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Response

of the Croatian 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 Croatia

from 19 to 29 September 2022

The Government of Croatia has requested the publication of this response. The CPT's report on the 2022 visit to Croatia is set out in document CPT/Inf (2023) 30.

Strasbourg, 23 November 2023

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COMMENTS ON RECOMMENDATIONS WHICH FALL WITHIN THE COMPETENCE OF THE MINISTRY OF THE INTERIOR

The facilities and organisational units falling within the competence of the Ministry of the Interior and visited by members of the Committee are as follows: Rijeka Police Station I, Rijeka Police Station II, Police Administration Požega-Slavonia County (headquarters), Zagreb Detention and Escort Unit (Oranice), Split Police Station I, Split Police Station II (Bačvice), Zagreb Police Station III (Dubrava), Zagreb Police Station IV (Maksimir), Zagreb Police Station VI (Novi Zagreb) and Velika Gorica Police Station.

A. Law enforcement agencies

2. Ill-treatment

10. The CPT recommends that the Croatian authorities re-iterate the message that all forms of abuse (whether at the time of arrest, transportation or during subsequent questioning or detention) are absolutely prohibited and that perpetrators of abuse and those who encourage or authorise such acts will be sanctioned. Furthermore, a recommendation was made with regard to the need to organise targeted training programmes for police officers on issues such as the fight against discrimination and intolerance towards persons of Romani ethnicity (following a complaint about physical abuse towards a Romani person of deprived of liberty).

In relation to this recommendation, we note that the law prohibits all forms of abuse whereas the relevant police training is carried out during secondary education, through police courses and higher education at the Police Academy, with additional optional training programmes being conducted at a given police administration. Training is also provided in the form of a training course for detention officers.

For example, the Josip Jović Police School Programme for obtaining a vocational qualification for the profession of police officer (3rd and 4th grades of high school) provides – as part of the 3rd grade module ‘**Foundations of Policing and Its Organisations**’ and the new module ‘**Fundamental Human Rights, Integrity and Communication**’ – education on the relevant topics. These topics include antidiscrimination, accepting diversity and tolerance (6 45-minute periods), the Convention for the Protection of Human Rights and Fundamental Freedoms, including the case law of the European Court of Human Rights (8 45-minute periods), the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment with reference to the role and significance of the CPT (3 45-minute periods).

Furthermore, as part of the analysis of the judgments of the European Court of Human Rights, trainees are made aware of the relevant case-law and the principles and standards of protection of the rights guaranteed by the Convention for the Protection of Human Rights and Fundamental Freedoms, which must be applied at a national level. In particular, the judgments of the ECHR in *Šečić v. Croatia*, *Škorjanec v. Croatia*, *M.H. et al. v. Croatia* and other significant judgments in the context of the prohibition of torture, inhuman or degrading treatment, are analysed. In addition to traditional teaching methods, the class syllabus is covered through students’ independent work, peer learning, case analyses, etc. Also, the role of the European Court of Justice and violations of the Charter of Human Rights is covered in class, and this is juxtaposed

with class content related to the role of the Council of Europe and the European Court of Human Rights.

As part of extracurricular activities, students participate in observing Roma Day, Holocaust Remembrance Day, etc. Following the evaluations carried out for the school year 2022/2023, the Office of the European Parliament in the Republic of Croatia awarded Josip Jović Police School with the status of European Parliament Ambassador School 2022/2023.

To further raise awareness of the need for due process by the police to combat all forms of abuse, discrimination and intolerance on the basis of race or ethnicity, skin colour, sex, language, religion, political or other beliefs, national or social origin, property, trade union membership, education, social status, marital or family status, age, state of health, disability, genetics, gender identity, expression or sexual orientation – during the 4th quarter of 2023 the General Police Directorate will draw up a relevant Notice document and forward it to all police administrations and police stations, most notably, informing police officers who deprive persons of their liberty about the need for consistent application of statutory provisions and procedures and compliance with the rules of the police profession in the application of all police powers to persons deprived of their liberty, with particular reference to the categories of persons mentioned above, i.e. all vulnerable groups.

3. Safeguards against ill-treatment

a) information on rights

11. With regard to the recommendation that police officers pay particular attention (at the time of arrest and at later stages of detention) in dealing with a detainee, in order to ensure that arrested and detained persons have actually understood their rights (right to a defence counsel, right to free legal aid under Article 72a of the Code of Criminal Procedure (CCP), etc.), rather than limiting the information sheet (*Pouka o pravima*) to collecting mere signature on paper, as stated in the Report – we state that police officers pay particular attention at the time of arrest and at subsequent stages of detention to make sure that the detained person in question has understood their rights in accordance with Article 72 of the CCP. The *Report on the Arrest and Detention at the Police Detention Unit* exhaustively lists all the rights of the arrested person under the provisions of the CCP, including the right referred to in Article 72a (free legal aid charged to public funds) and the right referred to in Article 8 (right to interpretation and translation) specifically signed by the arrested person by hand as proof of having fully understood this right, while the rights information sheet, which is an integral part of *the Report on the Arrest and Detention at the Police Detention Unit*, contains only the rights provided for in Article 108a of the CCP.

In order to avoid unequal treatment and the use of inappropriate form documents, all police forms are available on the official MoI website, regarding which every officer is informed by way of a notice letter from the General Police Director, instructing officers to use solely the forms available on the website.

Please note that, in the course of the police act of questioning the suspect/detainee, which is always recorded on video, the person is made aware of their rights once again, including the right referred to in Article 72a (free legal aid charged to public funds) and the right referred to in Article 8 (right to interpretation and translation) specifically signed by the arrested person by hand as proof of having fully understood this right.

To further emphasise the above, in Q4 2023, for all Police Administrations, the General Police Directorate will prepare an Instruction Notice reminding officers to comply with this recommendation.

b) notification of custody

13. The CPT delegation received some allegations from the interviewed persons that police officers refused an arrested person's request to contact their family. It was also unclear whether, in the event of a notification to a third party, the detainee had received feedback on the implementation of this measure, as it was not recorded in the register. The CPT recommends that the Croatian authorities ensure that all persons deprived of their liberty by the police, for whatever reason, be granted the right to notify a close relative or third party of their choice (as well as the relevant consular authorities in the case of foreign nationals) about their situation as from the very outset of the deprivation of liberty (that is, from the moment when they are obliged to remain with the police). Further, the CPT also invites the Croatian authorities to take appropriate steps to provide detained persons with feedback on whether it had been possible to notify a close relative or other person of the fact of their detention.

With regard to the recommendation to allow persons deprived of liberty to contact a close relative or a third person of their choice (as well as the relevant consular authorities in the case of foreign nationals), we state that Article 77 of the Rules on Police Officer Conduct (Official Gazette No 20/22) stipulates that a police officer must inform the person they are bringing in or apprehending of their right to inform their family or other persons, as well as the right to a defence counsel as regulated by a special legal act. However, this right will be continuously reiterated at police officer trainings throughout police administrations and police stations, and this will be pointed out in the aforementioned Instruction Notice of the General Police Directorate, which is to be delivered to all police administrations in Q4 2023. The Instruction Notice will also include the officer obligation to give feedback on whether it was possible to inform the person's relative or other chosen person that said person had been detained, as well as the obligation to record this in the register.

For any arrest in accordance with the CCP, the police officer who arrests a person shall complete the *Report on the Arrest and Detention at the Police Detention Unit*, in which, under section B, point 5 of the 'Rights Information Sheet' (*Pouka o pravima uhićene osobe*) it is listed what was done after the person deprived of their liberty had been made aware of their rights, specifically what was done with regard to informing their family and other persons (indicating the name and surname of the person informed), and the consular authority/embassy, and how and at what time the persons concerned were informed. The arrested person signs this information sheet as confirmation, which also guarantees that they have also received feedback.

When the arrested person is received at a police detention unit by the detention officer, a Detention Report is filled out, stating, under point 4, what was done with regard to informing the family or other persons (indicating the name of the person notified) and the consular authority/embassy, and how and at what time those persons were informed. The arrested person signs this report in confirmation, which also guarantees that they have received feedback.

In order to meet that recommendation, the General Police Directorate will, in the fourth quarter of 2023, draw up and forward a Instruction to all police administrations and police stations containing an obligation for the police officer to allow a person deprived of liberty to inform the family or relatives or a third party at his or her wish and, in the case of a foreign national, to the competent consular authority, as well as an obligation to provide feedback on whether it was possible to inform them, and to record the work done in the logbook.

c) access to a lawyer

15., 16. The CPT recommends that the General Police Directorate instructs all police officers that a person in police custody has the right of access to a lawyer, i.e. the right to be unequivocally informed of the legal right of access to a lawyer from the outset of the deprivation of liberty, of the consequences of waiving that right, and of the need to systematically draw up and attach these conducted procedures to the relevant custody records (the waiver of the right to be assisted by a lawyer must be signed by the suspect of the crime), noting that there can be no justification for police officers to use various tactics to prevent or delay the detained person's right of access to a lawyer. In this respect, we state that upon arrest the person deprived of liberty is duly informed of their rights, in accordance with Article 108 of the CCP, which includes informing them of the right to a lawyer.

For any arrest in accordance with the CCP, the police officer who makes the arrest shall complete the *Report on the Arrest and Detention at the Police Detention Unit* in which the right to a defence counsel is stated under section B, point 4 of the information sheet as well as the recorded time the lawyer's arrival, and the right to waive the right to counsel, which the arrested person confirms by their personal signature.

When the arrested person is received at a police detention unit by the detention officer, a Detention Report is filled out, stating, under point 4, the right to a defence counsel, the time of the lawyer's arrival as well as the right to waive the right to counsel, which the arrested person confirms by their personal signature.

Please also note that, in order to avoid a police breach of the right to a defence lawyer, an additional form has been drawn up to inform the arrested person about the right to a lawyer of his choice or to have a defence counsel from the list of on-call lawyers, additionally explaining what the right to counsel means and the consequences of waiving that right, i.e. not having any professional with them who would be able to ensure the protection of their rights and legal interests in the acts carried out following arrest, as well as explaining the option to subsequently request a defence counsel of their choice or from the list of on-call lawyers at any time. If, after becoming aware of the consequences of refusing the right to a defence lawyer, the arrested person insists on an explicitly stated and unequivocal waiver, this must be confirmed by handwritten signature. The

form in question is also available to all police officers on the official website of the Ministry of the Interior.

In line with this recommendation, the General Police Directorate will issue instructions to all police administrations in Q4 2023 to clearly address police officers' obligations stemming from the CCP; primarily with regard to provisions on arrest and provisions on the right to a defence lawyer, including an explanation of the consequences of waiving this right. During police training, police officers will continue to be alerted about the obligation to familiarise the arrested person with the right of access to a lawyer.

17. The Croatian authorities are recommended to develop a more transparent system for the appointment of duty lawyers, such as a call centre or a central contact point to which the police could turn in order to propose a duty lawyer who could attend a police station in accordance with a pre-established order. In this way, the current broad discretionary right of the police in the selection of an on-duty lawyer would be avoided. Furthermore, the information sheet (*pouka o pravima*) needs to contain the instruction regarding free legal aid, in line with Article 72a of the CCP.

Regarding this, we would like to inform you that the Croatian Bar Association, as the umbrella organization of all lawyers and trainee lawyers in the Republic of Croatia, delivers to all police administrations the list of duty lawyers, i.e. the list of defence lawyers that can be hired by the arrested person. All police administrations and police stations are obliged to continuously update the data regarding the list of defence lawyers and the lists are regularly updated.

When selecting the defence lawyer, the arrested person is first offered the possibility of having a defence lawyer of their own choice. If there is no defence lawyer to whom they would give a power of attorney, they are offered to select a defence lawyer from the list of duty lawyers, which means that the selection depends solely on the will of the arrested person, and not on the discretionary assessment of the police. In cases where the arrested person is not able to independently finance a lawyer, either of their own choice or from the list of duty lawyers, the competent court is informed of this fact, which independently appoints a defence lawyer by issuing a decision.

d) access to a doctor

19. Regarding the recommendation concerning the need to expressly guarantee that the police should provide persons deprived of their liberty with access to a doctor from the very outset of their deprivation of liberty, that medical examinations should be conducted out of the sight of police staff, that the results of every examination should be made available to the detained person and their lawyer and that every access to a doctor is to be recorded, we state that arrested and detained persons exercise the right of access to a doctor in the case of applying police powers, and necessarily in each individual case of using coercive means during arrest, regardless of whether the person deprived of liberty requests it or not. Furthermore, regarding the conduct of detention officers, it is a rule that medical examinations are conducted in separate rooms and without the presence of police and detention officers with the usual precautions in order to prevent the attack on medical staff or the escape of detained persons. Likewise, in the case of requests or the need to provide medical services – an examination outside the detention unit (hospitals and other health

institutions), the service is made possible by implementing the appropriate procedure (consent of the state attorney and in rare cases also of the investigating judge).

If necessary, all persons deprived of liberty are provided with an examination by an emergency medical service and if, during the examination, the emergency service determines that adequate medical care is required, it is provided in the competent medical institution. The presence of police officers during the examination depends on the request of the doctor and the person deprived of liberty.

In line with Article 110(1) of the CCP, the detention officer will order a medical examination of the arrested person if necessary.

In line with Article 20 and 21 of the Rulebook on reception and treatment of an arrested and detained person and on records of detained persons in a detention police unit ("Official Gazette", no. 88/09, 78/14, 132/16, 50/19 and 111/20), it is ensured that the health care needs of detained persons are met in accordance with the general regulations on health care. As a rule, the provision of health care is carried out by means of emergency medical service teams which, after an examination, will determine the eventual need to provide health care to the detained person in a specific health facility.

Under medical supervision, the detained person will be able to take medication started before the detention measure was imposed. The detained person may, with the authorisation of the competent state attorney or investigating judge, obtain at their own expense other medication which they can take under supervision and according to the instructions of a doctor. Detained pregnant women are provided with special health care. The detained person or their defence lawyer may request the competent state attorney to allow additional medical examinations.

Surgical and other medical interventions on a detained person may be undertaken only with their prior consent, i.e. prior consent of parents or guardians if it regards a minor. Exceptionally, in emergency cases when the life of the detained person is in danger, surgical and other medical interventions may be undertaken without prior consent if a person is in such a state that they cannot decide for themselves or if it is not possible to obtain the consent of parents or guardians due to emergency.

If there is a suspicion that the detained person is suffering from an acute or infectious disease that requires treatment or isolation, action will be taken in accordance with general regulations. Data on the treatment related to the provision of health care will be entered by the detention officer in the personal profile of the detained person.

The detained person can be visited and examined by a doctor of their choice with the approval of the competent state attorney or investigating judge. In emergency cases, the detention officer decides on the referral of the detained person to the appropriate health facility and informs without delay the competent state attorney and the organizational police unit that made the arrest. The manner of exercising these rights as well as the implementation of measures is organised and monitored by the detention officer.

The General Police Directorate plans to send the instruction about the obligation to act in line with the recommendations under this point to all police administrations / police stations in the fourth quarter of 2023.

e) conduct of police interviews

21., 22. The CPT recommends to the Croatian authorities to adopt a protocol on the conduct of interviews with suspects of crimes which would clearly regulate the issues such as breaks, maximum duration, and provision of food and drink at appropriate intervals, as well as special provisions in respect of the questioning of persons under the influence of drugs, alcohol or medicines, or affected by recent concussion or mental disorders.

The police has the right to collect notification from suspects in accordance with Article 208a of the CCP or interrogate them based on the order of the state attorney. The manner of interrogation and the issue of the technical implementation of interrogation is prescribed by the provisions of Article 273 of the CCP.

We are of the opinion that there is no need, nor is it in the interest of the suspect, to prescribe breaks, interrogation intervals, etc. in advance. More precisely, during the interrogation, the suspect has the right to present the defence unhindered, and its maximum duration should not be regulated in advance, as this would limit the right to defence of the suspect.

In the case of an unavoidable need to provide medical assistance or similar reasons that would lead to the termination of the interrogation, this action will be temporarily interrupted and continued when the conditions for it are met, which will be recorded in an audio-video recording as well as a record of the implementation of the action in question.

f) transportation of detained persons

23. The CPT reiterates its recommendation that the Croatian authorities take the necessary steps to ensure that all police transportation vans are fitted with basic safety and security equipment, including safety belts, padded seating and head support. In addition, escorted criminal suspects should be transported in secured vehicles which should avoid the need for them to be handcuffed.

Following this recommendation, we would like to inform you that, in a specific interval during 2023, the General Police Directorate will analyse the actions of police officers regarding the application of means of restraint of persons deprived of their liberty who are suspected of criminal offences and are transported under escort in secured vehicles. In accordance with the results of the analysis and in order to remove the statements from the recommendation, the manner in which police officers act in different practical situations will be explained in more detail in instructions on the tactical activities when using means of restraint if necessary.

Competent services which act, transport and accommodate persons deprived of their liberty will prepare user requirements with an indication of the safety equipment that combined police vehicles should be equipped with, including safety belts, head support and installed seats, and in cooperation with the competent services for material and financial affairs, after determining the justification of investing in operationally functional vehicles, a plan for eliminating identified

deficiencies will be drawn up. The said plan will be implemented in the period of four financial budgetary years, starting with the 2024 financial year, with the indicated priorities both by type of work regarding the installation of security equipment and by organizational units in police administrations and police stations. The plan will also include the dynamics of procuring new combined police vehicles with the necessary safety equipment for transporting persons deprived of their liberty.

4) Conditions of detention

25., 26. The CPT states that four operational cells of the Split I Police Detention Unit measuring between 7.5 and 9 m² had no direct access to natural light, were only equipped with a wooden platform with foam mattresses and no bedding, and possessed no in-cell toilet or washbasin. In addition, there were no call bells and the separate toilet and shower facilities were in poor hygienic conditions. Inadequate accommodation conditions for arrested persons in police stations are also pointed out, notably at Zagreb III, IV and VI, Split II and Velika Gorica Police Stations as well as the Split Detention and Escort Unit – due to no clean bedding, no call bell nor separate sanitary facilities (toilet, washbasin and shower), no natural light nor mattresses, metal benches etc. The CPT states that the Ministry of the Interior, by its letter of 21 November 2022, informed the Committee of their intention to upgrade police detention facilities, in cooperation with the service for material and financial affairs, in order to meet the standards of ventilation, access to natural light and provision of appropriate, clean bedding.

The CPT recommends that the Croatian authorities refrain from accommodating persons in cells at police stations such as Zagreb IV, Split II and Velika Gorica for periods of over twelve hours, and certainly not overnight pending their transfer to the appropriate detention and escort unit. Further, the Split Detention and Escort Unit should be upgraded, including the provision of clean bedding, installation of call bells and the repair of the separate sanitary facilities (toilet, washbasin and shower). Finally, the holding rooms in use as Zagreb III and VI Police Stations should never be used for more than a few hours. Further, in light of the interim information provided by the Croatian authorities, the CPT would like to be informed of the timetable envisaged by the Croatian authorities in order to bring the detention cells in police establishments up to the national level in compliance with the requirements set out in the Rulebook on treatment of arrested and detained persons.

In relation to the said recommendation, we would like to emphasise that, during the fourth quarter of 2023, the General Police Directorate will order in writing to refrain from placing persons deprived of their liberty for periods longer than twelve hours, i.e. during the night, in rooms for the accommodation of persons deprived of their liberty in police stations in the Zagreb Police Administration, namely in Zagreb IV and Velika Gorica police stations and in the Split-Dalmatia Police Administration in Split, namely in Split II, as well as for a period of no longer than a few hours in detention rooms used by the Zagreb Police Administration, namely in Zagreb III and VI police stations.

In addition, the prescribed obligation to ensure clean bedding and mattresses in the premises for the accommodation of persons deprived of liberty will be ordered in writing, as well

as the obligation of maintaining hygienic conditions both in the premises and in the areas in which persons deprived of liberty move along with the obligation to monitor the prescribed and ordered obligations.

The competent services acting and accommodating persons deprived of their liberty will prepare user requirements in accordance with the established factual situation and prescribed standards, for which, in cooperation with the competent services for material and financial affairs, they will prepare a plan for the elimination of identified deficiencies, which will be implemented over a period of four financial budgetary years, starting with the 2024 financial year, with the indicated priorities both by type of work and by the mentioned police administrations and police stations.

27. At the time of the visit, the delegation received several allegations from detained persons that they had not been provided with food on a regular basis while in detention both at police stations and detention and escort units. Moreover, in some cases, detainees had complained that police officers had asked them to pay for the provision of food. Finally, for those detained for more than 24 hours, it appeared that the food provided systematically consisted of only packed meals, cold cuts and sandwiches. By letter of 21 November 2002, the Croatian authorities informed the Committee that they would monitor more closely the practice of implementing the above-mentioned provisions of the Rulebook on the treatment of detained persons, and that detained persons in police custody would be provided with at least one full meal a day. The CPT recommends that the Croatian authorities ensure that persons in police custody are offered food at regular intervals during their period of detention. Furthermore, the CPT considers that persons in police custody should be provided with at least one hot meal per day, which should be more substantial than a sandwich.

Regarding the provision of food, we state that the provision of food to arrested and detained persons is carried out in accordance with Article 10a (from arrest to handover to the detention officer) and Article 25 (during the person's stay in the detention police unit) of the Rulebook on reception and treatment of arrested and detained persons and on records of detained persons in the detention police unit. Data on the diet of the arrested person are entered in the Report on police treatment of the arrested person from the time of arrest until they are brought to the detention officer or released, in the personal profile of the detained person, as well as in the Record of arrested and detained persons in the information system of the Ministry of the Interior, which shows the sequence (date and time) of offered and consumed meals, and it is the duty of competent senior officers in police administrations and police stations to monitor the exercise of the right of arrested persons to food on a daily basis.

All persons who are accommodated in police premises are offered a meal which they can accept or refuse (which is registered in prescribed forms and in the electronic collection of persons deprived of liberty and detained persons). Packed meals are given in case a hot meal cannot be ensured in any way at the moment. Unfortunately, a hot meal cannot be ensured in all police stations at all times and a measure cannot be foreseen for this recommendation in order to fulfil it and ensure a hot meal for persons in police detention.

