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Report

**to the Slovenian Government
on the visit to Slovenia
carried out by the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment (CPT)**

from 8 to 17 October 2024

Reports on CPT visits to Slovenia are published under an automatic publication procedure.

Strasbourg, 6 May 2025

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**Report to the Slovenian Government
on the CPT visit to Slovenia
(8 to 17 October 2024)**

Subject: Treatment of persons held in prison and in a social welfare establishment

Priority issues:

Prisons:

- Measures to address prison overcrowding
- Steps to resolve understaffing in prisons

Social welfare establishments:

- Lack of legal basis for chemical restraint
- Rapid tranquilisation of residents by nurses on the basis of PRN prescriptions

Good practices:

Social welfare establishments:

- Free access to spacious green well-equipped outdoor areas during the day
- Good care, treatment and activities provided to residents

EXECUTIVE SUMMARY

During the October 2024 visit, the CPT delegation examined the treatment of persons in two prisons, namely Koper and Ljubljana Prisons, and their conditions of detention. It also assessed the situation of persons living in Lukavci Special Social Welfare Establishment.

The cooperation received during the visit, both from the national authorities and staff at the establishments visited, was excellent.

Persons held in prison

In recent years, there has been a sharp increase in the number of prisoners; consequently, at the time of the visit, most prisons in the country were operating well above their official capacity. The adverse effect of the increased number of persons held in prison was obvious in the establishments visited. It not only implied worsened living conditions, but also negatively impacted on many other areas of life in prison.

The problem of overcrowding was further exacerbated by another major challenge faced by the Slovenian prison system, namely understaffing and difficulties in attracting new staff.

The CPT notes the measures taken by the Slovenian authorities to alleviate pressure on the prison system and recommends that they vigorously pursue their efforts to manage the prison population.

Turning to the situation in the two establishments visited, the delegation received no credible allegations of physical ill-treatment of prisoners by staff in either of them. On the contrary, many prisoners interviewed by the delegation stated that staff treated them correctly and professionally. However, at *Koper Prison*, the delegation received a few isolated allegations of verbal abuse of prisoners by staff.

Staff were aware of most episodes of inter-prisoner violence and intervened promptly and proportionately. However, tensions among prisoners were increasing and the number of recorded cases of inter-prisoner violence was on the rise. Indeed, this situation was intrinsically linked to the overcrowding and the mixture of prisoners with different cultural backgrounds.

Material conditions at *Koper Prison* remained of a high standard in many respects. However, due to the exceeded capacity of the establishment, the conditions in the cells intended for double occupancy, which were accommodating three persons, were cramped. Moreover, some prisoners were sleeping on mattresses placed on the floor, which is inappropriate.

Ljubljana Prison was seriously overcrowded, with many cells providing only some 3.5 m² of living space per person or even as little as 2.7 m², which clearly falls short of the CPT's minimum standard of 4 m² per prisoner in a multiple-occupancy cell.

The CPT gained a positive impression of the regime offered to *sentenced prisoners* in both establishments. It also notes the commendable efforts to provide out-of-cell time and some organised activities to those held on *remand*. However, a number of remand prisoners held under the closed-door regime in both establishments were locked up in their cells for nearly 22 hours per day. Further efforts should be made to provide additional out-of-cell time and activities to remand prisoners in both prisons.

Overall, the delegation gained a positive impression of the quality of healthcare services provided in the two prisons visited. However, recommendations are made to ensure full respect for medical confidentiality during medical examinations of prisoners which take place in outside healthcare facilities and to put an end to the practice of handcuffing prisoners during medical consultations/examinations. Further, a dedicated trauma register should be introduced in all prisons and a clear reporting procedure of injuries indicative of ill-treatment should be put in place.

Lukavci Special Social Welfare Establishment

The delegation received no allegations and found no other indications of ill-treatment of residents by staff. Some episodes of violence between residents occurred (such as slaps, pushing, or hairpulling) but the findings of the visit indicate that staff intervened promptly and proportionately to de-escalate the situation and separate the residents involved.

Material conditions in the three secured wards were excellent in most respects. The living standard was lower in the “Castle” unit – residents were accommodated in double- and triple-occupancy rooms, which were clean but rather austere and impersonal, and the environment was more institutional, rather than home-like.

As regards the daily regime, residents accommodated on closed wards were free to move within their wards and associate with other residents, and had free access to spacious outdoor areas.

The delegation gained a very good impression of the treatment, activities and care offered to residents. Nevertheless, various categories of staff drew up individual care plans for residents separately. The CPT recommends that the multidisciplinary approach towards residents be strengthened and that a single comprehensive care plan be prepared for each resident.

Mechanical restraint was not used in the establishment visited and manual control was used only when a resident needed to be isolated. Every placement in the isolation room was authorised by a medical doctor and was duly recorded; the number of placements was small and, in most cases, lasted for relatively short periods of time.

The Mental Health Act does not recognise the concept of chemical restraint and, consequently, there is no clear legal basis in domestic law for this measure and no safeguards which would accompany its application. Moreover, the CPT has certain reservations with respect to the injections of rapidly acting tranquillisers by nurses on the basis of PRN prescriptions, which is associated with significant risks to the health of the resident and places too much responsibility on nurses.

The CPT points out that secure wards are home to residents who can quickly develop agitation that may escalate into dangerous auto- or hetero-aggression. Sufficient numbers of well-trained staff are needed to manage their behaviour without resort to means of restraint. Therefore, the fact that the capacity of ward VO D was significantly exceeded represented a considerable risk factor. It is also noteworthy in this context that understaffing and difficulties to retain and attract new staff were considered by the management to be one of the biggest challenges.

Legal provisions concerning involuntary placement and its review appeared to be scrupulously followed in practice. Further, if a voluntary resident required placement to a secure ward, due to a worsened medical condition, a motion for involuntary placement was lodged with the court by the establishment.

The information gathered during the visit indicates that involuntary placement of a resident into a secure ward was understood in practice in a way that there was no need to ask for consent to treatment. The CPT underlines that, as a general principle, all residents, whether voluntary or involuntary, with legal capacity or legally incapacitated, should be placed in a position to give their free and informed consent to treatment. Any derogation from the fundamental principle of treatment upon consent should be based upon law and only relate to clearly and strictly defined exceptional circumstances and should be accompanied by appropriate safeguards.

Arrangements concerning residents' contact with the outside world were satisfactory.

I. INTRODUCTION

A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out a periodic visit to Slovenia from 8 to 17 October 2024. It was the Committee’s 6th visit to Slovenia.¹

2. The visit was carried out by the following members of the CPT:

- Marie Kmecová (Head of delegation)
- Vassilis Tzevelekos
- Chila van der Bas.

They were supported by Petr Hnátík and Leila Zhdanova of the CPT Secretariat, and assisted by:

- Olivera Vulić, psychiatrist and prison health consultant (expert)
- Marta Biber (interpreter)
- Helena Biffio Zorko (interpreter)
- Branka Božić (interpreter).

3. A list of the establishments visited is set out in Appendix I to this report.

4. The report on the visit was adopted by the CPT at its 116th meeting, held from 10 to 14 March 2025, and transmitted to the authorities of Slovenia on 3 April 2025. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the Slovenian authorities provide within six months a response containing a full account of action taken by them to implement the Committee’s recommendations, along with replies to the comments and requests for information formulated in this report.

B. Consultations held by the delegation and cooperation encountered

5. In the course of the visit, the delegation held consultations with Andreja Katič, Minister of Justice, Milan Brglez, State Secretary of the Ministry of Justice, Bojan Majcen, Director of the Prison Administration, and Danijela Mrhar Prelič, Director of the Probation Service. It also had consultations with Simon Maljevac, Minister of Solidarity-Based Future, and Luka Omladič, State Secretary of the Ministry of Solidarity-Based Future, as well as other senior officials from the Ministries and services concerned.

Further, the delegation met Peter Svetina, Human Rights Ombudsman, and Ivan Šelih, Deputy Ombudsman and Head of the National Preventive Mechanism (NPM), and non-governmental organisations active in the field of the CPT’s mandate.

The CPT appreciates that the Slovenian authorities decided to invite representatives of the Ombudsperson’s office and the NPM to attend the meeting at the end of the visit during which the Committee’s delegation delivered its preliminary observations to the authorities.

A full list of the national authorities, other bodies and non-governmental organisations with which the delegation held consultations is set out in Appendix II to this report.

1. The visit reports and the responses of the Slovenian authorities on all previous visits are available on the CPT’s website: <https://www.coe.int/en/web/cpt/slovenia>.

6. The CPT delegation received excellent cooperation during the visit, both from the national authorities and staff at the establishments visited. It had rapid access to all places of detention it wished to visit, was able to interview in private those persons with whom it wished to speak, and was provided with the information necessary for carrying out its task.

The Committee wishes to express its appreciation for the assistance provided to its delegation before, during and after the visit by the CPT liaison officer appointed by the Slovenian authorities, Maja Velič, of the Ministry of Justice.

7. Further, the CPT welcomes that in 2023, the Slovenian authorities agreed to the automatic publication procedure whereby future reports on CPT visits to Slovenia and related government responses will be automatically published.

C. National Preventive Mechanism

8. After Slovenia acceded to the Optional Protocol to the UN Convention Against Torture (OPCAT) on 23 January 2007, the Human Rights Ombudsperson was designated as the National Preventive Mechanism (NPM). The NPM is empowered to carry out visits to various places of deprivation of liberty at its own initiative, and has the right to interview, in private, persons deprived of their liberty, and to access all information concerning the treatment of such persons and their conditions of detention.

Since 2015, the NPM is a separate department within the Ombudsperson's office. Representatives of 10 selected NGOs participate in the work of the NPM, including its visits.

In 2023, the NPM carried out 87 visits to different places of deprivation of liberty. Most of these visits were not announced in advance.

The CPT appreciates its long-standing, excellent cooperation with the Slovenian NPM.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Prison establishments

1. Preliminary remarks

9. In the report on the 2017 visit,² the CPT noted positively that the upward trend in the overall prison population had stopped, and that the figures even showed a slight decrease in the number of prisoners since the 2012 visit (down from 1 421 in 2012 to 1 382 in 2017), accompanied by a modest increase in the capacity of the prison estate (1 309 places in 2012, increased to 1 339 in 2017).

10. Since the 2017 visit, the situation has changed significantly and there has been a sharp increase in the number of prisoners. According to the official data provided by the authorities, while the capacity of the prison estate remained, in principle, unchanged between 2022 and 2024 (between 1 323 and 1 346 places), the prison population over the same period grew steadily from 1 284 incarcerated persons in 2021, to 1 402 in 2022, 1 510 in 2023 and 1 821 as of 30 September 2024. Although the increase concerned also the number of sentenced prisoners (912 persons in 2021, as opposed to 1 107 in September 2024), it primarily affected the remand population, which almost doubled during the same period (from 372 persons held on remand in 2021 to 714 remand prisoners on 30 September 2024).

11. As a consequence, at the time of the 2024 visit, most prisons in the country were operating well above their official capacity (usually between 140 and 160%), with Ljubljana Prison, visited by the delegation, being the most overcrowded establishment, with an occupancy rate of 196% (see also paragraph 31).

It must be pointed out, however, that the official capacity of the prison estate and individual prison establishments in the country is calculated on the basis of 7 m² of living space per prisoner in a multiple-occupancy cell and 9 m² in a single-occupancy cell,³ which is well above the CPT's minimum standard of 4 m² per prisoner in a multiple-occupancy cell and 6 m² per prisoner in a single-occupancy cell.⁴

12. The adverse effect of the increased number of persons held in prison was obvious in the establishments visited during the 2024 visit. It not only implied worsened living conditions, but also negatively impacted on many other areas of life in prison. These included tensions and inter-prisoner violence, limited availability of cells to allocate prisoners on the basis of a proper risk assessment and to adequately protect vulnerable prisoners, and the limited possibility to transfer prisoners between cells if tensions arise. Another consequence was that not all prisoners with reduced mobility were accommodated on floors which allow easy access to outdoor exercise. Several of these issues are discussed in more detail later in this report (see most notably paragraphs 23, 27 and 34).

13. The main reason for the dramatic increase in the prison population cited by virtually all interlocutors was the surge in the number of persons, the majority of whom were foreign nationals accused of or sentenced for so-called smuggling of migrants (Section 308 of the Criminal Code (CC)). As a result, more than half of the persons held in the Slovenian prison system at the time of the 2024 visit were foreign nationals,⁵ 80 % of whom were incarcerated in connection with the smuggling of migrants.⁶

2. See [CPT/Inf \(2017\) 27](#), paragraph 29.

3. In practice, these requirements were not reflected in the layout of all cells at Ljubljana Prison (see paragraph 31).

4. It should also be acknowledged that the overall prison population rate in Slovenia remains relatively low. According to the [SPACE I statistics](#), at the beginning of 2023, the number of prisoners was 1 435 and the prison population rate was 67.8 prisoners per 100 000 inhabitants. The rate in September 2024 could be estimated as 87 prisoners per 100 000 inhabitants which remains way below the European average (123.9) and median (106.5) values.

