former company director*

Dominique Secouet, *former manager of the Baumettes prison multimedia resource centre*

Michel Thiriet, *former hospital director*

Cédric de Torcy, *former director of a humanitarian association*

Rabah Yahiaoui, *former lawyer*

Administrative services:

Christine Dubois, *Senior Attaché of Government departments*, administrative and financial director

Agnes Mouze, *Principal Attaché of Government departments*, archivist, in charge of monitoring reports and recommendations

Franky Benoist, *administrative manager*

Juliette Munsch, *executive assistant*

Mariam Soumaré, *executive assistant*

In addition, in 2021, the CGLPL hosted, for professional training or on fixed-term employment contracts (CDDs):

Arnaud Battaglia (student at University of Aix-en-Provence)

Pascaline Bonniel (student at University of Paris 1)

Margrith Clouzeau (law student)

Léa Dreyfus (judicial trainee)

Blandine Fabre (law student)

Virginie Failler (Head of prison services in training at the ENAP)

Antonin Guilhot (student at the Paris Institute of Political Studies)

Ilan Jarjir (student at University of Nice)

Benjamin Lebrun (student at University of Paris 2)

Olivier Martin (judicial trainee)

Vincent Scuderoni (law student)

Clarisse Virlogeux (judicial trainee)

Anaïs Zanforlini (judicial trainee)

Appendix 6

The rules of procedure of the CGLPL

The Act of 20 January 2017 conferring general status on independent government agencies and independent public authorities provides for the adoption of rules of procedure within each authority. In light of said provision, the CGLPL has merged two existing documents: the Code of Conduct and Service Regulations. The CGLPL's rules of procedure were published in the *Journal officiel* (Official Gazette) of 23 December 2018.

This text, as well as all of the other reference texts, may be consulted in full on the institution's website: www.cglpl.fr

The purpose of the CGLPL is to make sure that persons deprived of liberty are dealt with under conditions which respect their fundamental rights and to prevent any infringement of these rights: right to dignity, freedom of thought and conscience, to the maintenance of family bonds, to healthcare and to employment and training, etc.

Cases may be referred to the Chief Inspector by any natural person (and corporations whose purpose is the promotion of human rights). For this purpose, they should write to:

Madame la Chief Inspector des lieux de privation de liberté
CS 70048
75921 Paris cedex 19

The centre in charge of referred cases deals with the substance of letters sent directly to the CGLPL by persons deprived of liberty and their close relations by verifying the situations recounted and conducting investigations, where necessary on-site, in order to try to provide a response to the problem(s) and identify possible problems of a more general order and, where need be, put forward recommendations to prevent any new breach of a fundamental right.

Above all, apart from cases referred and on-site inquiries, the CGLPL conducts inspections in any place of deprivation of liberty; either unannounced or scheduled a few days before arrival within the institution.

Inspections of institutions are decided upon, in particular, according to information passed on by any person having knowledge of the place and by staff or persons deprived of liberty themselves.

Thus for two out of four weeks, four to five teams each composed of two to five inspectors or more according to the size of the institution, go to the site in order to verify the living conditions of persons deprived of liberty, carry out an investigation on the state, organisation and operation of the institution and, to this end, hold discussions in a confidential manner with them as well as with staff and with any person involved in these places.

In the course of these inspections, the inspectors have free access to all parts of the institutions without restriction, both during the day and at night and without being accompanied by any member of staff. They also have access to any documents except, in particular, those subject to investigatory and professional privilege applicable to relations between lawyers and their clients. Under certain conditions, they also have access to medical documents.

At the end of each inspection, the teams of inspectors each write a draft report, which is sent to the head of the institution, in order to obtain the latter's comments on the facts ascertained during the inspection. Except in special circumstances, the head of the institution is given one month to reply. In the absence of a response within this deadline, the Chief Inspectorate may commence drafting the

final report. This report, which is not definitive, is subject to rules of professional privilege which are binding upon all members of the CGLPL with regard to the facts, acts and information of which they have knowledge.

After receipt of the comments of the head of the institution or in the absence of a reply from the latter, the head of the assignment once again convenes the inspectors having conducted the inspection, in order to edit the report if necessary. The final report, referred to as the "inspection report", is sent by the Chief Inspector to the appropriate ministers having competence to deal with some or all of the facts ascertained and recommendations contained therein. Except in case of urgency, a deadline of between five weeks and two months is set for responses from ministers.

Once all of the ministers concerned have made their observations (or with no response forthcoming after three months), these inspection reports are then published on the CGLPL website.

In addition, the Chief Inspector may decide to publish specific recommendations concerning one or several institutions as well as overall assessments on cross-cutting issues in the *Journal Officiel de la République Française* when he considers that the facts ascertained infringe or are liable to infringe one or several fundamental rights.

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