Report No. 7

The Prisoners and Detainees Rights Commission (PDRC)

Unannounced visit to the Juveniles Care Center (JCC)

January 18-20, 2015
Contents

Introduction ........................................................................................................ 3
Section I
Background ...................................................................................................... 5
Section II
Assessment of Principles and Standards .......................................................... 9
Section III
Recommendations ............................................................................................ 14
Introduction:

The Prisoners and Detainees Rights Commission (PDRC) conducted an unannounced inspection to the Juveniles Care Center (JCC), in Isa Town.

The inspection was carried out in accordance with the principles, criteria and indicators adopted by the Commission.

The procedures included documenting observations made during the visit to the facility and issuing recommendations to raise the standards to be in par with international human rights guidelines and criteria as related to juveniles.

The reference points are as stipulated in:

- National Action Charter.
- Constitution of the Kingdom of Bahrain.
- Penal Code, as amended.
- Code of Criminal Procedures, as amended.
- Law 18 / 2014 of the Institute of Reform and Rehabilitation
- Law 37 / 2012 in regards to Child’s Law
- Law of Public Security Forces, as amended.
- Decree 61 / 2013 in regards to establishing Prisoners and Detainees Rights Commission.
- Decree 17 / 1976 in regards to Juveniles Law and its amendments.
- Universal Declaration of Human Rights.
- International Covenant on Civil and Political Rights.
- Convention against Torture and Other Cruel, Inhuman or cruel, inhuman or degrading treatment.
- International Convention on the Elimination of All Forms of Racial Discrimination.
- Convention on the Elimination of All Forms of Discrimination against Women.
- Conventions on the Rights of Persons with Disabilities.
- Charter of the United Nations.
- Arab Charter of Human Rights.
- Standards of Her Majesty’s Inspectorate of Prisons in the United Kingdom.
Section I

Background
Procedures:

Date of visit: 18 – 20 January 2015
Location: JCC – Isa Town.
Type of Visit: Unannounced.
Inspection Team: PDRC Commissioners and staff.

Work Mechanism: According to approved standards and guidelines which include:

A. Evidence Gathering: Evidence was gathered on location from staff interviews according to specialty as well as analyzing available records and documents in various departments. The administrative system was examined and juveniles were involved throughout the process.

B. Juveniles Interviews: All juveniles at the JCC were interviewed

C. Direct Observation: was through monitoring conditions of the place to ensure facilities are suitable for juveniles and are in accordance with local and international laws and guidelines.

General Observation:

- JCC was founded in 1984 and under the direction of the Ministry of Interior.
- JCC consists of several facilities:
  - Ground floor: administrative offices, library, visitation room, reception, classrooms, indoor gym, food hall, outdoor and sports yard. There is a separate section for male juveniles who are kept temporarily.
  - First Floor: separate section for female juveniles who are kept temporarily, various rehabilitation rooms (cooking skills, computer training and beautician skills), entertainment rooms and a separate section for male juveniles.
- There is health clinic in a separate external building that offers medical services to JCC, Women’s Reformation and Rehabilitation Center (WRRC) and Women’s Detention Center (WDC).
Center Capacity:

- Total Capacity: 70 Juveniles with 70 Beds
- Number of Juveniles at time of inspection: 20

Facility Staff:

<table>
<thead>
<tr>
<th>Sections</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officers</td>
<td>7</td>
</tr>
<tr>
<td>Manpower</td>
<td>65</td>
</tr>
<tr>
<td>Civilian Staff</td>
<td>14</td>
</tr>
<tr>
<td>Teachers</td>
<td>9</td>
</tr>
<tr>
<td>Support Service</td>
<td>12</td>
</tr>
<tr>
<td>Total of Personnel</td>
<td>107</td>
</tr>
</tbody>
</table>
**Reason of Confinement:**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Deviation</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Protesting against public order and offending police officers</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Theft</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Defying parental authority</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Temporarily Kept</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>5</td>
</tr>
</tbody>
</table>
Section II
Assessment of Principles and Standards
Treatment and Conditions:

