



ANNUAL REPORT 2016

The activity of the Field on the Prevention of Torture in places of detention in the year 2016

**Romanian People's Advocate
Ms. Magda Constanța Ștefănescu
Head of National Preventive Mechanism (NPM)
Bucharest, St. Eugeniu Carada St, no. 3, Sector 3
Phone: 0040 21 312 71 34
fax: 004 021 312 49 21
e-mail: avp_prevenire@avp.ro**

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ANNUAL REPORT 2016

The activity of the Field on the Prevention of Torture in places of detention in 2016

I. International and national regulations on the prevention of torture and ill-treatment

The right not to be subjected to treatments contrary to human dignity is an inalienable attribute of any human person.

In 1948, the UN General Assembly adopted the **Universal Declaration of Human Rights**, establishing in Art. 5 that “No one shall be subjected to torture, cruel, inhuman or degrading punishment or treatment”.

The International Covenant on Civil and Political Rights establishes in Art. 7 that “No one shall be subjected to torture, cruel, inhuman or degrading punishment or treatment”.

The European Convention on Human Rights regulates the prohibition of torture in art. 3, which stipulates that “No one shall be subjected to torture, cruel, inhuman or degrading punishment or treatment”.

The severity of acts of torture and inhuman or degrading treatment has led to the creation of specific tools for their identification, monitoring and sanctioning.

In this respect, the UN Convention against Torture and other cruel, inhuman or degrading treatment or punishment (New York, 10 December 1984, ratified by Romania through Law No 19/1990) and the European Convention for the Prevention of Torture and inhuman or degrading punishment or treatment (Strasbourg November 1987, ratified by Romania through Law 80/1994) were adopted.

The absolute nature of the prohibition of torture and inhuman or degrading treatments or punishments, as grave violations of human rights, obliges states to take **effective measures to prevent them**.

To prevent such abuses, during 1970, while the UN Convention Against Torture and other cruel, inhuman or degrading treatment was underway, several international bodies joined forces to **find additional, more pragmatic ways to solve these problems**.



Against this backdrop, inspired by the results of WWII visits to places of detention carried out by the International Committee of the Red Cross, **Jean-Jacques Gautier** tried to create and implement a system of **regular visits to places of detention all over the world**.

Following a long and difficult negotiation process, **a prevention system was implemented on December 18th, 2002 when the Optional Protocol to the UN Convention against Torture and Other cruel, inhuman or degrading treatment (OPCAT) was adopted by the General Assembly of the UN. On June 22, 2006, the OPCAT entered into force after the 20th ratification. The Optional Protocol states in its Preamble; effective prevention of torture and other inhuman or degrading punishment or treatment involves education and a combination of various legal, administrative, judicial and other measures, and the protection of persons deprived of their liberty against any form of torture or cruel and inhuman treatment can be consolidated by non-judiciary, preventive measures, based on regular visits to places of detention.**

The objective of the Optional Protocol is to prevent torture and other ill-treatment by establishing a system of regular visits by independent international and national bodies in all places of detention, in order to prevent torture and punishment or inhuman or degrading treatment.

Under the Optional Protocol, the Subcommittee on the Prevention of Torture and Inhuman or Degrading Treatment or Punishment was established within the Committee for the Prevention of Torture; and the State Parties undertook to establish, designate or maintain, at national level, one or more visiting organisms for the prevention of torture and inhuman or degrading treatment or punishment (**National Preventive Mechanisms - NPMs**).

During visits, the Subcommittee on Prevention of Torture and the National Preventive Mechanisms have: • access to all information on the number of persons deprived of their liberty in places of detention, as well as the number of such places and their location; • access to all information regarding the treatment of those persons and conditions of detention; • access to all places of detention and their facilities; • the possibility to have interviews with persons deprived of their liberty, without witnesses, either personally or with an interpreter, if deemed necessary, as well as with any person who can provide relevant information; • the freedom to choose the places they want to visit and the people they want to meet.

As a follow-up to the visits made by the SPT or the NPMs, **recommendations** from international and national experts on the improvement of internal prevention measures are presented for implementation to the authorities of the signatory states.

No authority or officer shall disclose, apply, permit or tolerate any sanction against any person or organization for the act of communicating to the SPT or the NPM or their delegates any information, whether true or false, and neither of these persons or organizations can be prejudiced in any way.

National preventive mechanisms, according to art. 19 of the Optional Protocol, will have at least the following attributions:

a) regular examination of the treatment applied to persons deprived of liberty in places of detention, for the consolidation of their protection against torture or other cruel inhuman or degrading treatment or punishment.

(b) making recommendations to competent authorities in order to improve the treatment and conditions of persons deprived of their liberty and to prevent torture and inhuman or degrading treatment or punishment, taking into account relevant United Nations rules;

c) making proposals and comments on existing legislation or draft legislation.

Confidential information collected by the National Preventive Mechanism is privileged. Personal data cannot be published without the express consent of that person.

The competent authorities of the concerned State Party shall examine the recommendations of the National Preventive Mechanism and discuss it for possible implementing measures. The States Party to this Protocol undertake to publish and disseminate the Annual Reports of the National Preventive Mechanisms.

For the implementation of the provisions of the Optional Protocol, by Government Emergency Ordinance no. 48/2014 for amending and completing the Law no. 35/1997 concerning the organisation and functioning of the People's Advocate institution, republished, with subsequent amendments and additions, approved by Law No. 181/2014, the People's Advocate institution, through the Field on the prevention of torture in places of detention, has been appointed to act as specific National Prevention Mechanism for the prevention of torture in places of detention.

The Field on the prevention of torture in places of detention regularly monitors the treatment of persons in detention, in order to strengthen their protection against torture and other cruel and inhuman or degrading treatments or punishments, and to enable them to exercise their rights and freedoms without discrimination, by **conducting visits ex officio, based on an annual visitation plan; or unannounced visits; or on the basis of a notification from any person, or the acknowledgment in any way of the existence of a situation of torture or other cruel, inhuman or degrading treatment or punishment in a place of detention.**

A detention facility is any place where persons are deprived of their liberty on the basis of the decision of an authority, at its request or with its express or tacit consent. Deprivation of liberty means any form of detention or imprisonment or placement of a person in a public or private place of detention which he or she cannot leave at his discretion, by decision of any judicial, administrative or other authority (Article 29² (1) and (2) of Law No. 35/1997 on the organization and functioning of the People's Advocate Institution, republished, as subsequently amended and supplemented).

Places of detention, according to the law, include: penitentiaries, including hospital penitentiaries; educational centres; detention centres; on remand detention centres and pre-trial detention facilities; residential services for juveniles who have

committed criminal offenses and are not criminally liable; psychiatric hospitals; transit centres; accommodation centres for foreigners taken in custody; special reception and accommodation centres for asylum seekers under the authority of the General Inspectorate for Immigration; centres where drug assistance services are being offered under closed regime; any other place fulfilling the conditions set out in art. 29² paragraph (1) or being part of the health system or social assistance system.

Visits are conducted: **ex officio**, based on an annual visitation plan; **unannounced**; or **on the basis of a notification** from any person, or the acknowledgment in any way of the existence of a situation of torture or other cruel inhuman or degrading treatment or punishment in a place of detention.

Petitions about acts of torture, cruel, inhuman or degrading treatment in places of detention shall be settled, according to the issues presented, by the Field on the prevention of torture in places of detention, in collaboration with other structures of the Ombudsman institution.

The visiting teams include at least one doctor and one NGO representative.

The administration of the places of detention visited is obliged to: ensure the access of the People's Advocate, the Deputy from the Domain for the prevention of torture in places of detention, as well as representatives of the institution, without any restriction, in all places of detention subject to monitoring; make available to the visiting team, in accordance with the law, any documents and information available to them or which they can obtain before, during or after the visit; assist and meet with the visiting team in order to achieve the purpose of the visit.

In order to carry out their legal duties, **members of the visiting team may meet confidentially with any person deprived of their liberty within the visited institution. No person shall be held liable for information provided to members of the visiting team.**

Post-visit conclusions and observations are included in a **visit report** which, when problems are noted, is accompanied by **motivated recommendations** for improving the treatment and detention conditions of persons deprived of liberty and preventing torture and other inhuman, degrading or cruel treatment or punishment. The visiting institution has the obligation to provide a reasoned response to the proposals and recommendations contained in the visit report, indicating its point of view regarding what has been ascertained, the reasoned period in which measures will be taken to comply with their content, or the reasons why they cannot comply. If the visited institution fails to comply, the People's Advocate or, as the case may be, the Deputy Advocate of the Domain for Prevention of Torture in places of detention will inform on this matter the hierarchically superior authority; or the local or central public administration authority that issued the operating authorization, in the case of private detention facilities; and may act in accordance with the provisions of the Law and the Regulation on the organization and functioning of the People's Advocate Institution.

Where a human rights violation is found to take place by torture or cruel, inhuman or degrading treatment that poses an imminent risk of harm to a person's life or health, a **preliminary emergency report** shall be drawn up.

The People's Advocate has the obligation to immediately notify the judicial bodies when, in the exercise of his duties, he finds evidence of perpetration of certain criminal law acts.

National legal provisions define: *submission to ill-treatment* as: a) subjecting a person to the execution of a sentence, security or educational measures in any other way than that provided by law; b) subjection to degrading or inhuman treatment of a person in a state of apprehension, detention or enforcement of safety or educational measures, or imprisonment (article 281 of the Criminal Code); ***torture***, as the act of a public functionary who performs a function involving the exercise of State authority, or of another person acting at the instigation of, or with the consent of a public functionary, or with his tacit or expressed consent, in order to cause strong psychic or physical suffering to a person: a) for the purpose of obtaining information or declarations from the person or from a third party: b) for the purpose of punishing them for an act which they or a third person have committed or are suspected of having committed; c) in order to intimidate or pressure the person, or to intimidate or pressure a third party; d) any reason based on any form of discrimination (art. 282 of the Criminal Code).

According to the study “Efficient role of the National Preventive Mechanisms. Strengthening the recommendations of the National Preventive Mechanisms within the European Union. Strategic development. Good Practices and Future Developments” (developed by the Ludwig Boltzmann Institute and the University of Bristol, Centre for the Implementation of Human Rights, 2015), ***an important role in the work of the NPM is the following of implementation of recommendations contained in the Visiting Reports sent to the visited institutions.***

National prevention mechanisms use different tools to promote and monitor the implementation of recommendations.