5. This proportion was significantly higher among remand prisoners.

6. Reportedly, foreign nationals suspected of smuggling of migrants were quasi-systematically remanded in custody.

Moreover, Section 308 CC had been amended in 2020, and had both introduced a minimum sentence of three years and increased the maximum term of imprisonment that may be imposed for the said criminal offence from five to 10 years, which contributed to the increase in the prison population.

14. The problem of overcrowding was further exacerbated by another major challenge faced by the Slovenian prison system, namely understaffing and difficulties in attracting new staff, which, *inter alia* undermined the ability to provide additional out-of-cell time and activities. According to the information provided by the authorities, of the 586 posts of a prison officer, 52 (that is, almost 10%) were vacant. The recruitment of 18 officers was underway at the time of the visit.⁷ (See in particular paragraphs 43 and 67 and foll. as regards the situation in the establishments visited.)

15. In response, the Slovenian authorities took a series of measures to alleviate the pressure on the prison system.⁸ These included the possibility for retired prison officers to be re-employed and the option to temporarily suspend the execution of prison sentences.⁹ In addition, negotiations were taking place to introduce a new salary system for public employees, with a view to offering more competitive salaries and benefits and attracting new staff. Discussions were also underway to reconsider the penalties which may be imposed for the offence of smuggling of migrants.

Further, steps were constantly being taken to balance the level of overcrowding between various establishments, in order to ensure the even distribution of prisoners throughout the prison estate.

16. Another development which should relieve overcrowding of the prison estate is the construction of a new prison in Ljubljana, which had been planned for many years and postponed several times. The construction of the new establishment, which will replace the current facility and will accommodate remand prisoners in particular, began in October 2022. At the time of the visit, the authorities expected that the new establishment would be taken into service by the end of 2025. The planned capacity of the new prison was 388 places (as opposed to 135 places in the current facility in Ljubljana) and it was envisaged that 130 prison officers would be deployed in the new facility.¹⁰

17. More generally, the Slovenian Probation Administration was established on 1 April 2018. According to the authorities, the upward trend in the number of community sanctions and measures is another means to alleviate the pressure on the prison system.^{11 12}

18. The CPT takes due note of the developments since the previous visit carried out by the Committee in 2017, the determination of the Slovenian authorities to tackle prison overcrowding and the measures which have been recently put in place.

Nevertheless, in light of the worrying situation observed during the visit, **the CPT recommends that the Slovenian authorities vigorously pursue their efforts to manage the prison population.**

7. By letter of 6 January 2025, the Slovenian authorities informed the CPT that since the CPT visit, 11 public officials, including two prison officers, had been newly recruited by the Prison Administration, and several additional recruitment procedures were pending.

8. Amendments to the Enforcement of Penal Sanctions Act, which came into force on 28 September 2024, introduced the notion of “heightened security situation” and enabled the Government to introduce, by means of a government decree, certain measures.

9. By letter of 6 January 2025, the Slovenian authorities informed the CPT that two sentenced prisoners had had their sentences suspended, and eight agreements had been concluded for the performance of the duties of prison officers by retired officers.

10. As regards other projects, the satellite section of Ljubljana Prison in Novo Mesto was being renovated at the time of the visit, and it was planned to refurbish Ig Prison for Women (subject to the availability of funds).

11. Since its establishment, the Probation Administration has dealt with 11 622 cases, of which 2 190 were pending at the time of the CPT 2024 visit. Of the total number of cases, 40% concerned misdemeanours and 60% criminal offences. In most of the criminal cases, public benefit work was imposed as an alternative sanction to imprisonment. In addition, house arrest (*hišni pripor*), supervised by the police, was imposed as an alternative to remand detention in 236 cases between 2018 and the first half of 2024.

12. The authorities also informed the delegation that a law was being drafted to comprehensively regulate treatment programmes for juveniles held in prison.

The Committee trusts that, in their efforts, the authorities will take due account of the principles listed in the relevant recommendations of the Council of Europe's Committee of Ministers.¹³ Particular attention should be given to possibilities of alternatives to remand detention.

Further, the Committee would like to receive updated information on the impact of the measures to tackle prison overcrowding and understaffing which have been put in place by the Slovenian authorities, as well as an update on the construction and taking into service of the new prison in Ljubljana.

19. During its visit to Slovenia, the CPT visited Koper Prison and Ljubljana Prison.

20. *Koper Prison*, visited by the CPT in 2006 and 2017,¹⁴ had been taken into service in 2004. Prisoners were accommodated on the first and second floor of the three-storey building. At the time of the 2024 visit, the establishment was accommodating 164 adult men: 133 on remand and 31 sentenced.¹⁵ The occupancy rate, based on the official capacity of 106 places, was approximately 155%. Foreign nationals accounted for approximately 80% of the prisoners.

21. *Ljubljana Prison* had been visited by the CPT on several occasions. Prisoners were accommodated in a four-storey building; each floor was composed of two separate wings. At the time of the 2024 visit, it was accommodating 254 adult men (of which some 150 were foreign nationals): 224 held on remand, 27 sentenced¹⁶ and three fine defaulters. With an occupancy rate of 188% (based on the official capacity of 135 places), it was the most overcrowded establishment in the country.

2. Ill-treatment

22. The delegation received no credible allegations of physical ill-treatment of prisoners by staff in either of the establishments visited. On the contrary, many prisoners interviewed by the delegation in both prisons stated that staff treated them correctly and professionally. The CPT particularly appreciates these positive findings given that both establishments, and in particular Ljubljana Prison, were operating well above their official capacity and a large number of posts of prison officers were vacant (see also paragraphs 67 and foll.).

However, at Koper Prison, the delegation received a few isolated allegations of verbal abuse of prisoners by staff; some of these cases were possibly the result of misunderstandings linked to language barriers between staff and foreign prisoners.

While acknowledging the particular challenges posed by the combination of overcrowding, understaffing and language barriers, **the CPT recommends that it be reiterated to staff at Koper Prison that they must treat prisoners in their custody with respect, and that any form of verbal abuse of prisoners is unacceptable.**

23. The findings of the visit indicate that staff were aware of most episodes of inter-prisoner violence and intervened promptly and proportionately. However, in both prisons visited, the

13. See, in particular, the Council of Europe Committee of Ministers Recommendation No. R(99)22 concerning prison overcrowding and prison population inflation, Recommendation Rec(2006)13 on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse, Recommendation Rec(2003)22 on conditional release (parole), Recommendation CM/Rec(2010)1 on the Council of Europe probation rules, Recommendation Rec(2014)4 on electronic monitoring and Recommendation CM/Rec(2017)3 on the European Rules on community sanctions and measures. Reference is also made in this context to the substantive section on combating prison overcrowding of the 31st General Report of the CPT ([CPT/Inf \(2022\) 5 – part](#)).

14. During the 2017 visit, the delegation focused on interviewing newly admitted remand prisoners about police matters.

15. These were sentenced prisoners with shorter sentences of up to one or one-and-a-half years.

16. The prison usually accommodates between 25 and 40 sentenced prisoners who are placed there to work in the establishment.

delegation heard from prisoners that staff were not aware of all such incidents, as some of them took place in cells, behind closed doors.

Moreover, as acknowledged by the authorities, as well as management and staff in both prisons visited, tensions among prisoners were increasing and the number of recorded cases of inter-prisoner violence was on the rise. At Koper Prison, there were 25 cases of conflict between prisoners in 2022, 29 in 2023 and 49 between January and the beginning of October 2024. At Ljubljana Prison, there were 31 such cases in 2022, 19 cases in 2023, and 35 cases between January and the beginning of October 2024.

Similarly, the official data for the whole prison system provided to the CPT by the authorities show a growing trend since 2020: 207 conflicts between prisoners in 2020, 225 in 2021, 288 in 2022, 313 in 2023 and 286 in the first nine months of 2024 alone (that is, between January and the beginning of October).

Indeed, this situation was intrinsically linked to the overcrowding and the mixture of prisoners with different cultural backgrounds, but also, according to the authorities, to the increasing use of synthetic drugs among the prison population and the consequent debts and extortion (see paragraph 62).

This clear trend, and particularly the sharp increase in the number of cases of inter-prisoner violence in 2024, as compared with 2023, are worrying developments.

24. At Ljubljana Prison, tensions escalated on 20 August 2024 into a conflict between a group of prisoners of North African origin and a group of prisoners from the states of former Yugoslavia. Prisoners gathered during outdoor exercise and started attacking each other, including verbal altercations, pushing, slaps and a blow to the head. Altogether, approximately 16 prisoners became progressively involved in the incident.

According to the relevant records, staff intervened instantly, attempted to de-escalate the situation and separate those involved, and gradually used manual control, pepper spray and a threat with a telescopic baton. Those affected by the pepper spray were offered water to decontaminate. According to the incident report, the prisoners involved did not suffer any visible injuries and refused the medical examination which was offered to them.

25. Furthermore, at Ljubljana Prison, the delegation was told that, in addition to the rising number of cases, such incidents were likely to become more serious. While previously most cases of inter-prisoner violence had concerned minor verbal and physical conflicts, it had recently become more common to find illegal items, such as sharp objects, on prisoners.

26. The authorities, as well as management and staff in the establishments visited, were well aware of the rising trend in conflict between prisoners and were taking measures to prevent them. These included the provision of training to staff in identifying and preventing violence, placement in cells on the basis of risk assessment to the extent possible, and transfers among various prisons.

While taking due note of these steps, in light of the findings of the visit, **the CPT reiterates its recommendation that the Slovenian authorities vigorously pursue their efforts to prevent and combat inter-prisoner violence and intimidation.**

Management and staff at Koper and Ljubljana Prisons, as well as in other prisons in the country, should be encouraged to remain constantly vigilant and use all appropriate means at their disposal to this aim, in particular, risk and needs assessment and ongoing monitoring of prisoner behaviour (including the situation in the cells, for example, where justified by the risk assessment, by more frequent, random visits by staff), as well as the classification and allocation of individual prisoners with a view to ensuring that prisoners are not exposed to other inmates who may cause them harm, and timely and appropriate interventions when episodes of inter-prisoner violence occur. This will require sufficient staffing levels and the presence of staff in direct contact with prisoners to enable prison officers to adequately supervise prisoners and support each other effectively in the exercise of their tasks (see also

paragraphs 14, and 67 and foll.). Reference is also made to the recommendation set out in paragraph 43 as regards the need to provide meaningful activities to persons held in prison.

27. In addition, at Ljubljana Prison, the delegation interviewed several prisoners accommodated together in one cell who were afraid, due to the nature of their crime, to leave their cell and/or join outdoor exercise. They feared disrespectful behaviour, verbal abuse, or even physical attacks by other prisoners.

While certain measures were taken to protect them, such as free movement in the corridor and access to a phone when other prisoners were locked up in their cells, this was apparently not done systematically. Given the overcrowding of the establishment, it was indeed difficult for staff to provide more suitable conditions, such as accommodation in a separate wing/unit, or more out-of-cell time in safe environment.

The CPT recommends that management and prison staff at Ljubljana Prison remain strongly committed to the protection of all prisoners and deal firmly with any signs of hostility and persecution. Particular attention should be paid to prisoners in a vulnerable situation due to the nature of their crime. Further, measures to ensure that all prisoners can benefit safely and equally from their entitlements, including an open-door policy, outdoor exercise and access to a phone, should be systematically implemented.

3. Conditions of detention

a. material conditions

28. Material conditions at *Koper Prison* remained of a high standard in many respects. All the premises seen by the delegation were in a very good state of repair, clean, adequately lit and sufficiently ventilated. Cells were well equipped for their intended occupancy (beds, tables, chairs/stools, lockers, shelves, a TV, a fridge and a call bell) and had their own fully partitioned sanitary annexe (containing a toilet, shower and washbasin).

As regards cell size and living space provided to prisoners, due to the exceeded capacity of the establishment, many cells intended for single occupancy (measuring 9.5 m² excluding the sanitary annexe) were accommodating two prisoners at the time of the visit (thus providing some 4.8 m² of living space per person) and a number of cells intended for double-occupancy (measuring 14 m² excluding the sanitary annexe) were holding three persons (thus providing around 4.7 m² of living space per person). This clearly does not meet the national standard of 7 m² of living space per prisoner in a multiple-occupancy cell. Moreover, as acknowledged by staff, due to the high number of prisoners held in the establishment, the bigger cells had sometimes accommodated four persons; in these cases, living space per prisoner had dropped to 3.5 m².

Furthermore, because of the need to provide additional beds and/or mattresses, virtually all floor space in the cells intended for double occupancy was taken up by furniture at the time of the visit, and the conditions were cramped.

