



Response

**of the Spanish Government
to the report of the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment (CPT)
on its visit to Spain**

from 6 to 13 September 2018

The Spanish Government has requested the publication of this response. The CPT's report on the September 2018 visit to Spain is set out in document CPT/Inf (2020) 5.

Strasbourg, 4 February 2020



In compliance with Article 10 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, on 20 March 2019 the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) presented the Government of Spain with the report on its visit to the Autonomous Community of Catalonia on 06 - 13 September last year.

During the visit, the CPT delegation examined among other things the state of the facilities of the *Generalitat* (Regional Government) Police Force – *Mossos d'Esquadra* (PG-ME) along with police treatment of detainees, paying special attention to the application of the safeguards granted persons who have lost their liberty and are held in police custody.

Also during the visit, the CPT experts inspected four prison facilities in the Directorate-General of Prison Services of the *Generalitat* of Catalonia focusing particularly on female inmates and on the situation of prisoners in Special Closed Regime Departments (DERTs).

The CPT's report implements the recommendations, observations and requirements for information in two differentiated areas, Law Enforcement Agencies and Prisons, the following being the information the Catalan bodies concerned in the report have been able to provide within the 6 month term granted for each of the recommendations and requirements for information:

A. LAW ENFORCEMENT AGENCIES

a. Recommendations on the treatment of detainees by police officers

In the light of the information compiled during the 2018 visit, the CPT recommends that the Mossos d'Esquadra be reminded regularly of these basic principles, and even for practical drills to be held. It also recommends that the Catalan authorities transmit a clear message that maltreatment of detainees is illegal, is unprofessional and will be subject to the applicable sanctions. Likewise, a similar criterion of zero tolerance must be set in the matter of insults addressed to detainees. Furthermore, the authorities must guarantee systematic investigation of any complaint of abuse, and that senior officials must be held accountable as the persons with direct command.

- ***The CPT also reiterates its recommendation to the Catalan authorities that, when someone has to be handcuffed at the moment of detention or when in police custody, the handcuffs must not under any circumstances be over-tightened¹ and must be used only for the strictly necessary time (point 11, pages 16 and 17)***

In the matter of the physical treatment of persons detained temporarily, the main observation was related to the moment of detention or during transfer to police facilities. Firstly, to minimise the use of force when someone is to be arrested and they offer strong resistance, the PG-ME has incorporated Energy Conducting Devices (DEC) into officers' equipment. These tools are useful in situations where confrontation is inevitable, the person is in a highly-excited state and where restraint may have physical consequences. To avoid such situations, the DEC has been adopted as a tool to preserve the physical integrity of both officers and the person to be reduced in such situations.

Secondly, the PG-ME also has other mechanisms for dealing with inappropriate conduct, such as training in ethics and police deontology. This training, classified as regulated and included in the *Basic Police Training Course* (CFBP), addresses all aspects related to intervention, use of force, human rights and ethics.

That *Course* (CFBP), imparted at the Catalan Public Security Institute, instructs candidates for police functions in line with all the provisions, legislation and guidelines that deal, among other disciplines and relative to this question, with ethics in general and, more specifically, human rights.

Criminal law is also taught, to train in an understanding of the behaviours that constitute criminal infractions, and their penal consequences.

In this sense, the Course comprises not just theoretical and transversal training; students are also instructed practically in the most adequate procedures and attitudes when dealing with people, in the light of all the knowledge transmitted to them. Furthermore, all matters related to the treatment of detainees are dealt with exhaustively and specifically.

Finally, related to mechanisms for handling inappropriate behaviour, there is direct supervision by those in command at the time of arrest, the use of cameras in areas where detainees are held, and in the final instance, the Internal Affairs Division's disciplinary unit.

All these mechanisms guarantee the traceability and tracking of possible irregular conduct, while the introduction of the new police tools must be monitored to ensure expectations are met.

¹It must be remembered that both over-tightening handcuffs and causing local lesions may have serious medical consequences (for example it may, in some cases, create a hand dysfunction, e.g. of a sensorial, vascular and/or motor nature).

- ***The CPT asks to receive observations from the PG-ME related to the matter described in point 12 on complaints from those detained in police headquarters in Tarragona, that they had been hit with truncheons while restraint was applied and which the detainees call the “bocadillo” (sandwich), in the shower area where there was no closed circuit TV. Also at Les Corts, two mattresses were found incorporating belts with Velcro (pages 17 and 18).***

In the Detainee Custody Area (ACD) in Tarragona, there are two rooms for showers, one in the zone of the women’s cells and the other in that for men. Both are very small and it is very difficult to get a person under restraint from a cell into either. In any event, cameras record the shower entrance areas: these conditions were not observed in any of the recordings made with restraints in 2018.

There is a protocol at the *Tarragona* ACD according to which all restraint situations must be supervised by police station heads. This supervision involves review of the images throughout the restraint process. Thus all restraint operations were subject to supervision and in none was the conduct complained of observed.

The restraint process receives special treatment in the *Tarragona* ACD, and so there is specific signage and a book for the registration of all restraint procedures performed.

At the *Les Corts* ACD, mattresses with velcro belts are used exceptionally when a detainee’s degree of agitation requires the application of the restraint protocol which, among other measures, includes use of a mattress with velcro to immobilise the detainee until the state of excitement lessens (to avoid self-harm and injury to other detainees and/or police) and to protect their security and physical well-being. In any event, in the *Les Corts* ACD, all detainees with any form of lesion are always admitted to the custody zone with their medical report.

II. Safeguards against abuse

a. Introduction

- ***The CPT recommends that the Catalan authorities consider the possibility of putting an experienced officer in charge of detainees’ transfer to the custody zone and to make them formally responsible for detainees’ well-being and that they are informed of their rights, ensuring that they are able to exercise those rights before entering the cell and that they are applied in the custody zones of all Mossos d’Esquadra facilities, starting with Les Corts in Barcelona (point 14, Page 19)***

All PG-ME agents and their heads or those directly responsible for them are capacitated for the functions related to transfer and custody of detainees and, more specifically, for the personnel expressly assigned to implement these functions.

In this connection, the internal document “*PRO 006 The detainee’s time in the custody and the detention area (ACD)*” and, more specifically, paragraph “7.3 Surveillance of detainees”, provides as follows:

“All PG-ME personnel assigned to the ACD service are responsible for ensuring detainees’ physical and mental well-being. They must comply with and ensure compliance with the security measures set out in this procedure. They are also obliged to respect a detainee’s rights and prevent any abusive or discriminatory practice involving physical or moral violence.

There must be periodic rounds to check the cell zone every 15 minutes to detect any incident or anomaly and to confirm the detainees’ state. Anomalies detected must be notified immediately to the head of ACD1. (1 the operational guideline for each Basic Police Area or unit must explain who is the person responsible from the ACD).

The following are the situations or facts detected by officers posted to the ACD and which must be communicated forthwith to the person responsible in the ACD and to the person investigating the procedures:

- *A request for an interview with the investigating officer.*
- *A request for habeas corpus procedure.*
- *A request for medication or a doctor’s visit.*
- *A request for communication of the detention, if this was not done at the time when the detainee was informed of their rights.*
- *Self-harm, lesions, suicide (successful or attempted), detainees’ indisposition and other incidents affecting the detainees’ security or that of the installations.*
- *During the change of service shift in the ACD, the officers responsible for ACD work shifts will jointly check the state of the ACD facilities, of the detainees, and that their personal effects are correctly sealed. They must also ensure that food and medication has been duly provided when applicable, and communicate any incidents emerging during the work shift.”*

b. Notification of police custody

- ***The CPT recommends a review of the procedure at the Les Corts facility to guarantee that the right to notify the police detention to a third party is fully respected. Moreover, measures must be adopted to guarantee as well that all the persons making use of this right are informed subsequently as to whether or not contact was made with the family member or third person of their choice (point 15, pages 19 and 20)***

According to Internal Document “*PRO 007 Preparation of police reports with detainees*” and more specifically paragraph “7.2.1 b) “*Communication of detention and the place where held to the person designated by the detainee*”:

“Article 520 of the Criminal Proceedings Act recognises a detainee’s right to advise whomever they may wish of the fact of the detention and the place where they are held. The investigator of the proceedings must evaluate the way in which this right is to be implemented, by telephone or by assigning a detail to give the communication personally. If the outcome is positive, this fact will be set out in the certificate of information of rights. Only should it not be possible to formalise them must a specific procedure be implemented.

An alien detainee is entitled to notify their consulate of the fact of their detention and the place where they are held. This communication can be made by telephone or fax in an internal record of the report. Certificate that the fax was sent must be attached to the archive copy of the proceedings.

In cases involving minors and/or the disabled, the legal representatives and the Public Prosecutor are notified immediately of the fact of the detention and the place where they are held.

Cases involving foreign minors are notified to the consular authorities if the minor is habitually resident outside Spain, at the request of the minor or their legal representatives.

Where a detainee is required to be held incommunicado, account must be taken of the provisions of "IO 013 Incommunicado detention and extension of detention". While held incommunicado, the detainee may not exercise the following rights: to advise a family member or the person they wish of their detention and the place where they are held at any time; the right to designate legal counsel, so that legal assistance must always be through an ex officio lawyer, and the right to a reserved interview with them once police formalities for taking a declaration are completed. Nor may an alien detainee notify their detention to their consulate”.

c. Legal assistance

- ***The CPT recommends that the Catalan authorities guarantee that the right to legal aid is effectively implemented, taking account of the observations indicated, such as continuing to improve the electronic registration system precisely notifying the time when lawyers provide their assistance to detainees, and enhancing collaboration with bar associations to ensure that those seeking a lawyer’s advice and assistance are able to receive it from the very moment when they are detained and not just from the start of the first formal interrogation programmed by the police (point 17, pages 21 and 22)***

Internal document “PRO 007 Preparation of police reports with detainees” and specifically paragraph “7.2.1 c) Assistance of a lawyer” provides as follows:

“A detainee is entitled to seek assistance from a private lawyer. It must be confirmed with the bar association that the counsel designated agrees to assist the detainee. If it is not possible to contact them or they do not agree to provide the assistance, the detainee will be notified, should it wish to designate another private lawyer, and this must be done. If a private lawyer is not designated, the investigator must ask the bar association to appoint one ex officio.

Should a family member or any other person offer the detainee the services of a private lawyer, the detainee must ask whether they agree, and the matter proceeds accordingly. If a detainee accepts a private lawyer having already been designated one ex officio, the lawyers must come to an understanding.

Declaration must always be taken from detainees in the presence of a lawyer except as follows:

- For road safety offences, a detainee may, if of adult age, waive the mandatory assistance of a lawyer.*
- If, three hours following the petition for legal assistance, the lawyer designated has not appeared in the police facilities, without justification, it has not been possible to secure another, and the detainee consents.*

In both cases, those circumstances will be recorded in the detainee’s declaration and subsequently set out in a file opened.

Should the lawyer or the detainee request use of a right during declaration proceedings, that request must be recorded, with formalisation of the petition and the steps taken. The certificate of reading of rights must not be modified by marking the related box as this may create confusion about the time when the right was requested.

Should there be a number of detainees for the same facts and they are assisted by a single lawyer, he or she may find that they are facing a conflict of interest (if one detainee accuses another of those involved) and may relinquish the defence of any of them. This is in any event the lawyer’s decision. In case of relinquishment by a private lawyer, there must be a new petition for a lawyer for each detainee. If a lawyer waives their defence during a detainee’s declaration, the investigating officer must suspend the declaration and record the circumstance. A lawyer may not interview the detainee in private if they have foregone their defence. Record must be made in the police report of the facts that led to a new petition for a lawyer in proceedings opened.”

d. Visit by a doctor, and medical care during detention

- ***The CPT recommends that the medical attention service at Les Corts be reinforced so that adequately trained healthcare personnel are available at all times. Those in police custody with lesions must be seen by a doctor, and protocols must be established to ensure that any alleged abuse is reported.***
- ***On the other hand, the practice of having police officers carry out the work of healthcare personnel must be ended. Likewise, the existing system for the storage and management of medication at Les Corts (point 20, pages 23 and 24) must be reviewed.***

The particular complexity and sensitivity of the Detainee Custody Area (ACD) at *Les Corts* and, in dealing with detainee security, that of the public servants providing the service and of third persons, it was made a priority to establish clear guidelines on the areas of authority in preparing and administering medication to ACD detainees.

Since 1 March 2019, the structure of the ACD nursing personnel has been reinforced to cover almost total service times Monday to Friday, and alternate Saturdays, no longer covering service every Sunday.

Thus healthcare cover times have been extended (24 hours per day) in the Area for Preparation of Reports and Detainee Custody with 1 doctor and three nurses (male/female), which has contributed to an improvement of healthcare and in the handling and administration of medication for detainees, along with greater control of resources by qualified personnel with the necessary training.

- Doctor: Monday - Friday 16 h - 22 h (37.50 h per week)
- Nurse 1 (already in place): The same time Monday - Friday as currently worked 11:30 h - 18 h (37.50 h per week)
- Nurse 2 (new): Monday - Friday, 18 h - 24 h (30 h per week)
- Nurse 3 (new): Monday - Friday, 24 h - 6 h (30 h per week)

All work 18 h - 22 h one Saturday in four.

In addition, point **5.2.2 Preparation and supply of medication** in *Operational Guideline 001 RPMB-ARIC Activation of healthcare for the detainee* has been modified to define clearly and specifically by whom, when and how detainees' medication will be prepared. The amended text reads as follows:

"The head of shift must review each detainee's medical report and the guideline on how medication will be supplied to detainees.

Medication will be provided to detainees by officers assigned this task, under the supervision of the head of the shift.

During their work shift, the nursing staff must prepare the 24 hour medical guideline for the detainees needing it, and deliver it to the officer responsible for supply.

At times when no medical service is available in the ACD, should detainees not have the medical guideline prepared and as long as there is no nursing service in the ACD for the 24 hours, the head of shift is the person responsible for its preparation and delivery to the officer entrusted with supply. He or she is also responsible for the materials and must supervise access to them.