With regard to the complaint that the police asked the detained person to pay the costs of food (meal) during the arrest, we point out that this possibility is provided for in Article 10a of the Rulebook on reception and treatment of arrested and detained persons and on records of detained persons in the detention police unit. The said Article foresees that an arrested person will be offered a meal at the appropriate time, taking into account the consumption of the last meal before the arrest, and the number of offered meals will depend on the time elapsed since the last consumption of food and the duration of the arrest, as well as the fact that the detained person can bear the costs of food.

All police officers who deal with persons deprived of their liberty will be warned about consistent and appropriate action, respecting the statements from the recommendation through the instruction that the General Police Directorate plans to forward to all police administrations and police stations in the fourth quarter of 2023.

***COMMENTS ON RECOMMENDATIONS WHICH FALL WITHIN THE COMPETENCE
OF THE MINISTRY OF JUSTICE AND PUBLIC ADMINISTRATION***

B. Prison establishments

1. Preliminary remarks

2. Ill-treatment

34. The Centre for Staff Education and Training of the Directorate for the Prison System and Probation implements training programmes for authorised criminal system officers every year. These programmes provide training for officers in the amicable resolution of conflicts, the application of ethical principles in day-to-day treatment, the prohibition of discrimination on all grounds, the reduction of psychological stress, etc. Furthermore, basic training for judicial police trainees is regularly attended by the Ombudsperson representatives whose aim is to familiarise trainees with the protection of human rights in the prison system and anti-discrimination on all grounds (religion, nation, gender, etc.). Judicial police officers are also invited to attend programmes provided by other state authorities, where they can receive education in crisis negotiations and similar areas. All of the above proves how the Directorate for the Prison System and Probation ensures preconditions for proper education of authorised officials who are in contact with persons deprived of liberty, preparing them to meet high standards of protection of rights in order to fully fulfil their official duties.

The conduct of officers in breach of the duties and obligations laid down, as well as any failure to comply with laws and regulations, leads to situations in which officers are held liable for misconduct. Misconduct proceedings shall be regulated by law in such a way as to ensure, as far as possible, harmonisation of the procedural rights and powers of all involved parties. For this reason, decisions on sanctions are taken on the basis of the facts established in the proceedings.

It is of great importance to the Ministry of Justice and Public Administration that the work carried out by authorised officers in the penitentiary system complies with international and domestic standards, and that it is carried out in a professional and legal manner, with full respect for fundamental human rights and the rights of persons deprived of liberty and by refraining from any deprecating remarks contrary to the European Convention on Human Rights. However, key activities implemented by the judicial police include securing penitentiaries (prisons), persons and property, as well as maintaining internal order and discipline. In order to establish order and security, officers must be prepared to intervene when de-escalation methods are not sufficiently effective. When applying the means of coercion, the least threatening ones to the health and life of individuals are to be chosen, i.e. means which successfully overcome resistance and are proportionate to the potential distress. This normative principle has been incorporated into the basic training for trainees, as well as in any additional training for officers.

The manager of the facility is required to submit a written report assessing the legality of the use of the means of coercion to the Central Authority and the competent supervisory judge, i.e. the court conducting the criminal procedure, within 48 hours at the latest. This method of reporting allows for a fully independent judicial control of the use of means of coercion. Once the means of coercion have been applied, a medical examination of the person deprived of liberty is mandatory,

and repeated 12 hours later. The origin of injuries caused to a person deprived of liberty is thus assessed. The provisions of the Medical Profession Act oblige the doctor to submit a report to the police or the public prosecutor's office if there is suspicion during examination of the person's bodily injury occurring in a manner liable to penalty.

In addition, the Central Prison System Office, acting on the recommendation of the CPT, will give a clear and unambiguous message during the upcoming working meetings with the heads of the correctional facility security units that the Ministry of Justice and Public Administration continues to maintain the practice of zero tolerance to physical abuse, excessive use of force and disproportionate use of means of coercion by the judicial police and other penitentiary system officers. Managing officers are required to communicate this message further in the course of their regular duties and official tasks within the correctional facility, and all officers should be aware of the sanctions that follow in the event of non-compliance.

35. Special maintenance of good order and security measures are issued against persons deprived of liberty (prisoner, remand prisoner) who endanger order and security or threaten to endanger order and security. A person deprived of liberty (prisoner, remand prisoner) may be subject to several measures at the same time. In order to issue the measure of placement in a rubber room, the correctional facility manager shall obtain the opinion by the doctor or nurse or medical technician within 6 hours of the start of the application of the measure. Doctor or nurse or medical technician are obliged to perform supervision at least once every 24 hours. Placement in a rubber room may last for a maximum of 48 hours. In the event of serious endangerment of order and security or threat to the order and security, the person deprived of liberty (prisoner, remand prisoner) placed in a rubber room may be issued an additional measure of hand-cuffing and even ankle-cuffing if necessary. That measure must not be applied as a punitive measure, but solely in order to prevent self-harm, injury to another person or deliberate destruction of property. This kind of restraint can be applied for the maximum of 12 hours per 24 hours. Thus, physical restraint where there is a serious endangerment of order and security, or a threat to order and security, contributes to the safety of a person deprived of liberty (prisoner, remand prisoner) from potential self-harm or attempted suicide, and is in the interest of the person deprived of liberty and in accordance with legislative provisions.

The Central Prison System Office, acting on the recommendation of the CPT, will *pro future* alert the correctional facilities, that in addition to the application of security measures for the maintenance of good order and security by placing a person in a rubber room, security measures for the maintenance of good order and security by hand-cuffing and, if necessary, ankle-cuffing are applied in cases where it is not possible in any other manner to ensure the physical integrity of the person deprived of freedom and persons applying the measure. The same will apply to the obligation of consistent application of the legal provisions on the maximum duration of placement in the rubber room, as well as an absolute prohibition of the application of security measures for the maintenance of good order and security for punitive purposes.

36 and 37 Potential risks, including the risk of the prisoner becoming the perpetrator and/or victim of physical violence, are assessed as part of the reception procedure, and later continuously during the execution of the sentence. The assessment is taken into account when the prisoner is allocated to a cell and involved in joint activities. Incidents of inter-prisoner violence are sanctioned through

disciplinary proceedings and, if the violence committed is characterised as an offence, competent national authorities shall be informed in order to take measures within their jurisdiction. In July 2018, the Central Office of the Directorate for the Prison System and Probation issued, based on a recommendation from the Ombudsperson, an instruction to correctional facilities to improve the protection of prisoners with mental health problems or intellectual disabilities, stressing the need for preventive action against inter-prisoner violence, as well as ill-treatment and the manipulation of prisoners with such problems and difficulties. In accordance with this instruction, the existence or suspicion of mental health or intellectual problems must be detected and recorded at the National Diagnostic Centre in Zagreb and during the reception to facilities of prisoners and minors, as well as during the reception of remand prisoners and convicts. Furthermore, the link between any detected problems and difficulties and the risk of increased exposure to violence, abuse and manipulation by other prisoners should be assessed. In assessing risks and planning the protection of prisoners, account is taken of factors which may increase the risk of exposure to abuse or manipulation, such as absence of family support, difficulties in adapting to the penal environment, collective accommodation and participation in group activities with reduced supervision of authorised officers, lack of financial resources or highly favourable financial situation of prisoners, etc. In the event of detection of these problems and difficulties, within an individual sentence execution programme for prisoners (hereinafter: execution programme) it is necessary to provide for enhanced individual work by correctional treatment unit officers and, if necessary, checks by psychiatrists (in the case of mental health issues) and a security measures for the maintenance of good order and security – enhanced supervision, i.e. enhanced monitoring and precautionary measures. Furthermore, in accordance with the instructions, for all categories of prisoners and minors, any treatment should be envisaged by an individual plan of protection of the prisoner against violence, abuse and manipulation. The plan provides for more detailed preventive measures and is brought to the attention of officers involved in the implementation of the individual execution programme, or who are in direct contact with the prisoner.

Please note that the new Rules on the Treatment of Prisoners (2021) provide that prior to the adoption of an execution programme, a professional assessment of the criminogenic and security risks as well as treatment needs shall be carried out, including an assessment of the type and level of risk for the period of execution of the sentence in relation to other persons and in relation to the prisoner under assessment. In addition, the same Rules provide that, for the purposes of structured professional assessment in the penitentiary, i.e. prison, risk assessment and treatment needs assessment forms and instruments, previously approved by the Central Prison System Office, may be used on a proposal from the internal organisational unit of the Central Office responsible for treatment. In accordance with this by-law, risk assessment forms and instruments will be developed in the coming period, in cooperation with academic experts, in order to improve the system of assessment and classification of prisoners, including with a view to reducing the incidence of inter-prisoner violence. It will also encourage closer cooperation between treatment and security units when assessing individual risks, in accordance with the concept of dynamic security.

In addition to comprehensive mandatory training programmes for all newly recruited officers and a basic course for judicial police trainees, on-going training is organised at the Centre for Staff Education and Training for officers on dynamic security, non-violent incident management, de-

escalation methods and other topics directly or indirectly affecting the reduction of inter-prisoner violence, such as:

- Training on “Enhancing performance of security related tasks”, with the aim of continuously improving awareness among officers of the legal regulations governing their field of activity and work, as well as the rules governing their day-to-day work;
- Training of officers implementing the special treatment programme for violent offenders “NAS”
- Training “Application of the motivational interview method” – the technique of conducting a motivational interview with inmates
- Training “Contractual relations when working with prisoners” – professional approach to work and specificities of working with prisoners
- Training “Application of ethical principles in the daily work of officers and officials in the penitentiary system”
- Training “Incident situations in youth work” – basic and advanced level
- Training “M.O.S.O.R.”- Judicial police communication skills in youth work” – basic and advanced level.

3. Conditions of detention

a. material conditions

Points 38, 40, 41 and 42. Please note that the past three years have been extremely challenging for Croatia’s penitentiary system due to both the ongoing COVID-19 pandemic and the consequences of earthquakes and natural disasters (the hail in Požega-Slavonia County). For the first time in history, the consequences of the devastating earthquake led to the full evacuation of inmates from Sisak Prison and partial transfer of inmates from Glina Penitentiary. However, the Ministry of Justice and Public Administration is continuously undertaking a number of actions to address the problem of prison overcrowding and to improve the conditions of execution of the sentence / remand detention. These challenges are primarily addressed by planned construction upgrades with the aim to increase capacity in some correctional facilities. With a view to improving conditions, 22 cells and bathrooms in the accommodation unit of Osijek Prison were refurbished at the end of 2020. In order to increase overall accommodation capacity of facilities in the eastern part of the Republic of Croatia, the capacities of Bjelovar Prison (with 9 additional places in the closed regime section) and Požega Penitentiary (with 50 additional places in the closed regime section) were expanded in 2019. Unfortunately, the plans for building capacities at Glina Penitentiary (with 70 additional places in the closed regime section) had to be abandoned due to the devastating earthquake that hit the Sisak-Moslavina County area in December 2020. In addition to that, due to the devastating consequences of the earthquake, an older accommodation building of the same facility (for the accommodation of 102 inmates) was evacuated. Similarly, following the destructive earthquake, a significant damage to one of Sisak Prison buildings resulted in loss of accommodation for 48 inmates. Following these events, and in order to ensure further relief for correctional facilities and better conditions for correctional treatment and education of minors, a Specialised Juvenile Unit was set up at the Turopolje Penitentiary by decision of the then head of prison system directorate. The unit of Požega Penitentiary, which was previously used to accommodate minors, was assigned for use to Požega Penitentiary, which underwent an adaptation

and expansion of capacity by 37 places in the closed regime section during 2021. It should also be noted that on 25 June 2021, the City of Požega was hit by a disastrous hail, which caused significant damage to both Požega Prison, Požega Penitentiary, as well as the correctional institute in Požega, but the damage was repaired as promptly as possible. The refurbishment of the premises has recently been completed at Šibenik Prison, and the total prison capacity was increased by 8 additional places in the closed regime section. Construction work completed in 2022 / beginning of 2023 at penitentiaries in Požega and Lipovica-Popovača, providing additional capacity to accommodate 234 detained persons, is of significant importance to the overall the increase in the capacity of the penitentiary system. The energy efficiency renovation at Karlovac Prison has been completed, while the energy efficiency renovation at Požega Penitentiary (4 buildings) and three buildings of the Lipovica-Popovača Penitentiary has been initiated. In the coming period, documentation for the reconstruction of the damaged Glina Penitentiary will be prepared, while longer-term plans definitely include the refurbishment of Zagreb Prison, which is being prepared by all competent services.

In addition, the Ministry of Justice and Public Administration signed the grant Agreement with the City of Gospić and Lika-Senj County for the implementation of the project “Modernisation of the penitentiary system by means of construction of Gospić Penitentiary”. The future penitentiary complex in Gospić would provide the capacity to accommodate 400 prisoners, while 250 staff members would be employed. The budget for the project is estimated at EUR 70,000,000.00, with the 70 % of cost including VAT being covered by the Council of Europe Development Bank resources, while the remaining 30 % is covered from the national budget.

Notwithstanding the fact that requirement of a minimum space of 4 m² per prisoner is no longer explicitly stated in the Law on the Execution of Prison Sanctions, the Ministry of Justice and Public Administration is aware of this international standard, as advocated by the CPT, and the new accommodation capacity is planned in accordance with this minimum standard. This plan includes the construction of adequate communal areas for inmates, as well as facilities intended for work and education purposes and leisure activities, while facility managements are instructed to encourage inmates to spend a minimum of 8 hours a day outside their cells, with a purposeful regime of planned activities.

Further to the problem of prison and penitentiary overcrowding, it should be pointed out that a professional probation service is active in Croatia, which received the CEP (Confederation of European Probation) award for the development of the national probation service in 2019 and which celebrated 10 years of professional work in 2021. The law foresees a number of alternative, non-custodial measures, which provide for the possibility of effective social rehabilitation and reintegration of offenders with a positive impact on preventing recidivism and promoting public security. The adequate application of those alternative sanctions has a direct impact on reducing prison overcrowding and improving living conditions in them. Croatian criminal legislation provides for the possibility to impose the so-called alternative sanctions and a number of measures, obligations and protective supervision actions, which can reduce the problem of prison overcrowding, but their imposition depends on the courts' decisions. In order to mitigate the effects of overcrowding in the penitentiary system, the Ministry of Justice and Public Administration has introduced electronic monitoring for conditional release, which is now being applied in practice. Moreover, the Rulebook on the Execution of Pre-Trial Detention at Home introducing the

application of electronic monitoring is in the final stage of development, which will further relieve overcrowding in the system.

43. As indicated in the replies to points 38, 40, 41 and 42 of the report, long-term plans will certainly include the refurbishment of Zagreb Prison, which is being prepared by all competent services. Since the National Diagnostic Centre in Zagreb is located in the same building, these adaptation plans apply equally to that organisational unit as well. Until this comprehensive refurbishment, the Ministry of Justice and Public Administration will provide (at the Centre's request) the resources for minor adaptations and maintenance, such as those undertaken in the accommodation units of the same building under the responsibility of Zagreb Prison. Furthermore, the adoption of new Indicative benchmarks for referral and allocation of prisoners executing prison sanctions, the introduction of assessment forms and tools, as well as the reorganisation of the assessment system currently carried out at the National Diagnostic Centre, will speed up the assessment process and the referral to sentence execution in penitentiaries and prisons, which will relieve the overcrowding at the Centre.

44. As stated in the reply to points 38, 40, 41 and 42, the Ministry of Justice and Public Administration is aware of the need to respect the requirement of a minimum space of 4 m² per prisoner, i.e. the need to provide compensatory measures in cases where overcrowding does not allow this standard to be met for a certain period of time. The Committee's report will be made available to the Supreme Court and to the courts responsible for executing prison sentences, including the supervisory judges responsible for Zagreb Prison (the Velika Gorica County Court). The issue of deciding on complaints from prisoners will also be discussed at regular annual meetings of supervisory judges, in which representatives of the Directorate for the Prison System and Probation also participate.

45. Prisoners are given dishes and cutlery made of materials that meet hygiene standards, health standards and safety criteria. The cutlery consists of standard spoons, forks, knives and teaspoons, while the provided set depends on the meal served.

Since 2015, all penitentiaries and prisons of the Directorate for the Prison System and Probation have been acting adequately (following the order of the Central Prison System Office), all with a view to ensuring a more humane treatment of detained persons and respect for fundamental human rights. Consequently, order has been issued, requiring that prisoners be provided with cutlery which includes, among others, a fork and knife. The distribution of cutlery is guided primarily by security judgement, i.e. all elements which may potentially constitute security obstacles are taken into account.

Prisoners who do not use their own clothes are provided with clothing by the correctional facility. Also, prisoners who are foreign nationals as well as destitute prisoners are given clean clothing in good condition and in sufficient quantities, depending on prisoner's needs and external conditions.

b. regime for sentenced prisoners

Points 46-50. The Directorate for the Prison System and Probation takes note of these generally positive remarks and assures the Commission that it will continue its activities under the Law on the Execution of Prison Sanctions and the 2021 Rules on the Treatment of Prisoners. We hereby

draw attention to the correct names of the mentioned programmes carried out with prisoners with the aim of reducing the risk of recidivism, which are standardised across the system and carry the same name in all penitentiaries and prisons:

- “PORTOs” – psychosocial treatment of prisoners with drug addiction problem
- “TALK” – psychosocial treatment of prisoners with alcohol addiction problem
- “TOK” – psychosocial treatment of prisoners with gambling addiction problem
- “NAS” – psychosocial treatment of violent offenders (there is no treatment programme for violent offenders called KLAP in the Croatian penitentiary system, as it was stated in the report, but the NAS programme is also being implemented in Zagreb Prison).

In addition to the specific treatment programmes mentioned above, other educational and developmental programmes are being implemented, such as “PRIKIP” – psychosocial treatment of sex offenders; “PROMET” – psychosocial treatment of offenders in traffic, “TSV-JUS” – social skills training, “Parenthood” (formerly known as “Prisoner as Parent” – a programme for improving parental competences, and a prevention programme “Driver – Safety Factor in Traffic”.

With regard to the recommendation to develop additional thematic programmes, in particular for prisoners serving long sentences, we would point out that the programme “UZOR” (the so-called respect modules) was initially intended for prisoners serving long prison sentences. It’s objective was to provide prisoners with a regime that resembles the outside life as much as possible, and encourage them to meaningfully spend time and take responsibility for organising their life in prison. Therefore, further development of this model will be encouraged in the coming period, especially in penitentiaries where prisoners serving longer sentences are located. Given the limited human resources, a development of an additional programme targeting prisoners serving long prison sentences, which would include a more intensive form of psychosocial support to this population and comprehensive preparation for life outside of prison after years of imprisonment, is planned over the next few years.

c. regime for remand prisoners and misdemeanour offenders

51. Opportunities for meaningful activities for inmates vary from one facility to another and depend primarily on building capabilities, staffing and occupancy status (the number of prisoners accommodated). At the same time, penitentiaries, constituted for the execution of longer sentences, offer greater possibilities than prisons, which are organised mostly for serving short custodial sentences, remand detention measures and misdemeanour sentences. As regards terminology, we would like to draw your attention to the fact that the Report erroneously uses the term “prison” to refer to all correctional facilities, while in the Croatian penitentiary system there is a clear legal and practical distinction between penitentiaries (*kaznionica*) and prisons (*zatvor*) in this sense.

Measures will continue to be taken to ensure the most substantial regime of activities possible for all persons deprived of liberty, including in Zagreb Prison. This includes special treatment programmes, as well as educational and development programmes, work activities and various leisure activities (including sports, recreational, cultural and artistic activities, etc.), provided by correctional facilities themselves or in cooperation with civil society organisations. For instance, a portion of resources from gaming revenue allocated every year to the Ministry of Justice and Public Administration, is awarded by the Directorate for the Prison System and Probation

(amounting to approximately EUR 500 000,00) to NGO programmes implemented in prisons and penitentiaries. Those programmes include a whole range of different topics and areas, such as work activities for inmates, education of prisoners, leisure activities, aestheticisation and humanisation of the premises, prevention of infectious diseases, post-release reintegration (re-entry).

Prisons are encouraged to involve remand prisoners in all activities for which this is possible, and this practice will continue. This is done, at the same time, respecting the presumption of innocence and taking into account the uncertain length of stay in the facility (knowing that the uncertain length of stay makes it more challenging to plan the inclusion of prisoners in certain activities, such as work activities requiring special skills or educational activities, while special treatment programmes generally do not concern remand prisoners precisely because of the presumption of innocence and nonexistence of conviction or security measure imposed).

52. As regards the recommendation that the Croatian authorities should seriously consider abolishing imprisonment for misdemeanour offences and exploring alternatives to the imprisonment for this category of offenders, we would like to point out that the provision of Article 31 The Misdemeanour Act (The Official Gazette of the Republic of Croatia, OG 107/07, 39/13, 157/13, 110/15, 70/17, 118/18, 114/22) provides that imprisonment may only be imposed by law as a more severe penalty in addition to a prescribed fine. Imprisonment, i.e. deprivation of liberty, is thus in the area of criminal law prescribed as an alternative, ancillary penalty.

The purpose of misdemeanour sentence, taking into account the general purpose of sanctions, is to express the social disdain for the offence committed and prevent the offender and others from re-offending the future. The application of the prescribed penalties affects citizens' awareness of the violation of public policy, social discipline and other social values, and the fairness of the punishment of perpetrators (Article 32 of the Misdemeanour Act). Imprisonment for a misdemeanour is provided for by law as an exception and applied only for the most serious offences of a certain type, which contain elements of violence or elements of significant harm to social values. Such penalty is justified both from a criminal justice and constitutional point of view, and cannot in itself be regarded as torture and inhuman or degrading treatment or punishment.

In addition to imprisonment, one of the prescribed safeguards may be imposed on the defendant, the purpose of which is to eliminate the conditions enabling or encouraging the reoffending. These safeguards include: compulsory medical treatment against addiction, (2) prohibition to carry out certain duties or activities, (3) prohibition to carry out certain duties or activities in a legal entity, (4) prohibition to obtain licences, authorisations, concessions or subsidies, (5) prohibition from doing business with state and local budget beneficiaries, (6) prohibition to drive a motor vehicle, (7) prohibition on visiting a specific place or area.