OPCAT expressly recommends the establishment **of dialogue in order to implement recommendations**, as a duty for both the State and the NPMs. SPT has formulated in this respect several principles for the dialogue with States, as follows:

- NPMs must maintain a dialogue with Governments, as well as with the directors of the visited institutions, regarding the implementation of recommendations;
- dialogue must involve both a live and a written dialogue.
- **repeated follow-up visits**, especially in places with high risk, represent an effective method for assessing the implementation of recommendations.

Proactively, NPMs may propose amendments to laws and policies through visit reports, annual reports, thematic reports or specific opinions and recommendations. This is not only a specific duty of NPMs, but also an important component in the process of tracking the implementation of recommendations.

Implementation of recommendations can be strengthened through the establishment of dialogue and cooperation with a range of actors at national, regional and international levels. National Preventive Mechanisms aim to continue and develop new collaborations with members of Parliament, professional associations and civil society.

Parliament is an important partner for NPMs, which can provide greater visibility to NPM activity, and may promote implementation of recommendations by establishing relevant themes on the political agenda and influencing public opinion, through the elaboration of policies and the adoption of necessary laws.

Ways of following the implementation of NPM recommendations are:

- 1) in addition to presenting the annual report, some specific issues can be discussed in **specialized committees** (human rights, health, etc.). Working with

parliamentary groups and Members of Parliament can be helpful in meeting the recommendations.

2) **the presentation of non-implementation problems before Parliament** leads to Parliament's involvement in the follow-up process.

3) **participation in parliamentary sessions of specialized committees** on their own initiative or at their invitation, parliamentary committees being a useful means of working with Members of Parliament and supporting / promoting the implementation of recommendations.

4) **interaction with the judiciary system.** It is recognized that **judges** have a role in preventing torture and **cooperation with them is important**, without the existence of any suspicion that the independence of the judiciary is affected. **Meetings, working groups, advisory committees as well as inviting judges to inter-institutional working groups can be useful forums for interacting with judges.**

5) **participation in court proceedings.** An opportunity that can be used in order to comply with the recommendations is to participate in court proceedings.

6) **cooperation with civil society.** The National Preventive Mechanism aims to enhance collaboration with **professional organizations, NGOs, research institutions and universities, etc.**

7) **Collaboration with other NPMs**, materialized in exchanges of ideas on common issues, working methods and institutional practices. In recent years, bilateral and multilateral exchanges have increased through visits, conferences, workshops.

8) **cooperation with the CPT, the SPT and the EU. The EU can use CPT and NPM recommendations as a basis for providing grants to EU countries.** The EU can support and / or set up initiatives to facilitate substantial exchanges between NPMs, the CPT and the SPT, as well as networks of torture monitoring bodies.

9) **Collaboration with the press, immediate publication of reports.**

II. The organization of the Field on the prevention of torture and other cruel, inhuman or degrading punishments or treatments in places of detention.

Under the provisions of **Law No. 35/1997** concerning the organisation and functioning of the People's Advocate institution, republished, with subsequent amendments and additions, the Field on the prevention of torture in places of detention has a **central structure and a territorial structure.**

► **the central structure includes the Bucharest centre area** (with 10 assigned counties - Buzău, Călărași, Constanța, Dâmbovița, Ialomița, Ilfov, Giurgiu, Prahova, Teleorman and Tulcea. The territorial structure, consisting of three regional centres: ● **Alba Regional Centre**, with counties: Alba, Bihor, Bistrița-Năsăud, Brașov, Cluj, Covasna, Harghita, Hunedoara, Maramureș, Mureș, Sălaj, Satu-Mare and Sibiu; ● **Bacău Regional Centre**, with counties: Bacău, Botoșani, Brăila, Galați, Iași, Neamț, Suceava, Vaslui and Vrancea; ● **Craiova Regional Centre**, with counties: Arad, Argeș, Caraș-Severin, Dolj, Gorj, Mehedinți, Olt, Timiș and Vâlcea.

► **regarding the staff** of the Field on preventing torture in places of detention, according to Art. 29⁵ para (4) and Art. 29⁶ para (3) from Law No. 35/1997 concerning the organisation and functioning of the People's Advocate institution, republished, with subsequent amendments and additions, the Bucharest Central Structure of the Field on

the prevention of torture in places of detention has a number of **11 employees**, among whom: **4 employees with legal studies; 3 specialists** - doctors, psychologists, social workers or any other qualifications needed for specific activities of the Field; **4 financial**, payroll, human resources and administrative employees.

The three regional centres of the Field on the prevention of torture in places of detention have a number of **12 employees**. Each regional centre has: **one employee with legal studies; 2 specialists** - doctors, psychologists, social workers or any other qualifications needed for specific activities of the Field; **one financial**, payroll, human resources or administrative employee.

In order to fill in vacancies, in 2016 the Field continued the selection process for doctors, social workers, psychologists and financial employees. As a result, the following positions were filled: psychologist positions in Bucharest, Craiova, Alba Regional Centres; one legal position in the Bucharest Regional Centre; doctor positions from the Bucharest and Craiova Regional Centres; social worker positions from the Bacău and Bucharest Regional Centres (subsequently vacated).

At present, at the level of the Field on the Prevention of Torture in the places of detention there are **14 occupied positions** (8 law positions, 2 doctor positions, 3 psychologist positions, 1 social worker position) and **10 posts are still vacant**, namely: 2 positions of doctors in the Alba and Bacău Regional Centres; 1 position of social worker in the Bucharest Regional Centre; 7 positions for financial, salary, human and administrative personnel (drivers) in the 4 Regional Centres.

We mention that despite the legal provisions regarding the allocation of 4 administrative staff positions (drivers), implicitly endowing the Field with cars, **the activity of the Field on the prevention of torture in places of detention took place in the absence of the 4 due cars**, so that visits and inquiries were carried out with the staff's own cars in the Alba, Bacău and Craiova Regional Centres, and with the car assigned to the People's Advocate or the Deputy People's Advocate, in the Bucharest Regional Centre

In this context, we mention that:

1. Government Ordinance no. 80/2001 on the establishment of expenditure norms for public administration authorities and public institutions establishes spending norms for public administration authorities and public institutions, regardless of the way of financing their activity.

However, section 4 from Annex No. 3 of the Government Ordinance no. 80/2001 on the establishment of expenditure norms for public administration authorities and public institutions stipulate that ministries and other specialized bodies of the central public administration with up to 400 employee positions may hold in the common park 2 cars.

Based on para. (3) of Art. 1 of the normative act, expenditures of the nature of those subject to the Government Ordinance no. 80/2001, included in the budgets of the Presidential Administration, the Parliament, the Chancellery of the Prime Minister, the General Secretariat of the Government and institutions in the field of defence of the country, public order and national security, shall be established by their own norms.

Pursuant to the above provisions, the listed entities incur protocol expenses on the basis of administrative acts issued by the principal authorizing officer of each institution.

The current legislative framework does not allow the Advocate of the People institution, despite its rank as a fundamental institution with a role in

defending citizens' rights and freedoms, to set their own norms for protocol expenses, travel abroad, car equipment and monthly fuel consumption within the annually approved budget, not being exempt from the application of the Government Ordinance no. 80/2001.

In this context, some institutions, including the Ministry of Justice, **considered that the provisions of Government Ordinance no. 80/2001 are not applicable to the People's Advocate Institution;** also, taking into account the provisions of Art. 39 of the Rules of organization and functioning of the People's Advocate Institution, republished, with subsequent amendments, which stipulate that the norms of expenses for protocol, travel abroad, car equipment and monthly consumption of fuel are established by order of the People's Advocate, according to the law.

Different interpretations of legal rules by competent institutions create the premises for possible illegal use of public funds. Thus, in order to comply with legal provisions, **legal steps were taken in order to endow the Field on the prevention of torture in the places of detention with necessary cars for carrying out its activity under appropriate conditions.**

To this end, in the year 2015 the Secretary General of the Government initiated **a draft decision on the regulation of the number of cars and fuel consumption for the specific activities of the Field on the prevention of torture in places of detention and its regional centres, which operates within the People's Advocate Institution.**

It was signed by Mr. Ion Moraru, as Secretary General of the Government, and endorsed by the Minister of Public Finance, Mr. Eugen Orlando Teodorovici. The Ministry of Justice issued a point of view, which essentially stated that “there is no legal basis for the approval of the number of cars and fuel quotient for the People's Advocate by the Government, both being approved by Order of the People's Advocate”. In this respect, it was pointed out that **“although the People's Advocate Institution is not expressly mentioned in this text (Article 1 para (3) of Government Ordinance no. 80/2001), the reason for which other normative acts of expenditure would be approved by the Government is not explicitly mentioned”.**

However, in the budget of the People's Advocate for 2015, the necessary amounts were allocated for the purchase of cars (money which later returned to the state budget and was not spent). Moreover, **in 2016, the amount of money needed for the purchase of cars was correctly anticipated, and the proceedings continued, but without a favourable result that was urgently needed.**

The Ministry of Justice has considered that, by Government decision, some exceptions to the expenditure rules established at primary level may be approved, but only for those institutions and authorities expressly covered by the legal provisions (Articles 4 (1) and 5 (1) of the Ordinance). At the same time, the Ministry of Justice appreciated that “Government Ordinance no. 80/2001 is applicable to the People's Advocate, but if the institution considers that the norms established by the ordinance do not cover the monthly consumption needs, or wishes to establish other norms for endowment with cars, it is necessary to fill in the text of the Ordinance, either by including the People's Advocate in the enumeration from art. 1 para (3), or by amending the Ordinance texts regulating exceptions allowing the approval of norms different from those set out in the Ordinance. In this respect, we mention that the initiator of Government Ordinance no. 80/2001 and subsequent amendments is the Ministry of Public Finance”.