Guidelines for supply of medication:

- *Medication may be supplied to detainees only if there is a medical report specifying the medication guideline.*
 - *In case of doubt about the source of the medication, it must not be provided. Examples: the blister pack is open; a container with unsealed bulk medication, or any container suspected of having been manipulated.*
 - *If a detainee brings their medication with them, it may only be supplied to them under the supervision of the medical personnel.*
 - *The medication must be supplied exactly and according to the guideline appearing in the medical report.*
 - *Only the specific medication appearing in the medical report guideline may be provided, not an equivalent or alternative.*
 - *In case of any doubt concerning provision of medication to detainees, the medical service must be consulted.*
 - *Outside the times when the medical service is present, the head of shift may consult Service 061 CatSalut Responde (CatSalut Responde)."*
- ***The CPT restates its recommendation for measures to be taken to ensure that police officers are unable to overhear what is said during medical examination or to be present unless, in a specific case, the doctor concerned requires otherwise (point 21, Page 24).***

According to Article 5.3 b) of Organic Act No. 2/1986 of 13 March, the Security Forces and Corps Act, and Article 11.1 four b) of Act No. 10/1994 of 11 July of the Generalitat Police – Mossos d'Esquadra, the police must guarantee the detainee's security and physical integrity, and respect for their honour and dignity during detention.

In Catalonia, healthcare facilities do not have spaces especially established to guarantee the security of the detainee and of the officials involved. In these circumstances, if police officers have no visual and auditory reach, they are unable to effectively guarantee the security of the detainee, of the healthcare personnel or of other users of the facilities, nor of the officers acting and who are responsible for custody of detainees.

There is clear record of the effort already habitually being made to maintain the necessary balance between detainees' right to privacy during medical visits with a police presence that encroaches as little as possible, allowing the correct interaction between the detainee and the healthcare personnel and the duty of guaranteeing the detainee's security, that of the healthcare personnel, police officers and other users present in the same space.

Thus police custody implies the presence of agents throughout police detention, necessary for ensuring the security of the detainees, officers and the professionals involved as long that this situation lasts. This physical presence does not involve any sort of intervention or interference while medical assistance is underway, and a detainee may indicate to the medical personnel whatever they deem adequate and necessary.

Agents engaged in transferring a detainee must therefore adopt the appropriate security and self-protection measures to guarantee the integrity of the detainee and that of the officers. This means that the custody and surveillance of the detainee is the responsibility solely and exclusively of the police officers, and they will in any event remain with the detainee, never letting him or her out of their sight.

In the matter of the protocols which must be followed by the medical personnel while detainees are undergoing medical examination, it is up to the Health Department and the medical professionals to decide on the type and scope of the examination.

- ***The CPT recommends that it would be advisable for a detainee in a highly agitated state to be relocated to a secure cell and monitored directly until receiving medical assistance. Because almost half those detained in the course of a year are transferred to the ACD at Les Corts, the CPT considers the fitting out of such a cell to be justified (point 22, pages 24 and 25)***

There is no internal document specifically regulating this matter. Document "*PRO 006 Detainee's time in the custody area and detention (ACD)*", paragraph 7.8 et seq., refers to the way PG-ME agents act to neutralise a disturbance or a fight in the cells, but makes no reference to transferring the agitated person to a secure prison.

It can be said that there is at the *Les Corts* ACD no "cell for highly-agitated cases" as such. Nonetheless, on 21 May 2019, formalities began to request protection of the search areas in the ACD with tatami type elements for action with persons in such an agitated state.

It can also be highlighted that, normally in these cases, use is made of the cells closest to the control zone (specifically Nos. 31, 32, 33, 34 and 35) in order to monitor and supervise the agitated detainee's evolution.

e. Assistance of an interpreter.

- ***El CPT recommends that the Catalan authorities guarantee that, whenever a detainee requests the aid of an interpreter, contact be made with the interpretation service and language assistance be offered to them without delay (point 24, Page 27)***

Document "PRO 005 the detainee's arrival and first actions in the custody and detention area (ACD)" and, more specifically point 7.3 "Informing the detainee of their rights", provides as follows:

"(...) Should a detainee not understand Catalan or Spanish, the model for the certificate published in a language they do understand must be used. If the detainee does not understand the rights granted them in certificate N 01 or N 01. b because of problems in understanding the language, the investigating unit must ask urgently for an appropriate interpreter so that they can be notified of the rights granted them in a comprehensible manner".

There are few incidents at the *Les Corts* ACD although, when they do arise, their effects are serious. The languages in most of these incidents are not very usual (Bosnian, Bulgarian or Georgian) and the operating company declares that this service is unavailable, at which point a decision is made to take the declaration with maximum guarantees for the detainee (for example in another language they are familiar with) so as not to extend their detention beyond the indispensable time.

The interpretation and translation service contracted in public tender by the Directorate-General of the Police (DGP) establishes a response time of 60 minutes for the most commonly-required languages (English, Arabic, French, German, Italian, Rumanian, Urdu, Chinese and Russian) and not more than 180 minutes for remaining languages, and will continue to be available as long as the police body deems that necessary.

In exceptional situations, for reasons of the logistics of the company contracted and with uncommon languages, in order to avoid over-extending detention in the police building, the detainee is informed of the rights using the printed document in various languages used by the DGP. These are cases where, by way of guarantee and always in the lawyer's presence, the detainee declines to declare before the police.

III. Detention conditions

- ***The CPT recommends that when women are detained in the custody areas, female police officers must always be on duty. Furthermore, detained women complain that they are not provided with sanitary pads or personal toilet items (point 26, Pages 28 and 29)***

Two female officers are posted to each unit or working group in the ACD at *Les Corts*.

On the other hand, the ACD does have materials for feminine hygiene so that female detainees are provided with personal hygiene items such as sanitary pads. Such material is acquired through the police regions administrative services.

- ***The CPT reports that the main deficiencies noted in the conditions in the Mossos d'Esquadra facilities are a lack of natural light, inadequate artificial lighting, scant ventilation, insufficient access to drinking water, very few means for maintaining personnel hygiene and an absence of exercise yards. The CPT reiterates its recommendation that the Catalan authorities should take the measures necessary to overcome these problems (point 27, Page 29)***

There is no problem of supply of water to detainees and no limitation whatsoever as to either the demand for or the supply of water to them. The deficiency noted by the CPT must have been an isolated case.

As to the provision of food, point 7.4.3 "Food supply" in document "PRO 006 Detainee's time in the custody and detention area (ACD)" specifically provides as follows:

"All detainees must receive three daily meals.

Should they not wish to accept the meal, this must be recorded in the computer application "Custody and detention". Should a detainee refuse to accept the food offered during three meals, this will be notified to the police proceedings investigator.

Detainees who, for cultural or religious reasons, do not take some form of food, may ask for it to be replaced by another. Those with health problems (allergies, food intolerance or illness) may also do this. In such cases, the ACD head is entrusted with the management of the supply.

A detainee may receive food brought to them in private visits. This must always be done following authorisation by the investigator. A detainee may receive the food, provided that they give their consent, set out in form "PD 02 Certificate of acceptance or rejection of items delivered by private persons to the detainee", which must be completed. The custody officers must perform a basic security inspection of the food.

Detainees who are away from the ACD at mealtimes (medical visits, hospital custody, etc.) will receive the associated meal, which will be recorded in the "Custody and detention" application.

Detainees entering following mealtimes will, if the person responsible for the Custody deems fit, receive the associated meal, which will be recorded in the "Custody and detention" application.

Times and meals are defined in the related operational guideline prepared by each basic police division (ABP)."

At the Les Corts ACD, water is always facilitated to any detainee when they request it. The water is visible, and a clean, individual glass is provided to each detainee during access to the custody zone.

On the possibility of reading material being made available, point 7.4.7 "Detainee requests" of document "PRO 006 Detainee's time in the custody and detention area (ACD)" provides as follows:

"A detainee is entitled to visits by family members and persons from their social and/or family environment, and may receive food, personal items and packets, to change clothes and to express to the head of the ACD their interest in communicating with any other police officer outside the investigating unit. All such detainee requests must be notified and evaluated by the investigator in the proceedings."

- ***The CPT has repeatedly mentioned that persons held in police custody for more than 24 hours must be able to exercise outdoors (point 27, Page 29)***

Although no specific data can be offered, it is emphasised that detainees do not remain in the ACD at *Les Corts* on average more than 24 hours. That figure is usually only exceeded in cases where, due to programmed operational police criteria, many detainees are involved because of the complexity of the investigation in the context of a special deployment (Criminal Investigation Division, Areas of Criminal Investigation...); or detentions involving complex investigation (Gender Violence or some sort of Robbery with Violence and/or intimidation).

- ***While the CPT does applaud what is pointed out, it recommends that the Catalan authorities facilitate the resources necessary for the implementation of these reforms. In addition, it requests information on the findings from the feasibility study to be carried out by the Mossos d'Esquadra. On the question of exercise yards, the CPT trusts that this question will be taken into account when building new police installations with custody zones or when major reforms are carried out in existing ones.***

In connection with the deficiencies detected (lack of natural light, inadequate artificial light, irregular access to drinking water, the absence of an outside exercise yard for those detained longer than 24 hours), both the Police Prefecture and the Department of the Interior's Infrastructures Services are assessing the feasibility of their introduction, supposing as they do major remodelling.

These proposals require thorough analysis as they involve not just questions of finance, of infrastructures (architectural), but also of security given both the physical and budgetary limitations.

The PG-ME does wish to introduce improvements such as light, ventilation, among other suggestions, which would be warmly welcomed both by temporary users and by those at work. However, we do not consider the proposal to create an outside exercise space for those detained for more than 24 hours to be appropriate in an area of police custody where detention times are short (in most cases not more than 24 h).

- ***The CPT considers that the rules for the transfer of detainees should make it clear that, for reasons of health and security, detainees must not be left in closed vehicles without ventilation for long periods of time, and recommends that police officers should be reminded of this.***

The PG-ME considers that nobody, whether a detainee or an inmate must, under any circumstances be left in a closed, unventilated police vehicle.

Any detainee or inmate who must be transferred shall be treated with dignity and respect as a person, so that it is impossible for them to be enclosed and without ventilation for a long period of time.

Should it for any reason be necessary to keep persons in the vehicle, the air conditioning or fan will be left running and, if possible, the window will be lowered a few centimetres.

It must also be said that should the person being transferred experience some incident while in the vehicle, they are always able to contact at least one officer, because the vehicle is never left alone with a detainee or inmate inside.

Clearly, a situation may arise in which the vehicle ventilation breaks down: in such cases, the PG-ME will remove the detainee from the vehicle as quickly as possible.

B. PRISONS

In the first instance, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) is informed that, following its visit, the then Directorate-General of Prison Services (*Direcció General de Serveis Penitenciaris*) was transformed by the Government of the *Generalitat* of Catalonia into the current Secretariat for Criminal Measures, Reintegration and Care for Victims (*Secretaria de Mesures Penals, Reintegració i Atenció a la Victima*) henceforth SMPRAV, which is entrusted with the management of criminal enforcement as a whole: Prisons, youth justice educational centres, penal measures alternative to prison, and care of victims.

This restructuring was designed to highlight the importance of reintegration policies and the creation of new opportunities, input from the prisons and educational centres, and alternative penal measures in achieving a more cohesive, just and secure society.

As reported during the CPT visit to Catalonia, at that point work was underway on the Strategic Criminal Enforcement Plan (PEEPA) with a 2027 horizon, which was finally presented and upon which the future of adult criminal enforcement is already being constructed in this area.

The PEEPA contributes a significant value to the system, this being the first time when, as an organisation, and with collaboration and participation, thought is being given to “where are we?” and “where do we want to get to?”.

The process has involved more than 227 professionals in the various fields of adult criminal enforcement (the prison system, alternative penal measures,..) from other departments and social entities.

The outcome is an agreed, comparative text between criminal enforcement professionals and the Justice Department, defining the direction it is wished to take, how to do that and with the accompanying investment and outlay policies needed.

The analysis has led to an initial conclusion that all those involved have designed a model for criminal enforcement in Catalonia which is successful but which needs to be strengthened and made more efficient.

The PEEPA is at present entering a phase of operational definition, emphasising use of the collaborative methodology. A process is foreseen for participation by enforcement personnel among adults, other departments, associated social entities and trade union representatives in questions reserved for this area of negotiation.

As part of this operational defining process, account will be taken of some of the weightier recommendations introduced by the CPT in its report, particularly those requiring planning and allocation of resources (human or financial) throughout the 10 year effective term established in the plan.

The SMPRAV has sustained and improved actions targeting the population in the field of criminal enforcement, especially policies affecting the direct provision of services dealing with people’s immediate care. Specifically, enhanced overall healthcare, education, increased dependent units and outside residential resources, and financial support for bodies and organisations working in programmes linked to the social reintegration of detainees (management contracts and subsidies), all with priority over other needs such as new investment, improved maintenance or reform of the installations, which are not however less important.

The recommendations in the CPT report require major investment which, at present, Catalonia and probably few surrounding economies could take on short-term. We have already noted many deficiencies, almost all coinciding with those indicated by the CPT. Hence the creation of the PEEPA. Its implementation will have to be planned progressively,

establishing priorities and acting untiringly so that all aspects of the Catalan criminal enforcement model are made excellent.

1. Preliminary observations

Paragraph 33.-

The purpose of the commentary in this paragraph is to update reference 12 in the footnote in the CPT report on reform of the Criminal Code in Organic Act No. 5/2010 because, at present and as a consequence of Organic Act No. 1/2015 of 30 March, Article 89 of the Criminal Code is amended to substitute convictions with expulsion as a general rule for foreign citizens sentenced to more than 1 and up to 5 years (with some exceptions); in cases of sentences exceeding 5 years, the judge or court will order enforcement of all or part of that sentence. Finally, the requisite that the person must be an illegal foreign resident is eliminated.

Paragraph 35.-

In connection with the description of the men's centres visited, the CPT mentions that it took advantage to visit the women's units at *Brians 1 CP (Brians 1 Prison)* and *Ponent CP*, but not that at the *Mas d'Enric CP*, as set out in a footnote (No. 15).