4. Healthcare services

53. A Working Group was established at the Ministry of Justice and Public Administration for the preparation of a draft Rulebook on the Standards and Norms for the Provision of Healthcare in the Prison System. In the meantime, the amendments to the Health Care Act have entered into force, with the Article 37 of the Act amending the Health Care Act (OG No 33/23 of 23 March 2023)

amending the Article 108(5) of the Health Care Act as regards standards and norms concerning premises, equipment and staffing of prison and penitentiary infirmaries (including Zagreb Prison Hospital). According to the amendment, the above mentioned is regulated by the Minister of Justice after approval by the Minister of Health. As a consequence, a letter was sent to the competent Ministry of Health for the opinion of the working draft Rulebook on the Standards and Norms for the Provision of Healthcare in the Prison System and feedback is expected.

a. staffing levels and access to a doctor

54. Please note that by merging of the Ministry of Justice and Ministry of Administration portfolios several years ago, the competence for issues such as staffing in prisons, penitentiaries, correctional institutes and centres has shifted from the Directorate for the Prison System and Probation to the Directorate for the Civil Service System of the Ministry of Justice and Public Administration. In relation to the Committee's report, the competent Directorate provided data according to which in 2022, a total of 17 members of medical staff were authorised for recruitment to correctional facilities, and another six were authorised for recruitment in 2023 so far. In 2022, one staff member was also transferred from their public service position to a position in prison healthcare. In 2022, Lepoglava Penitentiary was authorised to recruit one practitioner to the post of the head of the healthcare department, which was filled following the mentioned competition, and one practitioner for the post of the medical doctor – psychiatrist, but no applications were received for that position. In 2022, Zagreb Prison was authorised to recruit one medical doctor, but the position was not filled as no candidates applied, as well as one nurse/medical technician, the position which was filled following the competition.

55. Since the Committee's visit, for the purposes of the healthcare department of Zagreb Prison and with the aim to provide emergency health care to persons deprived of liberty in Zagreb Prison, complete emergency medical equipment has been ensured for use in the infirmary and the rest of the facility. A professional medical bag containing emergency equipment and bottles with compressed oxygen with a dispenser, nebuliser and breathing mask was purchased. In addition, nurses were trained in a specialised medical staff training institution for the basic use of the ECG Cardioline device, which had been purchased earlier.

56. As regards the recommendation to procure dental X-ray machine in order to improve the quality of diagnostics, we point out that the machine in question is a rather specific and costly appliance, which requires specific guidelines for use and safety of staff, and its procurement is dependent upon recommendations from experts. Such equipment must be kept in a separate area which would first have to be designated and further secured. The procedure for any kind of diagnostic needs in Zagreb Prison at the moment entails transporting persons deprived of their freedom to the closest medical facility with the X-ray machine. For more complex oral surgical procedures, persons deprived of their liberty are taken to a medical facility with the oral surgery department. Dental X-ray treatment is carried out before all surgeries at oral surgery departments. Results of the X-ray and medical opinion are provided, as well as recommendations for follow-up in the treatment of the person.

57. Since 1 March 2023, one doctor neurologist has been permanently employed at Lepoglava Penitentiary as head of the healthcare department, assisted by two external contractors, both general practitioners, in the form of occasional announced visits. In addition, a physiatrist, a radiologist and a psychiatrist also provide their presence at the penitentiary as contractors, as does a physiotherapist, who provides physical therapy as needed.

As already stated in the reply to point 53, a Working Group was established at the Ministry of Justice and Public Administration for the preparation of a draft Rulebook on the Standards and Norms for the Provision of Healthcare in the Prison System. The draft Rulebook is, in accordance with the Article 37 of the Act amending the Health Care Act, amending the Article 108(5) of the Health Care Act as regards standards and norms concerning premises, equipment and staffing of prison and penitentiary infirmaries (including Zagreb Prison Hospital), submitted to the competent Ministry of Health for opinion, which is pending. Following the adoption of this Rulebook, it is expected that the legal conditions will be met so that all prison and penitentiary healthcare department staff (including the staff at Zagreb Prison Hospital) have access to the Central Health Information System of the Ministry of Health (CEZIH). It is therefore clear that the Ministry of Justice and Public Administration fully supports the Committee's recommendation and takes all necessary steps within its competence.

In relation to the recommendation on clinical guidance or protocols for suicide prevention, we report that, according to the annual reports on the state and activities of prisons and penitentiaries (2017-2021), the number of attempted and executed suicides in Croatian correctional facilities is relatively consistent and low (in the 2017-2021 period, the number of suicide attempts ranges annually from 13 (in 2017) to 19 (in 2019), while the number of executed suicides ranges from 0 (in 2017 and 2020) to 3 (in 2018). Despite that, the Directorate for the Prison System and Probation considers suicide prevention as a core activity of the system, which, among other things, should protect the life and body of any person deprived of liberty. Therefore, during the implementation of the project "Improving the quality of the justice system by strengthening the capacities of the prison and probation system and the victim and witness support system", co-financed by the European Social Fund, the need to draw up an Action Plan for the prevention of suicide and self-harm in the penitentiary system was identified, which was in line with needs expressed by the Central Prison System Office and institutions involved in the project. Moreover, the need to draw up the mentioned Action Plan was also based on the European Parliament Resolution of 5 October 2017 on prison systems and conditions (2015/2062(INI) – point 27), which also referred to the need to draw up national action plans to prevent the suicide of prisoners in each Member State. Accordingly, in cooperation among experts from the Faculty of Education and Rehabilitation Sciences, officers of the Central Prison System Office and correctional facilities, a first draft Action Plan for the prevention of suicide and self-harm was drawn up as part of the project. The final draft of the Action Plan will be submitted to the correctional facilities for opinion by the end of 2023, and on the basis of this document, each correctional facility will develop their own protocol, which will also enhance the development of individual suicide and self-harm prevention plans which are still being developed by correctional facilities. In addition, we would point out that as early as 2019, the Centre for Staff Education and Training developed, in cooperation with prison officers, a training programme for prison officers on suicide prevention, with the aim of raising awareness and identifying key elements of relevance to suicide prevention, intervention in

the event of (attempted) suicide, and support for prisoners and officers. In the course of six workshops, 82 officers were trained, and the need for further training for a larger number of officers was identified.

As a follow-up to the Committee's recommendations, the draft recommendation on the course of action in the event of a hunger strike, drawn up by the Zagreb Prison Hospital a decade ago based on the Malta Declaration on a hunger strike, was updated. The Zagreb Prison Hospital was asked to revise the draft recommendation, with a view to adopting it at the level of the Central Prison System Office and submitting it to all correctional facilities for further action.

b. screening and report of injuries/confidentiality

58. Following a recommendation from the Committee, the Zagreb Prison Hospital was asked to propose a draft of the injury register, which, once adopted at the level of the Central Prison System Office, will be submitted to all correctional facilities, i.e. prison healthcare departments. Also, through the continuous improvement of the application Prisons and Probation Information System (ZPIS), this register is also planned to be set up in electronic format.

Please note that the Directorate for the Prison System and Probation is aware, based on its own data and on the reports from independent monitoring mechanisms, of the need to continuously raise awareness among medical professionals of the necessity to properly record injuries of persons deprived of liberty. Accordingly, expert meetings were held in Zagreb in 2016 and 2018, co-organised by the Directorate General for Human Rights and Rule of Law of the Council of Europe and the then Ministry of Justice of the Republic of Croatia, on the topic of healthcare for prisoners and medical ethics in the prison system. The aim of the meetings was to introduce prison medical staff, other prison system officers and representatives of other relevant institutions in the Republic of Croatia to the standards of the Council of Europe and European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) regarding prison healthcare and medical ethics, and to share experiences, positive practices and challenges with the Council of Europe's colleagues and experts. At both meetings, one of the prominent topics was precisely the reporting of injuries of persons deprived of liberty. In addition, as part of the above-mentioned project "Improving the quality of the justice system by strengthening the capacities of the prison and probation system and the victim and witness support system", co-financed by the European Social Fund, training for prison medical staff was carried out at the end of 2022 on: reporting of injuries, confidentiality of medical examinations, prevention and treatment of infectious diseases and prevention and treatment of mental disorders.

59. The Directorate for the Prison System and Probation, in cooperation with the Croatian Institute of Public Health and associations working in the field of prevention of spreading of viral hepatitis and HIV, has been working intensively for the last two years to establish systematic testing (and treatment during imprisonment) of persons deprived of liberty, primarily through testing at the National Diagnostic Centre in Zagreb, followed by treatment in penitentiaries and prisons where prisoners are referred to further imprisonment. Until a comprehensive testing and treatment system is in place, the penitentiary system cooperates with associations and doctors of county institutes of public health who perform testing in prisons and educations for prisoners. The overall number of tested prisoners has increased significantly compared to the previous period. In addition, the

Directorate for the Prison System and Probation has funded projects implemented by associations working in the field of prevention of infectious diseases since 2022, with a view to maximising the coverage of prisoners that are submitted to testing and treatment.

60. In line with the recommendation, the Central Prison System Office will instruct the correctional facilities that judicial police officers may be present in the room during medical examinations in cases where a security assessment requires so, as well as in cases where their presence is for certain reasons required by the doctor. In addition, correctional facilities will consider alternative options that would increase the security level without compromising the confidentiality of the doctor-patient relationship (e.g. a call system in case of an incident or Plexiglas openings through which officers would have visual but no audio overview of the situation in the medical exam room).

61. All correctional facilities have been instructed to register the administration of medication containing narcotics and psychotropic substances through regular and up-to-date management of the Register of procured and dispensed medication containing narcotics and psychotropic substances (the so-called book of narcotics).

f. medical ethics

65. The Directorate for the Prison System and Probation identified the need to adopt new instructions to replace the 2005 Protocol on testing of prisoners for illicit substances. The new instructions define cases in which people deprived of their liberty may be subject to testing for the presence of drugs, psychotropic substances and medication that affects psychophysical abilities. Persons deprived of liberty may be tested at any time of the day and night. Similarly, the instruction lays down the responsibilities of prison medical staff and other authorised persons in correctional facilities in the process of administering tests. The instructions were drawn up and delivered to correctional facilities on 13 June 2023 to be applied in practice. Medical staff is not involved in sample collecting or in sanctioning prisoners in case of a positive test, but only in interpreting test results, and we believe that this does not constitute dual loyalty. We note that abstinence monitoring is a common element in the treatment of people with drug addiction problems, and that testing forms the basis for the application of behavioural management intervention through a system of remuneration and punishment (contingency management). In support of this, we would point out that such tests in the public health system are carried out directly by doctors who treat addictions.

5. Other issues

a. prison staff

67. In 2022, the Ministry of Justice and Public Administration approved the recruitment of a total of 80 staff members. Also in 2022, a competition was launched for the admission of 58 junior judicial police officers as trainees in correctional facilities, of which 52 were admitted to the civil service. On the basis of the Transfers agreement, 9 officers were transferred from other state/public administration bodies to correctional facilities, of which 4 to judicial police posts.

So far, in 2023, the Ministry of Justice and Public Administration approved the recruitment of a total of 35 officers in correctional facilities, and a competition is ongoing for the admission of 65

junior judicial police officers as trainees. Based on the Transfers agreement, in 2023 5 officers have been transferred to correctional facilities from other state/public administration bodies, of which one is a judicial police officer, and permanent transfers are currently pending for another 5 officers.

68. As regards dynamic security and building positive relationships between staff and prisoners, training for officers is carried out on a continuous basis within the Centre for Staff Education and Training. Accordingly, both mandatory professional development programmes for officers were provided several times in 2022:

A) Introductory programme called “Specificities of Work in the prisons and probation system and the improvement of cooperation” is a mandatory training programme for officers, which normally starts immediately after the recruitment of officers in the Directorate for the Prison System and Probation. It aims to familiarise officers with general tasks of penitentiaries, prisons, centres, probation office, the Central Prison System Office and the Central Probation Office, and specific tasks of the post to which the officer is assigned. This programme was organised with 4 groups of students in over 138 teaching hours over the past calendar year, for a total of 66 students.

B) The basic course is a mandatory training for judicial police officers who carry out security tasks in penitentiaries, prisons, correctional institutes and centres. They are required to attend the course after admission to the civil service and assignment to security tasks (during the traineeship period), in order to become qualified to perform tasks independently and to meet the conditions for taking the judicial police profession exam. During basic course, trainees learn, in the course of four teaching units (State administration and criminal law, Judicial police conduct, Psychosocial treatment and Special cases), about ethical values of civil servants, all relevant aspects of the execution of prison sentences in the Republic of Croatia, basic international regulations for the treatment of prisoners, regulations relevant to the treatment of minors, communication, aggression management, prevention of violent behaviour, prevention of risky behaviour and suicide, teamwork, psychological stress and psychological support in crisis situations. It is important to mention that all trainees attending the basic course are introduced with the work of all four Ombudsperson offices in the Republic of Croatia (in lectures given by Ombudsperson officials), which further strengthens the human rights component in training new generations of security unit officers. The course started in 2022 with 72 trainees, and 45 trainees successfully completed the course and passed the judicial police profession exam.

In addition to the aforementioned mandatory training programmes, the Centre for Staff Education and Training also implements specialised programmes and other lifelong learning programmes. Specialised programmes are intended for the training of specific officers or groups of officers and relate to further development of specific expertise, skills and competences in order to increase professionalism of officers and efficiency of prison and probation work. Other programmes concern the acquisition of new or complementary knowledge, skills and competences that are found to be useful for the work of officers in the penitentiary system and for the penitentiary system as a whole. In 2022, the Centre for Staff Education and Training delivered 12 different in person training sessions, 10 online training sessions and 3 hybrid training sessions (partly in person and partly online), with a total duration of 214 teaching days or 2498 teaching hours, training a total of 2286 officers.

In 2023, in addition to mandatory training programmes, the Staff Education and Training Centre has implemented the following programmes aimed at dynamic security and building positive relationships between staff and prisoners:

- Training “Enhancing security work” is carried out in almost all penitentiaries, prisons and correctional institutes and is a further step towards working with security unit officer– the aim of this training is to continuously improve the work in order to better familiarise officers with legal regulations governing their field of activity, as well as rules of conduct of judicial police officers in their daily work,
- Training of officers implementing the special treatment programme “NAS” for violent offenders;
- Training of officers to implement the special programme of treatment of prisoners with drug addiction problems – “PORTOs – Prevention of drug recidivism through training and enhancement” – an intensive psychosocial treatment programme based on a cognitive-behavioural approach consisting of relapsing prevention strategies, focusing on the criminogenic risks and needs of drug addicts,
- Training “Application of the motivational interview method” – the technique of conducting a motivational interview with prisoners;
- Training “Contractual relations when working with prisoners” – professional approach to work and specificities of working with prisoners,
- Training “Communication with prisoners in the performance of work tasks” for prison officers working directly with working prisoners,
- Training on “Prevention of alcoholism” – the aim of the programme is to pursue a multidisciplinary approach (legal, health and psychological aspects) to strengthen preventive mechanisms on the subject,
- Training “Application of ethical principles in the daily work of officers and officials in the penitentiary system” – the aim is to promote service ethics, morality, integrity, creation and reinforcement of teams, mutual relations and appropriate communication,
- Training “Incident situations in youth work” – basic and advanced levels – the objectives of this training are to raise awareness and recognise work patterns, identify strategies to cope with stress, define roles, functions and expectations in work, identify and adopt strategies in conflict and incident situations specific to youth work, prevent suicide, understand the importance of protection of officers themselves and others,
- Training “Psychological stress and the role of managers in the psychological support system for officers” – aims to empower officers to deal more effectively with mental stress, which directly contributes to preserving their own mental and physical health,
- Training “M.O.S.O.R.” – Judicial police communication skills in youth work” – basic and advanced levels – the objectives are to raise awareness of the role of judicial police officers in the resocialisation process in the penitentiary system, to introduce officers to characteristics of adolescence and young people in punitive conditions, to raise awareness and recognise their own communication patterns and the importance of developing communication skills and cooperating, to work to improve communication patterns, to use communication tools and raise awareness of the importance of good communication and team cooperation.

The cooperation with all four Ombudsperson offices in the Republic of Croatia continued during the basic course in 2022, as it was assessed that the overall competence in the work of judicial police officers in correctional facilities was significantly increased as a result of the lectures by the Ombudsperson offices. Moreover, the cooperation was expanded in 2022 with a cycle of online lectures developed and organized by representatives of the offices for the prison and probation system officers, as follows: Office of the Ombudsperson for Gender Equality – “Gender equality and the powers and competences of the Ombudsperson for Gender Equality”, Office of the Ombudsperson – “Anti-discrimination”, Office of the Ombudsperson for Persons with Disabilities – “Specificities and methods of communication with persons with different types of disabilities”, Office of the Ombudsperson for Children – “The needs and rights of children whose parents are imprisoned”. A total of 116 officers from the Directorate for the Prison System and Probation participated in the 4 mentioned training sessions.

Furthermore, within the Centre for Staff Education and Training, one of the most important issues for the functioning of the probation and prison system is the issue of human resources and preservation of the staff well-being and quality of work of officers who are in daily direct contact with convicted persons inside or outside prisons. A survey was therefore carried out during the 2021-2023 period on the Impact of remuneration on officers’ work motivation. The research tried to identify ways in which officers could be encouraged and motivated through rewards. Motivated workers who are satisfied at their workplaces directly contribute to creating a positive psychosocial climate, building a positive relationship with prisoners and fostering better quality working relationships. The data collected is a valuable tool that can be used for motivation management, increasing job satisfaction, supporting employees in reaching their full potential and preserving professional integrity.

The Ministry of Justice and Public Administration also provides regular supervision of psychosocial work for prison and probation system officers. Supervision is one of the forms of support in working with experts, and its purpose is to improve professional competences while serving as a form of mental health support. This way of taking care of officers’ well-being is one of the ways in which the system can influence the building of better-quality relationships between staff and prisoners.

b. security measures

69. The Law on the Execution of Prison Sanctions provides that special measures for the maintenance of order and security are to be applied against a prisoner who endangers order and security or threatens to endanger order and security. One such special measure, separation from other prisoners, is ordered by the manager or by a person authorised by him. The prisoner may appeal against the order to the supervisory judge within three days upon the decision is issued. Separation from other prisoners is carried out by placing the prisoner in a single cell for a maximum period of 30 days. During the execution of the measure, the prisoner participates in all the activities established in the execution programme which may be carried out in the cell where the prisoner is placed.

Special measure for the maintenance of order and security – solitary confinement – is applied against prisoners who, with their actions, seriously threaten security. Its application is proposed

by the manager, with the prior opinion of the doctor, and imposed by the supervisory judge within 15 days upon receiving the proposition. The prisoner and the manager may appeal against the decision within three days upon the decision is issued. The panel of judges decides on the appeal. Solitary confinement prevents the prisoner from contacting other prisoners by dissociating them from the collective and joint activities. Solitary confinement is carried out under the supervision of a doctor who is obliged to examine the prisoner at least twice a week. During solitary confinement, the prisoner may be allowed to work in the premises where the measure is being carried out. The prisoner may, while in solitary confinement, use authorised personal effects, read daily press, books and correspondence.

The prisoners who these measures apply to pose an increased security risk, and allowing unsupervised contacts with other prisoners would result in treatment contrary to the purpose prescribed by law and the reasons for which the measures were applied. Such prisoners are subject to a special regime for the duration of the measures, which, in certain cases, includes the aforementioned limitation of contacts with other prisoners who pose a high security risk, and their movements are subject to particular scrutiny by prison officers.

With regard to the Committee's recommendation, the correctional facilities have been informed that prisoners subject to special measures for the maintenance of order and security – separation from other prisoners or solitary confinement – should be provided with as much content and activities as possible in accordance with the legal provisions and should be enabled a regular contact with competent officers of the treatment unit.

71. Prisoners in Department 1B were placed there following the special measure of order and security of placing the prisoner under increased supervision. In relation to that, prisoners are issued a decision against which they may appeal to the supervisory judge of the Varaždin County Court, and that measure is to be reviewed every three months after the beginning of its application. If proved necessary, the prisoner is issued a new decision extending the application of the measure, which is again subject to review by the supervisory judge.

Prisoners in question are those who endanger the order and security or threaten the order and security of the Penitentiary. This is the reason why they are subject to the mentioned measure, which, in the context of the implementation of the execution programme, primarily involves the application of security procedures, with the intention that the measure is applied as short as possible, that is to say, the primary application of security procedures to that effect is as short as possible.

In this respect, we provide the following figures for the years 2021, 2022 and 2023:

- in 2021, the average number of prisoners in Department 1B was 17;
- in 2022, the average number of prisoners in Department 1B was 18;
- in 2023, the average number of prisoners in Department 1B was 15.