In addition, although foldable beds had been provided to several prisoners shortly before the visit, there were still persons who, at the time of the visit, had to sleep on mattresses placed on the floor. This is not appropriate.

The CPT recommends that the Slovenian authorities take steps to ensure that all prisoners at Koper Prison who are accommodated in multiple-occupancy cells are provided with at least 4 m² of living space per person (not counting the area taken up by the in-cell sanitary facilities), and that every prisoner is provided with a proper bed. Immediate steps should be taken to ensure that prisoners are not obliged to sleep on mattresses on the floor.

Given the cramped conditions observed during the visit in the cells at Koper Prison, the Committee trusts that the authorities will strive to ensure that the cells are used only for their intended occupancy as soon as possible.

29. It is another matter of concern that there were four cells (nos. 255-258) which only had a window in the ceiling. Another four cells (nos. 211-214) had windows fitted with frosted glass as they were facing a street which ran along the prison. While these cells had initially been intended as backup cells, due to the exceeded capacity of the establishment they had to be used for long-term placement of prisoners. The total lack of outside view rendered these cells oppressive and unsuitable as ordinary prisoner accommodation.

The CPT recommends that the Slovenian authorities ensure that cells with windows only in the ceiling and cells with frosted glass windows are not used for long-term placement of prisoners.

30. As to *Ljubljana Prison*, the CPT acknowledges that efforts are made to maintain the current facility in a reasonable state of repair, despite the prospect of a new prison being opened in Ljubljana next year. It also notes that the prison was clean and the cells seen by its delegation had adequate lighting (including access to natural light) and ventilation. Nevertheless, signs of wear and tear were visible in several parts of the establishment, such as peeling plaster on the facade, dirty scratched walls in cells and broken window handles which made it impossible to properly close windows in cells. Further, the delegation heard a few allegations that during the summer, the cells were hot.

31. More importantly, and as already pointed out in paragraph 10, the establishment is seriously overcrowded. Many smaller cells (measuring some 7 m², excluding the sanitary annexe) which had been used for single-occupancy during the 2017 visit were now accommodating two prisoners, thus providing only some 3.5 m² of living space per person.

The conditions were even more crowded in the bigger cells (measuring between 14 and 16 m², excluding the sanitary annexe), which were in most cases holding between five and six prisoners, respectively. In these cases, the living space per person was as little as 2.7 m², which clearly falls short of the CPT's minimum standard of 4 m² per prisoner in a multiple-occupancy cell. Moreover, the European Court of Human Rights held that "[w]hen the personal space available to a detainee falls below 3 m² of floor surface in multi-occupancy accommodation in prisons, the lack of personal space is considered so severe that a strong presumption of a violation of Article 3 arises".¹⁷ As regards the efforts made by the Slovenian authorities to compensate for the limited space by providing out-of-cell time, see paragraphs 35 and foll.

32. In addition to the cramped conditions, the other negative impact of the exceeded capacity of the establishment was the lack of equipment in cells for the number of persons accommodated therein. While cells were in principle adequately equipped for their intended occupancy (beds/bunk-beds, a table, kettle and call bell) and had their own fully partitioned sanitary annexe (containing a toilet and washbasin),¹⁸ the number of chairs/stool and lockers for storing personal belongings was insufficient in several cells seen by the delegation. Moreover, there was not enough space at the table for all prisoners from the given cell to eat their meals.

33. In light of these findings, **the CPT recommends that, at Ljubljana Prison, the Slovenian authorities:**

- **continue their efforts to maintain the establishment in a good state of repair and cleanliness; cells should have a suitable temperature;**
- **take steps to ensure that all prisoners accommodated in multiple-occupancy cells are provided with at least 4 m² of living space per person (not counting the area taken up by the in-cell sanitary facilities); preferably, the national standard for living space in prisons should be respected;**
- **ensure that the number of chairs/stools and lockers is commensurate with the number of persons accommodated in the cell.**

17. See [Muršić v. Croatia](#) [GC], no.7334/13, 20 October 2016, paragraph 137.

18. Prisoners had daily access to shower rooms located in their respective units.

34. Both establishments visited were accommodating prisoners with reduced mobility.

At *Koper Prison*, there were two prisoners¹⁹ who walked on crutches and who were accommodated on the second floor, in two different cells. Although both cells had sanitary facilities, these were not adapted to the needs of persons with reduced mobility. Moreover, both persons had difficulties accessing outdoor exercise yards, located on the ground and first floors.²⁰

At *Ljubljana Prison*, there was one person in a wheelchair who was accommodated on the second floor, in a hospital-like room adapted to the needs of persons with reduced mobility, located in the vicinity of the healthcare unit. The CPT acknowledges that he had access to the corridor and the gym, that the prison had a stair climber to facilitate his access to the outdoor yard and that he himself apparently did not wish to participate in outdoor exercise. However, as a matter of fact, he needed to request assistance from fellow prisoners or staff to take him up and down the stairs whenever he would like to take outdoor exercise.

The CPT recommends that the Slovenian authorities take urgent steps to ensure that whenever prisoners with reduced mobility are held at Koper and Ljubljana Prisons, as well as in any other prison in Slovenia, the necessary reasonable adjustments are made to enable them to participate in institutional life on an equal basis with other prisoners. To this end, the necessary arrangements must be made to ensure that they can independently use sanitary facilities and have access to outdoor exercise.²¹

Further, **prisoners with reduced mobility should be motivated by staff to participate in institutional life, including by regularly taking outdoor exercise.**

b. regime

35. The delegation gained a positive impression of the regime activities offered to sentenced prisoners in both establishments. However, the commendable efforts to provide out-of-cell time and some organised activities to those held on remand should be stepped up.

36. At *Koper Prison*, all but two sentenced prisoners²² benefitted from an open-door regime from 7:00 to 20:00 and were free to move within their units, including access to kitchenettes and small outdoor yards adjacent to each unit (which had some sports equipment). Of 31 sentenced prisoners accommodated in the establishment at the time of the visit, 23 had a job (kitchen, workshops, laundry and general maintenance) and seven were waiting for a medical examination to be able to start working.²³ They were also offered access to a large outdoor sports facility twice a day.

19. Reference is also made to the case of a prisoner confined to his bed, described in paragraph 65.

20. One of them had been accommodated on the second floor for several months and said that he had taken outdoor exercise twice in the last three months. The other person used to be accommodated in a hospital-like room on the first floor, with easy access to an outdoor yard. However, on the second day of the CPT visit, he had to be moved to the second floor as another prisoner had to be isolated on medical grounds in the hospital-like cell.

21. Reference is made to the Council of Europe's Committee of Ministers [Recommendation R \(98\) 7](#) on the Ethical and Organisational Aspects of Health Care in Prison (paragraph 50), according to which structural alterations should be effected to assist prisoners in wheelchairs and with physical disabilities on lines similar to those in the outside environment.

22. Two prisoners were temporarily placed under closed regime, for example because of a conflict with other persons or because they had possessed illicit items. This regime was decided by a panel of staff and reviewed weekly. Cells of these prisoners were open daily between 13:45 and 20:00 (during which time they could access small outdoor yards adjacent to their unit) and were offered access to the outdoor sports facility once a day for two hours, together with other sentenced prisoners.

23. The remaining one prisoner was incapacitated for work.

37. Most remand prisoners had their cells open from 8:00 to 12:00 on weekdays (which included the possibility to take daily outdoor exercise for two hours in yards adjacent to the units) and from 10:00 to 12:00 at the weekend (two hours of outdoor exercise were offered in the afternoon). They were also offered access to a large indoor sports hall, usually once a week for one and a half hours, and to a gym for one hour twice a week.

However, virtually no other organised activities were offered at the time of the visit. This fact had a particularly negative impact on prisoners held under the closed-door regime (also referred to as “special security regime”; see also paragraph 44),²⁴ who spend up to 22 hours per day locked up in their cells, the only out-of-cell time being two hours of daily outdoor exercise and access to a gym a few times per week.

38. At *Ljubljana Prison*, sentenced prisoners benefitted from a generous cell opening time (daily between 6:00 and 21:45)²⁵ and 14 (of 27) sentenced prisoners worked (kitchen, maintenance, carpentry).²⁶ In addition, they had daily access to a gym for one and a half hours, and several sports and leisure activities were organised for them. They were also offered various courses and training activities (for example, training in social skills, motivational workshops, presentation of the labour market), and had daily access to outdoor exercise (for up to four hours per day) which took place in a spacious yard, fitted with a shelter, benches, and sports equipment (for example, goalposts, horizontal bars, and basketball hoops).

39. Efforts were made to provide some activities to remand prisoners: access to a gym three times a week for one hour and an additional hour every second Sunday, one hour and ten minutes of outdoor exercise twice a day, Slovenian language classes,²⁷ some leisure activities, and participation in motivational workshops. 19 remand prisoners (of 224) had work (laundry, kitchen, distribution of food, cleaning, library, and a hairdresser).

40. Remand prisoners who were accommodated on the first, second and third floors were offered between five and eight hours of out-of-cell time during weekdays and between three and five hours at the weekend.²⁸

However, the fact remains that they spent most of their out-of-cell time in idleness, walking along the relatively narrow corridors within their respective units,²⁹ which were practically devoid of any equipment, and associating with fellow prisoners.

41. Remand prisoners accommodated on the ground floor (52 persons at the time of the visit) were subjected to the most restrictive regime, for various reasons. They were locked up in their cells in cramped conditions whenever they were not participating in an organised activity, that is, for the majority, for nearly 22 hours per day.³⁰

24. At the time of the visit, there were seven such remand prisoners. As far as the delegation could ascertain, such placement usually lasted for up to one month. In most cases, it was imposed because the prisoner concerned posed a risk to other prisoners.

25. The vast majority of sentenced prisoners were accommodated on one wing of the third floor. There were also two cells holding sentenced prisoners on the second floor. These two cells were open (in addition to the time prisoners spent working and engaged in organised activities) between 13:00 and 15:30 every day.

26. The other sentenced prisoners were ineligible for work on health grounds, had very short sentences or were awaiting transfer to another establishment.

27. For example, in 2024, 52 remand prisoners participated in Slovenian language classes.

28. The precise cell opening times were as follows: first floor on weekdays: 7:30-11:30 and 13:00-17:00, first floor on Saturdays 10:00-11:30 and 15:00-17:00, first floor on Sundays: 8:00-11:00 and 15:00-17:00; second floor on weekdays and Sundays: 8:00-11:30 and 15:30-17:00, second floor on Saturdays: 9:30-11:30 and 15:30-17:00; and third floor on weekdays: 9:15-11:15 and 13:00-17:00, third floor on Saturdays and Sundays: 8:00-9:00 and 15:00-17:00.

29. The corridors were 2 m wide and between 13 and 20 m long, depending on the precise layout of each unit.

30. As described above, the only regular activity was daily outdoor exercise (2hrs 20min) and access to a gym three to four times per week.

42. The outdoor yard for remand prisoners was in principle suitably equipped with a shelter, benches and some sports equipment. However, it was smaller than the yard available to sentenced prisoners; complaints were received that when a group of remand prisoners took outdoor exercise at the same time, no genuine physical activity was possible. The delegation was informed that it was being considered to allow remand prisoners access to the bigger yard, which had been fitted with an additional security fence, following an attempted escape.

43. In light of these findings, **the CPT recommends that the Slovenian authorities make further efforts to provide additional out-of-cell time and activities to remand prisoners held at Koper and Ljubljana Prisons. Particular attention should be paid to the situation of remand prisoners held under the closed-door regime at Koper Prison and those held on the ground floor at Ljubljana Prison. The aim should be to ensure that all persons held in prison (including those on remand) spend a reasonable part of the day (that is, eight hours or more) outside their cells, engaged in purposeful activities of a varied nature, such as work (preferably paid work with vocational value), education, sport and recreation/association.**

Further, **the CPT encourages the Slovenian authorities to ensure that remand prisoners held at Ljubljana Prison can take their daily outdoor exercise in the larger outdoor yard, which has to date been reserved for sentenced prisoners.**

44. As regards the procedure for placement of a remand prisoner under the closed-door regime at Koper Prison referred to in paragraph 37 ("special security regime"), the decision was taken by the governor of the establishment, and the initial placement was for up to 30 days, and could be extended. An expert commission, which included the governor, the head of security, the head of education and a nurse, re-assessed each case on a weekly basis.

However, a few prisoners who were subjected to this regime and who were interviewed by the delegation said that they did not know why this regime had been imposed on them, had not been informed of the duration of the measure and were not aware whether there was a possibility to lodge an appeal. **The CPT recommends that steps be taken to ensure that all remand prisoners placed under the closed-door regime at Koper Prison and, where relevant, in all other prisons in Slovenia, be duly informed in writing of the reasons for the imposition of the measure, its duration and, if relevant, the possibility to appeal.**

4. Healthcare services

45. As already described in the report on the 2017 visit,³¹ every prison has a contract with a local healthcare facility in its vicinity, with general practitioners (GPs) and psychiatrists who provide healthcare in prison belonging to the public health network. As for nurses working in prison, they are either employed by the Ministry of Justice or by the public health network.