2. Prisons for men

It must be made clear on this point that the *Ponent CP* has no open regime unit. The CPT may be referring to the Centro Penitenciario Obert (*CPO*) at Ponent.

Both centres are independent and each differentiates its management according to the objectives and approaches targeting the population it receives. Each centre has its own differentiated management structure and its own collective bodies, each completely independent of the other.

The *Ponent CP* centre houses men and women in preventive detention or who have been convicted, in an ordinary or closed regime, while the *Ponent CPO*, like other open facilities, is an establishment preferably used to enforce sentences for detention in open-regime living categories.

a.- Abuse

The SMPRAV aligns with maximum respect for human rights and commitment to building and strengthening the structures linked to strict observance of and compliance with Human Rights in Criminal Enforcement in Catalonia and as guarantor of respect for the State of Law of which we form a part.

The SMPRAV restates its commitment to communicate to all Prison Services (henceforth PS) the rejection of conduct and practices that violate people's fundamental rights, with no doubt or justification for them. It also emphasises that it will act with maximum decisiveness in eradicating them.

The SMPRAV Secretary is greatly concerned about the frequency with which restraint is used in prisons, but also about the growing numbers of violent incidents and assaults currently suffered by prison professionals. There are in the prison system people who react very violently. This conduct demands maximum rejection and a systemic approach.

The prison personnel is one of the strengths of the Catalan Prison System, and it is an SMPRAV objective to enhance their professionalism and the social component of their function.

Thus the SMPRAV is firmly determined to investigate and clarify any situation that calls into doubt the good practice underlying the Catalan prison model, and not to be distracted by untrue complaints of abuse related to legitimate action in the application of coercive resources in a reduced group of individuals with very complex characteristics, who seek to generate doubt and to discredit the effort of many professionals, bodies and volunteers working for a social, quality and fairer public prison system.

The coercive resources are provided for Organic Act No. 1/1979 of 26 September, the General Prisons Act, with clearly defined and limited boundaries, made available to the prison system by lawmakers in anticipation of certain behaviours and situations where channels for understanding are exhausted and the use of force is the only valid means. Neither punishments nor sanctions. Their application seeks to restore normalcy or avoid worse situations, clearly determined in the provision regulating the application of this measure.

Application of coercive resources is not innocuous either for those receiving or for those administering them. This makes it necessary to establish the largest possible number of safeguards and protective elements to minimise the physical and the mental damage to each. We cannot prevent that from happening and they do form part of the interest and priorities of the SMPRAV Secretary in finding a way to influence this aspect.

On the presence of management personnel inside the prisons, it is a feature of the Catalan model that there is a presence and a direct relation between professionals in various areas and at different levels and the prison population (as CPT members were able to verify during their September 2018 visit, including in situations where the person was restrained, where the personnel interact verbally to facilitate a drop in the rising violence that led to the measure).

The members of the management have been directed and do comply by being present in a centre's life and dynamic, and to deal with petitions and complaints from both inmates and from their family members and representatives.

Along these lines, to increase the supervision of incidents arising in the centres, according to the draft of the circular on restraints (to be part of all professionals' general knowledge) the incident unit which ordered or ratified mechanical restraint (or the unit determined by the director) will view the recordings and prepare an analysis that they will review with the director who then refers it to the Deputy Directorate-General of Prison Centres and Management (*Subdirecció General de Centres i Gestió Penitenciària*).

The management teams are focused on investigating and clarifying charges or complaints arising in prison. In addition, some people with a standoffish and distrustful attitude toward the organisation may prefer to channel their complaints along avenues other than through the centre management. They do this directly with the Judicial Authorities (Enforcement Court or Duty Court), *Síndic de Greuges* or Ombudsman, or social bodies, who can refer them to the different authorities, given the multiplicity of mechanisms for formulating and investigating complaints or charges, and which the management may not know about until they reach them from those sources.

To reinforce the presence of the managers in the centres' internal workings, it is emphasised that the secretary travels two days a week to the centres, interacting mainly with inmates and with the key personnel providing service in the units visited.

Paragraph 40.-

The following is reported in connection with the additional information on the cases described in points ii) and iii) of paragraph 37 and point ii) in paragraph 38:

37 ii. This section refers to the incidents featuring inmate CIC *****56 on 5 September 2018 in the *Mas d'Enric* CP as a result of which he was in the first instance transferred to the DERT, followed by the intervention of equipped officers in the cell because of his aggressiveness and resistance. This action led to mechanical restraint of the inmate, who underwent the related medical checks which revealed no incident.

The inmate filed no complaint related to these facts with the Inspection Service, nor has this Service received information about any subsequent judicial action in this connection.

We do not know if any complaint or charge has been filed in relation to these events with any outside authority. It is hereby recorded that, for those dates, the following details appear in the personal file:

- 26 September 2018; the JVP (Prisons Enforcement Court) dismissed a request from the inmate.
- 27 September 2018: a document in a sealed envelope was referred to the First Instance and Preliminary Investigating Court (Domestic Violence) in Tortosa; the content is not known.

There is also record of a submission sent in a sealed envelope to the *Observatori del Sistema Penal i de Drets Humans* (Penal System and Human Rights Observatory) on 26 September 2018.

Various informative procedures were opened in 2018 in connection with this inmate on the basis of several complaints formulated by him related to treatment by officers, and the psychological treatment administered: this Inspection Service closed them all for lack of evidence of irregularities which might justify disciplinary reproach.

37. iii. This heading refers to the incident caused by inmate CIC ***64 on 26 August 2018 in the *Ponent CP* when he seriously assaulted an officer and tried to attack another, so that he had to be restrained, mechanically controlled with the medical constraints established in the applicable provisions. The matter was reported as a daily incident to the duty inspector and entered in those terms in the Service's daily report.**

No action is registered in the Inspection Service on this inmate, whether on his own initiative or the consequence of requests for information from other judicial bodies or sections related to charges filed by the inmate for this case or for others of a similar nature.

The *Brians 2 CP* states that it has reviewed the file on the person concerned and that there is no record of any appeal or complaint from him in the Prisons Enforcement Court concerning the events at the *Ponent CP*. It must be remembered that a complaint may have been sent through channels other than those of the prison.

38. ii. The reference here is to the incident involving inmate CIC ***73 on 14 August 2018 in the *Brians 1 CP* in which an officer was attacked and injured. The inmate had to be restrained mechanically and underwent the regulatory medical checks: there is no record of any incident.**

This was reported as a daily incident to the duty inspector and entered in those terms in the Service's daily report.

The Inspection Service has no record of any action on this inmate at his request or arising from requests for information from other judicial bodies or divisions concerning charges filed by him for this or any other similar act.

The *Brians 1 CP* states that notification of lesions was delivered to the No. 3 Preliminary Investigating Court in Martorell; they have no record of whether proceedings were initiated in the matter.

Paragraph 41.-

In line with the CPT's undertaking, the Inspection Service completed an analysis and diagnosis of the situation at *Brians 1 CP* to detect and prevent any mistreatment or abuse of those held there.

Following identification of cases of inmates to whom restraint and fastening, personal physical force and rubber defences were applied as a coercive measure on occasions, a total of 21 interviews took place in cases where a high level of aggressiveness was observed involving direct confrontation with officers, and complaints of abuse were formulated. Similarly, to crosscheck the information obtained, interviews were conducted with Interior Service professionals, intermediate officers, doctors and management personnel from the centre. Finally, a review was conducted of all the complaints notified to the Inspection Service between 1 January and 31 October 2018 related to alleged abuse by *Brians 1 CP* officers.

With those actions completed, the inspectors reached the following conclusions:

- In none of the cases analysed was abuse of inmates by officers recorded, and no disciplinary action was taken;
- Repeated complaints from some inmates about alleged improper and irregular corrections by some functionaries in their offices were not recorded because of a lack of information about the place, dates, the staff concerned and an absence of recorded images.
- The inmates' contributions are not sufficiently decisive and usually fail to indicate specific acts or dates, or the officers involved. They sometimes describe certain officers, alleged perpetrators, not always the same, for whom there was no evidence nor was it possible to record censurable behaviour.
- The interaction between some officers and men and women inmates can be improved by trying to redirect conflict situations through dialogue. At this time, with officer adaptation, treatment programmes and the activities implemented in each department, a clear improvement has been detected in this sense and complaints are fewer, especially in the women's module;
- Inmates' complaints about the Special Department (DE) relate mainly to the moment of entry in this department from other modules, when they are registered in an enclosed space with no cameras or other controls and where, they declare, officers engage in certain irregular practices. They also state that they are sometimes physically assaulted for calling insistently on the intercom to demand something or to make a complaint.

In connection with officers' actions in DE cells, it must be said that the fact that there are two doors, the second of which is barred (*cangrejo*), allows officers to interact with inmates without coming into physical contact with them, with a twin benefit: to avoid possible assaults by inmates on officers and possible malpractice by the officers, as claimed by inmates;

- Consequent upon the reconversion of the *Brians 1 CP* to a preventive centre, increased conflict was noted in the Arrivals Department. This happens because inmates enter in deficient conditions: some are drug addicts with withdrawal symptoms, in a highly unstable physical and mental state; others enter the prison environment for the first time, and the powerful impact this causes them must be dealt with urgently to prevent self-harm; others are in a state of psychic decompensation due to lack of treatment, etc. All these situations generate a level of tolerance in arriving inmates well below that of those convicted who are in a physically and psychologically stable situation having previously received medical, psychological, legal and social treatment.

The current management team is aware of this situation and is working to reduce the impact of entry in prison of preventive and/or first-time inmates, to avoid potential incidents;

- Some improvements have been noted in the monitoring of sensitive and confidential medical documentation to ensure that, in situations where inmates might claim mistreatment or doctors perceive signs or evidence of abuse, reports are furnished in sealed envelopes and delivered to the centre management and, as applicable, to the corresponding judicial authority; it must also be guaranteed that no officers are present at inmates' medical visits, to preserve the necessary confidentiality, except in case of duly evidenced reasons of security.

In the light of the conclusions referred to, the Inspection Service proposed a set of corrective measures such as:

- To set offices up with video-surveillance cameras for interviews with inmates;
- To install video-surveillance cameras in the Special Department's frisking zone; to increase, upgrade and/or replace video-surveillance cameras in common and through spaces for inmates in the modules (stairs, floors, dining-room, passages ...);
- Strict selection of male and female officers for posting in the Special and Arrivals Departments;
- To preserve the necessary confidentiality during restrained inmates' medical visits;
- To sustain permanent, on-going training in conflict-resolution for officers in the internal regime;

- To ensure that when inmates must be restrained to a bed, this is done with maximum conditions for their comfort, attending to physiological and eating requirements which may arise while restrained.

Paragraph 42.-

This Administration's zero tolerance of abuse or inhuman or degrading treatment of detainees is a primordial component of the training of personnel in the criminal enforcement services, and in the messages delivered by the head of the system with reminders of zero tolerance and the duty to act as public servants in the face of any threat to these essential personal rights.

The SMPRAV is working on the full implementation of professional practices to adequately prevent and manage those high-risk situations and to upgrade systems for facilitating the information to the prison personnel needed on the profiles of inmates who have displayed risk conduct toward themselves or third persons, to better adjust intervention and reduce the risks by enhancing RISCANVI, the assessment tool.

We consider positively the proposal for the systematic recording of actions referred to in the CPT report. This measure, to provide intervention groups (and other professionals) with individual cameras, is among the possible options to be incorporated according to the prioritisation of needs and the availability of resources.

Paragraph 43.-

The Catalan Health Institute (ICS - *Institut Català de la Salut*) states that all healthcare personnel were trained during 2017 in the registration of lesions and the correct completion of the Court certificate of lesions following the recommendations of the Istanbul Protocol.

A model is shown of the certificate of lesions currently included in the clinical record (HC) at the end of this document as Annex 1. Of note is the paragraph dedicated to the patient's statements, separate from the entries from the clinical examination and the doctor's opinion. The compatibility of the lesions is not considered part of the authority of the family doctor but rather of the examining doctor.

The ICS will study the inclusion of photographs in the certificate of lesions to the court; the SMPRAV foresees no problem in incorporating them.

All the clinical records are registered in the HC. No consideration is given to creating special registers.

A request will be made to list the court reports drawn up over a period of time for ease of locating and handling.

Clinical personnel are reminded of the obligation to deliver notification to the Court whenever abuse may be suspected, irrespective of the patient's wishes.

Paragraph 44.-

Of the 31 sets of reserved data referred to under this heading, we can indicate that:

- 24 sets of reserved data were closed, two with a court ruling acquitting the officers involved.
- 4 were closed, with corrective measures, addressed to the various Prison Managements.
- 3 sets of reserved data led to disciplinary proceedings, two settled with sanctions on the officers involved and the other closed on the basis of the corresponding court ruling.

Paragraph 45.-

The point refers to eight cases, of which the Inspection Service (*Servei d'Inspecció*) was able to identify only the following four beyond doubt, based on the information provided:

Mas d'Enric CP

- DI 12/2018.- Inmate CIC *****52. *Mas d'Enric CP*. Complaint was filed concerning various aspects of the treatment received in the DERT: medication, correspondence, activities and communications.

Once the information was sought from the centre and crosschecked, the inmate was interviewed by a Service Inspector. The proceedings were then closed because the alleged illness claimed by the inmate was not diagnosed by the centre's Medical Services and no signs were encountered of the irregularities declared by the inmate.

- DI 17/2018.- Inmate CIC *****56. *Mas d'Enric CP*. A complaint by the inmate of alleged degrading treatment.

The information was requested from the centre and crosschecked, the Inspector interviewed the inmate and closed the files because of a lack of specific data and the inmate's confused account. Recommendation was made to the centre on the review of the security procedure, storage of personal data and extraction and storage in external supports provided for in Circular No. 2/2010.

- IR 13/2018.- Inmate CIC *****88. *Mas d'Enric CP*. A complaint by the inmate for an alleged assault by an officer.