It follows that, for that period, the average number of prisoners in the enhanced surveillance unit is 17. On 14 May 2023, 13 prisoners were placed in Department 1B, of which we single out the following:

1. Prisoner, born in 1973, has been placed in the enhanced supervision department since 15 October 2004. Please note that the prisoner has been placed in the enhanced supervision unit since his arrival in Lepoglava Penitentiary, with interruptions due to other disciplinary measures being applied, such as those of solitary confinement or separation from other prisoners, as well as his stay at the Zagreb Prison Hospital. While serving his sentence at Lepoglava Penitentiary, he has committed 62 disciplinary offences, also seeking to provoke the extension of his placement in the enhanced supervision department by planning these disciplinary offences;

2. Prisoner, born in 1986, has been placed in the enhanced supervision department since 23 August 2010. Please note that the prisoner has been placed in the enhanced supervision unit since his arrival in Lepoglava Penitentiary, with interruptions due to other disciplinary measures being applied, such as those of solitary confinement or separation from other prisoners, as well as his stay at the Zagreb Prison Hospital. While serving his sentence at Lepoglava Penitentiary, he has committed 41 disciplinary offence, and it is important to note that, while in the enhanced supervision department, he assaulted an official (judicial police officer), resulting in a prison sentence;

3. Prisoner, born in 1978, has been placed in the enhanced supervision department since 18 July 2021, with interruptions due to other disciplinary measures being applied, such as those of solitary confinement or separation from other prisoners. He has been engaged in work activities several times prior to his placement in the enhanced supervision department. While serving his sentence at Lepoglava Penitentiary, he committed 6 disciplinary offences, and it is important to note that two criminal proceedings are ongoing against him under serious suspicion that he committed criminal offence during his time in Lepoglava Penitentiary;

4. Prisoner, born in 1988, has been placed in the enhanced supervision department since 22 May 2022, with interruptions due to other disciplinary measures being applied, namely separation from other prisoners. He has been engaged in work activities several times prior to his placement in the enhanced supervision department. While serving his sentence at Lepoglava Penitentiary, he committed 16 disciplinary offences, and it is important to note that he committed a serious criminal offence during his time in Lepoglava Penitentiary, causing serious bodily harm and attempted bodily harm against other prisoners, leading to prison sentences;

5. Prisoner, born in 1971, has been placed in the enhanced supervision department since 28 October 2021. We point out that he has been placed in the enhanced supervision unit since his arrival in Lepoglava Penitentiary, with interruptions due to other disciplinary measures being applied, namely separation from other prisoners. While serving his sentence at Lepoglava Penitentiary, he committed 16 disciplinary offences. It is important to note that criminal proceedings are ongoing against him under serious suspicion that he committed a criminal offence of assault on a prison officer in Zagreb Prison. Verbal and physical resistance against officers, as well as assault on an official, were recorded during his time in remand detention in Rijeka Prison prior to his arrival in Lepoglava Penitentiary;

6. Prisoner, born in 1959, has been placed in the enhanced supervision department since 2 September 2021. Please note that the prisoner has been placed in the enhanced supervision unit since his arrival in Lepoglava Penitentiary. During the process of setting up his individual programme, he was assessed to be one of the prisoners who poses the highest security risk, as there

is reasonable doubt that he is planning an escape. He has been granted the benefit of using his own television set in the cell where he is placed alone, and his cell is the only one in the department with a separate sanitary annex equipped with a bath tub.

Not counting in the six specific cases mentioned, who account for 1.5 % of the total population of prisoners in the closed regime department of the Penitentiary, and who, for various reasons, fall within the category of prisoners of increased need for application of security measures, the average period of placement in the enhanced supervision department for other 7 prisoners placed in the enhanced supervision department is 33 days.

Following the recruitment of a full-time doctor at Lepoglava Penitentiary, the prisoners accommodated in the enhanced supervision department now also have regular contact with healthcare staff, while their individual programme of prison execution is regularly reviewed every three months during their placement in the enhanced supervision department, as indicated above. If necessary, reviews are also carried out exceptionally and measure may be interrupted before the expiry of the three month period, as is often done in practice at Lepoglava Penitentiary.

With regard to complaints from prisoners in the enhanced supervision department received in 2023 (25 complaints), it can be noted that the majority of them relate to two prisoners (14 complaints). Moreover, the two prisoners have named their execution programmes as their primary reason for filing a complaint.

As regards activities and treatment, inmates placed in the enhanced supervision department are allowed to watch television, use the penitentiary library, participate in the work of the press section, play chess in the department, practise sports and leisure activities outside – football, basketball and gym.

72. As pointed out in the reply to point 35, the Central Prison System Office, acting on the recommendation of the CPT, will notify correctional facilities in the course of their regular communication that, in addition to the special measure of placement in a rubber room, means of restraint (hand-cuffing and if necessary leg-cuffing) can only be applied when it is otherwise impossible to ensure the physical integrity the physical integrity of the person deprived of freedom and persons applying the measure. The same practice is observed in the case of the obligation to consistently apply the legal provision on the maximum duration of placement in a rubber room, as well as provisions on the absolute prohibition to use these special measures for punitive purposes.

73. The Rulebook on Security Affairs in the Prison System lays down criteria for conducting a detailed search of persons deprived of liberty, as well as searches in relation to individual risk assessment. Similarly, the provision stating that at least two officers of the same sex as the prisoner must carry out a thorough search of persons in a separate room and without the presence of other persons is in place in order to ensure adequate monitoring of the procedure.

The search tactics are adopted by law enforcement officers during the basic course and later through lifelong learning. The search is carried out in such a way as not to undermine the dignity of persons deprived of their liberty. Moreover, the search procedure is also based on an individual risk assessment.

In accordance with the recommendation, in order to minimise the embarrassment, a practice has already been in place that ensures that persons being searched are not required to remove all their clothing at the same time during the search.

c. means of restraint

74. As already stated in the reply to point 34, it is of great importance for the Directorate for the Prison System and Probation that the work carried out by authorised officers in the penitentiary system complies with international and domestic standards, is carried out in a professional and legal manner, respecting the fundamental human rights and rights of persons deprived of liberty and refraining from deprecating remarks contrary to the Convention for the Protection of Human Rights and Freedoms. However, one of the key tasks of the judicial police is to ensure security of penitentiaries, i.e. prisons, persons and property, and to maintain internal order and discipline. In order to establish order and security, officers must be able to intervene when de-escalation is not sufficiently effective. When applying the means of coercion, the least threatening ones to the health and life of individuals are to be chosen, i.e. means which successfully overcome resistance and are proportionate to the potential distress. Please note that the manager of the correctional facility is required to submit a written report assessing the legality of the use of coercive means within 48 hours at the latest to the Central Prison System Office and the competent supervisory judge, i.e. the court conducting the criminal proceedings. This method of reporting, in addition to controls conducted by the Central Prison System Office, allows for full and independent judicial control of the use of means of coercion.

Following the recommendation of the Committee, correctional facilities are additionally referred to a consistent application of the legal provisions on the use of means of coercion, which dictates that the least threatening means to the health and life of individuals are to be chosen, i.e. means which successfully overcome resistance and are proportionate to the potential distress.

e. transportation of inmates

76. The provision of safety belts for specialised vehicles depends on the technical design of the vehicle and regulations governing road safety. For this reason, certain vehicles cannot be fitted with safety belts. However, this also depends on other risks, such as the risk of strangulation during the journey. Communication of prisoners with the staff is made possible through a surveillance window used for monitoring the persons deprived of liberty, which is a part of specialised vehicles used for the transport of persons deprived of liberty.

The Directorate for the Prison System and Probation is in the process of procuring new specialised vehicles for the transport of persons deprived of liberty which are equipped with state-of-the-art two-way communication devices, while the installation of safety belts will be adapted to the technical design of the vehicle and to the regulations governing vehicle safety.

The Rulebook on Security Affairs in the Prison System provides that persons deprived of liberty are generally restrained in accordance with the security assessment when transported to or from prison, which refers to persons deprived of liberty who are serving prison sentences in closed, semi-open or open conditions. Therefore, the decision to apply means of restraint for persons deprived of liberty is made based upon an individual risk assessment.

f. contact with the outside world

77. Visits to remand prisoners are regulated by the Rulebook on House Rules on the Execution of Pre-Trial Detention, which stipulates that the prisoner will be allowed to receive visits by relatives or other persons six times a month, of which two visits on non-working days. The minimum duration of the visit is fifteen minutes and the maximum is one hour irrespective of the number of visitors. The manager may exceptionally authorise a longer visit in duly justified cases. It is also stipulated that the visits are monitored and carried out in specially designated rooms equipped so as to allow full visual and audio contact between the visitor and the remand prisoner. However, direct physical contact is forbidden, except in situation when the prison manager authorises direct contact between the prisoner and the visitor during a visit and the structure of the facility allows for it. Minor children of prisoners up to the age of fourteen are allowed to visit the prisoner accompanied by another parent or guardian in a specially equipped room where direct contact is made possible.

On the other hand, visits to prisoners serving a sentence are regulated by the Law on the Execution of Prison Sanctions, which guarantees prisoners the right receive visits by family members twice a month and on public holidays for a duration of at least one hour. Children up to the age of 18 may visit their parents once every week and on public holidays. In addition to visitation rights, the law provides for the possibility of establishing more frequent contacts with the outside world, including more frequent and longer visits by families and other persons, supervised or unsupervised, and conjugal visits with a spouse/partner (life partner or informal life partner) in a separate room without supervision.

In order to minimise the adverse consequences of imprisonment and separation from family members who, due to their long distance, poor financial situation, lack of time, epidemiological situation or other circumstances, are unable to visit a prisoner for a certain period of time or on a permanent basis, the possibility has been introduced that, with the consent of the prisoner, a visit may take place by means of an audio-video conference, giving priority to female prisoners who are parents of minor children, to prisoners whose family members are available only in this way (via a video visit) due to objective circumstances, to prisoners – foreign nationals whose family members live abroad and prisoners whose family members live away from the correctional facility (in proportion to the criterion of distance and transport connectivity).

In 2021, a total of 11 509 video visits were conducted in the penitentiary system (all prisons, prisons and correctional institutes). Of this number, 5 993 video visits involved minor children. The total number of video visits in 2021 increased by 98.96 % compared to 2020 when 5 785 video visits were conducted, while the number of video visits involving minor children increased by 63.30 % compared to 2020 when 3 670 such video visits took place. In 2022, a total of 11 681 video visits took place, out of which 5 239 video visits involved minor children. A similar tendency is observed thus far in 2023, with around 1 000 video visits per month, of which approximately 500 video visits involving minor children. Visits to prisoners by their children aided by video technologies reduce the harmful effects of imprisonment and separation of children from their parents, and allow contact also for children and other family members who were unable to exercise their right to visit due to long distance, poor financial situation, lack of time and/or other circumstances.

In particular, we would point out that the use of video visits in the Croatian penitentiary system is currently entirely free of charge for prisoners as users, as opposed to examples from some other European countries that have introduced charges for the use of various communication technologies.

Within its competence, the Directorate for the Prison System and Probation will continue to monitor, improve and harmonise the legal framework and practice in the execution of criminal sanctions and measures, while at the same time continuing to take measures and actions to maintain and strengthen family ties and provide other sources of support for persons deprived of liberty. In this context, consideration will also be given to the possibility of proposing amendments to the rules governing visiting rights for persons deprived of liberty, as recommended by the Committee.

78. With regard to visits to remand prisoners, pursuant to Article 20. of the Rulebook on House Rules on the Execution of Pre-Trial Detention, the monitored visits shall be carried out in specially designated premises equipped so as to allow full visual and auditory contact between the visitor and the remand prisoner, but as to prevent immediate physical contact. Minor children of persons deprived of liberty shall visit the inmate accompanied by the other parent or guardian, or independently from the age of 18, in a specially equipped room suitable for the children's immediate contact. Exceptionally, subject to the capacity of said facility, the warden may authorise a visit where the person deprived of liberty may have immediate contact with the visitor.

79. The Ministry of Justice and Public Administration has concluded a contract for the supply of electronic communications systems, equipment and services in penitentiaries, prisons, correctional institutes and the National Diagnostic Centre, under which contract the entire system of electronic communications and telephone services for persons deprived of liberty in the prison system operates, and which also provides for the price of telephone services. Since the conclusion of the contract, the contractor has repeatedly reduced the price of telephone services, and representatives of the Ministry of Justice and Public Administration will also seek to obtain further reductions in the price of telephone services with representatives of the company. However, it should be noted that an annex to the contract was concluded in December 2021 to improve or modernise the current system, which requires significant financial investment by the company in question. The modernisation of the system makes it possible, among other things, to increase the number of telephone devices used to telephone persons deprived of liberty, to have telephone devices in rooms to accommodate persons deprived of liberty in semi-open prison conditions, etc. Furthermore, we would like to emphasise that in the prison system, all persons deprived of liberty are able to make contact with family members free of charge through video visits.

The prison has no authority with regard to the approval of telephone numbers of remand prisoners and detainees in pre-trial detention; rather, this approval is a matter for the courts and the decision on persons authorised for calls and visits is brought by the competent judges.

Upon the arrival and reception of a person for the execution of a sentence, pre-trial detention or misdemeanour imprisonment/detention, the correctional facility shall inform the executing judge responsible for the infliction of the sentence, the executing judge responsible for the imprisonment and the court that issued the judgment at first instance, and shall allow the inmate to inform their family members immediately upon reception.

80. When adopting amendments to the Law on the Execution of Prison Sanctions, the recommendation of the Committee will be taken into account and an amendment to Article 131(2) will be considered. The Law on the Execution of Prison Sanctions, which provides that the content of correspondence in prisons, closed penitentiaries and closed penitentiary units is to be monitored.

g. complaints and inspection procedures

Points 81 and 83. The Ministry of Justice and Public Administration has also adopted new Rules on Professional Supervision in the Penitentiary System (OG No 137/21) on the basis of the new Law on the Execution of Prison Sanctions, which provide for professional supervision in the penitentiary system in a better way, whereas professional supervision includes monitoring the legality and regularity of the work of penitentiaries, prisons and similar facilities, monitoring its civil servants and public officials, and the treatment of persons deprived of liberty. Previously, the Internal Control Department was set up as an independent organisational unit within the Directorate for Prison System and Probation of the Ministry of Justice and Public Administration, which has since been further strengthened by filling vacant positions, thus ensuring all the preconditions for professional and independent treatment.

As already noted, the report of the Committee will be made available to the Supreme Court and to the courts responsible for executing prison sentences, including the executing judges in charge of Zagreb Prison (Velika Gorica County Court), and the issue of the handling of inmates' complaints will also be discussed at regular annual meetings of the supervisory judges in which representatives of the Directorate for Prison System and Probation also participate.

As a precaution, please note that the Ministry of Justice and Public Administration, as an executive body, is not authorised in any way to assess the (il)legality of a judge's conduct in a particular court case, to influence the decision-making, to correct the conduct of a judge or to give opinions on court proceedings, as it would constitute a breach of Article 118(2) of the Constitution of the Republic of Croatia, which guarantees the autonomy and independence of the judiciary as one of the basic foundations of the rule of law. Please note that the only instance authorised to assess the legality of a judge's conduct and decisions taken is the higher court in the appeal proceedings, in accordance with Article 6(2) of the Judiciary Act.

6. Women in prison

85. In accordance with the provisions of the Law on the Execution of Prison Sanctions, a person sentenced to a term of imprisonment of up to six months or who is yet to serve a part of the sentence not exceeding six months shall be sent to the nearest prison according to the place of residence and if he or she does not have his or her permanent residence or residence in the territory of the Republic of Croatia, he or she shall be sent to the nearest prison at the place of residence of the executing judge responsible for the posting. Persons who have been sentenced to terms of imprisonment of more than six months, or who have yet to serve part of the sentence exceeding six months, will be sent to the National Diagnostic Centre in Zagreb to carry out medical, social, psychological, pedagogical and criminological treatment and to propose an individual programme of execution of the custodial sentence and the prison in which the sentence is to be executed. The decision on which penitentiary or prison in which the sentence is to be enforced is taken by the

Director of the Directorate for Prison System and Probation, in accordance with the indicative criteria for the secondment and classification of inmates to serve prison sentences issued by the minister responsible for matters of justice. Please note that as of 5 June 2023 there are a total of 106 inmates from 20 out of 21 administrative units (counties) in Požega Penitentiary. Consequently, given the relatively low number of women imprisoned in relation to the total prison population (the proportion of female inmates per day is 3-5%), the execution of prison sentences for inmates in the county in which they reside would undermine the principle of normalisation and potentially adversely affect mental health, as inmates would, due to the obligation to separate inmates by sex, carry out long prison sentences in a smaller area and surrounded by a minimum number of other inmates, or even be the sole inmate. As Požega Penitentiary hosts inmates from all over the Republic of Croatia and therefore, despite the additional efforts of the prison system, it is not possible to significantly facilitate contact with family members, the possibility of video visits has been introduced since 2019, helping female inmates whose family members are in more remote areas to maintain as high quality familial contacts as possible in order to consolidate family ties and reduce the harmful consequences of separation (especially from minor children), as well as better preparations for their eventual liberty.

Please note that the construction of a new correctional facility in the Gospić area (see reply to points 38, 40, 41 and 42) is also planned to set up a prison department, where a prison sentence would be served by female residents residing in the southern part of the Republic of Croatia, which would facilitate direct contact with family members.

The Directorate for Prison System and Probation does not have a specific strategy for the treatment of inmates, but all the actions regulated by the Law, its bylaws and strategic documents apply equally to inmates, taking into account their specificities and vulnerabilities. Officers of Požega Penitentiary have been further trained to deal with female offenders, and the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules) apply to the treatment of female offenders. The planned and implemented refurbishment and upgrading of accommodation at Požega Penitentiary and the new penitentiary in Požega, which pay particular attention to improving women's conditions of imprisonment, show that the Directorate for Prison System and Probation as well as the Ministry of Justice, have a long-term strategy for the treatment of women and the treatment of female offenders.

As regards terminology, we reiterate that the Report erroneously uses the term prison for all correctional facilities, and we would like to draw attention to the fact that in the Croatian prison system there is a clear legal and practical distinction between penitentiaries ("kaznionica") and prisons ("zatvor") in this sense. This is particularly important in the case of Požega Penitentiary (Kaznionica u Požegi), since there is indeed a Požega Prison (Zatvor in Požega) located in the city of Požega, which is not covered by the Committee's report. The reference to "prison" instead of "penitentiary" may lead to the erroneous conclusion that the Committee's report refers to another correctional facility – Požega Prison.

a. ill-treatment

87. Please note that the trainings referred to in the replies to points 34, 36, 36, 57 and 68 also involve female officials working with women in prison. Furthermore, in order to increase the possibilities to cover regional training needs, the Centre for Staff Education and Training was

given the opportunity to use premises in Požega, near Požega Penitentiary, in early 2023, which will allow more and better training courses specialised in working with women, since the highest number of female inmates is in the county. Currently, the premises are being arranged and adapted for the needs of officers and the provision of training.

The position of the Directorate for Prison System and Probation was already mentioned in the reply to point 34, regarding the handling of cases where officers fail to fulfil their duties by law and regulation, as well as the follow-up to the recommendation referred to in point 87 of the Committee's report.

88. As regards the recommendations on the prevention of inmate violence, points 36 and 37 of the report have already been addressed. In relation to Požega Penitentiary, we further point out that in the period since the Committee's visit, an energy renewal has been initiated of the Penitentiary facility, where there is a closed and semi-open penitentiary unit. Therefore, on 16 January 2023, all female inmates were transferred to the newly created Orłjava accommodation facility for persons deprived of liberty, a housing capacity for 134 persons (initially dedicated to accommodate male inmates), where they will stay until the energy renewal work is completed (expected duration of one year).

In addition, based on its own resources, Požega Penitentiary is drawing up a project to improve the housing conditions of inmates, in accordance with the CPT's recommendations (the plan is to rebuild rooms (housing rooms for persons deprived of liberty) and to accommodate sanitary facilities in each room, and the number of showers in shower areas is planned to increase).

The accommodation capacity of the Orłjava facility, to which inmates have been transferred, is entirely restructured, in accordance with high standards (sanitary facilities in rooms, each room has a TV receiver and a telephone, the area is air-conditioned and all rooms are suitably equipped with new furniture) and no longer the circumstances in which inmates are housed in large sleeping rooms, and therefore the risks mentioned above are minimised.

A more detailed description of the adaptation of accommodation is provided in the reply to point 89.

b. conditions of detention

89. In January 2023, energy renewal work started on the Požega Penitentiary buildings, which mainly concern the renovation of buildings occupied by inmates of closed (Z1 and Z2) and semi-open units, as well as buildings housing outpatients and residents. These works cover: modification of rooftops, external carpentry, installation of external thermal envelope, refurbishment of boiler rooms, alteration of luminaires, hydro-isolation of the cellar rooms, and painting of all rooms. In addition to these works, work will be carried out on the adaptation of the internal premises of the closed department facilities (Z1 and Z2) and financed from the funds of the Ministry of Justice and Public Administration.

These works include the conversion of large sleeping rooms into smaller rooms, each of which will be equipped with toilets, TV reception antenna systems, SOS call systems, installation of telephony systems, reconstruction and alteration of the floor covering, lowering of ceilings and wall painting in all rooms at the end of the works.

Please note that video surveillance will be installed in the common rooms, including air conditioning the common spaces and corridors. For these works, which are outside the energy renewal system, design documentation has been drawn up and a tender has been launched for the selection of contractors.

Through the above amendments, sanitary facilities, i.e. personal hygiene rooms, will be set up. Given that each room will have its own sanitary facilities, the number of showers for inmates will increase from 2 to 6 per unit.

Women in prisons will continue to be provided with daily stays in the departments, which will be renovated and equipped with all the necessary facilities (tea kitchen, TV receiver, DVD player, computer, various board games, etc.) so that inmates can spend their leisure time in the best possible way while socialising.

Taking into account the circumstances surrounding gender-nonconforming inmates, the reconstruction of the closed unit (Z1 and Z2) in the women's penitentiary will include the renovation of four rooms in which said persons will be placed, which will also contain showers in addition to the sanitary facilities. Similarly, premises dedicated to special detention measures will also be reorganised.

Please note that the closed unit (Z1 and Z2) will be equipped on the outside with covered balconies/terraces intended for smokers, which will also be open to other inmates, and will be used in case of adverse weather events. At the walking section of the closed unit will have a new overhead awning installed.

Work is also ongoing to modify the inner and outer window sills and frames in the building containing the maternity ward, the central kitchen and the canteen. Work on the renovation of the central kitchen and ancillary rooms is due to start shortly, which includes, in addition to construction works, the modification of existing equipment to new and modern equipment. In addition, the bathroom in the maternity ward will be adapted as part of these works.

Please find enclosed the required photographs of the closed unit buildings (Z1 and Z2), which are being renovated. With regard to this, when publishing this Report and these comments by the Republic of Croatia, we would kindly ask you, for safety reasons, not to publish the enclosed photographs.

90. Recently, with a view to improving the housing conditions of premises A1-119 with a surface area of 89.3 m², it has been completely refurbished to accommodate women deprived of their liberty, thus increasing the area per person deprived of liberty.

Taking into account the pandemic and COVID-19, between 12 March 2020 and 26 April 2022, when activities were suspended or restricted in accordance with the orders of the Ministry of Justice and Public Administration under the instructions of the Croatian Institute of Public Health and under the decisions of the Government of the Republic of Croatia, vocational, educational and ancillary activities are carried out as far as possible in the criminal body.