In order for the Ministry of Public Finance to initiate a project of Government Ordinance regulating the number of vehicles and fuel consumption needed for the specific activities of the Field on the prevention of torture in places of detention and its regional centres, which operate within the People's Advocate Institution, the abovementioned institution communicated the following:

a) it initiates drafts normative acts in its field of activity and aims to harmonize them with EU legislation in the field;

b) the current legislation does not authorize the Ministry of Public Finance to initiate draft normative acts establishing the norms for cars for main state budget authorizing officers, such as the People's Advocate Institution;

c) from the opinion of the Ministry of Public Finance, the provisions of art. 1 para (3) of Government Ordinance no. 80/2001 on the establishment of expenditure norms for public administration authorities and public institutions is only applicable to those public administration authorities and public institutions quoted above;

d) endowment with cars for the specific activities of the People's Advocate Institution may be regulated by a Government decision, as in the case of the Superior Council of Magistrates;

e) in order for the Ministry of Public Finance to initiate a project of Government ordinance regulating the number of vehicles and fuel consumption needed for the specific activities of the Field on the prevention of torture in places of detention and its regional centres, which operate within the People's Advocate Institution, the Ministry of Public Finance recommended that we should contact Mr. Ioan Dragoş Tudorache, Director of the Prime Minister's Cabinet Office

The General Secretariat of the Government stated that the People's Advocate has the right of legislative initiative, according to the provisions of art. 1 (a) and (b) of the Regulation concerning procedures at Government level, for developing, advising and presenting projects on public policies, reviews of draft normative acts, as well as other documents for adoption/approval approved by the decision of Government No. 561/2009, respectively **“the following public authorities, according to their attributions and their field of activity, have the right to initiate and draft public policy documents and draft normative acts with a view to their adoption / approval by the Government: ministries and other specialized bodies of the central public administration, subordinated to the Government, as well as autonomous administrative authorities”**.

At present, there is a Legislative Proposal in Parliament for amending and completing Law no. 35/1997 concerning the organisation and functioning of the People's Advocate institution, republished, with subsequent amendments and additions, and also for the modification and completion of other normative acts, in the sense of including, in the text of para (3) of Art. 1 of Government Ordinance no. 80/2001 with subsequent amendments and completions, the People's Advocate Institution together with all other institutions stipulated in the Constitution and whose organization and functioning is established by organic law, respecting the necessity of decision-taking autonomy of institutions in relation to their attributions.

Thus, this legislative proposal was adopted by the Senate on November 1, 2016 (number of votes: YES = 45; NO = 3; ABSTENTIONS = 9) with the title: Law for amending Art. 1 para (3) of Government Ordinance no. 80/2001 on the establishment of expenditure norms for public administration authorities and public institutions.

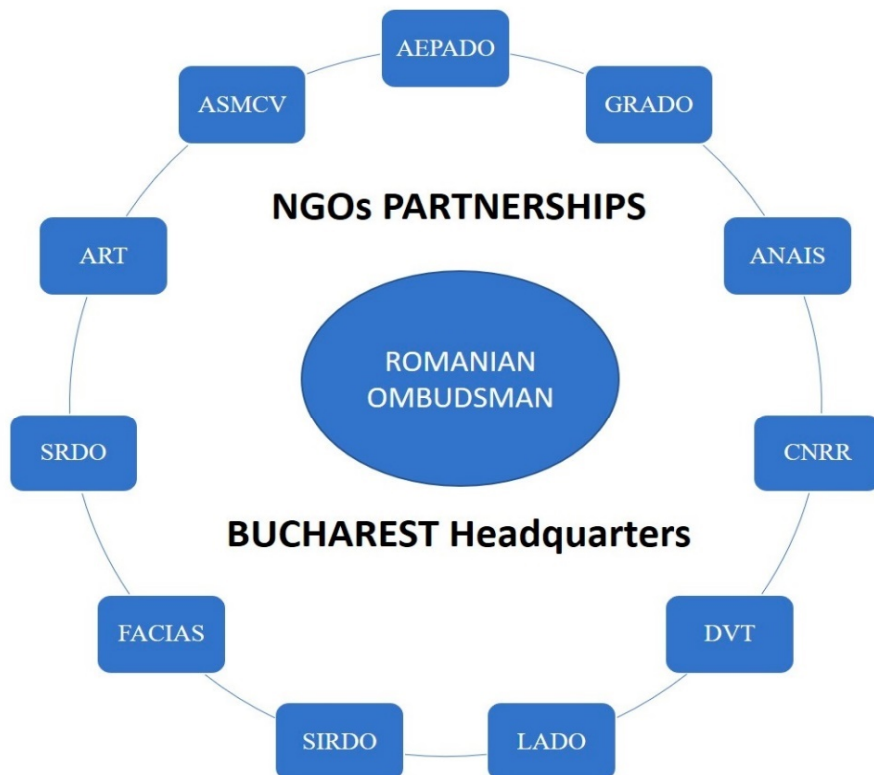
On November 7, 2016 it was presented to the Permanent Bureau of the Chamber of Deputies. Current status: sent for report to the Standing Committees of the Chamber of Deputies.

► **The budget allocated to the Field on the prevention of torture in the places of detention - NPM for the year 2016**, part of the budget of the People's Advocate Institution, was 2700 thousand lei.

► **Representatives of non-governmental organizations active in the field of human rights protection, selected** on the basis of their work by the People's Advocate, also participate in torture prevention activities

As regards the **continuing collaboration with NGOs, in 2016 additional Protocols to existing Protocols were signed, and new Collaboration Protocols were concluded**, so that the Field on the Prevention of Torture in Detention Places collaborates with **35 NGOs**, as follows:

- **at the level of the Bucharest Regional Centre (11 Non-Governmental Organizations)**: European Association for Human Rights (AEPADO); The Romanian Group for Human Rights (GRADO); Association ANAIS; The Romanian Association for Transparency; National Refugee Council (CNRR); The Drawing Your Future Association (DVD); Independent Society for Human Rights (SIRDO); Association of Mental Health for Quality of Life; Romanian Society for Human Rights (SRDO); Foundation for the Defence of Citizens' Rights Against State Abuse (FACIAS); Organization for the Defence of Human Rights.



Collaboration with NGO's – Bucharest Regional Center

- **at the level of the Alba Regional Centre (9 Non-Governmental Organizations):** Organization for the Defence of Human Rights Alba; The Alba Democratic Union of the Roma; League of Defence of Human Rights, Satu Mare Branch (LADO); AMURADI Braşov Association; Association for Community Safety against Drugs (ASCA), Harghita Branch; Association for Community Partnership Braşov; Humanitarian Association “Together for them”; “A Child, a Hope” Foundation; Ruhama Foundation

- **at the level of the Bacău Regional Centre (9 Non-Governmental Organizations):** Pro Democracy Association of Piatra Neamţ; Christian Roma Association “The Way, the Truth and Life”; Pro Democracy Association Brăila; Association Pro Democratia Club Botoşani; Iris Association; Family Foundation; Speranţa Andradei Association; Social Alternatives Association; The Bucovina Institute for Partnership;

- **at the level of the Bacău Regional Centre (6 Non-Governmental Organizations):** Organization for Defence of Human Rights (Dolj Branch) OADO; League of Defence of Human Rights; SOS Children of Gorj; Pro Democracy Association (Caracal); OADO Timişoara; League of Defence of Human Rights (Cluj Branch).

We mention that a challenge in the collaboration between the Field on the Prevention of Torture in Places of Detention and Non-Governmental Organizations is the needed regulation of payment for transport, food and accommodation expenses of their representatives, who are members in the visiting teams.

► During the activity of the Field on the prevention of torture in places of detention, **besides permanently employed specialists (doctors, psychologists, social assistants) service-contract specialists also participate as external collaborators selected by the People's Advocate**, based on the proposals received from the Romanian College of Physicians, the Romanian College of Psychologists, the Society of Sociologists of Romania, the National College of Social Workers or other professional associations to which they belong.

At the recommendation of professional associations, external collaborators were selected, so that according to:

- **Order No. 25/16 February 2016** for completing the Annex to Order No. 115 of the People's Advocate no. 115/2015 for approving the record/list of external collaborators (**psychologists**) selected by the People's Advocate on the basis of provisions of Art. 29⁵ and Art. 29⁶ of Law no. 35/1997 concerning the organisation and functioning of the People's Advocate institution, republished, with subsequent amendments and additions;

- **Order No. 25/16 February 2016** for completing the annex to Order No. 115 of the People's Advocate no. 163/1 October 2015 for approving the record/list of external collaborators (**social workers**) selected by the People's Advocate on the basis of provisions of Art. 29⁵ and Art. 29⁶ of Law no. 35/1997 concerning the organisation and functioning of the People's Advocate institution, republished, with subsequent amendments and additions;

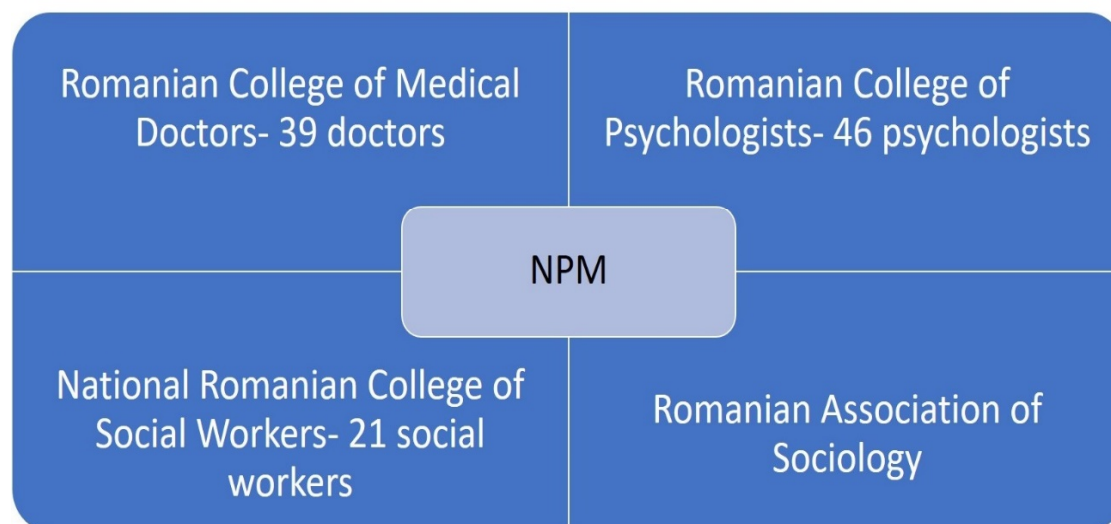
- Order No. 44/March 28, 2016 for completing the annex to Order No. 115 of the People's Advocate no. 201/2015 for approving the record/list of external collaborators (**medical doctors**) selected by the People's Advocate on the basis of provisions of Art. 29⁵ and Art. 29⁶ from Law No. 35/1997 concerning the organisation and functioning of the People's Advocate institution, republished, with subsequent amendments and additions;

- Order No. 160/October 18, 2016 for completing Order No. 44/March 28, 2016 for completing the Annex to the Order of the People's Advocate no. 201/2015 for approving the record/list of external collaborators (**medical doctors**) selected by the People's Advocate on the basis of provisions of Art. 29⁵ and Art. 29⁶ from Law No. 35/1997 concerning the organisation and functioning of the People's Advocate institution, republished, with subsequent amendments and additions;

-Order No. 25/February 16, 2016 for completing the annex to the Order No. 115/2015 of the People's Advocate for approving the record/list of external collaborators (**psychologists**) selected by the People's Advocate on the basis of provisions of Art. 29⁵ and Art. 29⁶ from Law No. 35/1997 concerning the organisation

and functioning of the People's Advocate institution, republished, with subsequent amendments and additions;

Partnerships with Profesional Associations



Currently selected: **39 medical doctors - external collaborators** (family medicine; paediatric neuropsychiatry; cardiology; forensic psychiatry; ENT; physical medicine and rehabilitation; balneology); **46 psychologists - external collaborators**

(clinical psychology, psychological counselling and psychotherapy); **21 social workers - external collaborators.**

As regards the participation of external collaborators to the activity of the Field on the prevention of torture in places of detention, mention must be made of the fact that it has been discontinued with effect from September 1st, 2016, due to the request of the Administration Office of the People's Advocate institution, concerning compliance with the provisions of Art. 43 para (2) of Decision No. 395/June 2, 2016 approving detailed procedures for the application of provisions relating to public procurement contracts/framework agreements as per Law No. 98/2006 on public procurement.