This matter was also the subject of a court charge, which was closed by the No. 4 Preliminary Investigating Court of Tarragona on 19 April 2018. The Inspection Service requested various reports from the Centre, images of the incident, and the Inspector interviewed the inmate on 13 April 2018. Once the information was received and analysed, the investigating Inspector ruled to archive the reserved information in the absence of irregularities by any officer in the Prison Centre which might be corrected through disciplinary channels and related to the facts concerning alleged abuse as charged by the inmate.

- IR 17/2018.- Inmate CIC *****72. *Mas d'Enric CP*. A complaint by the inmate for alleged abuse by officers following family communication.

This question was also the subject of a court charge which was dismissed and closed in a Ruling of the No. 6 Preliminary Investigating Court in Tarragona on 15 June 2018.

The Inspection Service in this case requested and received various reports from the Centre, and images of the incident. The Investigating Inspector also interviewed several officers, and the inmate. On completion of all these actions, the Inspector archived the reserved information, having detected no conduct by officers which might be censured in disciplinary terms. In connection with this reserved information, the Investigating Inspector notified the Centre of three corrective measures to be considered in the procedure related to the constraint of the inmate.

Of the other four cases referred to in the CPT report and on the basis of the information furnished by this body, it is impossible to identify them individually and unequivocally, so that we will refrain from providing information which may prove erroneous until more precise data are available.

Paragraph 46.-

Perhaps a semantic question leads us to find differences in the interpretation of what the CPT defines as episodes of "*recurring violence between prisoners*" in some of the ordinary regime modules in the centres visited.

We consider that incidents occurring at some times are not, in temporal terms, recurrent. When in a single residential unit various incidents which may generate conflict overlap, the management teams and the other professionals involved tend to define the problem, locating those involved and separating them into different units and/or centres if necessary.

The main source for the prevention of the phenomena as described by the CPT and which we do not agree with, is the personnel's understanding of the population, along with a model for relation based on interaction and the proximity of internal service officers and other professionals to the population in the units, providing important modelling and a significant source of information for an understanding of the individuals in each unit.

We believe that the proximity-based model favours a reduction in risk factors compared with those based on monitoring and the separation of professionals and the population into isolated cabins whether in the open or the ordinary regime but particularly in the closed regime.

Secondly, a further prevention tool involves engagement in activities, whether specific (depending on the criminogenic needs and risk factors observed), for training (both regulated and informal), work-related (in internal workshops and services), occupational (in its different disciplines), sport or leisure.

Thirdly, improvements to the technical elements for risk-assessment, on which work is being done, help to provide indicators for drawing up risk maps within the centres. As the CPT is aware, the SMPRAV has availed itself of a risk-assessment tool called the RISCANVI which assesses the risk of violent criminal recidivism, risk of breach, risk of self-directed violent conduct and risk of intra-institutional violence. On this last aspect, work is under way with the team that created the scale to enhance the tool's algorithms to enhance its detection potential for individual risk factors of a particular person and define strategies for dealing with that case. Similarly, once the scale is adjusted, it will be possible to display residential unit and Centre risk maps.

Fourthly but no less importantly, to implement and develop the participation and coexistence model (MPIC) conceived as a project in which those interned in the centres channel participation in prison affairs, enabling them to empower themselves in connection with the daily business affecting them, providing solutions and committing themselves to improving the units' operation, allowing for a more distended social environment without ever abandoning the Administration's management obligations. The purpose of this model is also to involve people at the individual level, along with their family, in the development of the Individual Treatment Programme (PIT) or the Individualised Intervention Model (MII) in cases of preventive detention.

Fifthly, we are working on developing and implementing the alternative conflict-resolution programme also linked to the MPIC, which will be extended to all Centres (currently in effective use at the *Lledoners CP*, *Puig de les Basses CP*, partially at *Quatre Camins CP* and with isolated trials in other centres).

b.- Attachment/restraint methods

Paragraphs 47 - 53.-

The report refers to lesions that may be caused by restraining measures. The SMPRAV has indeed installed restraining tapes that cause people less physical harm, like those used in hospital emergency facilities, rejecting other much more brutal procedures. However, in cases involving far greater resistance, signs were subsequently noted of having been subjected to this measure, and resistance to it (abrasion, bruising, etc...).

Such lesions clearly concern us, but we are more worried about other injuries which may occur, chiefly in cases where resistance is greater, leading to greater harm sometimes not visible to the naked eye and causing more serious results.

The best formula for dealing with this sort of harm is to reduce use of the method, eventually withdrawing it from the catalogue of disciplinary measures available. This is the objective we have set.

According to the Catalan Health Service, under no circumstances are patients medicated in prison against their will. Only should the patient be in an emergency situation in which they are unable to respond can medication be administered without consent, as in non-prison emergency services, always on the basis of a clinical decision with no request from any other professional field or security protocol from the interior service.

On the other hand, great care is taken in the use of emergency psychotropic drugs with prison patients because a high percentage of these patients already have a prescription for such medication.

An image follows of the file which monitors restraints, approved in 2015. The procedure is to be reviewed in 2020 in terms both of the content of the monitoring and its scheduling guideline.

Information on the restraint measure, broken down by centre, duration and type (medical or corrective).- This information **includes both men and women.**

GENER 2019- ORDENANT MÈDIC/ PSQUIATRA										
DURADA	CPDB	CPJO	CPME	CPPB	CPPO	CPLL	CPQC	CPB1	CPB2	TOTAL
De 00 a 01 h.	0	0	0	0	0	0	1	0	0	1
De 01 a 03 h.	0	0	0	2	0	0	0	2	0	4
De 03 a 06 h.	0	0	1	0	0	0	1	4	0	6
De 06 a 09 h.	0	0	0	0	0	0	0	1	1	2
De 09 a 12 h.	0	0	0	0	0	0	1	0	0	1
De 12 a 18 h.	0	0	1	0	0	0	0	2	0	3
De 18 a 24 h.	0	0	0	0	0	0	0	2	1	3
De 24 a 36 h.	0	0	0	0	0	0	0	1	0	1
De 36 a 48 h.	0	0	0	0	0	0	0	1	0	1
Més de 48h.	0	0	0	0	0	0	0	2	0	2
TOTAL	0	0	2	2	0	0	3	15	2	24

GENER 2019 - ORDENANT CAPS DE SERVEIS/DIRECTOR										
DURADA	CPDB	CPJO	CPME	CPPB	CPPO	CPLL	CPQC	CPB1	CPB2	TOTAL
De 00 a 01 h.	0	0	1	1	0	0	1	0	1	4
De 01 a 03 h.	0	5	2	4	2	0	5	2	1	21
De 03 a 06 h.	0	1	1	4	1	0	3	1	2	13
De 06 a 09 h.	0	0	1	2	1	0	1	0	0	5
De 09 a 12 h.	0	0	0	0	0	0	1	0	0	1
De 12 a 18 h.	0	0	0	0	0	0	0	0	0	0
De 18 a 24 h.	0	0	0	0	0	0	0	0	0	0
De 24 a 36 h.	0	0	0	0	0	0	0	0	0	0
De 36 a 48 h.	0	0	0	0	0	0	0	0	0	0
Més de 48h.	0	0	0	1	0	0	0	0	0	1
TOTAL	0	6	5	12	4	0	11	3	4	45

FEBRER 2019- ORDENANT MÈDIC/ PSQUIATRA										
DURADA	CPDB	CPJO	CPME	CPPB	CPPO	CPLL	CPQC	CPB1	CPB2	TOTAL
De 00 a 01 h.	0	0	0	0	0	0	0	1	0	1
De 01 a 03 h.	0	0	1	1	0	0	0	1	1	4
De 03 a 06 h.	0	0	0	0	0	0	1	1	1	3
De 06 a 09 h.	0	0	0	1	0	0	1	1	1	4
De 09 a 12 h.	0	0	0	0	0	0	0	2	0	2
De 12 a 18 h.	0	0	0	0	0	0	0	2	1	3
De 18 a 24 h.	0	0	0	0	0	0	0	0	2	2
De 24 a 36 h.	0	0	0	0	0	0	0	2	0	2
De 36 a 48 h.	0	0	0	0	0	0	0	0	0	0
Mes de 48h.	0	0	0	0	0	0	0	1	0	1
TOTAL	0	0	1	2	0	0	2	11	6	22

FEBRER 2019 - ORDENANT CAPS DE SERVEIS/DIRECTOR										
DURADA	CPDB	CPJO	CPME	CPPB	CPPO	CPLL	CPQC	CPB1	CPB2	TOTAL
De 00 a 01 h.	0	2	0	0	0	0	1	0	0	3
De 01 a 03 h.	0	3	0	0	3	1	2	5	2	16
De 03 a 06 h.	0	7	1	0	2	0	2	1	1	14
De 06 a 09 h.	0	0	0	0	3	3	1	0	1	8
De 09 a 12 h.	0	1	1	0	0	0	1	0	1	4
De 12 a 18 h.	0	1	0	0	0	1	1	0	2	5
De 18 a 24 h.	0	0	0	0	0	0	0	0	0	0
De 24 a 36 h.	0	0	0	0	0	0	0	0	0	0
De 36 a 48 h.	0	0	0	0	0	0	0	0	0	0
Més de 48h.	0	0	0	0	0	0	0	0	0	0
TOTAL	0	14	2	0	8	5	8	6	7	50

MARÇ 2019- ORDENANT MÈDIC/ PSQUIATRA										
DURADA	CPDB	CPJO	CPME	CPPB	CPPO	CPLL	CPQC	CPB1	CPB2	TOTAL
De 00 a 01 h.	0	0	0	0	0	0	0	1	0	1
De 01 a 03 h.	0	0	0	0	0	0	1	2	3	6
De 03 a 06 h.	0	0	0	0	0	0	0	2	0	2
De 06 a 09 h.	0	0	0	0	0	0	0	1	2	3
De 09 a 12 h.	0	0	0	0	0	0	0	0	0	0
De 12 a 18 h.	0	0	0	0	0	0	0	3	2	5
De 18 a 24 h.	0	0	0	0	0	0	1	1	0	2
De 24 a 36 h.	0	0	0	0	0	0	0	1	0	1
De 36 a 48 h.	0	0	0	0	0	0	0	0	0	0
Mes de 48h.	0	0	0	0	0	0	0	2	0	2
TOTAL	0	0	0	0	0	0	2	13	7	22

MARÇ 2019 - ORDENANT CAPS DE SERVEIS/DIRECTOR										
DURADA	CPDB	CPJO	CPME	CPPB	CPPO	CPLL	CPQC	CPB1	CPB2	TOTAL
De 00 a 01 h.	1	1	0	1	0	1	2	1	0	7
De 01 a 03 h.	0	0	0	1	3	6	4	6	2	22
De 03 a 06 h.	0	2	1	1	4	0	4	1	4	17
De 06 a 09 h.	0	0	2	0	1	0	0	1	0	4
De 09 a 12 h.	0	0	1	2	0	1	0	0	0	4
De 12 a 18 h.	0	0	0	0	0	0	2	0	1	3
De 18 a 24 h.	0	0	0	0	0	0	0	0	0	0
De 24 a 36 h.	0	0	0	0	0	0	0	0	0	0
De 36 a 48 h.	0	0	0	0	0	0	0	0	0	0
Més de 48h.	0	0	0	0	0	0	0	0	0	0
TOTAL	1	3	4	5	8	8	12	9	7	57

ABRIL 2019- ORDENANT MÈDIC/ PSQUIATRA										
DURADA	CPDB	CPJO	CPME	CPPB	CPPO	CPLL	CPQC	CPB1	CPB2	TOTAL
De 00 a 01 h.	0	0	0	0	0	0	0	1	0	1
De 01 a 03 h.	0	1	0	1	0	0	1	1	2	6
De 03 a 06 h.	0	0	0	0	0	0	0	4	1	5
De 06 a 09 h.	0	0	0	0	0	0	0	1	0	1
De 09 a 12 h.	0	0	0	1	0	0	0	0	0	1
De 12 a 18 h.	0	0	0	0	0	0	0	3	1	4
De 18 a 24 h.	0	0	0	0	0	0	0	0	1	1
De 24 a 36 h.	0	0	0	0	0	0	0	0	1	1
De 36 a 48 h.	0	0	0	0	0	0	0	1	0	1
Mes de 48h.	0	0	0	0	0	0	0	0	0	0
TOTAL	0	1	0	2	0	0	1	11	6	21

ABRIL 2019 - ORDENANT CAPS DE SERVEIS/DIRECTOR										
DURADA	CPDB	CPJO	CPME	CPPB	CPPO	CPLL	CPQC	CPB1	CPB2	TOTAL
De 00 a 01 h.	0	0	0	0	0	1	0	0	1	2
De 01 a 03 h.	0	4	2	2	1	0	2	1	1	13
De 03 a 06 h.	0	0	5	3	2	2	0	0	1	13
De 06 a 09 h.	0	0	0	0	0	0	2	1	0	3
De 09 a 12 h.	0	1	0	0	0	0	1	0	1	3
De 12 a 18 h.	0	0	0	0	0	0	0	0	2	2
De 18 a 24 h.	0	0	0	0	0	0	0	0	0	0
De 24 a 36 h.	0	0	0	0	0	0	0	0	0	0
De 36 a 48 h.	0	0	0	0	0	0	0	0	0	0
Més de 48h.	0	0	0	0	0	0	0	0	0	0
TOTAL	0	5	7	5	3	3	5	2	6	36

MAIG 2019- ORDENANT MÈDIC/ PSQUIATRA										
DURADA	CPDB	CPJO	CPME	CPPB	CPPO	CPLL	CPQC	CPB1	CPB2	TOTAL
De 00 a 01 h.	0	0	0	0	0	0	0	0	0	0
De 01 a 03 h.	0	0	1	1	0	0	0	0	0	2
De 03 a 06 h.	0	0	0	0	0	0	0	1	0	1
De 06 a 09 h.	0	0	0	0	0	0	0	0	0	0
De 09 a 12 h.	0	0	1	1	0	0	0	0	0	2
De 12 a 18 h.	0	0	0	0	0	0	0	0	0	0
De 18 a 24 h.	0	0	0	0	0	0	0	2	0	2
De 24 a 36 h.	0	0	0	0	0	0	0	0	0	0
De 36 a 48 h.	0	0	0	0	0	0	0	1	0	1
Mes de 48h.	0	0	0	0	0	0	0	1	0	1
TOTAL	0	0	2	2	0	0	0	5	0	9