46. Overall, the delegation gained a positive impression of the quality of healthcare services provided in the two prisons visited.

47. As regards staffing levels, *Koper Prison* was visited by a GP twice a week, for a total of 12 hours. The nursing team comprised two nurses employed by the Ministry of Justice and a contracted nurse from the local public healthcare facility. The nurses were present from 6:00 to 14:00; if necessary, one nurse could work from 8:00 to 16:00.³² A dentist visited the facility once a week for six hours.

These staffing levels appeared by and large to be adequate. However, **given the prison population at the time of the visit,³³ the attendance of the GP could usefully be increased to the equivalent of a half-time post.**

31. See [CPT/Inf \(2017\) 27](#), paragraph 51.

32. In addition, at the time of the visit, one nurse visited the prison at the weekend to provide care to a prisoner confined to his bed (see paragraph 65).

33. It is recalled that the prison was holding 164 prisoners.

48. At *Ljubljana Prison*, there was a pool of five GPs, who held consultations three times a week from 8:00 to 13:00, that is, for a total together of 15 hours per week. A dentist visited once a week for six hours.

The CPT notes that the attendance of GPs remained unchanged since the 2017 visit, despite the fact that the prison population in the establishment increased from less than 150 to more than 250 persons, that is, by more than 65 %. **The Committee considers that such presence is insufficient for the current prison population and recommends that the Slovenian authorities take steps to ensure the presence of general practitioners at Ljubljana Prison for at least 30 hours per week.**

49. The nursing team was composed of two nurses employed by the Ministry of Justice and one nurse contracted from the local healthcare centre.³⁴ Nurses were present in the establishment from 6:00 to 15:00 on working days. The possibility to allocate an additional post of a nurse so that a nurse can also be present in the afternoon, was considered at the time of the visit.

Given the size of the prison population at Ljubljana Prison, **the CPT strongly supports this initiative and would like to receive confirmation that an additional nurse's post has been allocated to Ljubljana Prison.**

50. At Koper Prison, distribution of medication was carried out by nurses during their working hours and by custodial officers in the evening and at the weekend. At Ljubljana Prison, during their working hours, nurses only distributed medication for opioid use disorder (MOUD).³⁵ Other medication and MOUD outside the working hours of nurses was systematically distributed by custodial staff.

Further, the findings of the visit indicate that, in both prisons visited, the intake of medication, most notably buprenorphine, was not properly supervised³⁶ and diverted medication was sold on the black market of illicit substances.

The CPT wishes to point out in this respect that distribution of medication by medically untrained individuals may be harmful to the health of the patients concerned and is generally incompatible with the requirements of medical safety and confidentiality. Moreover, it represents a significant additional workload for custodial staff, which is particularly problematic in the context of the current understaffing in the Slovenian prison system.

Consequently, **the CPT considers that medication should preferably be distributed by healthcare staff.**

Further, **the Committee recommends that the Slovenian authorities introduce a supervised intake procedure for medications susceptible to abuse in all prisons, to be performed solely by healthcare staff, to minimise the possibility of diversion of medication.**

51. At the time of the visit, four prisoners held at Ljubljana Prison were receiving long lasting injectable buprenorphine (extended-release buprenorphine/ XR-BUP). The CPT notes in this respect that XR-BUP addresses concerns of diversion and offers a safe and effective treatment option. **The Committee invites the Slovenian authorities to expand this treatment option, whenever appropriate.**

34. The two nurses employed by the Ministry of Justice were mainly responsible for making appointments for specialist consultations outside the prison, delivery of medication from the pharmacy and distribution of certain medication on working days. The nurse from the local healthcare centre was mainly responsible for the triage of patients and assisting visiting doctors.

35. Usually buprenorphine and methadone.

36. Buprenorphine tablets should be tipped directly under the tongue and the person should be supervised until the tablets have dissolved; this can take 3 to 7 minutes depending on the dose and the individual. Supervising buprenorphine administration is important to prevent sale on the "black market" and reduce the risk of diversion and its associated harm.

52. In emergency situations when no healthcare staff were present in the establishments, local emergency medical services were called in and arrived rapidly to provide the necessary healthcare. Moreover, in the response to the report on the 2017 visit, the Slovenian authorities underlined that prison officers are trained to provide first aid and every prison had been equipped with automated external defibrillators (AED). This information was also confirmed to the delegation in the two establishments visited during the 2024 visit.

53. As regards medical confidentiality, prisoners who sought medical appointments were requested to fill in a referral form; the reason for requesting the appointment did not need to be indicated and, in line with the recommendation made by the CPT in the 2017 report, prisoners could be now provided with envelopes in which they could place the form. The requests were collected by prison officers in the evening and were handed over to nurses the following morning.

Custodial staff were as a rule not present during medical examinations of prisoners which took place inside prison.

However, the delegation heard several allegations that when medical examination of prisoners took place outside prison, prison officers remained present in most cases. Moreover, a few allegations were received that in some cases, prisoners remained handcuffed during medical examinations.

The CPT wishes to point out in this respect that there can be no justification for prison officers being systematically present during medical examinations/consultations of prisoners. Their presence is detrimental to the establishment of a proper relationship between the patient and the healthcare professional and usually unnecessary from a security standpoint. Moreover, the presence of non-healthcare staff during medical examinations/consultations may discourage the person concerned from disclosing sensitive information to the healthcare professional (for example, that he or she has been ill-treated, or information on drug use or contagious disease).

The CPT considers that, *as a general rule*, all medical examinations/consultations of prisoners should be conducted out of the sight and hearing of prison officers, under conditions fully guaranteeing medical confidentiality. However, taking duly into account the need to ensure the safety and security of healthcare staff, the Committee recognises that the presence of non-healthcare staff at the request of the healthcare professional may be warranted in exceptional cases.

Any such *exception* should be specified in the relevant regulations and should be limited to those rare cases in which, based on an individual risk assessment, the presence of prison officers is considered strictly necessary, most notably to ensure the safety of healthcare staff. Prison officers should, when appropriate, fully apprise the doctor of any relevant prior behaviour on the part of the prisoner but the final decision as to whether non-healthcare staff should be present during the examination/consultation should rest with the healthcare professional. Moreover, the exception should only be permissible if other, less intrusive security measures have been considered insufficient to fully contain the perceived risks posed by the prisoner. As a possible alternative, consideration should be given to the setting up of a secure room or ensuring the presence of additional healthcare personnel. Another option might be the installation of a call system, whereby healthcare staff would be in a position to rapidly alert prison officers in those exceptional cases when a prisoner becomes agitated or threatening during a medical examination/consultation. All healthcare professionals should receive training on the applicable rules and how to react in high-risk situations.

As regards handcuffing of prisoners during medical examinations, the Committee considers that such a practice infringes upon the dignity of the prisoners concerned, impedes the development of a proper doctor-patient relationship and might in addition be detrimental to the establishment of an objective medical finding.

The CPT recommends that the Slovenian authorities take steps to ensure that these precepts are fully implemented in practice. In particular, *as a general rule*, all medical examinations of prisoners should be conducted out of the sight and hearing of prison officers, under conditions fully guaranteeing medical confidentiality, unless, *exceptionally*, the healthcare

professional concerned expressly requests otherwise in a given case. Further, an end should be put to the practice of handcuffing prisoners during medical examinations/consultations.

54. Access to specialist care was ensured by transferring prisoners to local healthcare facilities. However, due to understaffing, custodial staff were not always available to escort the prisoners and appointments needed to be re-scheduled. **The implementation of the recommendation set out in paragraph 69 will help to remedy this shortcoming.**

55. The healthcare facilities were spacious and of a high standard at Koper Prison, and adequate on the whole at Ljubljana Prison.³⁷ As far as the delegation could ascertain, prescribed medication of sufficient variety and quantity was swiftly delivered from pharmacies.

56. As regards medical screening, as already observed during previous visits, all newly admitted prisoners were examined shortly after admission, either by the visiting GP or an emergency doctor, and the results were noted in well maintained, individual medical files. If prisoners presented injuries on admission, they were sent to an outside healthcare facility for further examination. The same procedure was followed when a prisoner sustained injuries while in prison.

The initial screening included voluntary testing for hepatitis B and C, as well as for HIV and other sexually transmitted infections, and for suicide risk (see also paragraph 63).

57. However, the delegation was informed that no register of injuries was maintained in either of the prisons visited.

The CPT considers that, in addition to the record in the individual medical file, any traumatic injuries observed in the course of medical examination should be recorded in a dedicated trauma register, which will provide an overview of such cases.

The Committee recommends that the Slovenian authorities take steps to ensure that a dedicated trauma register is established and properly maintained at Koper and Ljubljana Prisons and, where relevant, in all other prisons in Slovenia, in which all injuries observed during any medical examination, whether displayed by prisoners upon admission, following a violent episode in prison, or on any other occasion, are duly recorded.

58. Further, as far as the delegation could ascertain, there was no clear procedure for reporting injuries indicative of ill-treatment to the relevant authorities.

The CPT considers that whenever injuries are recorded by a healthcare professional which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the report should immediately and systematically be brought to the attention of the relevant investigative authority.

The CPT recommends that the Slovenian authorities put in place a clear reporting procedure of injuries indicative of ill-treatment, in light of the above considerations. Care should be taken to ensure that all healthcare professionals examining prisoners, whether they are employed by the prison or by the public health network, are duly informed of the procedure and their ensuing obligations to report injuries. The CPT trusts that all healthcare professionals working in prisons will be adequately trained on documenting, interpreting and reporting injuries (see also the remarks and recommendation set out in paragraph 110).

59. The provision of psychiatric care appeared to be adequate. Koper Prison was visited by a psychiatrist once a week for four hours, and Ljubljana Prison was visited by two psychiatrists for a total of ten hours per week. Prisoners requiring hospitalisation, most notably persons in a psychotic

37. At Koper Prison, the facility was composed of two rooms for medical consultations (somatic and psychiatric), an intervention room with a pharmacy, a nursing room and a modern dental surgery. At Ljubljana, the healthcare centre included a medical examination room, an intervention room with a pharmacy, a nursing room and a well-equipped dental surgery.

state, were rapidly transferred to the forensic psychiatric unit of Maribor University Hospital (or, in some cases, to a civil psychiatric facility).³⁸

60. Concerning psychological assistance, there was one psychologist at Koper and two at Ljubljana Prison. In both establishments, they belonged, together with social workers and educators, to the treatment departments and provided crisis interventions, maintained contact with prisoners who had been assessed as being prone to suicide, and provided psychosocial support to prisoners with mental health problems.

61. The treatment of substance use disorders was well managed in both establishments visited.

There was a number of prisoners who entered prison with *prescription drug misuse*. Their management involved gradual tapering or stabilisation on a maintenance programme.

As observed already during the 2017 visit, prisoners with a history of *illicit drug use* were offered a contract on admission in which they themselves committed to abstain from drug use and agreed to drug testing. All persons with substance dependence were offered individual treatment with a psychiatrist and, at Ljubljana Prison, approximately ten remand prisoners participated in a group programme on substance dependence, which was run by an educator. Persons with opioid dependence were offered MOUD (methadone, buprenorphine and sometimes naltrexone). Motivational interview techniques were used by staff to facilitate behavioural change.

However, as admitted by healthcare staff, motivating prisoners to engage in the various treatments and programmes required considerable efforts.

62. The most commonly used illicit drug was Spice, a synthetic cannabinoid smoked by prisoners.³⁹ According to some interlocutors, its use was increasing and, as already pointed out in paragraph 23, its trafficking significantly contributed to debts, extortion and inter-prisoner violence.

The CPT trusts that the Slovenian authorities will continue their efforts to engage drug-using prisoners in the treatment and assistance programmes. Further, the Committee recommends that broad harm reduction advice be provided to prisoners and staff alike, to increase awareness of the potential effects of and risks associated with the use of Spice, including the need for emergency interventions and transfer to a medical or psychiatric setting due to Spice-induced psychosis, and the elevated risk of convulsions and of respiratory depression.

63. Under the 2012 nationwide Strategy for the prevention of suicide, all newly admitted prisoners were screened for suicide risk by means of a standardised questionnaire. Depending on the risk assessment, they could be put on a suicide watch list and could be referred to a psychologist, a psychiatrist or transferred to the forensic psychiatric unit of Maribor University Hospital. One member of treatment staff (a psychologist at Koper Prison, and a social worker at Ljubljana Prison) acted as a suicide prevention coordinator.

Prisoners on the watch list were subjected to individualised measures, such as regular contact with a psychologist, monitoring during the day, and night checks (which, however, in the case of prisoners categorised as presenting medium suicide risk meant one night check only).