Para. (3) of Decision No. 395/2016 states that “if the contracting authority does not identify within the electronic catalogue a product, service or work which may meet its needs; or finds that a price posted by operators for the object of purchase is higher than the market price; or for any technical reasons attributable to the Electronic System of Public Bidding (SEAP) access to the electronic catalogue is impeded, then the contracting authority may carry out the purchase from any economic operator, elaborating, in this sense, a supporting note”.

In order to comply with legal provisions, Administrative Office within the People's Advocate institution **requested that all service contracts to be concluded exclusively with authorised private persons, or with doctors, psychologists or social workers who have accounts in the Electronic System of Public Bidding (SEAP).**

Against the above, please note that mandatory registration in SEAP for external collaborators of the Field on the prevention of torture in places of detention has generated a lock/actual pursuit of foreclosure activity of the Field, mainly in the activity of the Alba and Bacău Regional Centres, where the positions of doctors employed on a permanent basis are still unoccupied.

As such, we appreciate that the obligation of directly purchasing, through the SEAP electronic catalogue, the services of external collaborators (doctors, social workers, psychologists) is inconsistent with the provisions of Article 29⁵ and art. 29⁶ from Law No. 35/1997 concerning the organisation and functioning of the People's Advocate institution, republished, with subsequent amendments and additions, which regulates the selection of external collaborators based on proposals from their respective professional associations. According to the above-mentioned articles, the Field on the Prevention of Torture can select, for its activities, **“external collaborators of other specialties than those who are permanently employed, on the basis of service contracts. Service-contract specialists who participate as external collaborators are selected by the People's Advocate, based on proposals received from the Romanian College of Physicians, the Romanian College of Psychologists, the Society of Sociologists of Romania, the National College of Social Assistants or other professional associations to which they belong”.**

As a consequence, co-operation with external collaborators who participate in the activity of the Field on the prevention of torture in places of detention is not accomplished by the selection of any specialist from the electronic catalogue published in SEAP, but according to Law no. 35/1997 concerning the organisation and functioning of the People's Advocate institution, republished, with subsequent amendments and additions, which regulates the selection of external collaborators by

the People's Advocate, based on proposals from their respective professional associations.

► For fulfilling the tasks of the Field on the Prevention of Torture in places of detention, the People's Advocate issued **Order no. 60 of April 15, 2016**, according to which the Field on the prevention of torture in places of detention regularly monitors the treatment of persons in places of detention, with **the main attributions of: performing unannounced or announced visits to places of detention** in order to verify the conditions of detention and treatment of persons deprived of liberty; **collaboration with external specialists/designate employees** of the Romanian College of physicians, the Romanian College of psychologists, the Romanian National College of social workers, the Association of sociologists from Romania, for the realization of visits; **cooperation with representatives of non-governmental organizations** for the realization of visits; **request for information from visited institutions** prior to, during or after the visit in order to meet legal duties; **meeting in private with any person deprived of liberty**, either with the person's consent, or with the consent of legal representatives; **delivering a visiting Report or preliminary Report** urgently, as appropriate; **formulation of Recommendations for the places of detention visited**, in the event of noting any irregularities; **referral to hierarchically superior authority, local authority or central public administration which issued the functioning authorization** in the case of private detention places, whenever, during the visit, indications of the existence of acts punishable by penal laws are noted; **formulation of the Annual Visiting Plan**; **solving petitions** pertaining to torture and cruel, inhuman or degrading treatments, and **conducting inquests** for their resolution; **ex officio inquests** in the case of finding out, by any means available, about the existence of a situation of torture or cruel, inhuman or degrading treatment inside a place of detention; **redacting the corresponding part, concerning the prevention of torture, of the Annual Report of the People's Advocate**; **maintaining contact with the SPT**; **coordination of information, instruction and education campaigns** for the prevention of torture and other cruel, degrading or inhuman treatments of punishments.

III. Professional training of members of the visiting teams, and achievements in the activity of the Field on the prevention of torture in places of detention

► The Field performs scheduled or ex officio visits to places of detention, and the visiting teams include at least one doctor, according to needed qualifications, one NGO representative and a jurist from the Field on the prevention of torture in places of detention.

In order to achieve cohesion among the members of the visiting team, **in 2016 several meetings between members of the Field on the prevention of torture in places of detention and external collaborators were held**. For example, a working session was organized at the headquarters of the National Social Workers' College, where objectives, working methods during visits and tasks incumbent on each member of the team depending on the type of places of detention visited were presented, together with the procedure of concluding contracts for providing services.

During the meeting with representatives of the College of Psychologists of Romania the stages of the visits and their objectives were presented, as well as the use of information for the elaboration of a visiting Report.

For the observation/detection of signs of torture, abuse and ill-treatment, the members of the Field on the Prevention of Torture in places of detention met with prof. Dan Dermengiu (former CPT member), director of the National Institute of Forensic Medicine. In this context, a number of specific terms were clarified in the case of allegations of ill-treatment, such as: documented accusations, credible allegations, unverified/unverifiable allegations. Methods of assessing ill-treatment and a classification of degrees of torture and ill-treatment were presented; means of documenting cases of torture and ill-treatment and examination procedures were shown, together with principles of examination and the checklist of assessment for medical services in a penitentiary, as done by a CPT doctor.

In the same context of organizing visits to places of detention, a meeting with representatives of NGOs was held, and aspects such as the efficient use of information obtained during the visits or the contribution of team members to the elaboration of recommendations and notifications to senior hierarchical authorities or judicial bodies were debated.

Periodic meetings of councillors within the Regional Centres of the Field on the prevention of torture in places of detention were held and, in order to coordinate their activity, the Deputy Advocate of the People conducted, in 2016, guiding activities in the Alba and Craiova Regional Centres.

For the proper conduct of the Domain's activity, **Guidelines and Visiting Objectives for all types of places of detention were drawn**, on the basis of which visiting teams can prepare the visit beforehand, and capitalize data obtained during the visit in order to strengthen the protection of persons deprived of their liberty. At the same time, **the translation of the Guides on children in detention (Practical guide for the monitoring of children's detention places) and immigrants in detention (Guidelines for the monitoring of places of detention for immigrants)**, as well as **the first Romanian- language Guide of Objectives to be pursued for vulnerable categories of private individuals deprived of their freedom (women, children, LGBT, elderly, drug users)** were drawn.

Regarding contact with public authorities having custody of persons deprived of their liberty, the following were held:

- a meeting with Mr. Marc J. Susser, US Department of State representative, focusing on: respecting the rights of people deprived of their liberty in prisons; implementing UN Standards for disabled detainees - "the Nelson Mandela Rules"; discussing the activity of the Field on the prevention of torture in places of detention;

- a meeting with Mr. Tiberiu Trifan, State Secretary of the Ministry of Internal Affairs, with the purpose of involving the People's Advocate Institution in monitoring the return of illegal immigrants;

- meeting with the new General Director of the National Administration of Penitentiaries, Mr. Marius Vulpe, and with Mr. Dan Halchin, Deputy General Manager of the National Penitentiary Administration, occasioned by the following issues: monitoring of the prisons by visiting teams of the Field on the prevention of torture in

places of detention; finding solutions for implementing Recommendations contained in visit Reports of the Field on the prevention of torture in places of detention; dissemination of Law no. 35/1997 concerning the organisation and functioning of the People's Advocate institution, republished, with subsequent amendments and additions;

- meeting with Mr. Dragos Pislaru, Minister for Labor, Family, Social Protection and the Elderly, discussing issues regarding the monitoring of centres where minors and the elderly are being detained.

► **In 2016, all places of detention in Romania were reassessed, and the Annual Visits Plan was drawn up accordingly.** According to information offered by authorities which administer places of detention; **in 2016, in Romania there are a number of 2318 detention places**, of which: **44 prisons; 139 Centres under the jurisdiction of the Ministry of Internal Affairs** (of which 51 on remand arrest and detention centres, and 88 centres for migrants); **2103 units under the jurisdiction of the Ministry of Work** (of which: **residential centres for children – 1445** - from which 1148 are in the public system and 297 in the private system; **centres for the elderly - 283**, of which 119 in the public system and 164 in the private system; **centres for adults with disabilities - 375**); **units under the authority of the Ministry of Health - 34**, of which **33 psychiatric hospitals and one addiction treatment centre.**

► **For better media coverage of the role of the People's Advocate institution, a booklet was drawn**, comprising internal and international provisions on the prevention of torture and ill-treatment, the types of places of detention, the structure and duties of the Field on the Prevention of Torture, the methodology of conducting visits, contact data for the People's Advocate institution and regional centres of the Field on the prevention of torture in places of detention. The booklets were sent to central authorities which coordinate detention places, for dissemination to persons deprived of their liberty.

► **On the occasion of the 10th anniversary of the implementation of the OPCAT protocol the People's Advocate institution, through the Field on the prevention of torture in places of detention, organized a series of manifestations**, both at the central and the regional levels.

Thus, on **November 9, 2016, the Conference “OPCAT - 10 YEARS OF PREVENTION OF TORTURE - The activity of the Field on the prevention of torture in places of detention in the first years of exercising its attributions as a National Prevention Mechanism”** was held in the Hall of the Romanian Parliament.