MAIG 2019 - ORDENANT CAPS DE SERVEIS/DIRECTOR										
DURADA	CPDB	CPJO	CPME	CPPB	CPPO	CPLL	CPQC	CPB1	CPB2	TOTAL
De 00 a 01 h.	0	0	0	0	0	1	1	0	1	3
De 01 a 03 h.	0	5	1	0	1	1	5	1	0	14
De 03 a 06 h.	0	2	3	3	2	1	1	2	0	14
De 06 a 09 h.	0	0	0	0	0	0	1	1	0	2
De 09 a 12 h.	0	0	1	0	0	0	0	0	0	1
De 12 a 18 h.	0	1	0	0	0	1	0	0	0	2
De 18 a 24 h.	0	0	1	0	0	0	0	0	0	1
De 24 a 36 h.	0	0	0	0	0	0	0	0	0	0
De 36 a 48 h.	0	0	0	0	0	0	0	0	0	0
Més de 48h.	0	0	0	0	0	0	0	0	0	0
TOTAL	0	8	6	3	3	4	8	4	1	37

Information on the restraint measure, broken down by centre, month, and type (corrective or medical).- **Exclusively female population**

CORRECTIVE						MEDICAL				
Months	CPME	CPPB	CPPO	CPB1	TOTAL	CPME	CPPB	CPPO	CPB1	TOTAL
JANUARY	2	0	0	2	4	0	0	0	1	1
FEBRUARY	0	0	2	4	6	1	0	0	3	4
MARCH	1	0	1	4	6	0	0	0	1	1
APRIL	1	0	2	0	3	0	0	0	1	1
MAY	1	1	0	3	5	0	0	0	1	1
TOTAL	5	1	5	13	24	1	0	0	7	8

Information on the restraint measure, broken down by centre, duration and type (medical or corrective).- **Exclusively female population**

CORRECTIVE						MEDICAL				
DURATION	CPME	CPPB	CPPO	CPB1	TOTAL	CPME	CPPB	CPPO	CPB1	TOTAL
00 - 01 h.	1	0	0	0	1	0	0	0	0	0
More than 01 - 03 h.	1	0	3	9	13	1	0	0	2	3
More than 03 - 06 h.	1	1	2	3	7	0	0	0	0	0
More than 06 - 09 h.	1	0	0	1	2	0	0	0	0	0
More than 09 - 12 h.	1	0	0	0	1	0	0	0	0	0
More than 12 - 18 h.	0	0	0	0	0	0	0	0	2	2
More than 18 - 24 h.	0	0	0	0	0	0	0	0	1	1
More than 24 - 36 h.	0	0	0	0	0	0	0	0	1	1
More than 36 - 48 h.	0	0	0	0	0	0	0	0	0	0
More than 48h.	0	0	0	0	0	0	0	0	1	1
TOTAL	5	1	5	13	24	1	0	0	7	8

We restate the desire for zero-level mechanical restraints. Until we reach that target, we will continue to work within the parameters in the current Spanish legislation, scrupulously following the Ombudsman's criteria in the Good Practice Guide and recommendations for mechanical restraints in detention centres, differentiating between corrective restraints and those applied for health reasons.

That is no obstacle to prevent this Secretariat from continuing to seek alternative systems or measures to reduce and eventually to eliminate mechanical restraints, while improving the protocols for coordination with healthcare personnel in favour of maximum guarantees for the health and well-being of those requiring intervention.

Along these lines, in December 2018, a European-level query was filed using the *Europris* platform to find out what other countries were doing in this field. While the result is not at all encouraging, because the measure is applied in various countries and with similar safeguards we did discover some practices which may help us to improve in reaching the zero target.

Until definitive alternatives are found, the general criteria established in the Spanish National Mechanism for the Prevention of Torture will be followed, with the recommendations from the CPT already set out in the new Circular on restraints due to come into effect shortly, plus measures described by other European Union countries which we are evaluating.

Of the safeguards the report provides for application of the restraining measure, we consider only that concerning timing to be unfavourable (although we are assessing the introduction of some formula along these lines). We understand that restraint must last as long as strictly necessary to achieve the ultimate aim, as determined in the prison regulations. To avoid extending restraint unnecessarily, on-going monitoring will evaluate the state of the person to whom the measure is applied.

As provided for in the future circular in this field, the head of the centre which ordered the measure or, as applicable, the officer appointed by the Director must view the images and analyse the case: in this way we hope that the application will be adjusted and the result of the analysis will serve educational purposes and instruction on prevention, leading to lower numbers and the length of time restrained.

The remaining suggestions have been accepted and incorporated into the draft of the new circular on restraints:

- Definition of the criteria for the application of the restraint, highlighting its exceptional nature.
- Definition of the restrained person's position as requested by the CPT, with immediate medical supervision to ensure it is correct.
- For monitoring and interacting with the person restrained, minimum supervision every half hour is demanded, by the Unit Head or an officer from the department, who must report any incident/observation in the inmate's state to the Department Head. For their part, the specialised Unit Head (e.g. psychiatric units, specialised drug-addiction care units, Open or Closed Regime Units among other possibilities) or the Service Head (two high-level professionals within the prison structure, with broad capacity and authority to supervise, modify or correct any possible incident detected within their jurisdiction) must monitor the inmate in person every two hours, issuing a report to the Director assessing the situation and the inmate's condition and, if applicable, proposing that the measure continue or be ended.
- Between 12 and 72 hours following the end of the restraint, the associated multidisciplinary team must send the Management a report with an assessment of the inmate, the reasons why they were restrained, and the preventive strategies for avoiding future restraints in crisis situations.

Finally, we thank the CPT for its acknowledgement of the work and the wishes of most of the Catalan Prison Service on introducing standards and other actions taken to regulate restraint measures and to supervise them more strictly, and which we repeat we want to eliminate as a valid resource among strategies for corrective restraint, so that we may continue to defend a Prison Service which respects the dignity of persons and their overall individual rights.

c. Detention conditions

i. Closed Regime Prisoners housed in the Special Closed-Regime Department (abbreviated to DERT in Catalan).

Paragraph 55.-

No comment.

Paragraph 56.-

In clarification of the CPT's account, from the origins of Circular No. 2/2017 it must be emphasised that interest in the DERTs was one of the initial concerns of the then Justice Councillor who made it a priority with the working team in January 2016 to review Closed Regime intervention. Accordingly, the then Director General ordered an audit of the DERTs and immediately following, the drafting of the Circular with a treatment and rehabilitation focus.

In January 2017, the Catalan Parliament working group was set up. With that development, and to analyse the working group's findings, endorsement of Circular No. 2/2017 was suspended to allow a maximum number of recommendations from the working group's findings to be included.

The Justice Department has maintained and will continue to maintain a proactive attitude on such a sensitive subject as detention, especially in connection with persons placed in the DERT, and an open mind on any possible contributions it might receive in this matter.

Finally, it must be made clear that assignment as Tutor is not conferred exclusively upon a psychology professional as the CPT report appears to suggest, but also upon anyone working in rehabilitation: Social Counsellor, Jurist or Social Worker.

Paragraph 57.-

We accept the recommendation for the installation of rest elements (fixed benches) and pleasanter decoration in the courtyards in general for all special departments, and to improve the visit areas at the DERT at *Mas d'Enric CP*. Implementation of this measure will begin according to the availability of budget resources and the prioritisation of the needs and improvements noted.

Paragraph 58.-

The positive evaluation of the individual care provided by the DERT multidisciplinary teams is good news, encouraging and motivating on-going work to improve the service these units provide to a population that requires specialised, intensive intervention adjusted to each individual and their circumstances.

Paragraph 59.-

A review is scheduled of the planning being prepared during this period for the coming year. Thus the Rehabilitation Service (*Servei de Rehabilitació*) will visit the various Closed Regime units, centre by centre, to analyse the level of compliance with the circular and its provisions, and to determine whether adaptations are required.

It would be necessary to learn about what evidence is the basis for the conclusion referring to transfer of persons affected by “*mental health disorders*” to a medical environment because, at the time of deciding on the application of the Closed Regime, in cases of a possible health mental condition a report is sought from the mental health teams to evaluate the following:

- May there be a mental condition which might affect behaviour,
- If application of the Closed Regime is appropriate or, on the contrary, the person must be relocated in another department,
- Whether the person requires psychiatric treatment to complement the Closed Regime Departments' standard treatment.

When criteria medical-psychiatric criteria suggest that the measure is counterproductive or a pathology with an organic or psychiatric base makes it unadvisable, the Closed Regime will obviously not be applied.

Discharge from a medical or mental health unit is always implemented according to clinical criteria, and placement in these situations is never determined by other motives or criteria. It is over to the doctor to decide on admission to or discharge from nursing or mental health units in line with the clinical variables observed in the case.

The SMPRAV's secretary is aware of the need and notes that this pattern arises more frequently than would have been expected and is repeated in various Centres, making it a recurring question, and has commissioned a "case study" from the Deputy Directorate-General of Rehabilitation and Healthcare Programmes, in collaboration with the ICS, to draw conclusions and extrapolate proposals to the entire population in these circumstances.

Paragraph 60.- *(to be completed with reading of paragraph 61)*

In connection with the concern for socially isolated and financially vulnerable inmates, we advise the CPT that the SMPRAV has Instruction No. 1/2013 on the management of financial aid to inmates and their families and Instruction No. 1/2018 on hygienic batches establishing measures of very limited number but highly varied circumstances to deal with the needs of the vulnerable or socially isolated who lack financial resources (pocket money, telephone card balance, and other aid).

The current budgetary situation and other conditioning factors beyond this report mean that certain necessities such as those described are relegated in the order of preference of questions to be dealt with, without thereby suggesting that the substance of what the CPT raises is not shared and that it is not the SMPRAV's wish to resolve such questions effectively.

The Centres do have internal practices that do provide a solution in some cases and depending on the availability of items from the scant input from persons who have been released and who assign items for these purposes.

The economic situation clearly affects Catalan society as a whole, but particularly most of those interned in Centres and units for criminal enforcement, and their basic needs require resources to be prioritised to deal initially with these aspects.

Paragraph 61.-

The CPT's assessment concerning the maximum period for application of the Closed Regime in a DERT must be qualified. The maximum term for review of the application of the Closed Regime is 3 months, but the maximum length of stay there will depend on the modification of the factors that led to its application, and varies according to each person's development.

Since implementation of the Closed Regime circular in 2017, there has been a reduction in the average time in the DERT, from 141 days to the current figure of 99 days.

The SMPRAV is involved in the application of and full compliance with the Circular in all Centres and so, for the fourth quarter of this year, monitoring of the plans for intervention in the DERTs will be intensified to enable full compliance with each inmate's Individualised Treatment Programme (PIT). Similarly, the process of transition from the Closed to the Ordinary Regime will be encouraged as provided for in Article 100.2 of the Prison Regulations, which will help to provide content and meet PIT targets. (This response is also valid for paragraph 60).

Paragraph 62.-

We appreciate the fact that the work being undertaken by the Inspection Service and the methodology it uses on its visits are classified as positive.

This year, the Inspectorate has drawn up the specific report on the *Brians 1 CP*. The Services attached to the Deputy Directorate-General of Rehabilitation and Healthcare Programmes and the Deputy Directorate-General of Prison Centres and Management are the units which have this year been directing the application of the Circular with a more technical supervision, and an analysis of specific cases whose difficulty demands a more specialised intervention and outside "advice".

Section VIII of Circular 2/2017 on the Closed Regime in Catalan prisons, referring to evaluation and inspection, assigns to the Management Centre the analysis and joint planning with the prison teams and management bodies of the improvements necessary in each special Closed Regime department to the guidelines in the Circular.

Those Departments have therefore been permanently monitored since the date when the Circular came into effect and until the present. Monitoring the implementation of the Circular in 2018 and 2019 has been a strategic objective of the Justice Department Plan in the Catalonian *Generalitat* (Regional Government).

Since the CPT visit in September 2018, the working teams in this Management Centre have, together with the multidisciplinary teams from Catalan Prisons, continued work on upgrading the DERTs and the need to adapt the Circular to the requisites established. There have specifically been 8 monitoring visits, to establish working criteria and review procedures with DERT heads and the multidisciplinary team (*Mas d'Enric CP* 29/10/2018, *Quatre Camins CP* 14/11/18, 30/01/19, 1/04/19, *Puig de les Basses CP* 29/01/2019, *Brians 2 CP* 05/03/19, *Lledoners CP* 3/04/19 and *Joves CP* 1/03/19).

In addition, and given the SMPRAV's interest in improving working strategies related to specific questions, analyses have been performed with each of the DERT teams on critical Incidents (suicides) involving four persons who died in those Departments (*Brians 1 KGG 20-06-2018*, *Lledoners CMM 31-10-2018*, *Brians MSP 1 10-04-19* and *Brians 1 FCR 12-06-19*). These sessions are designed to raise the awareness of those present of the importance of suicide prevention, to create a space for study, debate and proposals for improvement, to anticipate and enhance prevention strategies.

Finally, the Deputy Directorate-General of Rehabilitation and Healthcare Programmes has made specialised personnel available to the prison management teams and, specifically, the DERT teams, for analysis and focus of special-monitoring cases detained in those Departments. This personnel uses videoconferences, email or telephone to deal with those referred by the teams, to guide and counsel on the best working proposals. Between September 2018 and the present, there have been 18 consultations on persons requiring special monitoring in various prisons.

We will continue to improve operation of the DERTs, taking account of in-house assessment, the recommendations of the CPT and the national monitoring bodies. This must be a target for 2020.

ii. Prisoners in the ordinary regime.

Paragraph 63.-

The Participation and Coexistence Model (MPIC) implemented in Catalonia foresees a wish to generalise the application of the model to all modules in all Catalan prisons, an objective which is being implemented progressively.