Despite these measures, two suicides by hanging occurred at Ljubljana Prison in 2024.⁴⁰ However, as far as the delegation was informed, no internal investigation into these cases had been carried out (as opposed to an external investigation carried out by the court to whose jurisdiction the two remand prisoners concerned belonged).

38. As already positively noted in the report on the 2017 visit ([CPT/Inf \(2017\) 27](#), paragraphs 55 and 103), the opening in 2012 of the forensic psychiatric unit allowed for a swift transfer of prisoners requiring psychiatric care in a hospital setting.

39. The delegation was informed that the practice of injecting illicit drugs did not exist in the prisons visited and that used needles and syringes had not been found during cell searches.

40. There were no suicides at Ljubljana Prison in 2023. At Koper Prison, the last suicide occurred in 2021.

The CPT recommends that, in addition to any external investigation, an internal inquiry be carried out into every death in prison, with a view to learning lessons, improving operating procedures within the prison and refining the system of prevention in place, including as regards the protective measures afforded to vulnerable prisoners.

Further, efforts should be continued to ensure that prisoners at risk of suicide are offered regular and frequent contact with staff to provide psychosocial support, are engaged in purposeful activities, and are afforded individualised preventive measures, such as more frequent night checks.

64. As far as the delegation could ascertain, communication and a language barrier between healthcare staff and prisoners did not pose a major difficulty, despite the high number of foreign nationals held in prison. Automatic translation tools were used and, if necessary, an official interpreter could be invited.

65. At Koper Prison, the delegation met a prisoner who was confined to his bed and who had been held in the establishment since August 2024, following his transfer from abroad. He had a number of serious somatic and mental health problems and was in need of nursing care (in particular, he was incontinent and needed help with eating).

The delegation noted that efforts were made by staff to provide him with adequate care. He was accommodated in a hospital-like single-occupancy room which was clean, well ventilated and was equipped with an adjustable hospital bed with an appropriate mattress, a medical trapeze bar and an easy-to-reach emergency call button. He was visited by a nurse twice a day (once a day at weekends) and several times per day by prison officers. Attempts were also being made at the time of the visit to ensure that an outside organisation providing support and care services would visit the person, and to place him in an appropriate social welfare establishment.

Despite these efforts, the delegation considered that prison was not a suitable environment for a person in such a poor state of health. The management and staff at Koper Prison fully agreed with this position. Moreover, his presence in the establishment constituted a significant additional workload for healthcare staff and prison officers alike.

At the end of the visit, the delegation strongly encouraged the Slovenian authorities to continue all efforts to ensure that this person be transferred as soon as possible to a suitable environment, within or outside the prison system, in which appropriate support and care by qualified staff can be continuously provided.

By letter of 6 January 2025, the Slovenian authorities provided detailed information on the situation of this person and an account of the steps taken to tackle the situation.

In particular, he obtained permanent residence in Slovenia (a prerequisite for placement in a social welfare establishment), and the legal procedure for the appointment of a guardian was pending before the social work centre. A meeting took place between the prison administration and the Ministry of Solidarity-Based Future to arrange for his placement in a social welfare establishment, and an additional urgent request to this end was addressed to the Ministry in December 2024. In parallel, medical expert reports, including in the field of psychiatry, were being commissioned to support the request.

Furthermore, a contract has been concluded with the Centre for Integrated Care⁴¹ which provided additional care to him, on top of the care already provided by the prison nurses. Consequently, the person concerned received care three times per day.

On 5 February 2025, the Slovenian authorities informed the CPT that the person had been transferred to a social welfare establishment. **The CPT welcomes this development. However, the CPT trusts that the Slovenian authorities will take the necessary steps to ensure, in light**

41. That is, a private healthcare provider.

of this experience, that similar cases are in the future possibly addressed in a faster and effective manner.

5. Other issues

a. prison staff

66. As already noted in paragraph 14, understaffing was one of the major challenges faced by the Slovenian prison system.

67. As regards the specific situation in the two establishments visited, at *Koper Prison*,⁴² there were 45 prison officers, of whom three worked only half-time, one was a trainee and one was a retired staff member who worked for up to 60 hours per month. An additional 15 posts (that is, 25 %) were vacant.⁴³

[...]

Non-custodial staff included a head of education unit, a social worker, a psychologist, two educators and a trainee educator.

68. *Ljubljana Prison*⁴⁴ employed 91 prison officers in total: 69 were deployed in the prison (of whom three were retired staff members who worked for up to 60 hours per month), 17 were responsible for the guarding of the district court, and five for the Ministry of Justice. An additional 43 posts (that is, more than 30 %) were vacant at the time of the visit.

[...]

Other staff included four educators (two working with sentenced and two with remand prisoners), two psychologists and two social workers.

69. The large number of vacant posts resulted in an additional workload for the officers currently employed in the establishments and a significant amount of overtime work. The delegation was informed that, despite these efforts, several escorts to courts had to be cancelled and medical appointments in outside medical facilities had to be re-scheduled.⁴⁵

Moreover, it is a matter of concern to the CPT that the understaffing, coupled with the current overcrowding of the prison system, rising tensions among prisoners and the increasing trend in the number of cases of inter-prisoner violence may potentially lead to serious security incidents.

Consequently, **the CPT recommends that the Slovenian authorities vigorously pursue their efforts to fill the vacant posts of prison officers at Koper and Ljubljana Prisons and, more generally, in the whole prison system, as raised already in the 2017 report.** Reference is made to the request for information formulated in paragraph 18.

42. It is recalled that Koper Prison was accommodating 164 persons.

43. These figures only concern the main prison in Koper. Taking into account the satellite section located in Nova Gorica, the whole establishment had 88 prison officer posts, of which 27 were vacant at the time of the visit.

* Text deleted from the public version of the report upon the request of the authorities.

44. It is recalled that Ljubljana Prison was accommodating 254 persons.

* Text deleted from the public version of the report upon the request of the authorities.

45. For example, it was estimated that up to 40 escorts to court hearings per week had to be cancelled weekly at Ljubljana Prison. Some of these hearings were replaced by videoconferences during which prisoners were supervised by non-uniformed staff.

b. contact with the outside world

70. Arrangements for maintaining contact with the outside world were on the whole satisfactory in both establishments visited.

Both remand and sentenced prisoners at Koper Prison, and sentenced prisoners at Ljubljana Prison were offered one hour of visits twice a week, and remand prisoners at Ljubljana Prison one hour of visit time weekly. As a general rule, visits took place under open conditions (that is, without partitioning between prisoners and their visitors).

However, in both prisons visited, the delegation heard some allegations that the actual visit time afforded to prisoners was sometimes shorter as it included the time needed for the escort from the accommodation area to the visiting room and for the security check. **The CPT recommends that this shortcoming be remedied.**

71. As regards visiting facilities, it is positive that in both establishments, there were dedicated spaces for children visitors, which were equipped with some toys.

However, as repeatedly pointed out by the CPT, the visiting facility at Ljubljana Prison remained inadequate. It was insufficient for the number of prisoners held in the establishment, offered virtually no privacy and had very poor acoustics.

In the visiting facility for remand prisoners at Koper Prison, tables with stools were close to each other, which compromised the privacy of prisoners and their visitors.

The CPT recommends that the Slovenian authorities take steps to ensure that the layout of the visiting facility at Koper Prison is reviewed to offer adequate privacy to prisoners and their visitors. Further, the Committee trusts that care will be taken to ensure that the new prison which is being constructed in Ljubljana will provide adequate visiting facilities, sufficient in size for the capacity of the prison.

72. All prisoners had regular access to telephones located in the corridors of the accommodation units.⁴⁶

73. The possibility to make Voice-over-Internet Protocol (VoIP) calls (Skype calls) was introduced in both establishments visited during the Covid-19 pandemic. At the time of the 2024 visit, both remand and sentence prisoners who did not have other family contacts, that is, usually foreign nationals, were offered VoIP call sessions once a week for up to thirty minutes at Koper Prison. At Ljubljana Prison, all sentenced prisoners and remand prisoners who had no other contacts were offered access to VoIP calls once a week for 20 minutes.

The CPT welcomes the arrangements to make free-of-charge VoIP calls and encourages the Slovenian authorities to consider how they could be further extended.

c. discipline

74. Disciplinary sanctions that may be imposed on *sentenced prisoners* are provided for in Section 88 of the Law on the execution of prison sentences (*Zakon o izvrševanju kazenskih sankcij – ZIKS*); the most severe sanctions are solitary confinement of up to 21 days with the right to work, or 14 days without that right.⁴⁷

As regards *remand prisoners*, it is a welcome development that Section 213.c of the Criminal Procedure Code (CPC) has been amended since the last visit and the possibility to impose prohibition or restrictions on visits and correspondence has been abolished, in line with the CPT's recommendation. The only disciplinary punishment that may now be imposed is a temporary

46. At Ljubljana Prison, prisoners could make phone calls six times per week, each time for a minimum of ten minutes. At Koper Prison, they could use phones whenever their cells were open.

47. The authorities informed the delegation that solitary confinement as a disciplinary punishment for juvenile prisoners had been abolished in the relevant legislation since the previous visit.

confiscation of objects, except for items for personal use, items for maintaining hygiene, means of monitoring public media, printed matter, professional and other literature, and money.

75. As regards the disciplinary procedure, the relevant legislation⁴⁸ continues to provide for a number of important procedural safeguards for *sentenced prisoners*. In particular, disciplinary punishment is imposed by the governor of the prison (or a person authorised by the governor), prisoners should be informed in writing about the charges against them, should be heard in person, and receive a written copy of a decision, which should inform them of the available legal remedies.⁴⁹

As regards *remand prisoners*, disciplinary punishments are imposed by a judge. It is a positive development that Section 213.c CPC has been amended since the last visit and now requires, in line with the CPT's recommendation, that the remand prisoner concerned must be heard.⁵⁰

76. It is another positive development that in both establishments there were now well-maintained disciplinary registers which contained, *inter alia* notifications to the court, witness statements and the statement of the prisoner suspected of having committed a disciplinary offence.⁵¹ Further, if a disciplinary decision was issued by a court, it now usually happened within days (and up to a month) of the notification of the court.

However, similarly to the situation observed in 2017, the examination of the registers showed that the courts did not systematically react (or not at all at Koper Prison) to the notifications by the prison of a disciplinary offence potentially having been committed by a remand prisoner, and no decision had been issued in these cases. Such a lack of reaction by courts renders disciplinary proceedings ineffective.

77. It is not surprising that under these circumstances, resort to formal disciplinary procedures was rather rare in practice in both establishments.

However, the delegation received some allegations that in reaction to breaches of discipline, certain measures were still taken vis-à-vis prisoners, such as the introduction of partitioned visits, the placement under a closed regime in a single-occupancy cell, or a ban from accessing the gym for a certain time period. It would thus appear that these measures were imposed as an informal punishment to circumvent the formal disciplinary procedures and the above-mentioned safeguards which accompany them.

The CPT recommends that the Slovenian authorities take steps to ensure that administrative measures or informal punishment do not circumvent formal disciplinary procedures.

d. handling of agitated or violent prisoners

78. Both establishments visited were equipped with a padded cell⁵² in which agitated or violent prisoners could be placed. The initial placement was for up to 12 hours and could be renewed, at 12-hour intervals, for a maximum of 72 hours (see Section 236 ZIKS). The decision to place a person in the padded cell was taken by the head of shift and had to be brought immediately to the attention of the governor and, in the case of remand prisoners, a judge. Moreover, prison healthcare staff were notified and visited the person concerned shortly afterwards.⁵³ The prisoner was under constant supervision by means of a CCTV-camera.

48. Sections 88 to 92 ZIKS.

49. In practice, disciplinary procedures were not resorted to vis-à-vis sentenced prisoners in either establishment visited.

50. By virtue of Section 213.č CPC, provisions of ZIKS governing disciplinary issues apply *mutatis mutandis* to remand prisoners, unless otherwise provided by the CPC.

51. There were 17 cases reported to the court in 2024 from Koper Prison and five from Ljubljana Prison.

52. Also referred to as a "special cell" (*poseben prostor*), calming-down cell or *medicinka*.

53. In the absence of prison healthcare staff, the emergency medical services were notified and decided whether their intervention was necessary.

79. Examination of the relevant registers showed that these cells were used relatively rarely.⁵⁴ The usual reason for placement of a prisoner in the cell was agitation, aggressive behaviour towards other prisoners or staff, and self-harm.⁵⁵

80. At Koper Prison, the usual length of placement was up to 12 hours.

However, at Ljubljana Prison, there were two cases in 2024 which lasted almost two days, and two cases which lasted for three days.

The CPT notes that in these cases, the placement was duly extended by means of a written decision at 12-hour intervals and that the overall length did not exceed the maximum of 72 hours provided for by the relevant legislation. Nevertheless, it wishes to point out that any such placement should be as short as possible and that meaningful human contact should be regularly offered to the persons concerned to help them calm down. **The CPT trusts that these precepts will be implemented at Ljubljana Prison.**

81. Material conditions in the padded cells were satisfactory for short term placement in both establishments in terms of size (some 12 m² at Koper Prison and 7.5 m² at Ljubljana Prison), state of repair, cleanliness, ventilation and lighting. The cell at Ljubljana Prison had been refurbished two years prior to the visit and was now equipped with a floor-level toilet.