The conference was attended by:

- *representatives of public authorities* (Presidential Administration, Ministry of Foreign Affairs - Government Agent for Human Rights, Ministry of Justice, Ministry of Internal Affairs, Ministry of Labor, Family, Social Protection and Elderly, National Administration of Penitentiaries, National Institute of Forensic Medicine);

- *representatives of professional associations* (the Romanian Medical College, the College of Psychologists of Romania, the National College of Social Workers, the

National Union of Law Practices of Romania, the Institute for Researching the Quality of Life);

- *representatives of NGOs* (the European Association for Human Rights - AEPADO; the Romanian Group for Human Rights - GRADO; the "ANAIIS" Association; the Romanian Association for Transparency; the National Refugee Council - CNRR; The Drawing Your Future Association (DVD); the Independent Society for Human Rights - SIRDO; the Association of Mental Health for Quality of Life; the Romanian Society for Human Rights - SRDO; the Foundation for the Defence of Citizens' Rights Against State Abuse - FACIAS; the Organization for the Defence of Human Rights - (APADOR CH; the National Organization of Handicapped Persons - ONPHR).



The themes of the Conference were:

* ***OPCAT - 10 YEARS OF PREVENTION OF TORTURE. The activity of the Field on the prevention of torture in places of detention in the first years of exercising its attributions as a National Prevention Mechanism;***

* ***Prevention of torture in places of detention in Romania***, in connection with which representatives of public authorities, professional associations and non-governmental organizations sent messages and intervened.

* ***Collaboration between the Field on the Prevention of Torture in Places of Detention, public authorities, professional associations and civil society***, a topic on which:

- **representatives of public authorities administering places of detention presented measures** taken following visits made by the Field for the Prevention of Torture in Places of Detention (NPM).

- **specialists within the Field highlighted the role of physicians, psychologists, social workers and lawyers** in monitoring conditions of detention and the treatment applied to persons deprived of their liberty.
- **non-governmental organizations showed the importance of attending visits** and the deficiencies found during the monitoring visits.

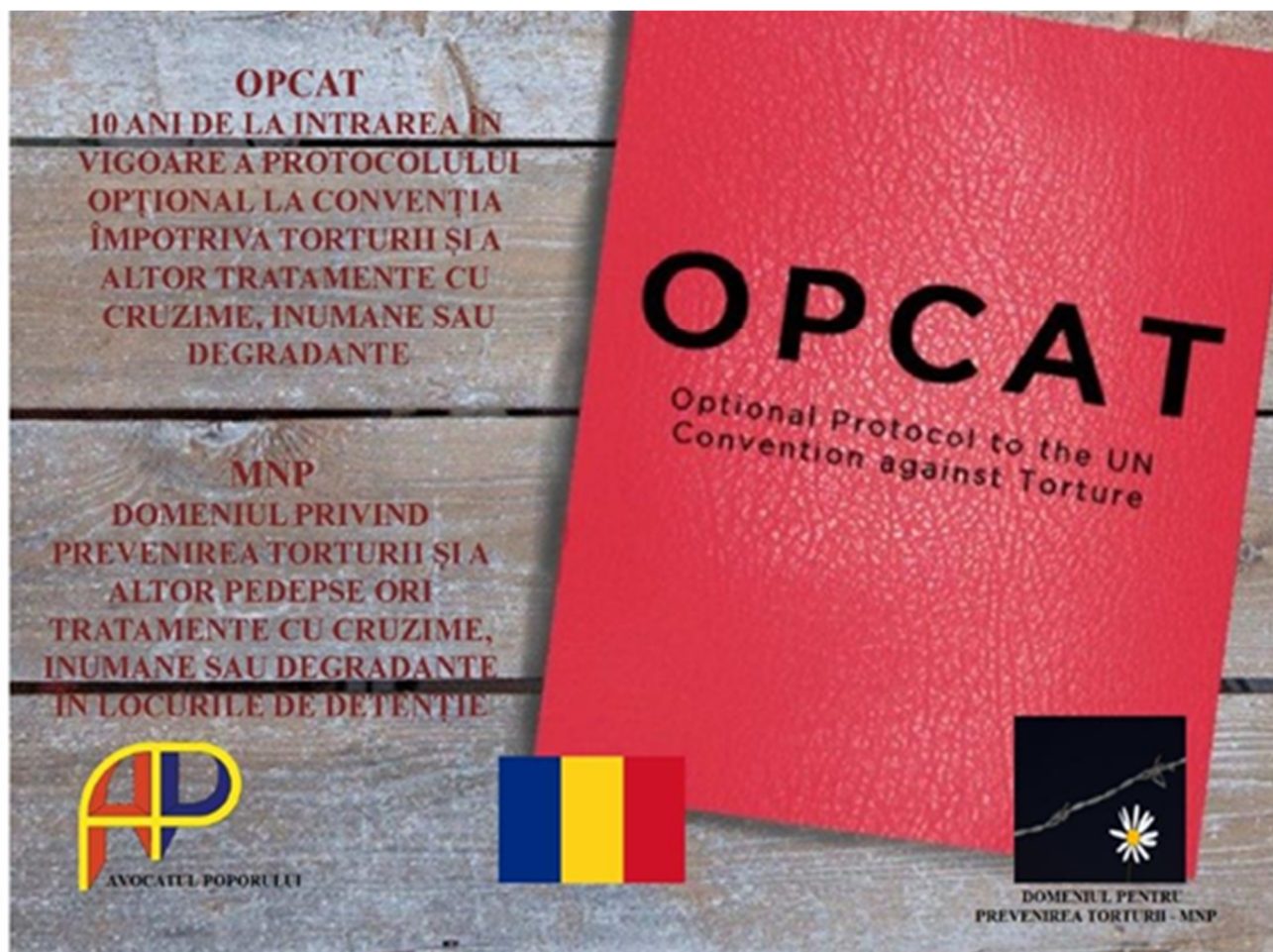


* ***Regional centres of the Field on preventing torture in places of detention*** - the presentation focused on the activity of the Regional Centres of the Field during their two years of activity, as well as measures taken by the visited institutions to improve conditions of detention, as examples of good practices.

* ***The role of public authorities in implementing the recommendations of the People's Advocate*** - the theme referred the collaboration between the Field on the Prevention of Torture in places of Detention and public authorities ((Ministry of Justice, Parliament, Ministry of Labour, Ministry of Internal Affairs, Ministry of Health) for the implementation of post-visit recommendations, in order to strengthen the protection of persons deprived of their liberty against torture and inhuman or degrading treatments, and to offer them indiscriminate exercise of their rights and liberties.

Materials distributed to the conference guests included: informative materials (leaflets with OPCAT presentation and NPM attributions), the thematic poster – “10-year anniversary of torture prevention”, a Synthesis of the Annual Report of the NPM and the Special Report on prison conditions in penitentiaries and on remand detention centres.

The event was publicized in the media, press and television (Agerpress, Realitatea TV).



On November 15, 2016, the Regional Centres of the Field on the Prevention of Torture in Places of Detention (Alba, Bacău and Craiova) organized round tables and debates on the theme “10 years of torture prevention”.

The debates were attended by representatives of:

- **local authorities:** Institution of the Prefect - Bacău and Dolj; County Council of Alba and Dolj; County Police Inspectorates Alba, Dolj and Bacău; Aiud, Craiova, Pelendava and Bacău penitentiaries; Craiova Detention Centre; General Directorates for Social Assistance and Child Protection Alba, Dolj and Bacău; Home for elderly people Bacău; Neuropsychiatric Recovery and Rehabilitation Centre Galda de Jos, Alba; Centres for Drug Prevention, Evaluation and Counselling, Alba and Dolj; Probation Service, Dolj; Spiru Haret University; the daily newspaper “The Word of Freedom”; Radio Oltenia, Craiova.

- **NGOs** (Pro Democracy Association of Piatra Neamț, Iris Vaslui Association) that support the activity of the regional Centres;

- **doctors; psychologists; social workers.**



For the coverage of the event, an article entitled “10 Years of Torture Prevention in Romania” was published in the local press 2The Word of Freedom” Craiova, and Radio Romania Oltenia-Craiova broadcast about the event on 11 and 15 November 2016, as well as on-site.

Cuvântul Libertății
Primul cotidian al Olteniei

Prima pagină Editorii Actualitate Administrație Politică Economie Eveniment Sănătate Educație Cultură Sport Divers

OPCAT – 10 ani de prevenire a torturii

16 noiembrie 2016
Autor [Carmen Zăican](#)

La sediul Facultății de Drept și Științe Economice „Spiru Haret” din Craiova, Instituția Avocatul Poporului – Domeniul privind prevenirea torturii și a altor pedepse ori tratamente cu cruzime, inumane sau degradante în locurile de detenție a organizat, prin intermediul Centrului Zonal Craiova, conferința cu tema „*OPCAT-10 ani de prevenire a torturii*”, ocazie cu care s-a vorbit, în principal, despre vizitele efectuate în penitenciarele din Craiova, recomandările făcute și măsurile care au fost luate pentru remedierea problemelor.

Evenimentul de la Craiova a marcat împlinirea a 10 ani de la intrarea în vigoare a Protocolului Opțional la Convenția ONU împotriva torturii (OPCAT), când peste 80 de state au fost de acord să permită mecanismelor naționale de prevenire să monitorizeze locurile de detenție. „Odată cu adoptarea acestui protocol, statele semnatare au consolidat angajamentul lor de a preveni tortura și alte rele tratamente aplicate tuturor persoanelor private de libertate”, a precizat **Lucian Moșoiu**, consilier în cadrul Centrului Zonal Craiova.

Dr. Doru-Adrian Seicaru: „Prezența unui medic este absolut indispensabilă în centrele de detenție”

Centrul Zonal Craiova și-a început activitatea în luna mai a anului 2015, monitorizând nouă județe: Anul, Timiș, Caraș-Severin, Mehedinți, Dolj, Gorj, Vâlcea, Olt și Argeș.

„Prezența unui medic este absolut indispensabilă, este vitală în astfel de centre de detenție. Doctorul poate să constate anumite probleme medicale și poate să relaționeze, la rândul lui, cu medicii locurilor de detenție, fiind, în felul acesta, o sursă de informație foarte valoroasă”, a subliniat rolul pe care medicul îl are în această structură **dr. Doru-Adrian Seicaru**, consilier în cadrul Centrului Zonal Craiova. De altfel, echipa de la Craiova este formată din consilierul juridic **Lucian Moșoiu**, medicul **Doru-Adrian Seicaru** și psihologul **Alina Angela Aron**.

Simona Emandi, consilier în cadrul Biroului Teritorial Craiova, a subliniat faptul că Instituția Avocatul Poporului a încercat să soluționeze probleme semnalate de cetățeni „în limita cadrului legal și întotdeauna s-a rezolvat mare parte din probleme”.