The model is also notable for the establishment of various mechanisms for participation by inmates in the operation of the centres (participation committees, module delegates, civic promoters, etc.).

The schedule for the introduction is designed medium-long term. The framework document was drawn up in 2018 (a copy of which was delivered to the CPT during the visit) and training began of professionals from the interior service and rehabilitation groups in their various professional specialties, and from collaborating social entities and volunteers.

Work is under way in 2019 on promoting and training professionals, providing them with methodological tools to facilitate the introduction and enlargement of units as part of the MPIC's operation.

In 2020, all centres must launch participation activities or, in centres where they have already been introduced, continue them.

Work must be done during 2021 to generalise the Participation and Coexistence Model as a resource for managing the daily life of Prisons.

This schedule may be affected by completion of the actions planned.

Scope:

The MPIC forms part of Justice Department targets for 2019-2021. It responds to the universalisation adapted. It targets collaboration, promoting participation as citizens with rights and responsibilities. The introduction of participation as a methodology guiding the management and government of the residential units involves all officers in contact with individuals while in prison.

There are at present two centres where the MPIC has been introduced in all the residential modules (*Lledoners CP* and *Puig de les Basses CP*), two where the committee work is implemented in all modules, facilitating development of aspects of the MPIC (*Dones Barcelona CP* and *Joves CP*), and three with 2 to 3 modules where participation is being developed at different rates (*Brians 1 CP*, *Brians 2 CP* and *Quatre Camins CP*). Finally, two centres have begun to initiate the experiment (*Mas d'Enric CP* and *Ponent CP*).

For information purposes, the population sentenced in all centres and units attached to this Secretariat was subject to the following prison regimes on 30/06/19:

1st degree: 1.8%
2nd degree: 71.4%
3rd degree: 26.8%

The CPT's acknowledgement of the range of activities available in all Centres is gratifying, including those which are remunerated, one of this Secretariat's major concerns. This occupancy offer involves the participation of a large number of paid staff, as in other cultural, educational, training and recreational activities, forming a good and varied offer targeting the overall population, of both convicted and preventive prisoners.

Filling the time in prison with content is a transforming tool that capacitates people for the process of return to the community.

d. Medical services

Paragraph 65.-

On the question of the differentiation of Prison Primary Healthcare Teams (EAPP) by professional categories, it must simply be clarified that neither the psychiatrists nor the clinical psychologists form part of those teams. They belong to the Mental Health teams, which are distinguished from the EAPPs or primary care.

Paragraph 66.-

We have made a note of the matter of the glass wall in the medical consultation facilities, and the Equipment Division will review this and seek an adequate solution.

Although the *Ponent CP* radiodiagnosis unit is old, it does operate adequately, as accredited by the company ACPRO.

The *Mas Enric CP* already has a radiology technician.

Paragraph 67.-

We appreciate the CPT's evaluation of the integration of the Clinical Record staff into the Catalan public healthcare system as a significant improvement with repercussions for the prison population as a whole and for the healthcare system itself. In this way, the project for transit to the community and once again with the individual as the central axis of action by the Administrations takes shape with a specific action, in this case penitentiary and Healthcare.

Paragraph 68.-

In connection with the request for the medical visit to be channelled through an Interior Service officer, we observe no violation of any inmate rights, nor does it affect doctor-patient confidentiality.

An officer at no point assesses, questions or requests information on the reason for the visit. The personnel merely transmit a patient's request for a consultation.

This action would be the same as that in Primary Healthcare Centres or private consultations, to contact the centre's administrative personnel to manage the visit.

The solution, to install post boxes handled solely by healthcare staff as suggested by the CPT, would mean adding professional figures in centres, something which would make the service more expensive with difficulties for professional or nursing staff to perform these clearly administrative tasks.

To ensure that an individual can be certain that their request has been processed, work is being done to implement a general application using a self-copying form which could be extended to all centres, responding to most of the petitions filed there, and which could serve as a receipt for the application made.

Paragraph 69.-

In general, medical services attend to inmates on a reserved basis. Prison staff may be physically present during a visit only at the request of medical staff.

Paragraph 70.-

To comply with this recommendation, to extend activities in occupational therapy for inmates with mental conditions housed in nursing facilities at *Mas d'Enric CP* and *Ponent CP*, it must be remembered that mental health teams are attached to the Health Department. At the next meeting of the Technical Commission monitoring the Mental Health Accord, the Justice Department will propose a review of this practice in line with the CPT's recommendation.

Notwithstanding the foregoing, all Prisons in Catalonia have nurses specialised in mental health, and occupational therapists.

Paragraph 71.-

In 2020, the Catalan Health Institute (ICS) will review the procedure for medical restraints, taking into account the CPT's recommendations and hospital guidelines on psychiatric restraint.

Paragraph 73.-

Dealing with the matter of disease, specifically transmissible infectious conditions, is one aspect in which, as a fundamental personal right, the Catalan Administration has vested the greatest interest: we consider that failure to apply correct healthcare and social care for persons may constitute a violation of the essential rights to which the whole *Generalitat* is committed.

We acknowledge the CPT's recognition in classifying this service to the prison population and that of the community as good practice, at the forefront of public healthcare systems and representing a major satisfaction in working toward a more civic and a fairer society.

Paragraph 74.-

The CPT's account of the ethical component for healthcare workers is clear, and could be extrapolated to many other professional groups (Social Counsellors, Social Workers, Jurists...) and other fields, but work in an environment like the one that concerns us here does have its ethical dilemmas, which must be confronted.

The solution does not mean that professionals must be completely antiseptic, neither interacting with the surroundings nor complying with legally established requirements. One of the strengths of the Catalan prison system is the multidisciplinary capabilities of its professionals, requiring the various groups to be involved in implementing the mission assigned to the organisation.

Professional staff are not asked to certify that a person is "apt" for the imposition of a sanction, a coercive resource, or for a closed regime. As provided for in the standard, the information requested refers to physical and mental health status at that particular time and, as necessary, the need to suspend or amend such sanction, coercive resource or closed regime (with additional limitations for women such as health safeguards when pregnant and, in the case of nursing mothers, up to six months following the end of the pregnancy).

The establishment Director determines and orders compliance with the sanction.

In reviewing restraints in other EU countries, we have noted that the clinical personnel's role does not differ greatly from that of healthcare professionals in centres in Catalonia, reporting to the Director in clinical terms on the state of the patient, whether the measure must be withdrawn, and always gauging the clinical needs and those of the security of the situation.

We do realise that some measures raise ethical debates (including the signing of certain reports by healthcare staff, or supervision of restraints) but that does not mean they must be discarded if moreover they represent an element of security for those they are aimed at (guarantee that there is no physical or mental health contraindication) and are, furthermore, imposed by legal imperative.

Another question is the possibility of creating "professional ethical circles" in which to analyse these questions and seek ways to re-establish trust and the doctor/patient therapeutic relationship which may have been altered by such situations.

Paragraph 75.-

The ICS has advised that it is planned to create a *Prison Mortality Commission* made up exclusively of clinicians to analyse each prison death from a clinical and organisational standpoint.

We share the recommendation for easier access to autopsies, clearly with all necessary guarantees of confidentiality and data protection, and purely for epidemiological analysis by clinicians. Unfortunately however, as the CPT delegation which visited us in September was able to confirm, the Judicial Authorities' unwillingness to provide the forensic report more than for use as backup to the investigation of the case by the Inspection Service (*Servei d'Inspecció*), and not in all cases, does condition the CPT's recommendation.

In analysing prison deaths from suicide, the Rehabilitation Service (*Servei de Rehabilitació*) runs a critical incident analysis of each. For such analysis, the Service's technical professionals visit the centre in question and hold a working session with all the professionals connected with the case. A second session is held with the Centre's management team.

This work is to review and, as applicable, to propose preventive measures with a future focus, and give a hearing to professionals who had a relationship with the deceased.

Many of these measures were incorporated into the new suicide protocol brought on-stream last June.

e. Other questions

i. Prison personnel

Paragraph 76.-

The list of jobs in the Interior Service division for the *Ponent CP* provides for 284 posts, 24 in the category of Heads of Unit and 12 as Service Heads.

All retirement vacancies occurring in the prison system are refilled, as are other administrative situations also creating an effective job vacancy (leave, incorporation into other administrations ...).

Job vacancies are filled using a public platform called ATRI where the post is offered and a selection is made in a process of provision, in which publicity, equality and merit are guaranteed.

Paragraph 77.-

Appointments to the Centres' management teams are decided on by the person heading the Justice Council, on the recommendation of the Head of the Secretariat for Criminal Measures, Reintegration and Care of Victims (SMPRAV), and respond to needs and specific adjustments detected in each centre. In this way, the targets to be dealt with by the centre's management team are defined by those with the greatest political responsibility in the department, who seek the most adequate professional profile for that.

A Centre's management team defines the actions and the timing needed for it to fulfil its role, which is evaluated and approved by the Secretariat management, and fully backed by it.

In this way, it is wished to communicate to the CPT the idea that the objectives established in the centres are not arbitrary and dependent on the will of each director, but rather respond to a line defined by the Secretariat's senior structures. These are the specific actions for implementing those policies, and remain within the centre management's decision-making margin.

Thus the objectives remain in place, irrespective of the person heading them.

The brutal, inadmissible response by certain trade union sectors and some of the centre's workers to the management by the then Director of the *Brians 1 CP* was devastating. The scale of the threats took them beyond the professional realm and into the private sphere with such intensity that they led to the Director's irrevocable resignation.

The facts were referred to the Inspection Service and reported to the *Mossos d'Esquadra* police force, which investigated the death threats made by a worker in the centre. The police investigation did not lead to any result. The Inspection Service proceedings resulted in this service beginning disciplinary action which, at the time of writing this report, is under way and pending resolution.

The defence, by the Justice Councillor herself, both in the professional dimension and in the media, was maximum. She recalled that, although the Director had left his position, this did not mean that the Justice Department was abandoning the policies of transparency and enhanced guarantees for detainees which the until-then Director had represented.

The Justice Councillor has always insisted that "*prisons are security spaces where we must guarantee the full rights of prisoners and of public employees*".

To strengthen the management function, the Strategic Criminal Enforcement Plan (PEEPA) has incorporated the need to complete the necessary regulatory amendments to ensure that managers meet high standards of competence, education and a process of managerial accompaniment allowing for the professional and individual development of those in prison management.

The new management team is working to provide continuity to the project which the previous Director had explained at the time and which the Secretariat had taken on board. The plan for reform of the aspects referred to in the previous report continues, and which falls within the first levels of prioritisation of needs, pending adjudication of available credit.

One of the elements strongly contested by some sectors of the staff was the question of advance to install video surveillance systems at the *Brians 1 CP*. From the very outset on arrival in the post of the then Director General, currently Secretary, one of the priorities was the wish to move forward in the introduction of the video-recording services as a guarantee to demonstrate good professional practice, and the way of avoiding any deviation toward actions conducive to the degrading treatment or abuse of persons.

That wish forms a part of the PEEPA, converted into an objective to update the oldest centres lacking in modern video surveillance systems, so that the new equipment is incorporated from the outset.

ii. Discipline

Paragraphs 79 and 80.-

The working group began recently on preparing a guide dealing with the procedure for disciplinary processing common to all centres. At the first sessions, the need was noted for the following:

- a. To define adequate training for professional instructors in disciplinary action who are entrusted with investigating cases.
- b. To establish guarantees for full compliance with inmates' rights throughout the procedure.
- c. To define consistent penalty criteria guided by proportionality, so that similar sets of facts receive an analogous response irrespective of the centre or the place where they occurred.

d. To introduce the gender perspective into the field of discipline.

During the group's debate, the need came up to review State regulation of discipline, which would be the right formula with which to establish the appropriate legal rank for the sorts of needs raised by the CPT, and which we share.

The Catalan prison model and the focus on completion of sentence require greater legislative capacity which reaches beyond its current organisational scope to introduce among other things changes in discipline, categories and types of penalties, together with alternative conflict-resolution formulas, etc.

Paragraph 81.-

We share the need for and the sense of the recommendation in the CPT report, and suggest that the measure established in the previous recommendation must also provide a response to the one affecting this point.

iii. Contact with the outside world.

Paragraph 82.- (The answer in paragraph 112 also applies in this context).

As acknowledged by the CPT in the report, the situation relative to contact with the outside world continues to be a favourable one. This is an essential element for the Catalan criminal enforcement model. Maintaining and strengthening the socio-family fabric is a fundamental resource in any social reintegration process.

The telephone system allows landline and mobile national and international calls. The only current limitation is that on calls to companies that operate by redirecting calls to another number; for reasons of security, outgoing calls cannot be redirected to telephone numbers other than those on the authorised lists.

We will ask our technological, financial and security services to look into the feasibility of installing the VOIP telephone system, which might really be a most interesting possibility for use in internment Centres and Units.

iv. Complaints and inspection procedures

Paragraph 83.-

The Prison Administration is interested in identifying petitions and complaints from both detainees and from persons or entities expressing an interest in the Secretariat's activity, as a demonstration of the wish for transparency and a focus on citizens' involvement in public affairs.

v. Foreign Prisoners

Paragraph 84.-

On the question of foreign detainees, we make use of the occasion to inform the CPT of a new circular on aliens, Circular No. 2/2019 on foreigners in Catalan Prisons. This circular is the upshot of legislative changes that have arisen, along with the need to continue to implement coordinated penitentiary actions to promote equality of opportunity, treatment and reintegration of foreign prisoners, in line with trends in prison service policy and resources.

Information facilitated to foreigners is translated into other languages in some centres, but the SMPRAV makes note of this CPT recommendation, for its implementation as part of a more general and coordinated strategy.

It is emphasised that, at present, the *Brians 1* and *Joves* Centres (with their greater intake of persons in a preventive situation) have a real-time telephone translation service in most languages, with appointment in the case of minority languages, aiding in communication between professionals and new arrivals. The aim is to extend this service to all centres according to available budget resources.