82. Prisoners placed in the padded cell were *systematically* asked to undress and were provided with a special suicide-proof white overall. **The CPT reiterates its view that if prisoners are placed in a padded cell, they should only be obliged to remove their clothes and wear special suicide-proof clothing if necessary on the basis of an individual risk assessment.**

e. reinforced security regime

83. During previous visits, the CPT examined the situation of prisoners held under the reinforced security regime who were accommodated separately from the rest of the prison population for various reasons (for example, prisoners presenting a danger to others, those who pose a flight risk, prisoners whose behaviour seriously disturbs fellow prisoners or staff, or those who are under threat from others). The Committee repeatedly expressed concerns about the impoverished regime to which these prisoners were subjected.

84. The relevant legal provisions have been amended since the 2017 visit and the various grounds for reinforced security regime are now regulated by Section 98a (2) ZIKS.

The amended Section 98a ZIKS now contains several new requirements: the prisoners concerned should be more frequently supervised, the prison should seek to provide them with activities “in the living space” (work, education, spiritual care, leisure activities, etc.), the prisoners should be interviewed by professional staff of the institution and healthcare workers when they request an interview, and at least once a week. If a doctor or other medical professional finds that the prisoners are unfit to serve their sentence in such accommodation, they should immediately inform the director of the institution. Further, the prisoners should be accompanied by an expert group which, once a week, gives an opinion to the director of the institution on whether there are still reasons for such accommodation.⁵⁶ The CPT duly notes these developments.

85. The possibility to place a prisoner under the reinforced security regime was used very rarely in the two establishments visited and usually lasted for up to one month. At Koper Prison, the last placement took place in December 2023 and, at Ljubljana Prison, there was only one case in 2024.

54. For example, the cell was used seven times in 2024 at Ljubljana Prison and 12 times at Koper Prison.

55. In the event of serious self-harm or suicidal behaviour, the prisoners concerned were transferred to the forensic psychiatric unit of Maribor University Hospital (see also paragraph 63).

56. As regards the procedural safeguards accompanying placement under the reinforced security regime, the decision to place a prisoner is taken by the governor of the prison and is valid either for three months (if the prisoner poses a risk to others) or one month (for other reasons), and may be renewed for the same period of time.

f. information provided to prisoners and complaints procedures

86. In both establishments visited, detailed house rules were available in several languages and there were also 16 language versions of a simplified information sheet which contained, *inter alia* information on the possibilities to lodge complaints with external bodies (that is, the court or the director general of the prison administration). Separate information sheets in the same range of languages contained information on the provision of healthcare in prison.

However, it remains the case that the information materials shown to the delegation did not contain information on the possibilities and procedures to lodge complaints internally, within the prison establishment. Moreover, a few allegations were heard at Koper Prison that no information was provided upon admission in writing and newly admitted persons had to rely on advice provided by fellow prisoners. **These deficiencies should be remedied.**

87. Confidential complaints boxes were now available to prisoners in the accommodation areas in both establishments visited.

However, while complaints lodged by prisoners were included in their individual administrative files, it remains the case that there was no central register of complaints which would give an overview of the complaints and steps taken to address them. The CPT considers that all written complaints should be registered and statistics on the types of complaints made should be kept as an indicator to management of areas of discontent within the prison. **The Committee reiterates its recommendation that the existing procedures and practice at Koper and Ljubljana Prisons, and, where relevant, in all other prisons in Slovenia, be reviewed, in light of these remarks.**

g. strip-searches of prisoners

88. The information gathered during the visit indicates that resort to strip-searches of prisoners was rare. However, when prisoners were strip-searched, they were asked to remove all their clothes at the same time.

The CPT recommends that the Slovenian authorities take steps, including by amending the relevant regulations, to ensure that prisoners who are searched are not required to remove all their clothes at the same time; that is, a person should be allowed to remove clothing above the waist and get dressed before removing further clothing.

B. Social Welfare Establishments

1. Preliminary remarks

89. In 2023, the responsibility for various types of establishment providing institutional care was transferred to the Ministry of Solidarity-Based Future in Slovenia.

At the time of the visit, there were four so-called “special social welfare establishments”. These establishments had secure (that is, closed) wards (*varovani oddelek*) and were accommodating, as a general rule, persons between the ages of 18 and 65 with mental disabilities, in some cases in combination with physical disabilities. In addition, several care and nursing homes, in particular homes for older persons (that is, above the age of 65), operated secure wards for the placement of persons with reduced cognitive functions who needed care and supervision.⁵⁷ Persons were placed in a secure ward in any of these establishments by a court order (see also paragraph 128).

90. In accordance with the relevant legislation,⁵⁸ secure wards were required to undergo a process of verification to establish whether they met the required standards in terms of space, technical equipment and staffing.

According to the information provided by the authorities, there was a significant backlog in the verification process, and verification in respect of a number of secure wards was pending. At the same time, there was an increasing number of persons whose placement in a secure ward had been decided by the court but who were on a waiting list.⁵⁹ According to the authorities, another challenge was a lack of staff in social welfare establishments.

91. As regards de-institutionalisation, in March 2024, the Ministry of Solidarity-Based Future adopted the Strategy of the Republic of Slovenia for Deinstitutionalisation in Social Care for 2024 to 2034. In line with this strategy, special social welfare institutions will be transformed and residents will be relocated to community-based settings where they will receive more personalised support and services. The plan was to establish secure wards within community settings which will be better suited to individual needs.

92. Considering that non-coercive care for persons with challenging behaviour requires adequate environment and a sufficient number of suitably qualified staff, **the CPT would like to receive updated information on the verification process of secure wards and the staffing situation in social welfare establishments, and on the progress achieved in de-institutionalisation of these establishments, including secure wards.**

93. As regards children, at the time of the visit, there was no secure ward for placement of this age group who needed institutional care. However, a specialised (closed) unit had been established as a pilot project at Dornava Centre for Training, Work and Care. This unit was accommodating children with disorders of intellectual development, and disruptive behaviour or dissocial disorders.⁶⁰

The CPT would like to receive updated information on the pilot project of a closed unit for children at Dornava Centre for Training, Work and Care, including its outcome, and the plans of the authorities following the completion of the pilot project.

57. Other types of establishment operating under the authority of the Ministry of Solidarity-Based Future included Welfare and Work Centres (*Varstveno-delovni centri*) and Centres for Training, Work and Care (*Centri za usposabljanje, delo in varstvo (CUDV)*).

58. Section 5 of the Mental Health Act and Regulation of 29 March 2024, on technical, spatial and staffing conditions for the verification of secure wards at providers of institutional care and the procedure for verification.

59. At the time of the 2024 visit, almost 3 500 persons were on the waiting list to be admitted to a secure ward in any type of a social welfare establishment.

60. Another specialised unit for children was run as a pilot project at Draga Centre for Training, Work and Care. At the time of the visit, the closed ward at this centre was reportedly no longer operational.

94. In the course of the visit, the delegation visited for the first time Lukavci Social Welfare Establishment (*Dom Lukavci*). The facility was one of the four special social welfare establishments in Slovenia and was accommodating adult residents with mental health problems, in some cases in combination with physical disabilities.⁶¹ It comprised the main site located in the municipality of Lukavci, which contained five open wards and three secure wards, and several decentralised units in nearby municipalities.⁶² Two of the three secure wards in Lukavci had been verified under the Mental Health Act (MHA).

With an overall official capacity of 321 places, the establishment was accommodating 327 adult residents: 122 women and 205 men. Nine persons were on a waiting list to be admitted to one of the secure wards upon a court order. The longest stay in the establishment was over 20 years. The most common diagnoses in the secure wards were schizophrenia, neurodevelopmental disorders (in particular disorders of intellectual development and autism spectrum disorder) and neurocognitive disorders. A number of residents had comorbidities.

2. Ill-treatment

95. The delegation received no allegations and found no other indications of ill-treatment of residents by staff. On the contrary, it observed that the overall atmosphere in the establishment was relaxed, that staff interacted constantly with residents, showed a caring attitude and were attentive to residents' needs.

96. Some episodes of violence between residents occurred (such as slaps, pushing, or hairpulling) but the findings of the visit indicate that staff intervened promptly and proportionately to de-escalate the situation and separate the residents involved. As far as the delegation could ascertain, these episodes did not lead to any serious injuries in recent years. (See, however, paragraph 122).

97. However, the delegation was informed that some six years ago, a male resident had sexually attacked another man while taking a shower in the unit called "Castle" (*Grad*), located in a separate building in Lukavci. The CPT notes that once the case was reported to staff by the victim, they contacted the police, who investigated the case. Further, it acknowledges that residents interviewed by the delegation during the visit stated that there were no particular tensions, and that they did not make any allegations of inappropriate behaviour by other residents.

Nevertheless, the delegation observed that in the "Castle" unit, toilet cabins had broken locks, and bathrooms, located on the ground and first floors, did not have lockable doors. Further, a member of staff was not permanently present on each of the three floors of this unit to supervise residents.

The CPT trusts that staff at Lukavci Social Welfare Establishment will remain vigilant to any signs of inappropriate interaction between residents, with a view to protecting their privacy and safety. To this end, the CPT considers that toilets and shower rooms should be fitted with lockable doors, with locks enabling staff to enter if necessary, and the level of supervision should be enhanced.

61. The establishment was founded in 1952. Until 1963, it functioned as an elderly home, under the authority of the municipality.

62. The dislocated unit in Veržej comprised two secure wards. The rest of the wards in the dislocated units were open wards. During the visit, the delegation focused on the three secure wards in Lukavci; the dislocated units were not visited.

3. Residents' living conditions

98. Material conditions in the three secured wards were excellent in most respects.⁶³

All premises seen by the delegation, including residents' rooms, were in a very good state of repair, clean, bright and adequately ventilated. Corridors and other communal areas were pleasantly decorated with paintings on the walls, mosaics and plants.

Most residents were accommodated in double- and triple-occupancy rooms⁶⁴ which were sufficient in size (around 15 m² for two persons and some 26 m² for three (in both cases excluding the sanitary annexes)) and suitably equipped with beds, bedside tables, chairs, tables, shelves and TVs. All but two rooms (see paragraphs 99 and 100) possessed a fully-partitioned sanitary annexe which was equipped with a shower, toilet and washbasin. The premises seen by the delegation were adjusted to the needs of persons with physical disabilities.

Residents were provided with lockable wardrobes, wore their own clothes and were allowed to keep personal items.

99. Given the exceeded capacity of wards VO 2 and in particular VO D at the time of the visit, one room on ward VO 2, which was initially intended as a room for the application of mechanical restraint, was turned into a single-occupancy bedroom.⁶⁵ This room was not equipped with a sanitary facility and only had a window with frosted glass, located high under the ceiling; consequently, the room did not offer any outside view, which could have generated an oppressive effect. **While the CPT acknowledges that the resident accommodated in this room spent most of their time out of the room, it considers that a room without an outside view should preferably not be used for the long-term accommodation of residents.**

100. Further, in addition to using rooms intended for two residents as triple-occupancy rooms on ward VO D, one room on this ward for socialising and activities had to be transformed into a double-occupancy bedroom.⁶⁶ While it provided adequate material conditions overall (even though it did not, unlike the other rooms, possess a sanitary facility), **this room could under other circumstances be used for activities for smaller groups of residents, de-escalation of conflicts and calming down agitated residents, with a view to avoiding the use of restraint measures** (see also paragraph 116).

101. The living standard was lower in the "Castle" unit. Residents were accommodated in double- and triple-occupancy rooms, which were clean but rather austere and impersonal, and the environment was more institutional, rather than home-like. Moreover, as the "Castle" was a protected cultural heritage building, bars on the windows, which gave a carceral impression, reportedly could not be removed. Further, as already noted in paragraph 97, toilet cabins and bathrooms could not be locked and failed to offer adequate privacy.

According to the management of the establishment, it was planned that the "Castle" would be closed down in the context of the de-institutionalisation of social welfare establishments. **The CPT encourages the Slovenian authorities to implement these plans and would like to receive more detailed information in this respect, including on the expected timeline.**

102. As regards the daily regime, residents accommodated on closed wards were free to move within their wards and associate with other residents, and had free access to spacious outdoor areas equipped with tables, benches and shelters against bad weather. The presence of plants and trees in these areas helped to create a welcoming and congenial environment.

63. According to MHA, the maximum capacity of a secure ward was 12 beds. At the time of the visit, ward VO 2 was accommodating nine residents (for a capacity of eight beds) and ward VO C 12 residents (for a capacity of 12 beds). The capacity of ward VO D (12 beds) was significantly exceeded at the time of the visit – the ward was accommodating 19 residents (see also paragraph 122).