It is unfortunately impossible to secure a common room for women inmates in a unit where they could spend time outside accommodation rooms in additional activities due to spatial constraints,

but efforts are being made by the correctional facility to organise the unite, humanise and aesthetically develop the premises, and in cooperation with the Croatian Association of Artists, the walls of the unit have been painted (see reply to point 51 of the Report). Regular religious rites, Catholic, Islamic, Orthodox, are provided, with additional rites on holidays, film screenings of Croatian authors, animated film workshops, events, with workshops and lectures being organised, and additional call time and parental visits are provided, books are collected from donations to equip the library with new content, post-penal reception workshops for inmates are carried out in cooperation with the Croatian Employment Service. For the most part, women deprived of their liberty are assigned to work, according to their medical fitness, willingness to work and consent to work, whereas sporting activities are available during their recreational time slot.

The participation of all persons deprived of liberty, including women, in additional activities in leisure, work, education, accessible sporting activities depends primarily on the personal interest of the person concerned and, according to the capabilities of the correctional facility, all persons regardless of gender are allowed to participate in the activities.

c. regime

93. The planned and undertaken reconstructions and renovations at Požega Penitentiary, which aim to improve the conditions under which prison sentences are served, have already been described in the replies to points 88 and 89 of the Report. In addition, upon completion of the ongoing energy renovation work (which is expected to last about one year), it is planned to repurpose part of the Open unit for the accommodation of female inmates who are currently part of the semi-open unit. This requires the project to be prepared beforehand and the necessary financial resources to be made available.

The Law on the Execution of Prison Sentences, the Rules on Underclothing, Clothing, Footwear and Bedding for Inmates, and the Požega Penitentiary Rules of Conduct provide for permitted items for inmates serving a prison sentence, whereas all other matters not covered by said documents may be approved by the warden, subject to prior professional assessment, taking into account security considerations.

As regards the restriction of the use of certain types of clothing by inmates, we would point out that they are allowed to wear their own clothes and shoes during leisure time that is appropriate to the given circumstances. The inmates of the Open unit can wear their own clothes also at the workplace, unless work clothes are required.

With regard to the recommendation that the vacant posts of treatment officers for the female population are to be filled, we report that 4 posts have been systematised with a total of 9 employees in the Treatment Division of the Požega Penitentiary, out of which 7 officers are full employees.

In 2022, an additional recruitment of 1 new employee was authorised for the same Division in Požega Penitentiary.

Požega Penitentiary has demonstrated the need to recruit two trainees to work as treatment specialists, and it is also planned to apply for a call for tenders in order to hire one expert associate, namely a senior expert associate for treatment.

94. With regard to the improvement of the conditions of residence of women accommodated in Zagreb Prison, we would like to inform you that conceptual drawings and cost statements have been drawn up and the construction of a new walking area for women has started, to the extent possible by the correctional facility, so that part of the area is enclosed by a panel of 2.4 metres high, which will allow a fenced area for walking in accordance with the necessary security requirements. These modifications will have a direct impact on allowing women deprived of their liberty to take a walk at different times during the day, at least two hours per day, and the space will be equipped with additional content and allow sporting activities.

Female inmates are to be assigned work as far as possible according to their medical abilities, declared ready to work and consent to work, and according to available workplaces. In addition, in accordance with the Law on the Execution of Prison Sentences, all inmates for whom no security risks have been identified are regularly involved in the daily and regular maintenance of premises and prison rooms for up to two hours per day without financial compensation, thereby further affecting the stay of more inmates outside the accommodation area.

With regard to education, at the time of the Committee's visit, two courses for wall painting and ceramics have been carried out in Zagreb Prison, and a new course is being prepared. In addition to the criteria set out in the project carried out by the NGOs themselves, these criteria relating to, inter alia, age, housing, length of the sentence, total number of people eligible for inclusion, persons meeting the required criteria will be included in the courses and, with stated interest, if they agree to take part in the education. Of female inmates who were sentenced at the time of their education, there was no stated interest in enrolment in education.

In line with the recommendation that all inmates should be allowed to stay outside their rooms for at least eight hours a day, we would point out that Zagreb Prison is making efforts to facilitate the activity of persons deprived of liberty through work, leisure activities, education, recreation, additional facilities, so that, in addition to the right to stay on a daily basis in the open space of prisons of two hours, persons deprived of their liberty could stay as much as possible outside accommodation rooms, taking into account prison facilities, spatial conditions, the number of persons deprived of liberty and the number of officers who could monitor their activities without risk to the safety of persons in the correctional facility.

d. Mother and Child Unit

96. In order to improve the quality of the stay of children with mothers in the maternity ward (we currently have two inmates with new-born children and one minor in the correctional institute with a child), two new functional baby carriages, new car seats and baby seats were purchased. In addition, the penitentiary also has sufficient numbers of carriers, known as "kangaroos", which may be used by inmates according to the approval of the doctor of the Penitentiary, that is to say, a paediatrician, after a certain age of the child.

97. Once the energy renovation works have been completed, as part of the refurbishment of the entire Penitentiary yard, one suitable area is planned to be set up as a small playground with all the necessary facilities. Inmates are able to use clothes according to their needs and without restrictions. In terms of nutrition, the quality of food, as well as calorific and vitamin values, are

taken into account in accordance with current standards. The inmates are allowed to walk in fresh air, in accordance with the Rules of Conduct and the Maternity Ward's daily activity schedule, and, if possible, their stay in the fresh air with their child is extended.

e. healthcare

98. The fact is that Požega Penitentiary has a doctor who is a full employee, since so far (and for years now) there have been no doctors interested in entering into an employment relationship, which would certainly be the best solution. In that regard, the penitentiary is not in a position to provide for replacement by another doctor during her leave. Please note here that the penitentiary is located in the immediate vicinity of the County General Hospital in Požega, so that women inmates are not deprived of healthcare even at the time the doctor is on leave.

99. With regard to the recommendations on the introduction of a register of injuries to persons deprived of liberty, this has already been addressed in the reply to point 58 of the Report, noting that medical professionals from Požega Penitentiary also participated in educational activities involving the reporting of injuries, confidentiality of medical examinations and prevention and treatment of infectious diseases.

In accordance with the Rules on the Treatment of Inmates, an action programme is to be adopted on the basis of a risk assessment and treatment needs. Furthermore, officers working with women in prison receive additional training at the Centre for Staff Education and Training in relation to the specificity of working with women in prison. Given that in Požega Penitentiary the procedure for the admission of inmates to serve a prison sentence is carried out by psychologists, the expert assessment of the individual needs of women inmates will also certainly take into account possible trauma associated with past sexual abuse or other forms of gender-based violence committed prior to prison.

100. An external defibrillator has been procured for Požega Penitentiary and medical staff have been trained to use it, following a visit to the CPT delegation.

101. Due to the shortage of medical staff, Požega Penitentiary is currently unable to ensure that medicines are administered by nurses exclusively, but new employments will aim to achieve this standard. For the time being, the sentencing officer will act in accordance with Article 27(3) of the Law on the Execution of Prison Sentences, according to which, by way of exception, the functions of the security division also include participation in the distribution of pre-prepared medical treatment to inmates where it is not possible to organise this differently. The preparation of treatment, on the basis of medical instructions, are carried out exclusively by nurses. Please note that the possibility of dispensing medical treatment by police officers was introduced in the new Law on the Execution of Prison Sanctions, as an exception, precisely because the occasional shortage of medical personnel that could not have been prevented does not endanger inmates' health. In implementing this legal solution, the Ministry of Justice and Public Administration followed the recommendation of the 2019 CPT Delegation Report on the country visit to Denmark (CPT/Inf(2019) 35): *The CPT must reiterate that the preparation of individual doses and the distribution of prescribed medicines by medically untrained individuals may be harmful to the health of the patients concerned and, in any event, is generally incompatible with the requirements*

of medical safety and medical confidentiality. It therefore recommends that prescribed medicines, as a rule, only be prepared and distributed by qualified health-care staff. Exceptionally, in very small establishments where a daily presence of health-care staff might be difficult to ensure, the CPT trusts that steps will be taken to ensure that individual medicine doses are prepared exclusively by a health-care professional and their distribution respects the precepts of medical confidentiality. Further, any individual medicine box should be marked in such a way as to allow an absolute reliable identification of the patient concerned.

f. prison staff

104. As already pointed out in previous replies (points 34, 36, 36, 57, 68 and 87), on the basis of the Training Plan of the Zagreb Centre for Staff Education and Training, officers from Požega Penitentiary are involved in various human rights-oriented trainings of prison officers, non-discrimination and special treatment of certain groups of inmates (e.g. gender equality, communication skills, handling of incidents, treatment of transgender persons, teamwork, etc.) and lectures from the Ombudsperson, the Ombudsperson for Gender Equality, the Ombudsperson for Children, etc. It is at this point that we would like to point out the terminological misrepresentation related to the name of the Centre for Staff Education and Training as set out in the CPT delegation's report. The Centre for Staff Education and Training is only one in Croatia's penitentiary system, located alongside Zagreb Prison at Ulica Dr. Luje Naletilića 1, Zagreb 10000 and does not bear the name "Vukomerec". Vukomerec was the name of the semi-open prison unit in Zagreb Prison, located in a district of the same name, which is currently not operational.

The Law on the Execution of Prison Sanctions considers the baton to be a lawful means of coercion. The police officer is authorised to apply the baton in cases where the application of usual apprehension methods, defence tactics or mace techniques containing permitted harmless substances are all unsuccessful or do not guarantee success. Using the baton implies body impact while avoiding impacts to the head, neck, genitals and other vital parts of the body. The use of the baton will cease as soon as the active resistance ceases. The Directorate for Prison System and Probation considers that the prohibition of the baton, as a means of coercion, is not justified, as there is currently no alternative means of coercion capable of ensuring a greater contribution to the development of positive relations between officers and persons deprived of liberty and, on the other hand, of ensuring equal efficiency in cases where this is essential. We therefore consider that wearing a baton is still justified, especially in closed prison conditions where it is essential to protect the life and physical integrity of prison staff, persons deprived of liberty and other persons in incident situations.

We would like to draw your attention to the fact that the baton is part of the equipment of police officers as part of the correctional facility. The baton is assigned depending on the given officer's place's work or work tasks, and depending on the insurance plan of the correctional facility. Accordingly, the baton is not the standard equipment of the police officers, but assigning it depends on the position or tasks performed by the police officer.

g. security measures

105. As part of the ongoing energy renovation of Požega Penitentiary, as described above, this recommendation will be complied with, both in terms of the material conditions and with regard

to the activities offered. We would also point out that all female inmates and inmates who are subject to a special measure to maintain order and safety – detention in the enhanced surveillance unit – are served with an order, which also contains an instruction on the means of redress.

108. The Rules on security tasks in the penitentiary system provide that, when persons deprived of their liberty are transported to or from the premises, or in case of inmates serving prison sentences in closed, semi-open or open conditions, they are generally handcuffed in accordance with the security assessment. In accordance with that provision, the binding of persons deprived of liberty when carrying out their activities is to be based on an individual assessment during transportation.

With regard to the simultaneous application of a special measure to maintain order and safety – detention in a specially secured room without dangerous objects and special measures to maintain order and safety – the binding of hands and, where appropriate, legs, as well as the absolute prohibition on using those measures for the purpose of penalising inmates, was addressed in reply to point 35 of the Report.

As already pointed out in previous replies (points 44 and 83), the CPT Report will be made available to the courts competent to execute the custodial sentence, including the executing judges competent for Požega Penitentiary.

109. This recommendation has already been addressed in reply to point 73 of the Report, which apply equally to examinations of inmates.

i. complaints and inspection

111. This recommendation has already been addressed in reply to points 81 and 83 of the Report, which apply equally to Požega Penitentiary.

C. Hospital for persons deprived of their liberty

1. Ill-treatment

114. As regards the competence of the Central Prison System Office, the recommendation regarding the prohibition of ill-treatment was addressed in reply to point 34 of the Report.

Furthermore, according to official records and reports, the use of means of coercion at Zagreb Prison Hospital is extremely rare whereas the prescribed means are used as a last resort. Generally, cases of use of means of coercion that would deviate from the regulations are not recorded. In the last two years, only one case of use of coercive means with elements indicating deviation been recorded, resulting in disciplinary proceedings against the officer in question and proceedings are pending before the competent court. In the previous four years, a total of 5 uses of the least lenient means of coercion have been recorded, all performed lawfully.

All officers of Zagreb Prison Hospital received basic and additional training, including training on domestic and international regulations on the treatment of inmates, clearly encompassing provisions on the non-admissibility and unlawfulness of physical abuse, excessive use of force and unjustified recourse to means of coercion, and the use of security measures for the purpose of punishment. This is also regularly conveyed by the Security Department's managers during daily

visits, as well as in regular meetings with officers. Through regular visits, the administrator and other executive officers of Zagreb Prison Hospital talk to inmates, who may at any time complain about the actions of officers that would not comply with the regulations. In the same way, inmates may appeal to the court and other competent institutions in writing, by letters whose content is not screened or censored. Any complaints made by inmates are addressed and looked into.

Any complaints of possible ill-treatment of inmates by officers are always thoroughly investigated, as a matter of priority, by departmental managers, and the findings of irregularities are reported to the Zagreb Prison Hospital management, the Central Prison System Office and other competent authorities.

Equipping the halls and common areas with surveillance cameras (a total of 32 cameras) provides additional ways to check the appropriateness and lawfulness of officer conduct.

Please note that in addition to all the trainings mentioned above, officers at Zagreb Prison Hospital go through training related to working with psychiatric patients. In 2023, officers were involved in the following training sessions: assessing cognitive impairment, Alzheimer's disease, timely recognition and treatment of depression among the elderly. In addition, the three bachelors of nursing and the Head of the Treatment Division completed a one-year training course in reality therapy, with the aim of strengthening the capacity to implement group and individual sessions with psychiatric and forensic patients.

A recommendation regarding the removal of security officers from prison wards housing mentally disabled patients is not possible in accordance with the Law on the Execution of Prison Penalties and the Implementing Regulations governing the conduct and organisation of work in correctional facilities before the Directorate for Prison System and Probation.

115. In November 2022, all older mattresses were changed at Zagreb Prison Hospital, a total of 50. In January 2023, a project co-financed by the European Social Fund procured a total of 50 new hospital beds with nightstands, as well as the corresponding new medical mattresses, replacing old ones. Pyjamas and underwear are regularly replaced twice a week for all inmates, with more frequent fresh clothing being available upon inmate request.

Access to the sanitary facilities is made available to all inmates throughout the day, in accordance with the provisions of the rules of conduct of Zagreb Prison Hospital and the schedule of activities. Inmates are regularly taken to the sanitary facilities, both day and night, in accordance with the daily schedule of activities and, where necessary, individually. As their stay there is subject to security assessments and surveillance, it is sometimes not possible to simultaneously allow for two inmates in conflict (or who are banned from contact on any legal basis) to use the facilities at the same time. Nor can more inmates be allowed than there are places available, nor can patients who could in any way endanger other inmates (COVID and other infectious diseases) be allowed to use the facilities. Equally, care is taken to ensure that hygiene and other needs do not allow for women and men to use the facilities at the same time. We would also point out that inmates are allowed to use the facilities during the execution of restraint measures, in so far as the inmate's state of health so permits. Accordingly, there were no unjustified obstacles to the availability of sanitary facilities for any inmate.

116. With regard to the recommendations set out in point 116, most of it we have addressed in replies to points 36 and 37, since the Law on the Execution of Prisoner Sanctions, the Rules on the Treatment of Prisoners, the instructions and guidelines of the Central Prison System Office, as well as the training of officers, all equally apply Zagreb Prison Hospital. In addition, please note that, in accordance with the Rules on the Treatment of Prisoners, a risk assessment and treatment needs are conducted for each individual, including a safety risk assessment covering three risk categories:

- an assessment of the type and level of risk during the execution of the sentence, both in relation to other persons and in relation to the inmate under assessment;
- assessment of the type and level of risk of repeated offence
- an assessment of the type and level of risk of misusing benefits of having more frequent contacts with the outside world, as well as an assessment of the risk of serious harm to the individual, the group and/or the social community during a stay outside the penitentiary or prison, i.e. after release from imprisonment.

The inmate risk assessments are variable, going in line with risk assessments and treatment needs, the success of the implementation of the execution programme and the degree of achievement of treatment objectives. These assessments are carried out by treatment officers, but always in cooperation with security officers and other officials working directly with inmates, which includes in particular doctors and other staff and associates of the medical profession at Zagreb Prison Hospital. Any knowledge of any risky behaviour is to be communicated and reported and action is to be taken to eliminate it.

According to the risk assessments described above, Zagreb Prison Hospital also maintains a record of inmates prone to various forms of risky behaviour, including the name of the inmates, the type of crime and a risk assessment of their behaviour (also highlighting whether inmates are at risk of offence or are themselves potential victims).

2. Living conditions

117., 118. As already stated in the replies on the preliminary observations of the CPT, at the time of the design, construction and opening of Zagreb Prison Hospital, the building was, according to the standards in force at the time of design in 1962, conceived as a hospital-type institution, so that premises intended for the accommodation of patients were also arranged and equipped on the same principles, with the mandatory application of security criteria to be met for the accommodation of persons deprived of liberty. Due to such architectural constraints, sanitary facilities are not located in patient rooms, but are organised centrally and accessible to all patients in each department, but also to health professionals who use the same sanitary facilities to provide health services. There is certainly a need to reconstruct and modernise the premises and the hospital building as a whole in order to achieve the prescribed standards for the provision of hospital health services in the public health system, but the new designs and architectural interpolation of sanitary facilities in the context of a capacity designed to accommodate inmate patients – while respecting safety principles – presupposes significant capital investments over a long period of time.

With regard to the recommendation to place a maximum of four beds per room, we would point out that we acknowledge this, but it is not currently possible to fully comply with it, given the total number of inmates requiring medical treatment at Zagreb Prison Hospital, which is the only penitentiary with the status of a health facility in the Republic of Croatia, and which, in addition to the stationary treatment of inmates with compulsory psychiatric treatment, must also meet the needs for medical care and care of inmates from all other correctional facilities. As part of the long-term planning to increase the capacity of the penitentiary system, the possibilities of expanding Zagreb Prison Hospital will also be considered, in order to comply with international recommendations and standards and to improve the conditions of residence and treatment of sick inmates.

The Ministry of Justice and Public Administration and Zagreb Prison Hospital are taking the necessary actions and interventions to implement better conditions for the accommodation and treatment of inmates, as well improve the practice of civil servants and public employees in accordance with modern standards, both in the field of healthcare provision and in the field of security. Among other things, the Rulebook of the Ministry of Justice on the Standards and Norms for the Provision of Healthcare in the Prison System, with a specific section relating to Zagreb Prison Hospital, are being drafted and adopted (see reply to points 53 and 57 of the Report). The adoption of the above-mentioned rules will create the basic legal conditions for the reconstruction and architectural modernisation of the institution. In this respect, in order to meet the standards for the provision of health care at Zagreb Prison Hospital, the projects “Improving the quality of the justice system by strengthening the capacities of the prison and probation system and the victim and witness support system” and “Further Improvement of the Prison System Through Officer Education and Operational Improvement”, co-financed by the European Social Fund, between 2021 and 2023, have funded the equipment of Zagreb Prison Hospital and its health care departments with medical equipment and devices worth EUR 109 762.00 followed by medical equipment and devices worth EUR 414 634.00. This, in turn, will be a prerequisite for better linking to the public health system and further improving the quality of the health care of inmates. As regards the improvement of the conditions in the prison hospital, in our replies on the Committee’s preliminary report, we have already reported that a public procurement procedure had been launched to reconstruct the kitchen facilities, with the estimated value of the works and equipment amounting to EUR 515 893.56, and in the meantime the contractor has been selected.

Prisoner rooms as well as prison facilities are regulated and personalised precisely as indicated in the Committee’s recommendation, with the aim of visually stimulating and reducing the institutionalisation of inmates. In February 2023, the common room in the Forensic Psychiatry Unit was painted and decorated by the inmates themselves using colours and drawings of their choice. The room was painted through a recreational and occupancy workshop for inmates. As already stated in the reply to point 115, at the end of 2022, all old mattresses were replaced, a total of 50 of them were purchased and in January 2023 new medical mattresses were purchased. All shower booths in the prison hospital are in good and proper condition. Pyjamas and underwear are regularly replaced twice a week for all inmates, with more frequent fresh clothing being available upon inmate request. Access to the sanitary facilities is made available to all inmates throughout the day, in accordance with the provisions of the rules of conduct of Zagreb Prison Hospital and the schedule of activities. Inmates are be regularly taken to the sanitary facilities, both day and

night, in accordance with the daily schedule of activities and, where necessary, individually, subject to certain limitations described in the reply to point 115.

3. Treatment and Staffing

119. In 2022, the Ministry of Justice and Public Administration granted authorisation to Zagreb Prison Hospital to recruit a doctor of medicine (psychiatrist) and a general practitioner at the Forensic Psychiatry Unit but no applications were received for the post of doctor of medicine (psychiatrist), and no applications were submitted for the post of general practitioner. In 2023, approval was given to hire an additional doctor in the Forensic Psychiatry Unit, for which an open recruitment procedure is ongoing.

Over the past year, with the prior agreement of the competent Minister of Justice and Public Administration, the Zagreb Prison Hospital has launched three calls for admission to public service one general practitioner and one psychiatrist, but no applications or interested candidates have been received. The recruitment procedure for doctors and psychiatrists has been re-opened in June 2023.

We would point out that, in order to motivate medical professionals to work in the penitentiary system, the Regulation on Job Titles and Coefficients of Job Complexity in Public Services (OG No 13/22) increased the complexity coefficients for certain posts in the prison health care sections of the Ministry of Justice and Public Administration (Head of the Health Care Unit at Zagreb Prison Hospital, Head of the Health Care Section for Correctional Facilities, MD specialist (MD/MSc); a medical doctor specialist, a medical doctor, a specialist dental practitioner, a dentist, a main nurse/technician in a prison hospital, a senior nurse, and nurses (carers). In addition, a proposal for the Law on Pay is under preparation, as part of the activities under the National Recovery and Resilience Plan under the equal pay for equal work model. Higher job-specific wages, together with the introduction of pay increases via pay grades (and degrees), will create a motivating working environment that will have an impact on youth employment and will bring in skilled staff. That law also provides for the inclusion of medical staff within their respective pay grades.