Penitenciarele din Craiova își îmbunătățesc condițiile de cazare

De la înființare și până în prezent, Centrul Zonal Craiova a efectuat 30 de vizite în locurile de detenție. Una dintre acestea a fost, în august 2015, când s-a făcut o anchetă amplă, inopinată, la Penitenciarul Craiova. „Am încercat, pe cât posibil, să ne conformăm recomandărilor făcute de Instituția Avocatul Poporului pentru îmbunătățirea condițiilor de cazare a deținuților. Cea mai mare problemă a noastră este suprapopularea și, pentru a mări spațiul din cameră, am ridicat toate obiectele care nu își aveau rostul și

The debates revealed that the visited units recognize the role of the Field on the prevention of torture in places of detention as a partner in finding solutions for improving detention conditions and implementing recommendations, in order to respect human rights and prevent torture and ill-treatment of persons deprived of their liberty.

Thus, only a collaborative activity can help prevent torture and ill-treatment, this being a challenge for the whole of society.



► **Between 3-12 May 2016, the first assessment mission carried out by the United Nations Subcommittee on the Prevention of Torture (SPT) took place in Romania.**

According to OPCAT, torture prevention is based on the triangular relationship between State Parties, the Subcommittee on the Prevention of Torture, and the National Prevention Mechanism. In accordance with the provisions of the Protocol, Law no. 35/1997 regarding the organization and functioning of the People's Advocate Institution, republished, as amended and supplemented, states that in the exercise of its duties the People's Advocate or, as the case may be, the People's Advocate Deputy for Torture Prevention maintains the connection with the Subcommittee on the Prevention of Torture, sends needed information and meets with its members. Also, members of the National Prevention Mechanism can benefit from professional training and technical assistance from the Subcommittee on the Prevention of Torture.

In the context of the above-mentioned legal provisions, between May 3 – May 12, 2016, a **SPT delegation** paid a visit to Romania in order to monitor the way the Romanian state fulfilled its obligations under the ratification of the Protocol, including the creation of a National Preventive Mechanism.

During the visit, **two working meetings were held with members of the Field on the prevention of torture in places of detention**, on the 4th and 12th of May 2016 respectively; several issues were discussed, such as the mandate and attributions of the National Preventive Mechanism, relevant legislation on preventing torture, methods of organizing and conducting visits, implementation of recommendations.

During the meetings, representatives of the Subcommittee on the Prevention of Torture stressed the importance of the state ensuring the functional independence of both the Mechanism and its members, including the financial and organizational autonomy of the Mechanism and sufficient resources for its effective functioning, in accordance with OPCAT provisions. They also mentioned the importance of continuing training for NPM members and the role of maintaining a permanent dialogue between the NPM, the SPT and other national prevention mechanisms.

Regarding the importance of NPM functioning in accordance with the provisions of the OPCAT, which Romania ratified and is compelled to respect, **Ms. Aisha Shujune Muhammad, the president of the mission of the Subcommittee on the Prevention of Torture in Romania, said** at the end of the visit to Romania:

“We believe that an independent NPM, with sufficient financial resources, is crucial in ensuring effective prevention for the implementation of the necessary mechanisms to prevent torture and ill-treatment”, concluding that **the visit to Romania is the beginning of a continuous and constructive collaboration between the SPT, Romania and the NPM.**

► The Field on the prevention of torture in places of detention, fulfilling the attributions of NPM, joined the South-East Europe NPM Network at the SEE NPM Network Meeting 2016, an event organized by the institution of the Ombudsman in Austria on October 10-12, 2016.

Accession to the NPM Network in South East Europe is an effective way for each NPM to exchange experience and enrich knowledge about detention places.

The goals of the Network are: to establish cooperation between NPMs, to exchange experience, to create synergy between Network members, to provide support to Network members and to create conditions for the effective implementation of the NPM mandate as specified by the OPCAT.

We would like to mention that the activity of the NPM Network in South East Europe involves regular meetings, thematic meetings, visits to places of detention, the creation of working groups on different topics (jurisprudence, health), and sharing knowledge gained among network members.

► In 2016, the personnel of the Field on the prevention of torture in places of detention attended a series of conferences and workshops organized at national level:

National events:

- The “Migration and its Issues” Conference, organized by SNSPA;
- The “Justice Involving Volunteers in Europe (JIVE)” conference, organized by GRADO;
- A seminar with the theme: “Detention Conditions in Romania - Challenges, Good Practices and Perspectives” - organized by the Ministry of Justice;
- The Migration Meeting organized by the National Council for Refugees (CNRR);
- Symposium on “Obstacles to Knowledge, Promotion and Respect for Human Rights” organized by the Organization for Human Rights Protection - Craiova Regional Branch;

- The Symposium on “Particularities (Institutional) Evaluation of Children with Autistic Spectrum Disorders”, organized by the Psychology College - Alba Territorial Branch, the Alba Children's Mental Health Centre and the Alba Iulia Association for Counselling and Specialized Assistance;
- Regional meeting organized by the Ministry of Justice together with APADOR-CH - a process of public information and consultation on the situation in the Romanian penitentiaries;
- The debate organized by the Association for the Protection of Human Rights in Romania-Helsinki Committee, regarding accommodation conditions in police centres;
- Training of the territorial offices and the regional centres of the People's Advocate Institution in Albac, Alba County;



- Meeting with the delegation from the Republic of Moldova, representatives of the NORLAM mission, regarding the individualization and humanization of criminal penalties;
- Meeting with the Moldovan delegation of the Bălți Juridical Clinic with the participation of APADOR-CH regarding the monitoring of detention and on remand arrest centres;
- Meeting with the theme “Psycho-social rehabilitation in psychiatric and safety measures hospitals”, organized by the Romanian Association of Medico-Legal Psychiatry;
- Participation in the continuous professional training workshop “Tests, methods and techniques used in clinical psychology for assessing people with disabilities (special needs). Dementia and organic personality disorder”.

Physicians and psychologists employed by the NPM attended the following scientific manifestations:

- National Conference of Cardiology in Family Medicine – Bucharest;
- SRATI National Congress – Sinaia;
- Cardiology conference – Sinaia;
- Internal Medicine Diagnostic Challenges – Bucharest;
- Rheumatology National Conference – Bucharest;
- National Conference on “National Suicide Prevention Day”, Cluj Napoca.

International events:

The subject of international events attended by representatives of the Field on the prevention of torture in places of detention was the respect of fundamental human rights for different categories of people: children (promotion and dissemination of the first practical guide regarding the monitoring of places of detention for children); persons deprived of liberty (legal protection of prisoners in EU Member States); patients hospitalized in psychiatric hospitals, as well as persons institutionalized and treated without consent in specialized establishments (pilot visits to psychiatric hospitals); refugees and migrants (human rights protection for refugees and migrants in the countries of South-Eastern Europe), etc.

Representatives of the Field on the prevention of torture in places of detention attended international conferences and workshops in 2016:

- The final conference “Children's Rights behind bars”, Brussels;
- NPM Consultative Workshop on “Enhancing the implementation of fundamental rights based on EU criminal law through cooperation between the judiciary and the NPM”, Ludwig Boltzmann Institute of Human Rights (BIM), Vienna, Austria;
- The Prison Litigation Network's Research Seminar and Conference in collaboration with GRADO, Strasbourg;
- “Psychiatric Institution Monitoring” Workshop, Vilnius, Lithuania;
- Summer University Courses – “Police Station Monitoring”, organized by the Association for the Prevention of Torture and Lyon Institute for Human Rights in Lyon, France;
- High Level International Human Rights Conference “Challenges on recent flows of migrants and refugees”, Tirana – Albania;
- The festive manifestation on the occasion of the 10th anniversary of the implementation of the OPCAT protocol in Geneva;
- “An inclusive society through prison reform”, an event organized by APADOR CH in collaboration with the Norwegian Helsinki Committee;
- The Conference of the SE Europe Network of National Mechanisms for Prevention of Torture – Zagreb;
- The Conference “Human Rights Protection of Refugees and Migrants in Southeast European Countries - Preventive Approach”, Belgrade, Serbia;
- NPM Meeting within the South-Eastern Europe Network and the Annual Meeting of NPMs in the OSCE region.

● ***The final “Human Rights of Children Deprived of Liberty” conference in Brussels*** presented, promoted and disseminated the first Practical Guide on the monitoring of child detention facilities, aiming at improving the implementation of European standards on the protection of the rights and needs of institutionalized children. The Guide is a comprehensive tool, containing basic requirements and principles for a visit, models of interviews with children, instructions for making recommendations, indications for communication and cooperation with the visited units, as well as the relationship with representatives of visited units, which must be balanced and not attract coercive measures upon minors who talked with the visiting teams.



● ***NPM Consultative Workshop on "Enhancing the implementation of fundamental rights based on EU criminal law through cooperation between the judiciary and the NPM"***, Ludwig Boltzmann Institute of Human Rights (BIM), Vienna, Austria; The event offered the opportunity to discuss various issues in the NPM expertise area. It presented a reference Study about cooperation between the judiciary system and European NPMs, and the role of NPMs in consolidating the correct and coherent application of penal EU legislation.

● ***The European Court of Human Rights in Strasbourg was the host of the “Prison Litigation Network Research” Final Conference.*** The aim of the project was to increase the judicial protection of detainees in the Member States of the European Union. In order to achieve the objectives of the project, a European network of doctors and researchers was created, working to defend the rights of prisoners. This network has helped to improve knowledge of EU legislation and has compared existing systems in different countries with a view toward exchanging better information, so that specialists in various fields can discuss and analyse real obstacles encountered by detained people before a judicial procedure. The conference materials revealed that close cooperation between states is needed in order to ensure respect for human rights.

It also became clear that all states must have, as a priority, the assurance of respect for fundamental rights in prisons.



● ***In Vilnius, within the “Monitoring Psychiatric Institutions” workshop,*** NPM representatives: explored common problems that may arise in the monitoring of psychiatric institutions; deepened understanding of main risk situations when monitoring this type of institution; developed skills needed to meet the challenges posed by the monitoring of psychiatric institutions; explored strategies used during visits to psychiatric institutions; and studied the process of creating and implementing useful algorithms during the visits. The materials presented in the workshop focused on: algorithm tables for conducting an interview; interventions in concrete cases; the issue of visiting psychiatric institutions; synthetic checklists for the assessment of psychiatric hospitals and admitted patients; ways of maximizing the impact of national visits.