64. The triple-occupancy rooms were located on ward VO D and were initially intended for double-occupancy. Given the exceeded capacity of the ward, they were accommodating three residents at the time of the visit.

65. The room measured 8.5 m².

66. The room measured some 18 m².

4. Treatment, activities and care

103. The delegation gained a very good impression of the treatment, activities and care offered to residents.

In addition to pharmacotherapy, treatment options included individual and group therapy sessions, including occupational therapy and individual therapeutic sessions with a psychologist, daily physical exercise organised by staff in outdoor areas, and leisure activities led by staff (such as walks, reading, singing, cooking, creative activities and watching TV together).

All residents were regularly seen by a psychiatrist, at least once every three months, and psychotropic medication appeared to be prescribed in appropriate doses, in line with clinical guidelines. A few residents with treatment resistant schizophrenia who received Clozapine regularly underwent blood checks. If the mental health of residents deteriorated, they would be rapidly transferred to a nearby psychiatric hospital.

104. The CPT acknowledges that individual care plans were prepared for residents within one month of their admission and residents participated in their elaboration and review. The plans contained targets to be achieved, as well as their regular evaluation and review. Various members of staff met daily, *inter alia* to discuss residents' needs.

However, various categories of staff involved, including "individual habilitators" (that is, case workers), occupational therapists, social workers, nurses and, where necessary, psychologists and physiotherapists, drew up their plans separately.

Further, input by a psychiatrist was not requested for the development of individual care plans. It would thus appear that, despite the coordination to a certain degree of their approach to residents among various categories of staff, there was no single comprehensive care plan which would facilitate the coordination of different aspects of care to be provided to residents, including coordinated management of agitation and aggressive behaviour. **The CPT recommends that the multidisciplinary approach towards residents be strengthened and that a single comprehensive care plan be prepared for each resident. In addition to their participation in the drawing up and review of their individual treatment plans, residents should be provided with a written overview of the basic elements of the plan, where appropriate, in a manner they can understand.**

105. The provision of somatic care, including preventive care and dental care, appeared to be very good. If necessary, residents were transferred to an outside medical facility to undergo specialist examination and receive specialist treatment. Physiotherapy was prescribed for residents if necessary.

106. As far as the delegation could ascertain, all the necessary medication was readily available for residents. The establishment had the necessary equipment, including portable ultrasound, electrocardiogram (ECG), and defibrillators, which staff were trained to use.

107. Individual medical files, maintained separately by general practitioners and a psychiatrist, contained comprehensive information and were very well kept.

108. However, as regards recording of injuries, the delegation observed certain shortcomings.

The delegation examined a case of a resident who had a history of challenging behaviour and who had displayed injuries after returning to the social welfare establishment from a psychiatric hospital. When interviewed by the delegation, she had scars on the skin of her left leg above the ankle and alleged that she had been "chained up" in the hospital.

According to her individual medical file, she was medically examined four days after her re-admission to the social welfare establishment. However, the description of injuries was superficial and the statement of the resident as to the origin of the injuries was missing. The CPT considers that such a record does not facilitate a possible investigation into allegations of ill-treatment.

109. On 18 February 2025, the Slovenian authorities informed the CPT that a form was being prepared which would standardise data recording and ensure that medical records contain a description of objective medical findings (including the type, location, size and specific characteristics of each individual injury that has been identified) and an assessment of the consistency between the alleged ill-treatment and the medical findings. When preparing the form, the Ministry of Health, in cooperation with medical professionals, will comply with the guidelines of the Istanbul Protocol. It was also planned to provide training to medical doctors to ensure that the form achieves its intended purpose. The CPT welcomes this development.

110. The CPT underlines in this connection that healthcare staff can make a significant contribution to the detection and prevention of ill-treatment by timely and accurate recording of injuries and, when appropriate, the provision of information to the relevant investigative authority.

The record drawn up after a medical examination should contain:

- i. an account of statements made by the persons who are medically examined which are relevant to the medical examination (including the description of their state of health and any allegations of ill-treatment made by them),
- ii. a full account of objective medical findings based on a thorough examination (supported by a “body chart” for marking traumatic injuries and, preferably, photographs of injuries), and
- iii. the healthcare professional’s observation in the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.

Whenever injuries are recorded by a healthcare professional which are consistent with allegations of ill-treatment made by the person concerned (or which, even in the absence of allegations, are indicative of ill-treatment), the report should be immediately and systematically brought to the attention of the relevant investigative authority.

The CPT trusts that these precepts will be duly taken into account when the aforementioned form for the recording of injuries is drawn up and will be subsequently effectively implemented in practice at Lukavci Social Welfare Establishment, as well as in other social welfare establishments in Slovenia. As envisaged by the Slovenian authorities, this will imply the provision of training to the relevant healthcare professionals.

111. Between 2022 and 2024, 29 residents died in the establishment. In most cases, the death of the resident was confirmed by the visiting GP, who was the treating doctor of the resident concerned and who was authorised to order an autopsy to be carried out.⁶⁷

The CPT recommends that when a resident at a social welfare institution dies *unexpectedly*, an autopsy should be carried out, unless a medical authority *independent* of the institution indicates that an autopsy is unnecessary. This will ensure that a potential conflict of interest is avoided.

5. Use of means of restraint

112. The use of means of restraint (so-called “special protection measures” – *posebni varovalni ukrepi*) in psychiatric and social welfare establishments is regulated by Section 29 MHA.

Mechanical restraint (that is, fixation with belts) and isolation (restriction of movement within a space) may be applied when no other, less restrictive, means can be used in order to facilitate the treatment of the patients concerned, or to eliminate or control dangerous behaviour posing a threat to their life or that of others, gravely endangering their health or that of others, or causing serious damage to their property or that of others. The measure may last only for as long as strictly necessary. As a general rule, fixation with belts should last no longer than four hours and isolation no longer than 12 hours. If the extension of the measures is necessary beyond that period of time, a doctor should verify the need for the continuation of the measure.

67. An autopsy was carried out in four of the 29 cases.

113. Mechanical restraint was not used in the establishment visited and manual control was used only when a resident needed to be isolated.

114. As regards isolation, every secure ward in Lukavci was equipped with a padded isolation room. According to the individual reports on the use of means of restraint, staff attempted to calm down the agitated or violent resident and de-escalate the situation before resorting to chemical restraint (see paragraph 116) and ultimately isolation. Placement in an isolation room was authorised by visiting doctors or, if they were not available, by an emergency doctor.⁶⁸

Every placement in the isolation room was duly recorded, the number of placements was small and, in most cases, lasted for relatively short periods of time (of up to a few hours).⁶⁹ The isolated resident was under constant CCTV surveillance and was frequently checked by staff. The extension of the measure beyond four hours was approved by a medical doctor. Once the measure had been terminated, a debriefing of the resident concerned took place.

115. Material conditions in the isolation rooms were satisfactory and do not call for any particular comments. The rooms measured approximately 7 m², were clean, in a good state of repair, adequately lit and ventilated, and were equipped with a CCTV camera.

116. As regards chemical restraint (that is, forcible administration of medication for the purpose of controlling a resident's behaviour), nurses in the establishment visited regularly resorted to intramuscular injections of rapidly acting tranquilisers to control agitated and/or violent residents.⁷⁰

The delegation examined some individual cases and it appeared that chemical restraint was used as a last resort (see, however, the remarks concerning the need for comprehensive care plan which should facilitate coordinated management of agitation and aggressive behaviour set out in paragraph 104, and paragraph 122 concerning the risks associated with understaffing and overcrowding.)

117. If resort to chemical restraint was considered necessary by staff, a visiting GP or an emergency doctor were called and decided whether to come and see the resident concerned or to prescribe medication over the phone.

However, a number of residents' individual medical files contained PRN (*pro re nata*, p.p., "as needed") prescriptions for chemical restraint; in these cases, the injections of rapid tranquilisers were applied by nurses and there was no obligation to contact a medical doctor. The visiting psychiatrist was informed about all cases of chemical restraint during the next visit to the establishment.

The CPT acknowledges that the PRN prescriptions were detailed and contained the description of the circumstances under which they may be applied, the maximum daily dose and the minimum intervals between doses. As the first choice, residents were often offered oral medication and an intramuscular injection was only a second option. The choice of medication for rapid tranquilisation and the prescribed maximum doses do not call for any particular comments.

118. However, the CPT must point out that the MHA does not recognise the concept of chemical restraint and, consequently, there is no clear legal basis in domestic law for these measures and no safeguards which would accompany their application.

Moreover, while the application of chemical restraint was duly recorded on the wards, no central register was maintained in the establishment which would provide a comprehensive overview of the

68. According to Section 29 (6) and (7) MHA, the measure of isolation should be ordered by a doctor. When a healthcare professional (or specialist staff in a social welfare establishment) other than a doctor has recourse to such a measure, a doctor should be immediately notified and take a decision whether the measure is justified or not.

69. Between 2022 and 2024, there were six cases of placement in an isolation room which concerned three different residents.

70. For example, there were 19 cases of chemical restraint between January and October 2024 on ward VO D, and 92 instances on ward VO 2 during the same time period (49 of 92 instances concerned one particularly challenging resident who had been diagnosed with autism and had severe tantrums, anger, hostility, sudden-onset violent outbursts and was difficult to handle through non-coercive means).

use of this measure, and resort to chemical restraint was not included in the annual reports to the relevant ministry.

In addition, the Committee has certain reservations with respect to the application of chemical restraint by nurses on the basis of PRN prescriptions.

119. On 18 February 2025, the Slovenian authorities informed the CPT that towards the end of 2023, the Ministry of Health established a working group which would prepare amendments of the MHA. In this context, consideration will be given to the possibility of including chemical restraint among special protective measures. This would imply keeping a record of such measures in individual medical files, a record at the level of each institution and annual reporting to the relevant ministry.

120. The CPT considers that all types of restraint (including chemical restraint) and the criteria for their use should have a clear legal basis and should be accompanied by appropriate safeguards. If recourse is had to chemical restraint, it should be subject to the same safeguards as mechanical restraint.⁷¹

Further, every establishment should have a comprehensive, carefully developed policy on restraint. The involvement and support of both staff and management in elaborating the policy is essential. Such a policy should be aimed at preventing as far as possible the resort to means of restraint and should make clear which means of restraint may be used, under what circumstances they may be applied, the practical means of their application, the supervision required and the action to be taken once the measure is terminated. The policy should also contain sections on other important issues such as: staff training; recording; internal and external reporting mechanisms; debriefing; and complaints procedures. Further, residents should be provided with relevant information on the establishment's restraint policy.

As regards the recording, every instance of restraint of a resident (manual control, mechanical or chemical restraint, and seclusion) should be recorded in a specific register established for this purpose (in addition to the record made in the resident's individual medical file). The entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the doctor who ordered or approved it, and an account of any injuries sustained by residents or staff. This will greatly facilitate both the management of such incidents and an oversight as to the frequency of their occurrence.

121. Finally, the CPT wishes to underline that the injection of rapidly acting tranquillisers is a form of chemical restraint which is associated with significant risks to the health of the resident, including severe and life-threatening complications.⁷² Their use therefore requires close medical supervision and adherence to strict protocols by all staff involved, as well as the necessary skills, medication and equipment. The application of rapid tranquillisers on the basis of a PRN prescription without the explicit re-confirmation by a medical doctor might place too much responsibility on nurses as regards assessment of the resident's mental state and the provision of an adequate response, in the absence of a medical doctor, to potential complications. It may also reduce the nursing team's motivation to attempt de-escalation of the situation by other means and consequently open the door to abuse.

In the Committee's opinion, in the event of a resident presenting a state of agitation which cannot be dealt with by the nursing staff, a medical doctor should be called immediately and intervene promptly to assess the state of the patient and issue instructions on the action to be taken.

When a resident's agitation cannot be controlled by nursing staff and the intervention of a medical doctor is not possible within minutes, may the administration by nursing staff of rapid tranquillisers under a "conditional" PRN prescription be justified, meaning that a medical doctor must be contacted (for example, by phone) and must confirm the prescription prior to its use. Further, a medical doctor must arrive without delay to monitor the patient's response and deal with any complications.

71. For more details, see Means of restraint in psychiatric establishments for adults (Revised CPT standards), 21 March 2017 ([CPT/Inf \(2017\) 6](#)).

72. Such as cardiac arrhythmia, low blood pressure and respiratory depression.

Moreover, the use of a PRN prescription for rapid tranquillisers must be accompanied by specific safeguards: as a minimum, any such PRN prescription should be drawn up by an experienced doctor after having thoroughly assessed the resident's physical status, should only be valid for a limited time (that is, weeks rather than months) and should be re-assessed each time it is used or where there is any change in the resident's medication.