3. Women's prisons.

Paragraph 87.-

On the recommendation to keep the gender perspective in mind in assessing risk and classification, it must be specified that in the risk-assessment tool currently used in Catalonia, known as RISCANVI and with which the CPT is familiar, the algorithms contain elements that differentiate risk according to gender. By way of information, in May 2019, 42% of convicted women were classified as third degree, compared with 26% of convicted men.

In response to the request for information on the construction of a new women's centre in the Barcelona area, this is part of the general objective established in the PEEPA as "New facilities" that seeks to provide the prisons Services with adequate infrastructures for responding to the distinctive profile of the current population, and projection into the coming decade.

Specific objectives include provision for a new women's prison in the Barcelona area because, for territorial reasons and the low female prison population numbers, women have been placed in centres designed for men, where they occupy a module. Existing facilities do not reflect a model conceived according to a gender perspective, and the female population numbers demand the construction of a differentiated approach to their planning.

The way it is wished to deal with the new resource must be the upshot of a transformation of the system as a whole, in which the consideration of gender, well-being and health must be infused into the entire organisation so that all aspects of prison can be introduced and managed according to this new vision, paying particular attention to:

- Guaranteeing living, educational and work environments that promote health (in the broad sense assigned it by the WHO) and offer spaces to accompany in the processes of rehabilitation of those in prison.
- Establishing links and connections with the community to strengthen the transition from prison into society.

The actions planned aim to construct a new centre for women in the urban area of Barcelona, and for the existing *Brians 1-Dones CP* facility to be used for men.

a. Abuse

Paragraph 89.-

The CPT's assessment of the relaxed environment at the *Dones CP* in Barcelona is gratifying, as is the fact that it notes and reports on the perception that the women in the corresponding module at *Brians 1 CP* have trained in the matter of the changes made in that facility which, as stated in paragraph 77, continues to be one of this Secretariat's commitments.

There is no record from the incident mentioned in this paragraph, provoked by inmate CIC *****68 on 15 August 2018 following a fight with another inmate, and her subsequent transfer to the *Brians 1 Women's DERT*, that she was restrained mechanically, but rather that she was isolated provisionally following medical assessment. There is in fact no record of use of this coercive resource on this inmate at any point in 2018.

The Inspection Service has no record of any action concerning this inmate, whether at her request or arising from requests for information from other bodies or judicial authorities in connection with charges filed by her.

Paragraph 90.-

On this point, we reiterate the response given in paragraphs 36 - 40 and continue to encourage the proximity of professionals in the various areas, of management teams and the heads of the various Central Services Units in direct contact with detainees and members of their families.

Likewise, the work on transparency continues to be reinforced along with the opening up of the Centres to bodies which, through various forms of participation, wish to collaborate with the Catalan prison services. Society's active presence in the prison environment, according to the norm, is an element of guarantee for the provision of the service and a right of citizens to participate actively via the mechanisms established.

The experiment is proving most gratifying in Catalonia, bringing together both volunteer and collaborating entities. The Social Participation Platform acts as the body for consultation and for relations between the Department with jurisdiction in criminal justice and institutions operating in the process of social rehabilitation in Catalonia, coordinating public involvement as a fundamental citizens' right that creates spaces for transparency and reports possible dysfunctions.

The SMPRAV is working on full implementation of professional practices to prevent and adequately manage those high-risk situations and to upgrade the systems to provide prison staff with the data needed on the profiles of inmates who have demonstrated dangerous behaviours toward themselves or others, with the aim of better tailoring the intervention and to reduce risks.

Similarly, and as part of the PEEPA provisions and in relation to greater supervision by prison staff management, there is a general objective for the "Redefinition of intermediary managers" intended to enhance their transversal vision with a specific target to redefine the line of intermediate command so that it responds to centres' requirements, and to strengthen and empower this category, so vitally important to a centre's dynamic.

Along these lines, a second specific objective involves improving the operation of one-person units, to adapt their functions to the Centres' reality. The one-person bodies put in place in the existing Regulation for the Organisation and Operation of the Criminal Enforcement Services in Catalonia (ROFSEPC) must be reviewed, to align their functions with current needs, to avoid duplication and clarify their levels of responsibility and adaptation to the organisation.

Paragraph 91.- *(the response in paragraph 43 is also valid here)*

In general, medical attention for inmates is reserved. For reasons of security or following a requirement from the medical staff, prison personnel may be physically present during the visit. This circumstance must be recorded in the computerised registration systems for medical control.

Paragraph 92.-

This recommendation is shared and, as specified in this report, is an objective for which specific actions are being put in place, such as involving detainees in a cooperative model of participation and collaboration, generating conduits for contact with the Centre staff and the Secretariat, improving channels for transmission of the information to those to whom complaints are addressed, streamlining the processes for response to official control mechanisms, etc.

Paragraph 94.- *(the response in paragraph 54 also valid here)*

b. Admission procedure

We agree on the need to review the prison regulations, among other things to include the aspects the CPT emphasises in its recommendation.

In relation to admission processes and Bangkok Rule 2, the SMPRAV is complying with the requirements demanded. We have only to include a translation system, like that already mentioned and available at the *Brians 1 CP* and *Joves CP*, in remaining facilities (including written information in various languages), a commitment we will fulfil as budgeting becomes available.

Paragraph 95.-

The ICS will review the admission procedure for women. During 2019, the CP will incorporate personnel for sexual and reproductive healthcare whose service portfolio includes treatment of abuse.

Following the CPT recommendation, work will be done along these lines to improve formal registration and collection of information, as indicated in the report. It is however also true that the centres' rehabilitation professionals are, based on individual monitoring and entries in the treatment records of the Catalan Prison Data System (SIPC), familiar with these unfortunate life experiences and their consequences. The centres or units receiving women have created spaces where they can feel physically and emotionally secure, although it cannot yet be claimed that the standards in this matter are optimal.

The spirit of collaboration is being worked on and encouraged to favour and promote the input and implementation of ideas using the various formulas for participation furnished by the MPIC (the Participation and Coexistence Model).

As explained during the visit and in the preliminary report, we also wish to reiterate the work based on women's empowerment in the centres and units receiving them, with the aim of recognising the strengths and developing the skills making it possible to consolidate a clear identity free of internalised stigma, and to allow their capabilities to develop.

- Paragraph 96.- *(the response in paragraph 43 is also valid in this context)*

c. Detention conditions

i. Closed Regime Prisoners housed in a DERT.

Paragraph 98.-

This project continues in place following completion and prioritisation of the formalities for financial management, pending the associated reservation of credit. When that is confirmed, the necessary work can begin, possibly following the summer period. On this aspect and as was reported to the CPT, the self-management unit in the CP's Women's Department is already in operation, in a space reserved and fitted out for the purposes.

The Special Women's Department at *Ponent CP* has held no inmates in Closed Regime for approximately one year. Inmates placed in the Closed Regime are relocated to *Brians 1-Dones CP* save in very exceptional circumstances substantially motivated by reasons of social displacement that make it necessary for a woman to continue in that facility.

The department and courtyard are used exclusively to impose isolation penalties. Despite this circumstance, we agree on the need to examine the action recommended by the CPT, bearing in mind the fact that the dimensions of the space do not allow for major improvement.

Paragraph 99.- *(the response in paragraph 59 is also valid here)*

Paragraph 100.-

Current regulation on frisking in special Closed Regime departments provides for systematic electronic controls on the exits from the cells of inmates classified under Article 94 (Living category in modules or closed facilities) and external frisking (body frisking) for those classified in Article 93 (Living category in special departments).

ii. Prisoners in the ordinary regime.

Paragraph 101.-

It not been possible to finalise a proposal for a functional plan because of lack of resources for certain essential work, but which remains in place among the priorities established.

Paragraph 102.-

The current situation of the female population in the centres means that the *Dones CP* in Barcelona will continue to be occupied until new facilities come on stream. We have on a number of occasions analysed this request from the centre management, but the impact it would have on other units and even on the women themselves because of territorial displacement means that we are unable at this time to comply with this recommendation. We do nevertheless agree that the architectural conditions of the existing building are not in line with the needs and standards established, either for detainees or for the professionals working there.

Paragraph 103.-

We appreciate the acknowledgement, despite the limitation and the age of the installations, given to the unit that receives mothers with children under 3 years of age, highlighting the cleanliness and the respectful, caring environment.

This unit is a priority objective of this Administration, where the maximum level must be demanded in terms of care and provision of service to both the minors and the mothers accompanying them. It is a service which must be defined by excellence of care, aiming to affect as little as possible the psychosocial development of the youngsters who find themselves in that space with their mothers, and which guarantees care at the very least equal to that of citizens at liberty.

On the professional practice of those working in the Unit and that of the Centre's Management Team, the fact that the CPT considers the Unit to be a model of good practice is an element of satisfaction and motivation to continue to improve both in the unit and in the rest of the centre.

Paragraph 104.-

We share the recommendation for joint activities between men and women, a situation not peculiar to the *Brians 1 CP* but which also applies in the centres of *Mas d'Enric* and *Puig de les Basses*, and in specialties other than sport. Shared activities generate a space for normalisation and favour a much more egalitarian environment for relations.

Paragraph 105.-

As the CPT reports, victimisation of women who have been the target of any form of violence is a component present in intervention with the female population, as victims of the situation. Work is also being done with the male population as a whole to offer not just specialised programmes for dealing with violence but also others aimed at working with the new masculinities, gender perspective and equality, along lines of enhanced prevention and competence.

The fact that it is NGOs that act in the centres cannot diminish the quality or potency of an intervention. These bodies have been vetted by the SMPRAV to act in a given programme for intervention, not according to the body's wishes or criteria but rather the technical conditions and demands set out in the contract specifications and directed by specialised personnel from the central services assigned in this field. These entities are references in the sector, and allow us to react speedily and flexibly in detecting needs, while providing the contacts and the social support of the outside community of entities, which are broadly familiar with the services that the public network (generally the local Administration) makes available to women suffering from violence.

Specifically at the *Brians 1 CP*, there are several entities operating according to the women's empowerment methodology, transversally with other objectives (reproductive and sexual health, HIV prevention ...) and, with the exception of one that operates year-round, the remainder collaborate in projects for a specified time and adjusted to a schedule.

As already reported in the preliminary document, the offer and resources available for these needs have incorporated new materials, also reported to the CPT at the final meeting during its visit, and in the preliminary report facilitated. These occasions are not just courses or educational activities but are actions broadly based on psychological intervention aimed at introducing changes, acquiring proficiency and the necessary skills.

The work along these lines was assessed by the Catalan Torture Prevention Mechanism (MCPT) in its 2018 report, which pointed out that during the visits to the *Dones Barcelona CP* it was able to verify that a new gender-violence-specific programme is being introduced, confirming the collaboration of outside entities such as *Creación Positiva*, *Àmbit Prevenció*, *El Safareix* and the *Federación d'Associacions Gitanes de Catalunya*.

It must be emphasised that these same bodies are participating actively and with the same aims at the *Brians 1-Dones CP*.

The following are the specific measures in gender equality and combating violence against women that are being implemented in Catalan prisons with women's units:

A.- Empowerment actions designed to prevent violence and develop psychological self-protection strategies.

In line with the terms set out by the Council of Europe in the Istanbul Convention, the SMPRAV considers that women who suffer from violence must be treated as a collective deserving special care, given their vulnerability and for whom special coordinated and integrated actions must be put in place favouring prevention and the group's protection.

Promoting prevention is based on individual work, in tutorials or psychological interventions, and in group programmes imparted to favour a process of support and change among detained women.

These group programmes deal mainly with content addressing the following: identification of stereotypes that make violence against women acceptable, a sensitivity to characteristics assigned according to gender, and raising awareness of the various forms of violence and the damage they cause.

We highlight the following structured programmes the Centres are using to work on this specific subject:

- **Programme for socio-educational intervention for woman detainees.** This programme deals with all matters linked to the gender perspective and is under way at *Dones Barcelona CP*, *Brians 1 CP*, *Ponent CP*, *Puig de les Basses CP* and *Mas d'Enric CP*. They have a more generalist component, dealing with women who have not suffered violence, those who have not declared it or those who, having verbalised it, require an intervention of this sort.
- **EVA Programme** – A programme caring for women who have suffered violence, operating with a recognition of the impact of this factor in their lives in terms equally of health, emotions or relations, and incorporating resilience strategies. To join this programme, women must have suffered some form of abuse. It was imparted in 2018 by centre professionals at *Brians 1 CP* and *Puig de les Basses CP*.
- **Programme for preventing violence against women.** This is run in all women's centres or those with women's departments by the entity EL SAFEREIG under a service

contract. The programme introduces action on awareness to explain what violence against women consists of, and the mechanisms for detecting it. Work is done on notions of social construction of gender, romantic love and its myths, micro-sexism, the various forms and areas of violence against women, and violence stereotypes. As well as group interventions, the project offers an option for individualised attention, on request. The programme is under way at *Dones Barcelona CP, Brians 1 CP, Ponent CP, Puig de les Basses CP* and *Mas d'Enric CP*.

Activities and participation by women in 2018:

A summary of intervention programme activities in which female detainees participate.

Treatment activities tackled transversally, to provide more resources and personal confrontation strategies for female detainees.

INTERVENTION WITH GENDER PERSPECTIVE TARGETING FEMALE PRISON INMATES	
HEALTH AND PERSONAL DEVELOPMENT	
Quality of life	124
- Health education	82
- Relation	15
- Sexual-affective education	18
Relationship capabilities (skills and habits)	
- Skills and habits	131
- Social skills	67
- Living skills	31
- Parental skills	20
- Free-time skills	38
Developing Pro-social Thinking	
- Pro-social thinking (cognitive programmes)	186
- Women's personal growth and well-being	91
- Cognitive restructuring	15
- Trouble-shooting	11
- Self-esteem	6
- Emotional education	100
- Development of thinking	40
- Values and moral development	58
THE LEGAL, SOCIAL AND CULTURAL CONTEXT	
Society and citizenship	
- Coexistence in diversity	105
- Intercultural education	104
- Environmental/social approach to prison	47
- Preparing leave	12
- Reception	35
SPECIALISED ATTENTION	
Addictive behaviour	153
Violent and Risk behaviour	60
- Violence against persons	25
- Gender Violence	21
- The EVA Project	16
- Peak time	5
Intervention in mental health and disability	22
Note: Data taken from the SIPC on 05/10/19. Internal available and unavailable. Persons in 2018 have implemented these interventions	

B.- Other interventions to raise awareness of violence against women

Further, to incorporate the figure of “Gender Reference” in all Prisons for implementing and monitoring transversal gender policy, and present in any prison facility housing men and women.

