

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.