The CPT recommends that the Slovenian authorities take the necessary steps to ensure that these precepts are duly taken into account when amendments to the Mental Health Act are being drafted and are without delay effectively implemented in practice at Lukavci Social Welfare Establishment and, where relevant, in all other social welfare establishments in Slovenia.

122. Further, the CPT wishes to point out that the secure wards are home to residents who can quickly develop agitation that may escalate into dangerous auto- or hetero-aggression. Sufficient numbers of well-trained staff are needed to manage their behaviour without resort to means of restraint. Therefore, the fact that the capacity of ward VO D was significantly exceeded represented a considerable risk factor.

It is noteworthy in this context that, several years prior to the visit, a former forensic psychiatric patient prone to violence was accommodated on one of the secure wards. As the violent episodes could not be managed by staff, police officers had to be repeatedly called in to the establishment to intervene. While this occurred some eight years prior to the 2024 visit, there was a risk that similarly challenging residents were on the waiting list to be admitted to the establishment.

The CPT recommends that the Slovenian authorities take the necessary steps to ensure that the capacity of secure wards which is reflected in the number of attributed staffing posts is respected. This, together with measures to fill the existing vacancies and to ensure sufficient presence of staff on the secure wards, in line with the recommendation formulated in paragraph 127, will help to ensure that staff in the establishment are in a better position to de-escalate tensions and manage agitated and violent residents by their own means, without recourse to the police. More generally, this will facilitate the decrease of the need to use means of restraint, including chemical restraint.

6. Staff

123. Understaffing and difficulties to retain and attract new staff, in particular psychologists, orderlies and "individual habilitators" (see below) were considered by the management to be one of the biggest challenges.

While the CPT considers that the current staffing levels were not grossly disproportionate to the number of residents accommodated in the facility, there was a number of vacant posts in the establishment. Moreover, the delegation was informed that in order to meet the national norm for secure wards in special social welfare establishments, a number of additional staff members will be needed.

124. As regards staffing levels at the time of the visit, the healthcare team was composed of 42 nurses (with a high-school diploma), nine registered nurses (with a university degree), two physiotherapists, five occupational therapists, 39 orderlies (*negovalka / bolničar*) and five members of auxiliary staff (*strezhnica*).⁷³ While six additional posts of an orderly were vacant, this was in practice mitigated by the fact that there were seven more nurses than the number of nursing posts.

A general practitioner (GP) from the local healthcare centre visited the establishment four times per week, each time for four hours. A psychiatrist was present three times per week, each time for eight hours. Outside their presence in the establishment, they were on call.

125. There were also two psychologists (of whom one was absent for several months in 2024 without replacement), seven work instructors who worked with residents from open wards in

73. This category of staff was responsible for helping residents to make their beds, tidy their rooms and wardrobes, and to help with the distribution of food.

workshops, three “individual habilitators” (case workers for individual residents) who worked in secure wards, three social workers, six “animators” who organised leisure activities for residents, and 47 “protectors” (*varuh/inja*) – staff members with high-school education deployed on wards.⁷⁴

Eight additional posts of psychologist and 11 additional posts of “individual habilitators” were vacant.

126. On each of the three secure wards, the morning shift (7:00 to 14:00 or 15:00) on working days was composed of a nurse, a protector, an animator, one or two auxiliary staff members and at least one orderly. In addition, for the three secure wards, there were two to three registered nurses, two occupational therapists, two physiotherapists, two “individual habilitators” and a psychologist.

During the afternoon on working days (13:00 to 21:00), on each secure ward, there was a nurse, a protector, an animator and an orderly. They were reinforced by a registered nurse, and a physiotherapist or an occupational therapist, who were responsible for the three secure wards.

The night shift (20:00 or 21:00 until 7:00) in theory comprised a nurse and a protector on each secure ward and an additional nurse covering all three wards. However, the delegation was informed that it often happened in practice that there was only one staff member, either a nurse or a protector, deployed at night on each secure ward, including the secure VO D ward, the capacity of which was exceeded and which was accommodating 19 residents.⁷⁵

127. The CPT recommends that the Slovenian authorities take the necessary steps to ensure that the vacant posts at Lukavci Social Welfare Establishment are filled. Further, the necessary measures should be taken to ensure that at least two staff members are deployed on each secure ward at night, as envisaged.

7. Safeguards

a. initial placement, review and discharge from the establishment

128. Placement without consent to a secure ward of a social welfare establishment is regulated by Sections 75 to 79 MHA.

If persons who meet the conditions for a placement in a secure ward provided for in Section 74 MHA do not consent to their placement, their involuntary admission may be ordered by the court. The procedure may be initiated by a motion lodged with the court by a mental healthcare provider, a social welfare institution, a social work centre, a coordinator of supervised treatment, a next of kin or a public prosecutor's office. The motion must be accompanied by the opinion of a treating doctor or a psychiatrist.

The legislation provides a number of important safeguards accompanying the involuntary placement procedure. The persons concerned must be informed of the motion for involuntary admission, must be represented by a lawyer (of their own choice or appointed *ex officio*), must be examined by an expert psychiatrist and must be heard by the court (if their state of health permits).

As for the review, the involuntary placement may initially be imposed for up to one year, and may be renewed by the court. The person concerned has the right to appeal against the involuntary placement decision. If grounds for involuntary placement are no longer met, the person concerned must be discharged from the protected ward upon the decision of the institution. In addition, the person concerned has the right to file a motion with the court to request discharge (Section 71(2) MHA).

129. In emergency situations, persons placed in a social welfare establishment may be involuntarily placed in a secure ward even before a court decision is issued (Sections 75 (4) and 60 to 68 MHA). In such cases, the court must be notified immediately and must, within one day, institute proceedings, and appoint a lawyer to the persons concerned, and a medical expert. Within one day

74. While nurses were paid from the health insurance system, protectors were paid from contributions paid by residents. Protectors were not allowed to distribute medication.

75. The presence of staff at weekends was similar to the afternoon shift on working days.

of the initiation of the proceedings, the court must visit the persons concerned. Within three days of the visit, the court must order the placement of the persons concerned in the protected ward (for up to one year), or order their release. An appeal may be lodged against the placement decision.

130. The examination of the individual administrative files of the residents showed that these provisions were scrupulously followed in practice.

In particular, the involuntary placement of residents was regularly reviewed by the court, residents were represented by a lawyer (in many cases appointed *ex officio*), an independent expert opinion was commissioned by the court, and the residents concerned were heard by the court. In several cases examined by the delegation, the hearing took place directly in the establishment visited.

If a voluntary resident required placement to a secure ward, due to a worsened medical condition, a motion for involuntary placement was lodged with the court by the establishment.

However, it remained somewhat unclear from the individual administrative files examined by the delegation whether residents received a copy of the decision on their involuntary placement in a secure ward or its extension. **The CPT would like to receive confirmation that residents and their guardians receive a copy of the court decision on their involuntary placement in a secure ward or its extension.**

131. As regards voluntary residents with limited legal capacity, the admission agreement is signed both by the residents and their legal guardians (as well as the director of the establishment and a social worker) in order to ensure that the would-be resident is involved in the process and understands the situation.

b. safeguards during placement

132. The CPT acknowledges that most residents interviewed by the delegation during the visit were aware of the medication they were receiving and took it voluntarily.

However, residents' individual medical files did not contain any consent to treatment and the delegation could not get a clear picture as to the precise legal regulation of involuntary treatment in social welfare establishments. The information gathered during the visit indicates that involuntary placement upon a court order of a resident into a secure ward of a social welfare establishment was understood in practice in a way that there was no need to ask for consent to treatment.

The CPT considers that, as a general principle, all residents, whether voluntary or involuntary, with legal capacity or legally incapacitated, should be placed in a position to give their free and informed consent to treatment.⁷⁶ Consent to treatment can only be qualified as free and informed if it is based on full, accurate and comprehensible information about the resident's condition, the treatment which is proposed and its possible side effects, as well as about the possibility to withdraw consent, and if the resident concerned has the capacity to give valid consent at the moment when this is sought. Further, it is essential that all residents who have given their consent to treatment are continuously informed about their condition and the treatment applied to them, and that they are placed in a position to withdraw their consent at any time. Any derogation from the fundamental principle of treatment upon consent should be based upon law and only relate to clearly and strictly defined exceptional circumstances and should be accompanied by appropriate safeguards. In particular, the relevant legislation should require a second medical opinion (that is, from a medical doctor not involved in the treatment of the resident concerned) in any case where residents do not agree with the treatment proposed by the establishment's doctors (even if their guardians consent to the treatment); further, residents should be able to challenge a compulsory treatment decision before an independent outside authority and must be informed of this right in writing.

The CPT recommends that the Slovenian authorities take the necessary steps to ensure, including by amending and/or supplementing the relevant legislation, that these precepts are

76. That is, the admission of a person to a social welfare establishment on an involuntary basis should not preclude seeking informed consent to treatment.

effectively implemented in practice at Lukavci Social Welfare Establishment, as well as in other social welfare establishments in Slovenia.

133. Newly admitted residents received basic information on the functioning of the establishment and a copy of the house rules from a social worker. Rights of residents were also visibly posted on notice boards on the wards. The various information materials available to residents included information on the possibility to lodge complaints, either internally within the establishment, or to outside bodies, such as the relevant ministry, the Ombudsperson and the Patients' Rights Advocate.⁷⁷

While the various information materials provided comprehensive information to residents, there was no simplified version which would provide basic information on the functioning of the establishment and their rights to residents who have comprehension and communication difficulties.

The CPT recommends that a simplified information leaflet be developed and, where appropriate, provided to residents upon admission.

134. There were also complaints boxes for confidential complaints on the wards. However, some residents interviewed during the visit, as well as a few staff members, were not sure who had the keys to the box and to whom complaints placed in the box could be addressed.

The CPT recommends that steps be taken to ensure that residents (as well as staff) are familiar with the possibility to place complaints into confidential complaints boxes and the procedure that will follow.

135. As regards arrangements concerning residents' contact with the outside world, residents had access to their mobile phones and could connect to the establishment's wi-fi network during the day. Residents who did not have a phone could make calls from an office phone. There were practically no limits on receiving visits and no fixed visiting hours.⁷⁸ Visitors could take residents for a walk or home overnight (provided that they signed a statement that they would bring the residents from secure wards back to the establishment).

The CPT considers that these arrangements were satisfactory.

77. A patients' right advocate is an independent person who helps certain groups of patients and residents, including residents placed on secure wards, to exercise their rights (see Sections 23 and foll. MHA and Section 49 of the Patients' Rights Act).

78. After 20:00, visits were "not desirable".

APPENDIX I

List of the establishments visited by the CPT delegation

Prisons

- Koper Prison
- Ljubljana Prison

Social welfare establishments

- Lukavci Special Social Welfare Establishment

APPENDIX II

List of the national authorities, other bodies and non-governmental organisations with whom the delegation held consultations

A. National authorities

Ministry of Justice

Andreja Katič	Minister of Justice
Milan Brglez	State Secretary
Bojan Majcen	Director General of the Prison Administration
Danijela Mrhar Prelič	Director of the Probation Administration
Nina Koželj	Director General, Directorate for Criminal Law and Human Rights
Matjaž Mešnjak	Head of Division for the Enforcement of Penal Sanctions, Directorate for Criminal Law and Human Rights
Danijela Devčić	Director of Koper Prison
Denis Perše	Director of Ljubljana Prison
Lucija Božikov	Head of the Treatment Division, Prison Administration
Emanuel Banutai	Advisor, International Cooperation, Prison Administration
Robert Friškovec	Advisor, International Cooperation Department, Ministry of Justice
Maja Velič	CPT liaison officer, International Cooperation Department, Ministry of Justice
Petra Filipič Čop	Advisor, Minister's Office

Ministry of Solidarity-Based Future

Simon Maljevac	Minister of Solidarity-Based Future
Luka Omladič	State Secretary
Mateja Nagode	Director General of the Directorate for Elderly People, Long-term Care and Deinstitutionalization
Klemen Jerinc	Head of Sector for the Management of Providers
Janja Romih	Secretary, Sector for the Management of Providers
Klavdija Kobal Straus	Secretary, Sector for the Management of Providers
Mateja Ušlakar	Secretary, Sector for the Management of Providers
Magdalena Žakelj	Senior Advisor, Sector for the Management of Providers

B. Office of the Human Rights Ombudsperson

Peter Svetina	Human Rights Ombudsperson
Ivan Šelih	Deputy Ombudsperson, Head of the National Preventive Mechanism (NPM)
Robert Gačnik	Adviser to the Ombudsperson
Ana Polutnik	Adviser to the Ombudsperson
Jure Markič	Adviser to the Ombudsperson
Sonja Božič Testen	Adviser to the Ombudsperson
Urška Regvar	Legal Centre for the Protection of Human Rights and the Environment (PIC)
Katja Pirsič	Community of Private Institutes (SKUP)

C. Non-governmental organisations

Altra
Legal Centre for the Protection of Human Rights and the Environment (PIC)
Peace Institute