In the meantime, at the 226th session of the Government of the Republic of Croatia, the Minister for Justice and Public Administration presented a draft final proposal for a law amending and supplementing the Law on the remuneration for judges and other judiciary officials, as well as a proposal for a decision on the payment of a temporary allowance to civil servants and public officials, as well as a proposal for a decision adopting the Guidelines for quality management in public administration. By decision to grant a temporary allowance to civil servants and employees, an additional net allowance of EUR 100, 80 or EUR 60 will be granted to civil servants occupying posts with fixed coefficients ranging from 0.631 to 1.867, and a maximum increase of EUR 100 will be received by almost 100 thousand civil servants.

The temporary allowance is a transitional and comprehensive solution until the adoption of the new pay system – under the equal pay for equal work model. This solution is not partial or selective and represents the largest increase in salaries for civil servants and employees with the lowest salaries. The allowance is not linear but targeted, covering those services where, pending the

adoption of the new Law and accompanying regulations, an increase in salaries is required, and covers all civil servants and public officials, with the same coefficients, who are employed in different services – customs, police, health, education, ministries, courts or public prosecutor's offices.

Points 120 and 121. Only one psychiatrist is employed full time at Zagreb Prison Hospital, who is also Head of the Forensic Psychiatry Unit. Given the scope of the work of the unit and the given their autonomous psychiatric care of about 50 inmates, the sole psychiatrist is currently unable to carry out group work with inmates, but the care of inmates in that unit is carried out through individual psychiatric counselling and pharmacotherapy. However, the Treatment Unit is actively involved in organising the work of the Forensic Psychiatry Unit, which regularly carries out group psychosocial treatment of people with alcohol and drug addiction problems in two cycles. In addition, an educational workshop cycle with all forensic inmates is carried out at a three-month period. Officers implementing psychosocial treatment programmes are social pedagogues, while other educational programmes are carried out by pedagogists and sociologists.

It is also planned to include trained nurses for group sessions with inmates, who, as already mentioned above, have completed training in reality therapy. As of September 2023, a pilot implementation of therapy groups is planned at the Forensic Psychiatry Unit.

With regard to the planned involvement of officers working in the Forensic Psychiatry Unit of the Zagreb Prison Hospital in targeted training courses at the psychiatric hospitals Vrapče and Popovača, communication has been established with said hospitals, and officers of the Zagreb Prison Hospital will participate in the symposium “Measures of Coercion in Psychiatric Theory and Practice”, which will take place at the Neuropsychiatric Hospital “Dr Ivan Barbot”, Popovača, on 14 June 2023. The symposium will bring together health professionals, but also other areas that are in any way connected in the theoretical and practical application of coercion measures towards patients. This cooperation practice will continue.

122. The Ministry of Justice and Public Administration welcomes this recommendation to swiftly transfer remand prisoners to the forensic unit of the civil psychiatric hospital. Zagreb Prison Hospital is, by its organisation and operation, a correctional facility with the status of a health facility, but it is not a psychiatric institution and cannot provide appropriate specialist psychiatric care for people with severe mental health problems. Accordingly, persons declared in criminal proceedings to be incompetent under the Act on the Protection of Persons with Mental Disorders (OG No 76/14) are sent to a psychiatric institution for the purpose of implementing a court decision on forced placement. In view of the fact that the population of persons placed in pre-trial detention on account of the likelihood that they could commit a more serious offence due to severe mental disorders does not differ from the patient population accommodated in the forensic units of psychiatric institutions, either in terms of security risks or dangers to their surroundings, or in terms of the need for treatment, the Directorate for Prison System and Probation is of the opinion that appropriate medical care can be provided only in the context of appropriate psychiatric institutions operating within the Ministry of Health. As a result of the increase in the number of accused persons against whom the court orders pre-trial detention on the grounds listed in Article 551(1) of the CCP makes it difficult to provide adequate medical care for all other categories of persons deprived of liberty who are placed in Zagreb Prison Hospital, as well as to

carry out ancillary facilities such as therapeutic and other activities under existing conditions. Furthermore, due to the impossibility of being accommodated at Zagreb Prison Hospital and the refusal of psychiatric institutions to receive them, these persons are increasingly having to stay in prison for a long period of time, under inadequate conditions, waiting to be transferred to Zagreb Prison Hospital. Accordingly, a proposal to amend Article 135 of the CCP was submitted to the competent Directorate for Criminal Law, so that an accused person against whom pre-trial detention has been ordered on the grounds set out in Article 551(1) of this Act is referred exclusively to an appropriate psychiatric institution. It should be noted that, in a number of cases, this is precisely what occurs with people who have been undergoing some form of psychiatric treatment for many years in the psychiatric units of specialised healthcare facilities which are responsible for a given local area. The placement of such a person at Zagreb Prison Hospital separates them from the social support network they have in the place closest to their place of residence, while at the same time temporarily destabilising the person as a result of the change. However, a reply was received from the Directorate for Criminal Law that the Working Group of the Ministry of Justice and Public Administration, during the latest amendments to the CCP (OG No 80/22), also considered the proposal to amend the provision of Article 135(2) of the CCP with respect to the deletion of any reference to “hospital for persons deprived of liberty” (in conjunction with Article 551). Following an exchange of views, the Working Group decided that the article in question remain unchanged, finding that the recommendation suggests better and more efficient implementation in practice, also finding that the solution may be found in reaching an agreement between the competent bodies of the Ministry of Justice and Public Administration and the Ministry of Health.

Points 123 and 124. At Zagreb Prison Hospital, the measure of humane medical restraint is carried out exclusively and consistently in accordance with the provisions of the Act on the Protection of Persons with Mental Disorders. In addition, the competent oversight committee at the Ministry of Justice and Public Administration is regularly informed of the application of this measure twice a year, using a table containing the name and surname of the inmates/patients, the doctor who ordered and controlled the execution of the measure, the length of the measure and any other relevant comments. This measure is always the last resort for doctors in reducing escalating behaviour in inmates, when aggression and self-aggression pose a serious threat to other persons and/or the inmate themselves. The oversight committee has so far had no comments or criticisms on the above-mentioned reports on the use of humane restraint measures at Zagreb Prison Hospital. Inmates are allowed to use the sanitary facilities during the execution of the restraint measure, in so far as the inmate’s health allows for it.

4. Other issues

127. In 2022, the Ministry of Justice and Public Administration authorised Zagreb Prison Hospital to recruit a total of 12 bailiffs, and in 2023, 5 more officers. We would point out that, in accordance with the Decision Prohibiting Further Employment of Civil Servants and Public Officials in state administration bodies and offices and other professional departments of the Government of the Republic of Croatia (OG Nos 35/22 and 37/23), the Ministry of Justice and Public Administration will continue to approve the employment of new civil servants per each terminated civil service

employment contract in the course of the year, and to approve new employments for which there will be justified and substantiated reasons and the financial resources already provided.

128. The visiting area for inmates at Zagreb Prison Hospital has a total size of 30 m² and it is not a narrow passage. Only inmate visits are carried out in this room and without hindrance, on days and at the time provided for in the daily schedule. No other activities take place in this room at the time of visits.

Three separate visits may take place for three inmates simultaneously, occupying three separate tables of 1.20 m x 1 m each.

129. In relation to this recommendation, a reply to point 83 of the Report has already been given, which applies equally to Zagreb Prison Hospital and the supervisory courts responsible for Zagreb Prison Hospital.

***COMMENTS ON RECOMMENDATIONS THAT FALL WITHIN THE COMPETENCE OF
THE MINISTRY OF HEALTH***

With regard to points 139 and 140, the **Ugljan Psychiatric Hospital** expressed satisfaction that the CPT delegation had established that their healthcare facility held a general calm atmosphere and that the staff cared for patients well. However, they regret isolated events when an individual staff member increases their tone of voice in communication with a patient. As a result, the cleaning person in Unit 4, who had raised their tone, was warned that patients have to be treated appropriately. Following the CPT delegation visit, all members of the Ugljan Psychiatric Hospital were also warned that any form of violence, both physical and verbal, would be severely punished. Furthermore, in May 2023, a lecture was given at the Ugljan Psychiatric Hospital on “Communication While Working with People with Mental Disabilities” for all Hospital staff. Such lectures will be periodically repeated and there will be consistent reminders of the need for appropriate communication with patients.

Concerning points 154, 155, 156, 157, 158 and 159, as well as patients’ room conditions, some changes have already been made, while other changes have been aligned with national and plans and strategies. The smoking areas are better ventilated and care is taken to ensure that smoke does not reach other spaces and does not interfere with non-smoker patients. Most patients are provided with a locker and key for their personal belongings. Patients also have access to sanitary facilities that provide maximum privacy adapted to their state of health and safety.

Furthermore, in the period since the CPT delegation visit to date, there have been some changes and shifts in relation to the changes in spatial organisation which require much greater financial investments. On the occasion of the CPT delegation visit in September 2022, they were informed that the renovation of the three central buildings and the construction of a new complex were planned in line with the available funds from the European Union. For the construction of the new hospital complex, Ugljan Psychiatric Hospital obtained a site permit, while the implementation of two projects co-financed by the National Recovery and Resilience Plan for 2021-2026 is underway, involving designs for both phases of the construction of a new hospital complex. The total value of both projects is EUR 1 098 979.41, with EUR 663 614.41 are grants. In addition, the Ministry of Regional Development and EU Funds published an indicative annual plan for calls for tenders as part of the Integrated Territorial Investment 2021–2027 for 2023, in which it states that as part of the Plan for Islands there will be a call for tender for “Promoting Energy Efficiency and the Use of Renewable Energy Sources on Islands” in September 2023. Ugljan Psychiatric Hospital will apply to the above-mentioned tender in order to achieve a comprehensive renovation of the three central buildings. Projects for the construction of a new hospital complex and comprehensive renovation of buildings will also be guided by modern standards with regard to spatial requirements in modern psychiatry.

In relation to points 163, 164 and 165, over the past 8 months, Ugljan Psychiatric Hospital has employed 6 nurses, 1 physiotherapy bachelor, 1 social worker, 1 work therapy bachelor, 1 lab technician, 1 nurse, 4 cleaning persons, whereas one medical doctor started their specialist training

in psychiatry. Ugljan Psychiatric Hospital continuously publishes calls for employment for the necessary staff, but the number of candidates who apply is insufficient or there are no applications at all. In particular, there is currently an open call to employ psychiatrists and psychiatry specialists, but there have not been any applications. Similarly, this is not the case only for healthcare professionals. In the previous month, there had been a call for the post of maintenance supervisor at the Maintenance Department, but there were no applications in this case either. Nevertheless, the Hospital leadership is actively working to address this problem. For that reason, they are in constant contact with the institutions educating persons in the profession of caregiver in order to allow new caregivers/nurses to be recruited by that health institution. Meetings were also held at the Ante Kuzmanić Medical School in Zadar to inform the final year students about job opportunities in this hospital. They were presented about employment opportunities immediately after completing secondary education and obtaining a licence from the competent chamber, but also about the possibility to work as nurses while attending higher education institutions and universities at the same time. Such workers always seek to align their work schedules with their educational commitments.

As regards points 169 and 170, a meeting was held with all the heads of units, the main nurses at the unit, the heads of the Psychology Section, the Social Work Section and the Labour Occupation Therapies Section, at which it was noted that a written plan for the treatment of patients was necessary. As noted during the delegation visit, such treatment has been carried out in Ugljan Psychiatric Hospital for many years, but unfortunately has not been recorded as such in the official files. Co-operation between teams has been intensified where all team members (psychiatrist, psychologist, nurse, occupational therapist, etc.) create a common treatment plan. Participation in work therapy is offered to all patients of that health facility. All proposed types of occupational therapy activities are available to patients, including drama and music. This is also evidenced by the play performed by the Hospital patients themselves, under the dramaturgical leadership of an expert associate of the Hospital. Patients performed the play in local communities and at the University of Zadar, as evidenced by media writings. Sporting activities are already being carried out with patients using the training equipment available to them, and additional sports equipment will be procured by the end of this month.

As regards points 171 and 172, Ugljan Psychiatric Hospital will establish, over the next four months, the management of individual treatment plans involving pharmacotherapy and psycho-social activities in line with the recommendations of the delegation.

As regards point 173, additional leaflets were printed after the delegation visit to adequately describe patients' rights, in particular the possibility of revoking informed consent to treatment and informing patients that giving informed consent to treatment does not mean that they consent to all subsequent treatments. Ugljan Psychiatric Hospital accepted the CPT delegation's recommendation to label the medical dossiers with appropriate information on the treatment given to patients.

With reference to points 181, 182 and 183, Ugljan Psychiatric Hospital will establish, during the current year, a record of deceased patients, including data relating to post-mortem

examinations carried out and data relating to suspected circumstances of death or death caused by injuries.

As regards point 185, the practice of carrying out the necessary blood tests in patients taking Clozapine was introduced immediately after the preliminary report of the CPT on the last day of their visit to Ugljan Psychiatric Hospital.

Concerning points 189-199, Ugljan Psychiatric Hospital reported that the use of coercive measures (restraints) had been implemented by them in accordance with national legislation, and the CPT's recommendation that patients not be restrained in front of other patients and under constant supervision by staff has been acknowledged and implemented.

Concerning points 207-211, we have been notified that the health professionals at Ugljan Psychiatric Hospital are making additional efforts to enable patients to understand the meaning of informed consent, but, as the CPT report states, this is sometimes not possible due to the nature of their illness. We have also been informed that self-admitted patients sometimes may not be released from the ward because the current phase of their disease may pose a threat to their or others' lives and health. However, different treatments in these cases are used to try to reduce such conditions.

As regards point 212, within three months, Ugljan Psychiatric Hospital will fully start the practice of taking note of the communication between the patient's guardian and/or a person of trust and the hospital social worker. In addition, the patient's file will include information on the guardian and/or the person of trust and their contact information so that medical staff can contact them if necessary.

As regards point 213, a new brochure on patients' rights was drawn up following a visit by the CPT and distributed to each patient at the time of their arrival at the Hospital. The brochure is also available in every ward.

In relation to point 214, a computer is available to patients with access to the internet in the Work Occupation Therapy Section.

With regard to points 215 and 216, boxes for submitting patient complaints, including paper and stationery, are still available to patients in all departments. Following the CPT visit, the boxes were marked with a larger font.

In connection with points 139 and 140 and allegations of inadequate staff communication with patients, the **Clinical Hospital Centre Split (KBC Split)** informed us that it regularly held communication skills workshops for the staff of the Psychiatric Clinic and the staff of the entire Clinical Hospital Centre Split. In 2021, a training session was held for the staff of the Psychiatric Clinic on 12 October and on 15 June in 2022. It is planned to hold two training sessions in 2023, on 27 June and 24 October. They also point out that they have not received formal complaints

from patients and that their staff are familiar with de-escalation techniques and always apply them when indicated.

In relation to the notice referred to in points 189-199 on the excessive and unjustified use of coercive measures, we have been informed that KBC Split's Psychiatric Clinic is the responsible facility for around half a million inhabitants of the county and is the only residential institution in the county, providing primary, secondary and tertiary psychiatric care, as there are no other facilities in the county to provide this care. As regards points 193 and 198, each day during the meeting of the therapy team, the clinic analyses and reconstructs all cases of the application of coercive measures, both in terms of the start of conflicts, early signs of escalation, measures taken and potential errors, and the emotional easing of the burden on employees and better preparation and prevention in the future. They regularly record and maintain statistics on the use of coercive measures towards patients in the medical records. They will strive to ensure that patients are not restrained in front of other patients, with proper supervision by staff. Patients are regularly visited and documented. As a result, they work exclusively with acute psychiatric patients in hospital conditions and do not have any self-admitted patients. More than 50% of emergency admissions are patients with acute mental conditions. This is the only reason why the use of coercive measures is slightly higher. We have been informed that more than two thirds of patients admitted in an emergency have been accompanied by police officers during the years since the record of it has been kept. Continuous efforts are made to minimise coercive measures. In the first five months of 2023, they managed to lower the percentage of use of coercive measures with maximum staff engagement.

With reference to points 143 and 144 of this recommendation on the privacy and personal space of patients, we have been informed that the Psychiatric Clinic regularly informs the management and administration of KBC Split about the need to improve the spatial conditions and aims to find a good-quality solution in the new reorganisations within the Hospital, as well as in the strategic plan to build new premises in 2023-2030. As a follow-up to the objection about untended bathrooms, we have been informed that in the meantime most of the Clinic has been renovated and bathrooms are regularly maintained throughout the Psychiatric Clinic and the CPT recommendation has been met.

As regards point 145 and the recommendation on access to outdoor space for walking and recreation purposes, we have been informed that patients have access to outdoor space (the park) in the afternoon after 15:30 and during visits, from 16:30 to 17:30, as well as during work therapy. There is a fenced garden in the area adjacent to the general hospital for walking and recreation of patients.

In addition, in relation to point 146 and the recommendation on smoking, we have been informed that the smoking area was provided to all patients of the Psychiatric Clinic.

With regard to point 147 and the recommendation on regular clothing, we have been informed that, given that they care mainly for acute patients, it is difficult to fully adopt the

recommendations made, but still patients in a better mental or recovery condition can use regular clothing based on the assessment of a psychiatrist and an expert team.

In relation to points 161 and 197 and the lack of nurses, we have been informed that this is a chronic problem and a call for new nurses is being launched almost continuously at the hospital level. In the last year, 10 new nurses have been requested, 7 have been received and 25 more nurses have been planned to meet the relatively optimal number for the Clinic.

In relation to point 170 and the recommendation on additional therapy options, we have been informed that 2 therapists have recently been employed and 2 more psychologists are currently being recruited. In September 2023, the plan is to recruit 2 bachelors of physiotherapy and 1 social pedagogue. ECT therapy has been re-introduced, a day-to-day application of new medicines (esketamine, long-acting antipsychotics), a plan is in place to establish a neuropsychology unit within the Clinical Psychology Unit due to growing needs in psychogeriatrics.

Furthermore, as regards point 173, we have been informed that every patient is informed of their diagnosis and treatment, but because of the nature of the conditions, some patients are unable to understand the therapeutic plan. In the medical file accompanying the medical history, information on the course of treatment, individual treatment plans have been introduced for each individual patient.

Concerning points 204-211 and coercion for treatment, we have been informed that all patients sign upon arrival informed consent and are presented with a treatment plan to be included in the medical file. Patients are aware of the fact that they can withdraw their consent at any time. For any additional medical procedure, the patient's written consent will be sought. For patients who do not consent to treatment, who are in a state of acute mental illness, and who pose a risk to themselves and others, an request is sent to the County Court for assessment of possible compulsory hospitalisation. The decision to initiate the procedure for compulsory hospitalisation is made in two copies: one is delivered to the patient and the other remains in the clinic records. The patient signs the delivery note (acknowledgment of receipt of the decision) which is returned to the County Court. If the patient refuses to sign the delivery note, this is documented on the back of the delivery note and returned to the County Court. Patients detained forcibly following a decision of the County Court are informed of the possibility of appealing, either orally or by written notice.

As regards point 175 and the use of electroconvulsive therapy, we have been informed that treatment is carried out by a psychiatrist in cooperation with an anaesthesiologist in accordance with national and European guidelines.

With regard to points 181, 182, 183 and 184, and to adverse events, the patient's death under unexplained circumstances or after an injury, we have been informed that this is always brought to the attention of officers of the Ministry of the Interior. The deceased's body is moved to the Institute of Pathology where an autopsy is performed.

As regards points 211 and 212 and information on the legal guardian, we have been informed that the information is available and entered in the patient's documentation, and if there are uncertainties, social workers contact the Social Services Department from which they receive any relevant information on the subject.

As regards points 215 and 216, there is a book of complaints at the Psychiatric Clinic and the complaints can also be submitted via the online form to the Quality Management Department. The form is available on the website of the Clinical Hospital Centre Split.

As regards point 214, patients were allowed to use their own telephone as well as the telephone at the nurses station. In exceptional cases, depending on the psychiatrist's decision, this right is denied on grounds of patient safety.

The **Clinical Hospital Centre Rijeka (KBC Rijeka)** informed us that the Clinic for Psychiatry is located in an old building which does not meet the standards of healthcare facilities in a number of respects. The CPT visited the Clinic during the COVID-19 pandemic, when the mandatory pre-hospitalisation testing in the unit was still in place and when visits were limited according to the measures in place. This resulted in the locking down of wards that are normally not closed. In addition, the global shortage of medical staff reduced the number of nurses, making it very difficult to provide observation and care for agitated, aggressive, suicidal or psychotic patients individually. Although these closed wards have patients who should be kept in closed units, due to patients who are at risk, the unit is closed. During the pre-pandemic period, such patients went outside the ward, within the hospital grounds. Patients who gave their voluntary consent, but still at risk of harming themselves or others, are restricted in moving without supervision because there have been multiple cases of suicide attempts and risky behaviours, leading to court actions brought by family members against the Clinic.

With regard to point 137, a detailed plan of the construction of the new hospital building at the Sušak site is not entirely clear at this point, but the Hospital aims to improve the current conditions by investing in the development of the existing premises. Refurbishment of the Institute for Child and Adolescent Psychiatry is ongoing to ensure that all minor patients, regardless of diagnosis and acute status (agitated, aggressive, suicidal, psychotic, etc.), are treated separately from adult patients.

In relation to point 140 and allegations of ill-treatment and inhuman and degrading treatment, we have been informed that the staff working at the clinic are making their best effort to care for patients and they do not abuse their position as a healthcare professional. The staff understand that they are working with patients with mental disabilities, and rejects allegations of possible abuse by staff members. What can sometimes happen, which is never supported or justified, is that a staff member raises their voice, in the sense of clearly defining the limits when they are to be set. However, the goal here is not abuse but the patient's well-being.