During the visit the inspection team confirmed that guidelines and indicators were implemented and observed that juveniles were treated with respect by staff. The administration prohibits staff from wearing police uniforms inside the center. Staff have an understanding and awareness of juveniles special needs. However, there is a lack and shortage in training staff on how to specifically deal effectively with juveniles. Temporarily kept male juveniles are separate from others. Procedures allow juveniles easy access to safety lockers and are allowed to freely practice religious rituals.

Safety criteria and place conditions were verified and it was apparent that juveniles are treated positively and exceptionally well from day one. Staff have knowledge and awareness on risk management, self-harm situations and any danger of juveniles against each other. However, staff do not receive ongoing training on risk management methods. It was noticed that no evaluation plans and follow-up procedures are in place. In general, there is comprehensive supervision on juvenile gatherings and the emergency alarm is routinely checked and evacuation tests are regularly conducted. There are no surveillance cameras in all facilities of the center.

Juveniles are kept in clean rooms with appropriate temperature, ventilation and lighting. However, there is no special consideration to reducing lights at night upon a juvenile’s request. There is a weakness and shortage in maintaining facilities and restrooms. Rooms were safe and do not contain any self-harm objects. Access to wash rooms and restrooms is easy and personal hygiene kits are available. Clean mattresses and bed covers are available. Family are allowed to bring in clothes, laundry services and telephone are accessible. Main meals are served in regular times, and food is varied and sufficient. Although, clean drinking water exists in coolers, not enough drinking glasses were offered. Juveniles can call staff immediately when needed and staff can evacuate the place safely in cases of emergency.

Juveniles may call their parents but there are no procedures that organize visits and call times. Privacy is not permitted during visitation because there is only one visiting room. Juveniles are allowed daily exercise time, however, there are no procedure that organizes outdoor exercise. The library is equipped with various books and juveniles are encouraged to regularly attend. Educational staff are qualified and specialized. There is
co-ordination between psychological specialist, social workers and teachers to guarantee using juvenile available data in an effective way to achieve objectives. Classrooms are available and juveniles have an opportunity to continue education in various levels. There are rehabilitation strategies but there is no measurement of its effectiveness. Moreover, there are psychological and social evaluation plans and ideas are used to offer suitable treatment. Parents are not involved in their children’s rehabilitation plans and ideas.

Juveniles are transported/ transferred in civilian vehicles and are accompanied by civilian women police. Anyone in violation of the procedure is warned by the Directorate. Both juveniles and parents are informed of the location they will be kept. There is communication and coordination between the Juvenile Judge and the Center Director upon receiving juveniles. A juvenile is not received at the center without proper official documents. The center staff are not properly trained in the legal use of force to minimize risk when needed.

**Rights and guarantees:**

All records, documents and administrative procedures are legal and updated to ensure the pertinence of keeping a juvenile in the Center. Juveniles are allowed to inform family of their whereabouts and receive a copy of their rights and obligations. Juveniles are made aware of reasons they are being kept and are well informed of their situation. Promotional posters on how to file a complaint and boxes are available. Juveniles are encouraged to amicably solve complaints before filing an official one. Complaints are handled, however, there are no written procedures on complaint management. A safe and encouraging environment to ensure juvenile good behavior is observed and juveniles are motivated to maintain their personal cleanliness and that of the place. Routine chores and services are explained and there is a social record for psychological and behavioral development. There is no clear mechanism on coordination with concerned parties and parents as it relates to behavior correction and care.
Health care:

There is a common Health Clinic that serves JCC, WRRC and WDC.