● ***The courses of the Lyon Summer University were dedicated to “Strategy and Methodology for Monitoring Detention in Police Departments”.*** The main issues which have been the subject of discussions focused on: monitoring Police Departments specifically, with the following sub-themes: powers and responsibilities of the police and corresponding risks; specificity of monitoring police detention; the use of force and means of restraint during detention, with sub-themes: the principle of gradual use of force; risks induced by the use of arms and actions of restraint; monitoring the moment of arrest; analysis of information obtained during monitoring, and recommendations issued; arrival of persons deprived of liberty at the police station, with sub-themes: fundamental guarantees: notification of a third party, access to a lawyer, access to a doctor; other warranties; questioning/hearing, with sub-themes: practice hearings;

specific hearings; working conditions of police employees, with sub-themes: recruitment of personnel; training of personnel; control and supervision of the work of police employees; detention conditions, with sub-themes: spaces to be visited; living conditions; monitoring; vulnerable groups, with sub-themes: vulnerability and persons in situation of vulnerability; ethnic minorities, persons with disabilities, minors, LGBTI persons, women; the role of the National preventive Mechanisms; reports, recommendations and implementation strategy for the follow-up of recommendations, with sub-themes: visiting reports, thematic reports, annual reports; double SMART recommendations; maintaining a constructive dialogue with authorities and interacting with different actors for the implementation of recommendations.



● ***The Conference “Human Rights Protection of Refugees and Migrants in Southeast European Countries - Preventive Approach”, Belgrade, Serbia*** debated the problem of asylum seekers and migrants/refugees, and of the steps taken by NPMs in order to prevent abuse on migrants and refugees. Monitoring carried out by the NPM includes verification of detention conditions as well as the existence and effective functioning of appeal and internal control mechanisms. Fundamental safeguards for asylum seekers and / or migrants should be: access to a lawyer, access to a doctor, the right to notify a third party, the right to be informed. The NPM can help increase the ability to identify vulnerabilities and try to remedy them. It has been noted that integrity, impartiality, feed-back and non-judgment are the principles that must govern the work of any NPM and must be passed on to the drafting of the reports. Maintaining a constructive dialogue with authorities and interacting with them is necessary for the implementation of recommendations. Collaboration, and the fact that human rights must be respected at any time, for any human being, were reiterated.

● ***The High Level International Conference on Human Rights “Challenges related to the recent flows of migrants and refugees” (Tirana, September 7-8, 2016)*** aimed at bringing together high-level representatives of international organizations and specialized agencies, Ombudsmen and Mediators, governmental institutions and

officials, the diplomatic community and civil society, in order to identify a common response to the situation of people in need of international protection.

The Conference noted that all countries of origin, transit or destination need to adopt a common approach to the migration situation, and the institutions of Ombudsmen and Mediators have a particularly important role because they can refer and intervene urgently, linking state institutions, updating laws and respecting international standards.

The Ombudsman must be independent (able to act without the consent of other institutions), have a proactive attitude (legislative proposals, immediately effective measures), collaborate with other Ombudsmen and facilitate the cooperation and coordination of national institutions.

Ombudsmen enjoy credibility and must be involved in the struggle to ensure equal treatment of migrants in all countries, given that **they have the opportunity to be aware of migrants, to be proactive, to be close to the victims, to act quickly, because they do not need authorization, and have the possibility to make changes.**

The European Court of Human Rights uses the reports of the Mechanisms for preventing torture within the Ombudsmen institutions. On the other hand, Ombudsmen have to take on the recommendations of the European Court of Human Rights and the Council of Europe, draw attention to cases heard in Strasbourg and help their countries transpose these recommendations into domestic law and practice.

The Conference also highlighted the role of education, which is important in the fight against hate speech and negative stereotypes. We need to be positive, tolerant, co-exist with refugees, highlight the advantages of refugee presence and combat hate-speech. Collaboration, and the fact that human rights must be respected at any time, for any human being, were reiterated. Attention was drawn to the situation of refugee children, with many children being deprived of any form of protection.

It was also stressed that migration is a global phenomenon where national laws, and especially human rights, must be respected; a sharing of duties is required between: countries of origin, transit countries and countries of destination; the role of the Ombudsman remains irreplaceable.

Ombudsmen are vital to understanding migrants' problems (they check whether administrations apply the law correctly, ensure the protection of victims, verify the adaptation of national legislation to international law, the transfer and accommodation of migrants and the asylum procedure, respect for human rights, permanent collaboration).

The Tirana Declaration on Migration was adopted at the Conference.



● *At the festive event held in Geneva on the 17th of November 2016, occasioned by the 10-year anniversary of entry into force of the Optional Protocol to the Convention against torture and other cruel, inhuman or degrading treatment or punishment*, the main themes were: the evaluation of results obtained in the ten years after entry into force of the OPCAT, as well as the manner in which the existence of the OPCAT has prevented or deterred acts of torture; identifying the value of existence of the OPCAT; examples of good practice in the prevention of torture; identifying and studying the mechanism by which the OPCAT works as a trilateral relationship of cooperation between Member States, the SPT and NPMs , in order to prevent torture and to ensure respect for human rights.

● *The Oslo-Norway visit “An inclusive society through prison reform”* was aimed at studying conditions of detention in Norwegian penitentiaries, especially measures aimed at rehabilitating and reintegrating detainees into society. The Bredtveit and Halden Penitentiaries were visited, and discussions were held with representatives of the Norwegian Helsinki Committee, representatives of the Norwegian Correctional Services Division, representatives of Norway's NPM (operating within the Ombudsman Institution), representatives of the Norwegian Salvation Army, representatives of the probation services.

● *The Conference of the South-East Europe Network of National Mechanisms for Prevention of Torture took place in Zagreb.* Representatives of the National Prevention Mechanisms from the eleven member countries of the network attended the Conference. Plenary presentations and debates were held in three working groups with three major themes: the refugee crisis, implementation of the Mandela Rules and strengthening the monitoring of NPM recommendations.

What emerged from all these international manifestations was **the fact that human rights should not only be respected in situations of harmony and prosperity, but also in critical times.**

National Preventive Mechanisms should be alert to any human rights violations and engage in all issues of protection, against exploitation and abuse.

Other activities:

- **Online courses organized by Penal Reform International** on the problems of women in detention and LGBTI people in detention
- **Studying online anti-discrimination, anti-abuse and anti-exploitation training packages on immigrants and refugees.**

► **Correspondence with:** The Association for the Prevention of Torture, which requested information on the activity of the National Torture Prevention Mechanism in places of detention; The Institute for Human Rights in Vienna and the European Law Academy in Trier, on intensifying cooperation between the judiciary and the NPMs; the Ministry of Foreign Affairs, regarding the monitoring of fundamental rights and freedoms of persons in psychiatric hospitals.

► **For increased efficiency of the activity of the Field on the prevention of torture in place of detention, some legislative modifications of the provisions of Law no. 35/1997 republished, with subsequent amendments and additions were proposed, among which:**

- **replacing the name of the Field on the Prevention of Torture in Places of Detention with the name National Prevention Mechanism**, and its constitution as distinct structure from other areas of activity, with functional, operational, financial and personnel autonomy;

- **petitions about acts of torture, cruel, inhuman or degrading treatment in places of detention shall be settled, according to the issues presented and the type of detention place concerned, by the appropriate structures of the Ombudsman institution, which have a reactive role.** In justified cases, the People's Advocate may order petitions to be solved by the National Prevention Mechanism. **The National Prevention Mechanism will, as a rule, only perform duties in the field of preventing torture in places of detention**, by regular visits to places of detention. Cooperation between the National Preventive Mechanism and other areas of activity of the People's Advocate Institution will be established by the Organization and Functioning Regulation of the People's Advocate Institution.

- **express provision for the preventive role of the National Prevention Mechanism;**

- **separate drawing up of the Annual Activity Report** of the National Prevention Mechanism, subject to the approval of the People's Advocate;

- **reviewing and capitalizing on National Preventive Mechanism reports submitted by non-governmental organizations**, prepared on the occasion of monitoring reception conditions in the regional centres for procedures and accommodation of asylum seekers, as well as in monitoring escort removal activity;

- **providing payment for transportation, accommodation and meal expenses incurred by representatives of non-governmental organizations who are part of the visiting teams**, during visits, by the People's Advocate Institution;

- **access of team members to places of detention on the basis of empowering documents issued by the People's Advocate**, so that members of the visiting teams are not subjected to body searches or control measures when visiting detention facilities;

- remuneration and bonuses due to members of visiting teams within the **National Preventive Mechanism**, under conditions established by relevant legislation;
- **unconditional granting of guarantees and support by the authorities to members of the National Mechanism in the performance of their duties.**

IV. Monitoring places of detention by the Field on preventing torture in places of detention

► In the year 2016, **593 petitions** were registered, of which 300 in the Bucharest Regional Centre, and 293 in the Regional Centres; Alba - 81 petitions, Bacău - 102 petitions and Craiova - 110 petitions.

► **85 visits** were made, as follows:

a) Depending on the regional Centres which achieved them:

Bucharest Regional Centre (35): Găești Penitentiary, Dacia Placement Centre Brașov, Centre for Elderly People Singureni, Giurgiu County, Restraining and Sorting Centre of the Border Police Turnu Măgurele. Teleorman County, “Sf. Maria” Bucharest Social Service Complex, Dâmbovița on-remand detention Centre, Bucharest Jilava Penitentiary Hospital, Călinești Neuropsychiatric Recovery and Rehabilitation Centre for Adults with Handicaps, Prahova County, Accommodation and Procedures Centre for Asylum Seekers in Giurgiu, Home for the elderly “Sf. Elena” Târgoviște, Centre for elderly people “Sf. Mucenic Fanurie”, Bucharest, On-remand Detention Centre no. 5 Bucharest, Centre for Accommodation of Foreigners Taken in Public Custody, Otopeni, “Cristina” Community Services Complex Constanta, Social Services Complex “Floare de colt” Târgoviște, Găești Social Services Complex, Săpoca Psychiatric Hospital for Safety Measures, Robin Hood Placement Centre Bucharest, Home for Elderly People and Social Services Complex Odăi, Bucharest, Rahova Penitentiary, Periș Elderly Home, Ilfov County, Ploiești Penitentiary, Târgșor Penitentiary, Poarta Albă Penitentiary, Mărgineni Penitentiary, On-remand Detention Centre no. 1 Bucharest, Giurgiu Penitentiary, Jilava Penitentiary, Jilava Penitentiary Hospital, Residential Centre for the severely Neuro-handicapped Child within the Oltenița Community Services Complex, Călărași County, Residential Centre for Dependent Elderly People “Sf. Maria”, Talpa village, Teleorman County, Centre for Emergency Evaluation of Children in the Community Services Complex no. 3 Buzău, Mărgineni Penitentiary, Bălăceanca Neuropsychiatric Recuperation and Rehabilitation Centre, “Eftimie Diamandescu” Psychiatric Hospital, Bălăceanca.