Work is being done in 2019 to consolidate the role of this prison “Gender Reference”. One action addressing this objective has been the creation of a “Community of practices” in the framework of the *COMPARTIMOS (We Share) programme* coordinated by the Legal Studies and Specialised Training Centre (CEJFE).

Finally, it is highlighted that intervention in this field is comprehensive and transversal, to deal with the distorted norms and stereotypes that dominate gender and those it influences in the overall activities carried on, affecting the different professional branches that group workers in the field of rehabilitation: psychology, social training, social work, education, stage, artistic, sporting activities ... The opportunity is also taken to raise the population’s awareness in talks, commemorative activities, workshops, etc., and specific days like Women’s Day, Day for the Elimination of Violence Against Women.

d. Medical services

Paragraph 106.-

In relation to this objective, the Catalan Institute of Health (ICS) is expected to implement this year the Sexual and Reproductive Health Care programme (ASSIR), this program is addressed to the inmate population of women’s centers.

The purpose of this programme is to organise the provision of sexual and reproductive health care for women in prison so that it is the same as that received by other Catalan citizens, taking account of the different norms regulating this healthcare benefit.

Paragraph 107.-

The Catalan Health Institute (ICS) is to review the profiles of patients in the multi-purpose unit to decide on the best way of interacting with them.

On the question of self-harm among the female population, this problem will form part of the case-study referred to previously (see the response to paragraph 59) for joint analysis with the ICS of the cases of individuals with a high self-harm rate, and to define characteristics, needs and profiles, and the treatment they receive (how this question is dealt with), and to make recommendations for improvement.

e. Prison staff

Paragraph 109.-

The CEJFE has since 2015 been offering the course on “**Gender perspective and criminal enforcement**” for Secretariat professionals in both the Internal and Rehabilitation Services. This professional group includes those working in women’s centres or residential units.

The training aims to analyse the concept of gender from the criminal enforcement standpoint, to identify the various aspects of the gender perspective and to incorporate gender perspective into professional practice.

Following the creation of the Catalan Observatory of justice in violence against women, this activity has become part of the training offered by this project, charged to the State Pact against Gender Violence.

The Observatory has prepared a specific offer in this matter, not exclusively for personnel linked to criminal enforcement, but covering the entire Justice Department:

- Updating of tools for diagnosis and for evaluating violence against women.
- Emotional bonds, the family environment and violence against women.
- Characteristics of violence against women among teenagers and young people.
- Professional self-care in dealing with cases of violence.
- Pilot activity in Prisons. Violence against women: a view from prison.
- Workshop: trainer training. References for violence against women in prison.

For detailed information on the programme go to the CEJFE website or the link: http://cejfe.gencat.cat/web/.content/home/ocjvm/execucioPenal_2semestre2019_programme.pdf

Analysis of the data on prison staff indicates that overall numbers are approaching parity (41.3% women and 58.7% men). By areas, the figures move away from parity, 65.66% compared to 34.34% in Interior, and 63.77% of women against 36.23% of men in Rehabilitation. However, the largest imbalances are seen in management positions, 24.67% of which are occupied by women and 75.33% by men. This distance increases in the Interior Service (16.85% against 83.15%), a difference partly explained by the later inclusion of women into the Interior Service, along with the great importance of seniority in the processes for access to command posts.

This reality makes clear the need to formulate and introduce a proposal for managing human resources which takes up the gender perspective in the framework of the PEEPA and which stimulates promotion of female staff at the different levels of the chain of command, particularly in the Interior Service, given the imbalance observed.

Similarly, it is noted that there were fifteen Prisons in 2016, two of which were run by women. Following the remodelling of prison facilities, of the thirteen (9 ordinary and 4 open) seven are directed by women (6 ordinary and 1 open).

f. Other questions

Paragraph 110.- *(the responses to paragraphs 78 - 81 are also valid here)*

Paragraph 111.-

On information pointed to by the CPT concerning the state of the underground cells at *Dones de Barcelona CP*, they are to be reviewed with a view to improving the cleanliness and conservation. Likewise, given the absence of restraints in that facility, the Centre Management will, in coordination with the Deputy Directorate-General of Centres and Regime, consider eliminating the securing points described in the report.

The low level of use of the space need not mean that its conservation is neglected and dirty as stated in the CPT report. The space must at the very least maintain the standard of the rest of the facility.

So far this year, it has been used as follows:

- On 21 occasions because the normal arrivals facilities were full and additional space was required for this use, with an average of two nights' occupancy;
- 19 times for provisional isolation, with no overnights;
- For imposition of a penalty, 13 times, with an average of 7 overnights.

For rodents and cockroaches, the centre has a pest control service which acts as necessary according to the rules in place on the use of products and substances in authorised areas for controlling these species.

The SMPRAV would like to close this department down, and reduce the centre's occupancy, to tend to the areas of the bedrooms and other spaces, as the CPT mentions, but the alternative solutions, of relocating the women to another Centre, are not at this time considered viable, given their occupancy levels and the territorial distance it might entail for those detained in that centre.

Unfortunately, until a new facility is available to replace the existing one, the current spaces will have to continue to be used, although we will seek alternatives to reduce the use of that space at night, as indicated by the CPT.

Paragraph 112.- *(the response to paragraph 82 also applies in this context)*

In relation to contacts with the outside world, the Catalan Prison Administration promotes communications between detainees and their families overseas, as a priority between foreign mothers and their children in the country of origin.

The SMPRAV is currently working jointly with the Red Cross in Catalonia to link up the project of videoconferences with families in the country of origin through the Red Cross project “*Establishing family links*”.

Finally, as already observed in the previous case, the telephone system using VOIP may be a very interesting possibility for prisons.

Paragraph 113.-

In the period requested, we noted four cases of petitions in the Catalan Prison Information System, two of them at this time serving sentence in their country of origin or residence (of these two cases, one left Catalonia directly and the other was transferred to a Central Administration prison to facilitate relocation). Of the other two petitions, one was refused and in the other the person concerned finally relinquished.

Final aspects:

As pointed out throughout this report, and as we wish to underline at its close, the Secretariat for Criminal Measures, Reintegration and Care for Victims (SMPRAV) is working to improve reintegration rates, reduce rates of recurrence, and to improve levels of security and social cohesion. We wish for a society that is fairer, that integrates, and produces fewer victims.

All professionals can and must be agents for change. Thus we are focusing the task so that all professionals involved in the prison realm do, irrespective of their function, share training and educational objectives in our work, to guarantee custody and security.

This work requires planning and strategy as we have detailed in the PEEPA, which must provide the focal point for the future of criminal enforcement involving adults in Catalonia.

Persons are and will be the focus of our action.

We work with people, through intervention, using treatment programmes, activities concentrating on improving capabilities, with a view to targeting deficient areas and the motives which led the person to commit a crime, all designed to offer them tools for reintegration, in the conviction that this also affects security. This makes treatment programmes essential, requiring improvement to and review of those we are engaged in.

We understand that mere prohibition or a simple declaration of will on abuse or degrading treatment is not sufficient. We know that imposition of loss of liberty may lead intrinsically to actions whose results are not those wished for that type of activity. Accordingly, transparency with the official monitoring bodies supervising this Administration's activity will always be a priority target, as will acknowledging and adapting their recommendations to the actions of the professionals making it up.

Transparency must help in the aim of achieving zero restraints as we have stressed throughout the report, and as a further motivation for the system prison and those working in it to respect the dignity of persons and Human Rights as set out in the framework of the Istanbul Protocol.

Transparency is taken on board by those of us forming the system as an objective for excellence to be achieved unceasingly and at all times, enabling us to demonstrate that we have a high level of demand in guaranteeing absolute respect for human rights and zero tolerance for any action that violates them.

We continue to work on the priority objective of upgrading the DERTs. This is already under way, its first stage having culminated with the approval of Closed Regime Circular No. 2/2017, but which continues with the circular's implementation and the effective enablement of all its articles, together with improvements to the spaces, along a path which is conditioned by budgetary difficulties but where advances are being made.

The DERTs remain targets for this year's *Departmental Plan*, and will continue to form part of SMPRAV's aims, given the relevance of this space in criminal enforcement despite housing less than 2% of the population and the limitations upon individuals this living regime entails.

Just as with those in the DERTs, which are a minority, in quantitative terms the population of women in prisons is some 7%, and the aspects requiring differentiated attention need to be perceived, to avoid uniform policies that are shaped by the bias in the majority population. This action must also be reflected in the application of the Closed Regime, as already foreseen in Circular No. 2/2017, which will have to be defined as it is implemented.

This vision requires work to be done by training in the gender perspective, increased this year by the CEJFE with a view to being made permanent.

Training must be one element in improving the quality of intervention and in providing criminal enforcement as a service that transforms society, advocating a rehabilitating system with fewer victims, more secure and fairer, forming part of the social benefits the Administration guarantees to citizens.

Implementation of professional practices in 2017 is a line in which the SMPRAV has placed great hopes, given its high potential for improving the capabilities and skills it offers Interior Service professionals, and the direct relation with the zero-restraints commitment for which this SMPRAV is working.

We wish to promote the use of the new information and communication technologies as a tool for bringing detainees closer to the social media, to promote the link with their network of social and family support. We have included the recommendation for use of the VOIP communication system as a possibility to be integrated, but we emphasise that work is now being done to encourage use of videoconferences between lawyers and those they represent in all prisons and educational centres, and where tests are underway to set up videoconferences for aliens with their families in the country of origin.

Videoconferences have great potential and we wish to spread them into the population as a whole, naturally with due personal security and protection guarantees. We particularly wish to encourage them in communications between detainees and their children. We believe that this system will humanise the living conditions of many who currently find it difficult to maintain communication with their family members.

In any rehabilitation process, it is essential to conserve the fabric so that, subsequently and with the necessary care, new structures can be built. Exactly the same happens with criminal enforcement. We must care for an individual's relationship, work, social and family fabric, to favour their return to society with guarantees. The SMPRAV is developing the open regime and alternative penal measures to help minimise social isolation and, to do that, a model is being developed for a progressive approach to the social medium that enables the transition from prison to the community, making prison truly the last resort as a penal measure.

In the final CPT report, and in the course of our responses, it is clear that, on both sides, the question of healthcare is an essential element in the respect for people's dignity, and a question of human rights. For this reason, the enhancements until now introduced into the prison system, from human to financial resources, require new forward movement in terms of aspects of optimisation. Improved coordination and the approach to care, particularly in mental health, must be implemented through technical coordination between professionals and the Accord Monitoring Commission on broader issues.

The SMPRAV aims to enhance the work of the professionals in the system, who frequently go comparatively unrecognised, to guarantee a good social environment and adequate interrelation in the centres, creating a situation that generates a successful return to the community. In Catalonia professionals do, irrespective of the group to which they belong, interact with inmates at all times. This is one of the system's great strengths.

We are aware of the great potential this Administration has, and we are able to draw on an important community of professionals, a good criminal enforcement model, and deep-rooted social fabric comprising collaborating bodies and volunteers, represented in the Social Participation *Taula*, a parity body for dialogue and participation, sharing a strong and firmly-established culture of criminal enforcement targeting rehabilitation and reintegration, in a secure and harmonious context, respecting human rights and personal dignity, which above all places individuals at the heart of prison activity.

In short, we are working decisively on the mission to link with processes for people's reintegration, in fulfilment of the criminal enforcement remit.

Annex 1

Comunicat al jutjat de guàrdia

Dades del/de la pacient

Cognoms, Nom	Sexe	Edat	CIP	DNI
PROVA PROVA, PROVA	HOME	83 anys	FRPR0360527UAD	

Adreça	Província
SANT GERVASI DE CASSOLES 117 - BARCELONA	BARCELONA

Dades comunicat

Data comunicat	Data dels fets	Localitat	Adreça dels fets
18/03/2019	16/03/2019 15:00	LES FIGUERASSES	raval disseminat sin

Motiu	Arribada
Agressió	Medis Propis

Informe mèdic

Parentiu de l'agressor	Gènere de l'agressor
Persona no emparentada	Dona
Relat del pacient	Assistència realitzada sense presència de Forces de l'Ordre Públic
quemada con superglue por narcis	

Descripció lesiona
[18/03/2019] quemada por k....

Diagnòstic	Procediu
CREMADA DE REGIÓ DEL COS I DE GRAU NO ESPECÍFICS	Lieu

Dades destí

Destinació	Recomanacions
Domicili	curas por enfermeria

Amb el qual comunicat, davant la possible existència de perjudici del establigent en l'incident, se comunica als efectes judicials el dia 18/03/2019

BAGUE CANALETA NARCIS
C/ del legal 117-02301-8 MEDICINA DE FAMILIA
EAPP FIGUERES Tel: 972657300

EL METGE
signat

EL LTR. MAGISTRAT JUTGE DE GUÀRDIA

Comunicat al jutjat de guàrdia

Dades del/de la pacient

Cognoms, Nom	Sexe	Edat	CP	DN
PROVA PROVA, PROVA	HOME	83 anys	PRPR0360527UA0	
Adreça SANT GERVASI DE CASSOLES 117 - BARCELONA			Província BARCELONA	

Localització de les parts afectades



Cap Revers



Cap Lateral dret



Braç Esquerre Frontal

Amb el present comunicat, s'informa de la possible existència de perjudicis del subsegüent en l'excercici, en conseqüència als efectes jurídics de data 18/02/2019

SAGUE CANALETA NARCIS
Col·legiat 117-02331-8 MEDICINA DE FAMILIA
EAPP FIGUERES Tel: 972657300

EL METGE
signat:

EL LTR. MAGISTRAT JUTGE DE GUÀRDIA