1. The Health Clinic is open 24 hours. In the morning it is covered by a female doctor and a nurse. The rest of the day, weekends and official holidays only one nurse is in attendance. Pharmaceutical services are not available in the center.
2. Dental and psychological care services are offered by transfer to the main health center in the Police Fort of the Ministry of Interior.
3. Other medical services, examinations and children vaccination are offered nearby at government hospitals and health centers.
4. Psychological and social support services are provided by a specialized team.
5. An ambulance is requested when needed from government hospitals.

Comments on medical services

Juveniles have access to medical care through the health center or by transfer to hospitals when needed. Most of the time, psychological and addiction care is offered in a timely manner. Medical care is provided by professionals and follow up is done by health supervisors (members of the women police force). Patients are accounted for and cases are documented at the nursing station. There is lack of supervision regarding services and administrative procedures on location, as it was noticed that all administration was handled at the Police Fort. The doctor and the nursing staff in the center, organizationally report to the medical center in the Police Fort. There is no specialized training for staff on juvenile health or the diseases they might be suffering from. Medical examination is done in private and it guarantees confidentiality. There is only one specialist in the Ministry of Interior that covers infectious diseases, which is a weak point. There is an evaluation form, which can be submitted by management, but there is no proper follow-up. No awareness procedures were found on countering contagious diseases. Medical equipment are examined regularly, while medical staff do not have proper knowledge on operating the resuscitation devices.
There is a clear procedure on how to access medical care. Medical information is documented by women’s police force in the juvenile’s record from day one after they are medically examined in the Police Fort. The information is electronically saved which ensures confidentiality as access is available only to those concerned. Confidentially and privacy are preserved when it comes to psychological and social care. There is no pharmacy in the health center so general medicines are not available for common diseases but are requested from outside health centers and provided on the same day. Medicines are stored in policewomen’s offices in an unsafe manner and are not dispensed appropriately, the distribution and record of medicines including controlled medicines is done by the women’s police force and not by nursing or pharmaceutical staff. Storage and distribution procedures that are followed in the Kingdom of Bahrain are not observed.

Regarding psychiatric health, juveniles are transferred to the psychiatric hospital through the health center doctor. There is limited awareness on psychological health and care by the medical team due to shortages in staff. All juveniles are evaluated by the social and psychological support specialists and a plan is put in place on how to deal with various psychological symptoms and in preparation to transfer to psychiatric hospital when needed.
Section III

Recommendations
Recommendations

1. Ministry of Health to coordinate with the Ministry of Interior for the provision of healthcare services.

2. The Ministry of Education should be responsible for the provision of education for juveniles, in coordination with the Ministry of Interior.

3. Periodic staff training on management and assessment of risk should be put in place.

4. Install surveillance cameras in all the facilities and hallways according to approved international standards.

5. Provide specialized child psychology training to all staff without limiting it to counselors only.

6. Train staff on the legal use of force in the Center.

7. Observe and consider proper lighting during nighttime.

8. Establish written rules that organize outdoor recreational timings.

9. Formulate written procedures that organize visits and provide privacy taking into account suitable timings for parents.

10. Involve parents in the rehabilitation plans.

11. Introduce various purposeful activities, which improve skills and provide beneficial programs during daytime after school hours.

12. Procedures that define the process of filing complaints should be put in place.

13. Introduce measures that promote juvenile rehabilitation in the event of misbehavior.

14. Increase medical staff, to inclusively provide all juvenile health needs, especially dental and psychological care and to establish a department that specializes in administrative supervision, medical follow-up and complaints.

15. Develop a mechanism to transfer patients to general government dental service to reduce the waiting period.
16. Set up developmental and training plans for health workers according to written procedures to coordinate and evaluate work.

17. Develop educational and health awareness programs given that maintaining a healthy lifestyle is important.

18. Establish a pharmacy in the health center administrated by a pharmacist to distribute and dispense medicine as needed.

19. Provide a dedicated full time nurse in JCC.

20. Train medical staff on operating the resuscitation device in the Health Center.
PDRC report on the visit to JCC - Jan 2015