It is a fact that any restraint and use of coercive measures is inhuman and degrading, and we have been informed that the procedures for restraining patients is of no satisfaction to the staff; rather, it is an extremely stressful situation. Patients are restrained only when a psychiatrist in charge assesses that there is a risk to the patient themselves or their surroundings. The Clinic for Psychiatry is an institution for treating acute psychiatric conditions, often accompanied by agitation, risk of aggression or suicide. There are also intoxicated patients with behavioural problems who often require coercion measures. The current clinic conditions are such that non-cooperating patients are present in the same corridor as those who are in the stage of improvement when they should no longer be in a closed unit, and are consequently at potential risk when in contact with the agitated patient. The use of coercive measures is by no means the result of a lack of care of staff towards patients, but rather a risk assessment in relation to the agitated patient and their surroundings. In addition, the Hospital tries to titrate medicines carefully to avoid harm to the patient, as the CPT has identified. We have been informed that the Clinic for Psychiatry of the Clinical Hospital Centre Rijeka is making every effort to keep the coercive measures as short as possible. As a result, according to the patient containment standard operating procedure, patients are regularly visited and their condition is carefully assessed.

With regard to points 149 and 150 and the conditions of patient accommodation, we have been informed that a solution is being sought on a permanent basis to improve the room conditions, but in the building where Clinic currently operates, it is not possible to increase the personal space for patients, for objective reasons. Given the cramped space in the rooms, unfortunately, there is also no space for more furniture in the room. Patients keep their belongings in a night locker, and their valuables can be stored in the safe at the ward, under lock. To date, small repairs, partial refurbishments and adjustments to the sanitary facilities have been carried out, which was the priority. A patient laundry room is not in place at the Clinic or within KBC Rijeka, unless patients use hospital gowns. Personal hygiene products are the patients' own responsibility, and if a patient is unable bring their own personal hygiene products, they are provided to them at the ward. Bathrooms are locked, as there are acute psychiatric cases and a certain risk of uncontrolled behaviour by an acute patient. Among the patients in the unit there are also those who can enjoy total freedom, but the sanitary site is locked out due to patients who are still at risk and the Hospital does not have the conditions to separate them. In addition, with regard to the improvement of the room conditions at the Hospital Clinic, the Hospital aims to improve them. In addition to the refurbishment of the sanitary facilities at the Institute of Clinical Psychiatry, the renovation of the Institute for Child and Adolescent Psychiatry is soon to be completed, and the entrance doors at the Institute of Emergency Psychiatry and the Institute of Clinical Psychiatry have been replaced, and air-conditioning the entire premises is under way. The reception unit has been painted and the refurbishment of the other premises in the clinic is planned.

As regards point 151 and CCTV cameras in the Psychiatric Clinic, we have been informed that it is installed in rooms where agitated patients are restricted, at the Institute for Emergency Psychiatry. The other CCTV system was put in place during the COVID-19 pandemic due to epidemiological measures. Most CCTV systems are out of function, except in the room for COVID-19 patients. CCTV cameras have never been a primary way of monitoring patients, nor does the Hospital intend to do so in the future.

As regards point 152, patients have limited access to the courtyard at the Institute for Emergency Psychiatry after a patient climbed the façade and fell on the ground suffering serious bodily harm. The Hospital does not consider the stay of patients around the hospital to be completely safe, given the traffic within the Clinical Hospital Centre.

As regards point 153, and the Institute for Children and Adolescent Psychiatry, most work has been done there. The refurbishing of the space is almost completed; the number of nurses per shift is increasing, followed by an increase in activities on and off the ward. Children and adolescents have access to outdoor space and fresh air. The Institute employs a social pedagogue and an occupational therapist part-time.

As regards point 179 and the stay of juvenile patients with adult patients, considerable efforts have been made in the meantime and the Institute for Children and Adolescent Psychiatry has been adapted to treat all juvenile patients.

As regards points 162, 164 and 165 and the staff recommendations, the Hospital reported a shortage of nurses in the labour market. The management of KBC Rijeka has shown an interest in recruiting more occupational therapists, psychologists and social rehabilitators. One psychologist has been employed and is involved in outpatient clinic programmes. Concerning occupational therapists, there is a shortage of them in the labour market and two social pedagogues have been employed thus refining therapeutic procedures. A nutritionist is also involved in outpatient clinic programmes educating patients on proper nutrition and prevention of metabolic syndrome. The Institute for Emergency Psychiatry employs a mental health specialist who also works with patients and their family members. This further refined therapeutic procedures.

With regard to points 171 and 172 and the treatment of patients, we have been informed that discussions have been held at the Psychiatry Clinic regarding the need for an individualised approach to patients and the drafting of therapeutic plans, which was accepted by all heads of the Institute and plans are therefore written for all patients.

As regards point 173, clinical staff discuss the importance of psychopharmaceuticals and their impact on patients. It is the essential procedure in order for the patient to accept the treatment. However, among psychiatric patients, there are many who lack insight and critical thinking and believe that they do not need medication and that they take it unnecessarily, i.e. that they are forced to do so. This does not mean that patients are forced into taking medication or threatened, but they take medication with persuasion, still not understanding why they need it. Informed consent and the manner of signing it have been discussed with the heads of the Institute and all doctors, who are required to explain the meaning of informed consent to patients who receive all information to understand the meaning of informed consent. Most doctors register the manner of obtaining informed consent in the patient's medical documentation.

With regard to point 174, the prescription of treatment "as needed" is not abused by staff and is only authorised by a doctor. Staff will never give medication "as needed" unless a doctor

has been consulted beforehand and the doctor is obliged to indicate in epicrisis that they have authorised the medication stated on the list as needed.

Concerning points 189 to 199 and coercive measures, we have been informed that they are being implemented according to the standard operating procedures, which has been revised to a lesser extent in the meantime. In connection with point 200, inter alia, the restrictive measures using straitjackets have been deleted, as straitjackets are out of use. Rapid tranquilization is rarely used, attention is paid to the side effects of psychopharmaceuticals, especially because the Clinic is dislocated from the anaesthesiology service.

In relation to points 193 and 198, patients who have been subject to coercive measures are discussed on a daily basis at meetings of doctors and those patients are specifically monitored. Not all doctors are equally up-to-date when it comes to keeping records in epicrisis, but a record of the application of restrictive measures is kept by means of a written form in which the doctor on duty confirms with their signature that they visited the patient and the reason why restrictive measures have been extended or discontinued. The nurse department records the activities carried out for the duration of restrictive measures.

With regard to points 192, 194, 196 and 198 and the recommendations concerning space, we have been informed that the hospital has two single rooms (without windows) in which patients may be restricted without the presence of other patients. Sometimes restrictive measures are implemented in a room where other patients are also present, but it has been agreed that those patients would be separated by a medical partition until their condition improves.

With regard to points 191, 197 and 198, the aim is to shorten restrictive measures, but sometimes the condition of psychosis and the associated behavioural symptoms do not subside after the first doses of pharmacotherapy and patient restriction is prolonged. Similarly, in relation to point 191, anticoagulants are used due to the increased risk of thrombosis, since, in addition to restrictive measures, psychopharmaceuticals also increase this risk.

In relation to points 192, 194 and 196, patients were in most cases given access to toilet and shower. Only in some cases, patients are offered a urine bowl and only incontinent patients use absorbent underwear. In institutions in which restrictive measures are applied, a special book has been introduced in which records on applying restrictive measures are kept.

As regards the recommendation set out in point 198, once restrictive measures are completed, the reasons for using them are discussed with the patient. Restrictive measures are only used when there is a serious danger for the patient or their surroundings. The staff does not like to apply restrictive measures. Furthermore, with reference to points 189 and 199, we have been informed that patient restriction is carried out by magnetic closures in the acute unit over two/four points (hands and legs or two hands), and that they never perform fixation diagonally and especially not one point fixation. They emphasised that they do not consider this type of fixation purposeful.

As regards points 201 and 202 and restrictive measures for juvenile patients, the Ombudswoman and the Commission for the rights of patients with mental disorders of the Ministry of Justice and Public Administration are informed thereof. The Institute for Children and Adolescent Psychiatry is now refurbished and rooms for uncooperative juveniles are foreseen. If restrictive measures are applied, they will be carried out in a separate room at the Institute for Children and Adolescent Psychiatry. Regular courses on the use of de-escalation techniques and the safe application of restrictive measures are organised at the Clinic.

Concerning points 204 to 211 and protection measures, we have been informed that involuntary hospitalisation of patients is regulated by the Act on the Protection of Persons with Mental Disorders, according to which the doctor is required to assess the patient's mental condition within 48 hours and to make a decision as to whether involuntary hospitalisation is necessary. It is a practice that this procedure is initiated when patients are admitted if there are indications for involuntary hospitalisation. Sometimes the patient accepts hospitalisation after agitation present at admission subsides and if not, the court is always informed within the 48 hours prescribed. Patients sometimes withdraw informed consent after some time and involuntary hospitalisation is initiated after several days of hospitalisation if the psychiatrist considers that treatment is necessary (there is a danger to the patient or their surroundings). A county court judge must visit the patient within 72 hours from receiving the notification of the patient's admission. Most often, a hearing is organised as soon as possible, rather than waiting for 72 hours. In addition to the judge, the patient's lawyer is present at the hearing and expert evaluation is carried out by an independent expert not employed by KBC Rijeka. Patients who sign informed consent are admitted voluntarily. Although they are admitted on a voluntary basis, they are often accommodated in a closed unit, because involuntarily and voluntarily hospitalised patients are accommodated in the same corridor, i.e. patients who are still uncooperative and those whose condition is improving. Due to uncooperative or involuntarily hospitalised patients, the doors are locked. However, patients whose condition has stabilised may leave their ward and walk around KBC Rijeka, go for a coffee or spend time with family members outside the ward. At the time of the COVID-19 pandemic, this was not possible due to epidemiological measures.

Furthermore, as regards protection measures, we have been informed that the CPT delegation noted that under the Act on the Protection of Persons with Mental Disorders, a person may be legally detained against their own will for up to 60 hours before the court is informed. This information is incorrect considering that the time limit is much shorter, i.e. 48 hours. In the beginning of applying the said Act (APPMD), the time limit was 72 hours, which was an appropriate time limit for assessing patients, i.e. for medication to work, which consequently had an impact on the lower number of involuntary hospitalisations. However, the CPT states that patients generally did not know how to contact their lawyers and were not aware of their right to appeal to the local county court concerning their admission within three days of the decision under the APPMD (Article 41 to 44 of the APPMD); in this respect, the Hospital does not hold itself responsible, as this is the task of the court. Each judge familiarises patients with their rights and the lawyer is present at each hearing. At the first hearing in relation to involuntary hospitalisation, the patient has no right of appeal, of which they are informed by the judge at the hearing. Patients have the right to appeal against a court order (second hearing). In practice, every appeal is referred

to a court, which respects and takes into account the rights of patients. KBC Rijeka reported that there are patients who have a non-critical stance and lack insight and therefore do not understand why they should be in the hospital and why they are taking medicine. These patients are often subject to educational interviews to explain that treatment is necessary for them. These patients sometimes feel coerced to do something, even though no one coerces them to do anything, and they do not really resist treatment and medication, except verbally, and expressing lack of insight. Lack of insight is part of the clinical picture of psychotic patients.

Moreover, in relation to point 214, we have been informed that KBC Rijeka provided Wi-Fi and made it easier for patients to come into contact with the outside world. With regard to points 215 and 216 and the recommendations concerning complaints, we have been informed that each ward has a complaint box with a written explanation of the complaint forms.

The Ministry of Health, as the state authority competent for the health system, continuously monitors the provision of hospital healthcare and, at the request of directors of hospital health institutions, authorises the recruitment of healthcare and non-healthcare workers, particularly in situations where this is necessary for the optimal organisation of hospital work, the improvement of the hospital healthcare system and the efficient and high-quality provision of hospital services. Furthermore, the Ministry monitors, on an annual basis, the number of trainings provided to healthcare workers in connection with the application of coercive measures.

With regard to the recommendations and warnings made by the CPT delegation in points 134, 183, 185, 187, 204, 205, 206 and 211 on the need to amend legislation regulating the protection of persons with mental disorders, the Ministry of Health will undertake the necessary actions in cooperation with other competent authorities.

In conclusion, in the coming period, the Ministry of Health will closely monitor the above-mentioned activities regarding recommendations to hospitals to improve the conditions for the treatment of persons with mental disorders, until they are met.

**COMMENTS ON RECOMMENDATIONS THAT FALL WITHIN THE COMPETENCE OF
THE MINISTRY OF LABOUR, PENSION SYSTEM, FAMILY AND SOCIAL POLICY**

The comments of the Ministry of Labour, Pension System, Family and Social Policy are attached to this letter in the form of a spreadsheet.

Kind regards,

DEPUTY PRIME MINISTER AND MINISTER
dr. sc. Davor Božinović



Attached:

Photos of the adaptation of the facilities at Požega Penitentiary

MINISTRY OF LABOUR, PENSION SYSTEM, FAMILY AND SOCIAL POLICY
ACTION PLAN TO IMPLEMENT THE RECOMMENDATIONS OF THE COUNCIL OF EUROPE CPT COMMITTEE ON THE VISIT TO CROATIA CARRIED OUT FROM 9 TO 19 SEPTEMBER 2022

I) INTRODUCTORY RECOMMENDATIONS	ACTIVITY	TIME LIMIT FOR EXECUTION	ADDITIONAL INFORMATION/EXECUTOR	OBSERVATIONS
Point 224 Take swift and effective measures to implement the objectives of the Plan for De-institutionalisation (DI) set out in relevant national strategies, operational action plans, and set up adequate funding for smaller organisational units in the local community to care for beneficiaries in the local community.	The Ministry of Labour, Pension System, Family and Social Policy in cooperation with the World Bank in Croatia, has started implementing a two-year technical assistance project entitled "Transition from institutional to community-based care and support for children, young people and persons with disabilities in Croatia". As part of the implementation of this technical assistance project, individual transformation plans will be developed for 38 social care homes that do not yet have individual plans or have not initiated the transition process from institutional care.	December 2024	Ministry of Labour, Pension System, Family and Social Policy, Directorate for Family and Social Policy	In 2021, the Croatian Government adopted a series of strategic documents, two of which focus on promoting the rights and interests of persons with disabilities, as well as on the development of social services, namely the 2021-2027 National Plan for equal opportunities for persons with disabilities and the 2021-2027 National plan for the development of social services. Both documents have accompanying action plans for the period 2021 - 2024 which further define the implementation of the measures and the achievement of the specific objectives. In order to continue the process of de-institutionalising beneficiaries, i.e. to increase beneficiaries' exit from the institutions and reduce their entry into institutions, and to encourage the development of new forms of non-institutional services and the expansion of the network of community-based services, the Ministry of Labour, Pension System, Family and Social Policy adopted an Operational Plan for de-institutionalisation, prevention of institutionalisation and transformation of social service providers in the Republic of Croatia between 2022 and 2027, which operationalises the measures relating to this process.
Point 225 Deliver information about the implementation of the De-institutionalisation Operational Plan for social care homes in Croatia, and in particular as regards the Mirkovec Branch of the Zagreb Home for Adults, as well as its timeframes and interim reporting on the extent of its implementation and the concrete measures to be implemented in 2023.	The implementation of activities defined under the plan for de-institutionalisation, prevention of institutionalisation and transformation of social service providers in the Republic of Croatia between 2022 and 2027 is in progress. This also comprises drafting individual plans for de-institutionalisation and transformation of homes founded by the Republic of Croatia, as well as the development of tools for monitoring implementation.	2027, i.e. by the end of this programming period	Ministry of Labour, Pension System, Family and Social Policy, Directorate for Family and Social Policy	During 2023, a manual for strategic planning of the transformation of social service institutions will be drafted. Furthermore, 20 individual plans will be drafted by the end of 2023 for 20 priority institutions, one of which is the Zagreb Adult Home.
II) ILL-TREATMENT	ACTIVITY	TIME LIMIT FOR EXECUTION	ADDITIONAL INFORMATION/EXECUTOR	OBSERVATIONS
Point 230 Further to the existing examples of residents injuring each other and the related declarations of residents at the Mirkovec Home, steps should be taken to ensure that residents in the Mirkovec Branch of the Zagreb Adult Home are	The Zagreb Adult Home will be provided with individual professional support for professional work.	End of December 2023	Ministry of Labour, Pension System, Family and Social Policy, Institute for Social Work	The responsible Ministry continuously provides professional support to social service providers founded by the Republic of Croatia in order to harmonise professional practices and improve the quality of professional work.

effectively protected from other residents who might cause them harm. This requires not only an adequate staff presence and supervision, but also that staff be properly trained in handling challenging situations / behaviour by residents.	1) drafting written policies with measures and resident protection procedures and plans to improve standards 8) security against exploitation of the Zagreb Adult Home according to the Ordinance on quality standards of social services providers	IV quarter 2023	Mirkovec Branch of the Zagreb Adult Home	Drafted protocols: 1) Protocol on communication with residents, 2) Instructions on handling the suicide of residents, 3) Protocol on handling the death of residents, 4) Protocol on handling unauthorised removal of residents from the institution, 5) Protocol on the application of restrictive procedures, 6) Protocol on the respect of residents' right to privacy and confidentiality, 7) Protocol on the correct administration of medication to residents, 8) Charter of Rights and Responsibilities of Residents, 9) Protocol on the resolution of conflict situations in the home.
III) RESIDENTS' LIVING CONDITIONS	ACTIVITY	TIME LIMIT FOR EXECUTION	ADDITIONAL INFORMATION/EXECUTOR	OBSERVATIONS
Point 231 Further to the refurbishment of units, particularly of the Unit 4B at the Stančić Centre, the management of Stančić Rehabilitation Centre should take measures to ensure that all rooms of each Unit have decoration and a degree of personalisation, most notably in Unit 4B.	1) creating and purchasing decorations to personalise the living area of residents, 2) refurbishment of floor in Unit 4B	October 2023	Ministry of Labour, Pension System, Family and Social Policy, Stančić Centre for Rehabilitation - housing units	A lot of funds have been invested in the living and personal space of residents at the Stančić Centre over the last ten years. All units have adequate and newer beds, closets, tables and chairs in living rooms, air conditioning, TVs in living rooms, while some units also have TVs in bedrooms. Units have been decorated with additional decorations such as curtains, bedding, cushions, bedside cabinets and various cabinets. The Stančić Centre agrees with the CPT proposal and will pay particular attention to decorating Unit 4B.
Point 232 Former isolation rooms need to be taken out of service completely for any kind of accommodation or work of patients given the limited space and untransparent selection criteria of the patients placed in them.	1) Designing and refurbishment of new living quarters upstairs (attic) of the Mali dom unit in order to extend the accommodation capacity of the institution to 6 users, so that two residents, who use the isolation space as their own living space for the specificity of their behaviour due to intellectual disabilities, would be transferred to a more adequate and larger space by the necessary redistribution of residents at the Centre's headquarters, 2) the construction of new adequate facilities for the intensive care and nursing section, which would also free up additional living space	During 2024 and 2025	Ministry of Labour, Pension System, Family and Social Policy, Stančić Centre for Rehabilitation	Two residents use former isolation space as their own living area, i.e. as their "own rooms". One female resident (A.H.) displays unpredictable, aggressive and life-threatening behaviour towards other residents and staff, and is therefore placed in a separate room, in order to avoid the application of daily physical restraint measures. Currently, accommodation in a separate room is the only way for the resident to maintain the acquired level of self-functioning. The resident regularly leaves her room for maintaining hygiene, walking and going to a psychologist who works with her individually. The other female resident (M.Š.) uses and perceives the space of the former isolation as a prize and at her own request for "her own room", and has no restrictions on leaving the room.
Point 237 Take measures to provide residents with personal lockable space for their belongings, as well as more visual stimulation and personalisation in all of the rooms at the Mirkovec Home	1) Procurement and equipping with lockable cabinets for personal belongings of residents	2024	Ministry of Labour, Pension System, Family and Social Policy, Directorate for Family and Social Policy Zagreb Adult Home	
	Meetings with residents regarding the need to lock their bedside cabinets	Continuously	Mirkovec Branch of the Zagreb Adult Home	Residents have lockable closets and non-lockable bedside cabinets. The residents' space is enriched with personal belongings, photographs, images and flowers.

<p>Point 237 It is recommended that large-capacity social care homes ensure rooms accommodating a maximum of four residents in sufficient living space.</p>			<p>Ministry of Labour, Pension System, Family and Social Policy, Institute for Social Work</p>	<p>The Ordinance on criteria for the provision of social services stipulates the minimum criteria for providing social services and a minimum is that a bedroom for persons with disabilities can be equipped with the maximum of five beds . Social service providers, wherever possible, provide accommodation in bedrooms with smaller capacity, taking into account the size of the room to provide enough living space for everyone.</p>
<p>Point 237 Ensure that all residents in the Mirkovec Home have unlimited access to fresh air, with particular emphasis on making efforts to assist residents with physical impairments, and installing a ramp or lift to help such residents to access the outside courtyard. All residents should have access to outdoors, at least daily.</p>	<p>1) Installing a ramp or lift, execution of construction works and procurement of the necessary equipment</p>	<p>2025</p>	<p>Ministry of Labour, Pension System, Family and Social Policy, Directorate for Family and Social Policy Zagreb Adult Home</p>	<p>All residents in the Mirkovec Home have unlimited and uninterrupted access to the outside courtyard, fresh air and nature.</p>
<p>Point 238 Further to previous recommendations stated under point 237, the CPT argues that the Croatian authorities should bear in mind the above-mentioned considerations when reforming social welfare service provision for persons with disabilities. In the meantime, in this context, the large dormitories should be replaced by smaller units.</p>	<p>Drafting the individual plan for de-institutionalisation, prevention of institutionalisation and transformation of the Zagreb Adult Home</p>	<p>December 2023</p>	<p>Ministry of Labour, Pension System, Family and Social Policy, Institute for Social Work</p>	<p>In order to continue the process of de-institutionalisation of residents, prevention of their institutionalisation and transformation of social service providers, a new Operational Plan for de-institutionalisation, prevention of institutionalisation and transformation of social service providers in the Republic of Croatia between 2022 and 2027 was adopted which operationalises measures and activities regarding the process in the upcoming period. By adopting this document, one of the criteria that are a condition to use EU funds in the 2021-2027 programming period has been fulfilled.</p> <p>The Operational Plan was adopted to continue the reduction in the number of residents in institutions and ensure their living in the community, as well as to expand support services in the community in order to ensure uniformity at regional level and accessibility of services.</p> <p>In order to ensure that service providers are well prepared for the implementation of this process, the Ministry of Labour, Pension System, Family and Social Policy concluded in December 2022 an agreement for consultancy services with the World Bank to provide technical support in the development of individual plans for the 38 state service providers that have not yet started the process, as well as the development of an application system for monitoring the implementation of the processes.</p> <p>One of the priority 38 service providers is also the Zagreb Adult Home, with the first 20 individual transformation plans planned to be drawn up by the</p>
<p>IV) TREATMENT</p>	<p>ACTIVITY</p>	<p>TIME LIMIT FOR EXECUTION</p>	<p>ADDITIONAL INFORMATION/EXECUTOR</p>	<p>OBSERVATIONS</p>

<p>Point 239 The recommendation aimed at the management of the Mirkovec Home is to ensure that all newly-arrived residents undergo an initial medical examination including a psychiatric assessment upon arrival and that the distinctive needs of all the residents are fully met.</p>	<p>Drafting a protocol on accommodating beneficiaries</p>	<p>IV quarter 2023</p>	<p>Zagreb Adult Home</p>	<p>The Zagreb Adult Home has drafted the Ordinance on the admission and discharge of residents.</p>
<p>Point 240 Regarding the use of Clozapine in both homes, and bearing in mind the possibility of a fatal outcome as the most serious complication of the drug, CPT recommends that the management of the Mirkovec Home take into consideration all the recommendations for the use of this drug, which include regular white blood counts, in order to detect and prevent all potentially unwanted effects of the use of this medicine</p>	<p>Medical recommendations regarding the residents' use of Clozapine</p>	<p>III quarter 2023</p>	<p>Zagreb Adult Home</p>	<p>All medical recommendations related to residents taking Clozapine are applied at the Mirkovec Branch, including monthly check-ups and blood tests of residents among other things.</p>
<p>Point 241 As the use of psychiatric medication (Prazine, in tablet form or injected) "as needed" was established at the Mirkovec Home, and the Home does not have a permanently employed doctor, the CPT recommends the immediate termination of the current practice of prescribing and administering medication "as needed"</p>	<p>General practitioners and specialists - psychiatrists will be informed about the CPT recommendations</p>	<p>III quarter 2023</p>	<p>Zagreb Adult Home</p>	
<p>Point 242 Should a resident or staff member contract TB, then regular TB tests should be implemented for those residents and staff members who had been in close contact with that person, on an equivalent basis to the follow-up care taken outside the institution/in the outside community. The Mirkovec Home is obligated to deliver to the CPT the information on the protocol for TB and follow-up care.</p>	<p>General guidelines for acting in cooperation with the Institute of Public Health</p>	<p>III quarter 2023</p>	<p>Zagreb Adult Home</p>	<p>The Mirkovec Home regularly cooperates with the Institute of Public Health regarding the occurrence of infectious or other diseases and they are reported, protection measures are implemented and general guidelines for action are respected.</p>

<p>Point 245 At the Mirkovec Home, a greater selection of psychosocial rehabilitative activities should be ensured and proactive steps should be taken to involve a greater number of residents, preparing them for a more autonomous life or return to their families. Occupational therapy should be an important part of a patient's long-term treatment program, providing for motivation, development of learning and relational skills, acquisition of specific competencies and improved self-image. To this end, the staffing levels of psychologists, occupational therapists and other professionals should be increased accordingly.</p>	<p>Increasing the number, amount and types of new rehabilitation activities</p>	<p>2025</p>	<p>Ministry of Labour, Pension System, Family and Social Policy, Directorate for Family and Social Policy Mirkovec Branch of the Zagreb Adult Home</p>	<p>In the Mirkovec Branch, psychosocial rehabilitation activities are applied in line with the Annual work plan and programme of occupational therapist, physiotherapist, social worker, nurse, and of all participating in the processes of psychosocial rehabilitation activities.</p>
<p>Point 246 The CPT reiterates its recommendation that the management of both Stančić and the Mirkovec Home should ensure that an individual care plan be drawn up for each resident, including the goals of the treatment, the therapeutic means used and the staff members responsible. Residents should be involved in the drafting of their individual plans and be informed of their progress. Residents should be fully informed about possible treatment and their views and decisions should be respected. These plans should be regularly revised, at least every year, with the participation of the resident concerned.</p>	<p>1) evaluating the existing individual plans - completed during April 2023, 2) drafting new individual plans</p>	<p>by the end of 2023</p>	<p>1 Expert team of the section of Stančić Centre for Rehabilitation Expert team of Stančić Centre for Rehabilitation</p>	<p>Residents are involved in drafting individual plans and they have the right to express their opinions on the form of care provided to them. Apart from residents, residents' parents, i.e. guardians, are also involved in drafting individual plans. Those residents who are not able to understand the procedure and purpose of drafting individual plans due to the severity of their intellectual and / or mental disability are not involved in its drafting.</p>
	<p>Drafting individual change plans for all residents</p>	<p>IV quarter 2023</p>	<p>Mirkovec Branch of the Zagreb Adult Home</p>	<p>Drafting individual change plans for residents in progress.</p>

<p>Point 247 The staff of the Mirkovec Home should receive clear instructions that any traumatic lesions observed on residents should be immediately reported to the most senior nurse or a doctor working on the ward. The resident should be carefully examined preferably by the doctor and in their absence, a nurse reporting to a doctor. On that occasion, a full history of the circumstances in which the trauma occurred should be taken; the doctor should draw a tentative conclusion as to the origin of the lesion or lesions observed: an accidental fall, self-harm, violence by other residents, or ill-treatment by staff members.</p>	<p>Drafting the protocol on acting in the event of a resident's traumatic lesion</p>	<p>IV quarter 2023</p>	<p>Mirkovec Branch of the Zagreb Adult Home</p>	<p>In the Mirkovec Branch, every traumatic lesion of residents is reported to the doctor, residents are taken to emergency care or the field emergency medical team is called and this is registered in daily report books, the resident's medical and personal file, and the resident's family members and/or the competent Regional Office of the Croatian Institute for Social Work are also notified.</p>
<p>Point 247 The CPT recommends that the Croatian authorities issue instructions to the management of the Mirkovec Home, as well as to all social welfare institutions, on the recording and reporting of injuries in the institutions.</p>	<p>Drafting forms on monitoring injury cases in social welfare institutions</p>	<p>IV quarter 2023</p>	<p>Ministry of Labour, Pension System, Family and Social Policy, Directorate for Family and Social Policy</p>	
<p>V) STAFF</p>	<p>ACTIVITY</p>	<p>TIME LIMIT FOR EXECUTION</p>	<p>ADDITIONAL INFORMATION/EXECUTOR</p>	<p>OBSERVATIONS</p>
<p>Point 248 The CPT considers that there was insufficient staff in the Stančić Centre to adequately implement all the envisaged psycho-social rehabilitation and occupational therapy activities. The CPT delegation recommends that Croatian authorities ensure that action is taken to fill the vacant staff positions at the Stančić Centre. The CPT is concerned about the fact that in both institutions the number of nurses and caregivers on the night shifts is too low.</p>	<p>1) Planning of financial resources and obtaining prior approval for the recruitment of the required number of employees at the Stančić Centre in accordance with the general act governing the internal organisation and organisation of the work posts of the Stančić Centre 2) Assessment of job needs and the required number of employees, and recruitment of the required number of employees in the Stančić Centre</p>	<p>2025</p>	<p>Ministry of Labour, Pension System, Family and Social Policy, Directorate for Family and Social Policy Stančić Rehabilitation Centre</p>	<p>The Stančić Centre supports the proposal for more employees, in particular nurses and staff on the night shift in agreement and cooperation with the competent Ministry.</p>
<p>CPT REITERATES PREVIOUS RECOMMENDATIONS:</p>	<p>ACTIVITY</p>	<p>TIME LIMIT FOR EXECUTION</p>	<p>ADDITIONAL INFORMATION/EXECUTOR</p>	<p>OBSERVATIONS</p>

<p>Point 251 Increase the psychiatric input in both institutions and considering the needs of residents at the Stančić Centre, recruit a full-time psychiatrist and a part-time psychiatrist at Mirkovec, preferably with training in caring for disabled persons.</p>	<p>1) Planning of financial resources for full-time employment contracts, 2) secondment of a psychiatrist of the health center to work at the Stančić Centre full-time by cross-service cooperation</p>	<p>IV quarter 2023</p>	<p>Ministry of Labour, Pension System, Family and Social Policy, Stančić Centre for Rehabilitation</p>	<p>In line with national legislation, it is not possible to employ specialist doctors in social welfare institutions. In the light of the above, it is proposed to respond to the recommendations in a way that the Stančić Zagreb and the Zagreb Adult Home work to improve cooperation with a contracted specialist doctor by increasing the number of hours and visits of the specialist doctor in the social care institution, organising training on the care of persons with disabilities, involving a specialist doctor, referring to the recommendations of the CPT.</p>
	<p>Warning to the Ministry of Labour, Pension System, Family and Social Policy</p>	<p>2023</p>	<p>Ministry of Justice and Public Administration, Commission for the Protection of Persons with Mental Disorders (hereinafter: the Commission)</p>	<p>The Commission will warn the Ministry of Labour, Pension System, Family and Social Policy about the lack of psychiatrists in adult homes, which presents a great issue when applying means of coercion, as there is a risk that they have not been ordered (or in case of urgency, verified) by a doctor, as stipulated under the Act on the Protection of Persons with Mental Disorders ("Official Gazette", no. 76/14; hereinafter: APPMD).</p>
<p>Point 251 The overall numbers of staff needs to be significantly increased – 10 nurses, 30 caregivers, a psychologist, two physiotherapists, three rehabilitation therapists, two occupational therapists, two social workers and 15 activities' therapists (art, music, speech, etc.).</p>	<p>1) planning funds and receiving prior consent for employing the necessary number of employees at the Zagreb Adult Home, dislocated Mirkovec Branch in line with the conducted analysis 2) analysis and assessment of needs for work posts in line with the number of residents and their needs at the Zagreb Adult Home, dislocated Mirkovec Branch</p>	<p>2025</p>	<p>Ministry of Labour, Pension System, Family and Social Policy, Directorate for Family and Social Policy Zagreb Adult Home</p>	<p>The type and the necessary number of workers in social welfare institutions is regulated by national legislation - Social Welfare Act and Ordinance on criteria for the provision of social services. In line with this, a psychotherapist can not be employed as an employee of a social welfare institution, but the institution can contract the psychotherapy service in accordance with the regulations on public procurement. Although we certainly support and plan to act according to the recommendation on the employment of employees at the Zagreb Adult Home, dislocated Mirkovec Branch, we are of the opinion that it is necessary to analyse the necessary type and number of employees considering the number of residents and their needs, based on which the necessary number of employees will be employed at the dislocated Mirkovec Branch.</p>

<p>Point 251 Employing ward-based staff (including nurses and caregivers) during the night shift is a matter of priority at both the Mirkovec Home and at Stančić Centre for Rehabilitation. In this regard, the Committee would like to receive, within six months, full details of the working schedule, including the number and category of staff assigned to each ward in the afternoon and night shifts, at both the Mirkovec Home and Stančić Centre for Rehabilitation.</p>	<p>1) assessing the need for work posts and the necessary number of employees to work at night and employing the necessary number of employees at the Zagreb Adult Home and the Stančić Centre</p> <p>2) planning financial resources and prior consent for employing the necessary number of employees to work at night at the Zagreb Adult Home, dislocated Mirkovec Branch and Stančić Centre</p>	<p>IV quarter 2023</p>	<p>Ministry of Labour, Pension System, Family and Social Policy, Directorate for Family and Social Policy Zagreb Adult Home Stančić Rehabilitation Centre</p>	<p>The Centre supports the proposal for more employees, in particular nurses and staff on the night shift in agreement and cooperation with the competent Ministry.</p>
<p>VI) MEANS OF RESTRAINT</p>	<p>ACTIVITY</p>	<p>TIME LIMIT FOR EXECUTION</p>	<p>ADDITIONAL INFORMATION/EXECUTOR</p>	<p>OBSERVATIONS</p>
<p>Points 253, 254 and 255 Means of restraint are not used at the Mirkovec Branch, while at the Stančić Centre they have been significantly reduced. However, the number of “immobilisations” (the informal tying of the residents with strips of cloth to the bed or wheelchair) has significantly increased. These methods are differentiated from other means of restraint, according to the Centre’s management for the reason of their prevention of self-harm. The CPT would appreciate an update on what monitoring and other measures the Croatian authorities take after disaggregating and analysing this information.</p>	<p>Invitation to the Zagreb Adult Home-Mirkovec Branch and the Stančić Centre to comment on the number of immobilisations which are stated to prevent self-harm.</p>	<p>II quarter 2023</p>	<p>Ministry of Justice and Public Administration, Commission for the Protection of Persons with Mental Disorders</p>	

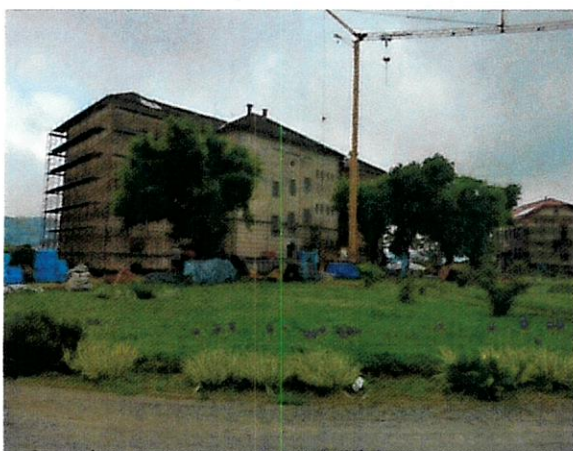
<p>Point 256 The CPT recommends that the Croatian authorities ensure that all residential care centres develop written guidelines on the use of movement-restricting measures. Such guidelines should make clear which movement-restricting measures may be used, under what circumstances they may be applied, the need for a preventive risk assessment and the exploration of less restrictive alternatives. They should also contain sections on the involvement and consultation of different categories of staff prior to their application, medical prescription and nursing intervention, recording of the measure, periodic monitoring and re-assessment, the supervision required, and consent forms. The care staff should be provided with initial and on-going training on the use of movement-restricting measures.</p>	<ol style="list-style-type: none"> 1) Indicating certain practices implemented so far by the Commission as well as plans for the following period 2) Activities aimed at reducing the application of means of coercion 3) Unannounced visits to institutions in which the Commission observes a disproportionately high number of means of coercion applied 4) Recommendations for improving the application of means of coercion 	<p style="text-align: center;">Continuously</p>	<p style="text-align: center;">Ministry of Justice and Public Administration, Commission for the Protection of Persons with Mental Disorders</p>	<p>In accordance with the provisions of Article 64(4) and Article 67 of the Act on the Protection of Persons with Mental Disorders (hereinafter: the APPMD), psychiatric and social welfare institutions are required to report at least twice a year to the Commission for the Protection of Persons with Mental Disorders (hereinafter: the Commission) of applied means of coercion and any use of means of coercion against a child. The Commission reports the data received to the Ombudswoman and the Ombudswoman for Persons with Disabilities. According to the given data, in 2021, the number of means of coercion applied towards persons with severe mental disorders in psychiatric and social welfare institutions was 3786 and in 2022, it rose to 5166 means applied, out of which 987 were applied in social welfare institutions in 2021 and 1035 in 2022. Even though the figures presented show an increase in the application of means of coercion, the Republic of Croatia and the Commission itself will try to actively contribute to their reduction. Accordingly, the Commission shall, in accordance with its powers laid down in Article 76(1) of the APPMD, shall endeavour to carry out unannounced visits to institutions where a disproportionately high number of applied means of coercion was detected, in order to verify compliance with the provisions of the APPMD and the Ordinance on the types and manner of application of means of coercion towards a person with severe mental disorders (Official Gazette, no. 16/2015), and will, in line with the observations made, make recommendations for improvement.</p>
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<p>Point 257 The CPT recommends that the Croatian authorities ensure issuing instructions/precepts regulating the use of restraints, including “immobilisation” with informal cloth strips to prevent aggressive behaviour to other residents, staff or themselves. This is necessary when mechanical restraint is used in psychiatric institutions, social care institutions and at the Stančić Centre. The CPT recalls its long-standing view that means of restraint should never be used as punishment; means of restraint are security measures and have no therapeutic justification.</p>	<ol style="list-style-type: none"> 1) Actively propose and promote the adoption of measures to improve the issues of importance for the protection of persons with mental disorders 2) Propose recommendations to remedy any irregularities identified in the application of means of coercion 3) Present proposals and opinions to the competent authorities related to the application of the APPMD 4) Consider the adoption of written guidelines for using means of restraint 5) Consider holding workshops with employees of social welfare institutions regarding the application of means of coercion 	<p>Continuously</p>	<p>Ministry of Justice and Public Administration, Commission for the Protection of Persons with Mental Disorders</p>	<p>In accordance with the powers laid down in Article 74(2) of the APPMD and with the CPT recommendations, the Commission shall actively propose and promote the adoption of measures to improve the issues of importance for the protection of persons with mental disorders, propose recommendations to remedy any irregularities identified in the application of means of coercion against persons with mental disorders, and present proposals and opinions to the competent authorities related to the application of the APPMD. The Commission will consider the adoption of written guidelines for using means of restraint as well as the issuing of instructions and orders regarding the use of means of restraint, but emphasising the need to cooperate with psychiatrists and the Ministry of Labour, Pension System, Family and Social Policy, taking into account that the guidelines should cover the areas within their respective areas of responsibility. In the Republic of Croatia, there are already “Guidelines for the prevention of admission without consent and the use of means of coercion in psychiatric institutions” adopted by the Croatian Psychiatric Association, as well as the standard operating procedure drafted by the Psychiatry Clinic at the Clinical Hospital Center Rijeka and approved by the Commission for Quality of the Clinical Hospital Center Rijeka. The Commission will also consider holding workshops with employees of social welfare institutions to provide them with the necessary training regarding the application of means of coercion, i.e. using movement-restricting measures. According to the above-mentioned standard operating procedure, such training is obligatory once a year for the employees of the Psychiatry Clinic at the Clinical Hospital Center Rijeka and in the case of an agreement reached and admitting applicants from other institutions that use means of restraint, it can also be extended to social welfare institutions</p>
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<p>Point 258 The CPT recommends that using medication therapy “as needed” should not be recorded at the Stančić Centre as “chemical restraint”. It recalls that the same safeguards apply equally in psychiatric institutions and social welfare institutions.</p>	<ol style="list-style-type: none"> 1) Warning to the Ministry of Health to harmonise the Ordinance on the types and manner of application of means of coercion towards a person with severe mental disorders (“Official Gazette”, no. 16/15) with the APPMD 2) Warning to psychiatric and social welfare institutions 3) Harmonisation of the form “Report on the application of means of coercion over a six-month period” 	<p>II and III quarter 2023</p>	<p>Ministry of Justice and Public Administration, Commission for the Protection of Persons with Mental Disorders</p>	<p>During this quarter, the Commission plans to warn the Ministry of Health about the harmonisation of the Ordinance on the types and manner of application of means of coercion towards a person with severe mental disorders (OG no. 16/2015) with the APPMD, since the Ordinance is not in line with the law, as it provides for a wider application of means of coercion also in the event of a threat to safety, as opposed to the APPMD, which only provides for the application of the APPMD if it is the only means of remedying the imminent danger arising from their behaviour, which seriously and directly endangers their own life or health.</p> <p>It is also important to point out that the Commission warns psychiatric and social welfare institutions, which are obliged to provide information on the application of means of coercion, of the need to reduce inconsistencies when submitting information, i.e. the importance of harmonising reporting methods by filling in the standard form provided by the Commission, so that the information provided is as precise and accurate as possible. The form “Report on the application of means of coercion over a six-month period” shall contain the following fields: the number of means of coercion applied during the period concerned, the number of residents in respect of which means of coercion were applied during the period concerned, the number of residents in the period concerned and the average duration of means of coercion in the period concerned, and the “Report on the application of means of coercion against a child” shall contain the following fields: name and surname of the child, year of birth of the child, diagnosis, description of means of coercion, date of application of the coercive measure, exact time of the start and end of the application, reason for the application of coercion and medical doctor who imposed it. During the next quarter, the Commission will further strengthen efforts to harmonise the</p>
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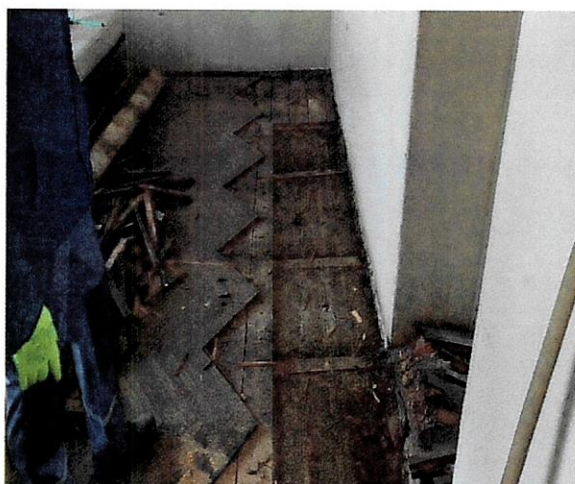
Fotografije: Zatvoreni odjel (Z1 i Z2) – vanjski radovi (u tijeku)



Zgrada stacionara i ambulante.



Radovi (u tijeku) na unutarnjem uređenju Zatvorenog odjela (Z1 i Z2)



Zgrada stacionara i ambulante.



Poluotvoreni odjel



Zgrada centralne kuhinje, blagovaonice, skladišta i Odjela za roditelje.



Unutarnji prostor Odjela za roditelje – u tijeku radovi zamjene stolarije, nakon kojih se započinje s radovima na renoviranju kupaonice.