Bacău Regional Centre (35): Iași On-remand Detention Centre, Iași Penitentiary, Vaslui Penitentiary, Pietricica Social Centre Piatra-Neamț, Pădureni-Grajduri Psychiatric Hospital for Safety Measures. Iași County, Reeducation Centre Târgu Ocna, Bacău, On-remand Detention Centre Vaslui, Vaslui County, On-remand Detention Centre Neamț, Bacău Home for the elderly, Maternal Centre “Maternus”, Iasi, Clinical Psychiatry Hospital “Socola” Iasi, Iasi Penitentiary, Botoșani Penitentiary, Support Home for the elderly Fitionești, Vrancea, Regional Centre for procedures and

Accommodation for asylum seekers Rădăuți, Suceava County, Suceava, “Sf Pantelimon” Psychiatric Hospital, Brăila, Emergency Centre for the abused, neglected and exploited child, Brăila, Family Complex “Universul copiilor”, Brăila, Galați Penitentiary.

Craiova Regional Centre (17): Târgu Jiu Penitentiary, Colibași Penitentiary, Protection house complex Buzoești, Craiova young offenders Penitentiary, ”Ana” Placement Centre, Râmnicu Vâlcea, Timișoara Penitentiary, Family housing complex “Sf. Mihail” Caracal, Craiova Penitentiary, Centre for Accommodation of Foreigners Taken in Public Custody Arad, On-remand Detention Centre Timiș, Psychiatry Hospital Poiana Mare Dolj, Senior Home Săcelu, Gorj County, Strehăia Home for the Elderly, Mehedinți county, On-remand Detention Centre Mehedinți, On-remand Detention Centre Vâlcea, Maternal Centre ”Sfânta Ecaterina” Craiova, Complex for specialized residential services for children “Casa Ioana” Dioști, Dolj County.

Alba Regional Centre (14): Aiud Penitentiary, Codlea Penitentiary, Miercurea Ciuc Penitentiary, Centre for the Elderly Brașov, Centre for the elderly Gherla, Placement Centre (Teiuș) Stremț, Emergency Admission Centre “Print Ț și Cerșetor” Sfântu Gheorghe, “Sfântul Stelian” Centre, Ghimbav Brașov, Placement Centre “Brândușa” - Brădet school rehabilitation complex, Brașov County, “Sfânta Elisabeta” Home, Orăștie, Bistrița Penitentiary, Baia Mare Penitentiary, Emergency centre for homeless children Baia Mare, Accommodation and Procedures Centre for Asylum Seekers in Șomcuta Mare, Maramureș County.

b) According to the places of detention visited:

Penitentiaries (27): Găești Penitentiary, București Jilava Penitentiary, Rahova Penitentiary, Ploiești Penitentiary, Târgșor Penitentiary, Poarta Albă Penitentiary, Mărgineni Penitentiary, Giurgiu Penitentiary, Jilava Penitentiary, București Jilava Penitentiary Hospital, Mărgineni Penitentiary, Iași Penitentiary, Vaslui Penitentiary, Târgu Ocna Reeducation Centre Bacău County, Iași Penitentiary, Botosani Penitentiary, Galați Penitentiary, Târgu Jiu Penitentiary, Colibași Penitentiary, Minor and Young offenders Penitentiary Craiova, Timisoara Penitentiary, Craiova Penitentiary, Aiud Penitentiary, Codlea Penitentiary, Miercurea Ciuc Penitentiary, Bistrita Penitentiary, Baia Mare Penitentiary.

Centres for children (22): Dacia Placement Centre Brașov, Social Service Complex “Sf. Maria” Bucharest, “Cristina” Community Services Complex Constanta, Social Services Complex “Floare de colt” Târgoviște, Găești Social Services Complex, Robin Hood Placement Centre Bucharest, Residential Centre for severely handicapped children in the community services complex Oltenita-Calarasi, Centre for Emergency Evaluation of Children in the Community Services Complex no. 3 Buzău, Maternal centre “Maternus” Iași, Emergency Centre for the abused, neglected and exploited child, Brăila, Family Complex “Universul copiilor” Brăila, Buzoesti complex of protected houses, “Ana” Placement Centre Râmnicu Vâlcea, “Sf Mihail” family houses Caracal, Maternal Centre “Sfânta Ecaterina” Craiova, Complex for specialized

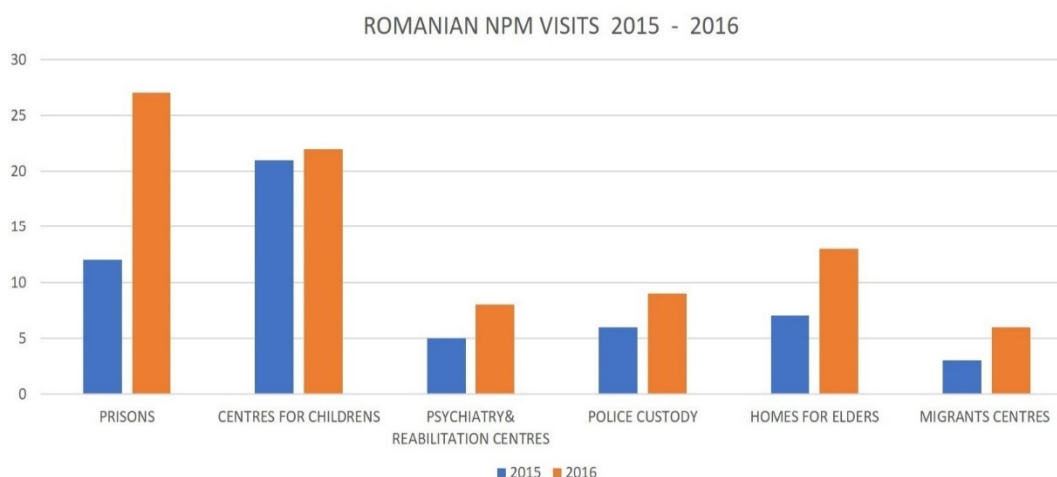
residential services for children “Casa Ioana” Dioşti Dolj County, Emergency Admission Centre “Print şi Cerşetor” Sfântu Gheorghe, “Sfântul Stelian” Centre Ghimbav Braşov, Placement Centre “Brânduşa” - Brădet school rehabilitation complex, Braşov County, “Sfânta Elisabeta” Home Orăştie, Emergency centre for homeless children Baia Mare.

Psychiatric hospitals and neuropsychiatric recovery centres (8): Călineşti Neuropsychiatric Recovery and Rehabilitation Centre for Adults with Handicaps Prahova, Sapoca Safety Measures Hospital, Bălăceanca Neuropsychiatric Recuperation and Rehabilitation Centre, “Eftimie Diamandescu” Psychiatric Hospital Bălăceanca, Pădureni-Grajduri Psychiatric Hospital for Safety Measures Iasi, “Socola” Psychiatric Hospital Iasi, Psychiatric Hospital “Sf. Pantelimon” Braila, Psychiatric Hospital Poiana Mare Dolj.

On remand arrest and detention centres (9): On remand arrest and detention centre Dâmboviţa, On remand arrest and detention centre no. 5 Bucharest, On remand arrest and detention centre no. 1 Bucharest, On remand arrest and detention centre Vaslui, On remand arrest and detention centre Neamţ, Timiş on remand arrest and detention centre, Mehedinţi on remand arrest and detention centre, Valcea on remand arrest and detention centre.

Elderly people's homes (13): Centre for Elderly People Singureni Giurgiu County, “Sf Elena” Home for the Elderly Târgovişte, Home for elderly people “Sf Fanurie” Bucharest, Home for Elderly People and Social Services Complex Odăi Bucharest, Periş Elderly Home Ilfov County, Residential Centre for Dependent Elderly People “Sf. Maria” Talpa village Teleorman County, Bacău Home for the elderly, Social Centre “Pietricica” Neamt, Support Home for the elderly Fitioneşti Vrancea County, Săcelu Senior House Gorj County, Strehaia Home for the Elderly Mehedinţi County, Elderly people's home Brasov, Elderly People's home Gherla.

Centres for migrants (6): Restraining and Sorting centre of the border Police Turnu Măgurele Teleorman County, Centre for procedures and accommodation for asylum seekers Giurgiu, Centre for accommodation of foreigners taken in public custody |Otopeni, Regional Centre for procedures and accommodation for asylum seekers Rădăuţi, Suceava County Centre for accommodation of foreigners taken in public custody Arad, Centre for procedures and accommodation for asylum seekers Şomcuta Mare Maramureş County.



► There were **38 ex officio notifications** in connection with which public authorities were requested to act, of which we mention the visits to: “Sf. Mihail” Caracal Family Houses and the Caracal Disability Recovery and Rehabilitation Centre, the “Odai” Social Services Complex, the “Sf. Maria” Social Services Complex Bucharest, ORDC Mehedinți; and investigations in Bucharest Jilava Penitentiary, Colibași Penitentiary, Craiova Penitentiary, Dolj DGASPC, Iasi Penitentiary, “NoriceI” Community Services Complex within DGASPC Dolj.

► **6 Recommendations were formulated**, as follows: to the National Administration of Penitentiaries (3), the Sibiu County Police Inspectorate, Dolj DGASPC (2).

► **65 inquests were finished**, as follows:

Bucharest Regional Centre (22): Găești Penitentiary (2), București Jilava Penitentiary (3), Rahova Penitentiary (5), Ploiești Penitentiary, Târgșor Penitentiary, Poarta Albă Penitentiary, Mărgineni Penitentiary (2), Giurgiu Penitentiary (2), Jilava Penitentiary, București Jilava Penitentiary, Mărgineni Penitentiary, Tulcea Penitentiary, Târgșor Penitentiary, Slobozia Penitentiary.

Alba Regional Centre (5): Bârcea Mare Penitentiary (2), Codlea Penitentiary, Satu-Mare Penitentiary, On-remand Detention Centre Brasov

Bacău Regional Centre (4): Iași Penitentiary (3), Bacău Penitentiary

Craiova Regional Centre (25): Family house "Aripi de Serafimi" Dolj, NoriceI Dolj Family House, Drobeta Turnu Severin Penitentiary (4), Craiova Penitentiary (9), Colibași Penitentiary Hospital (2), Colibași Penitentiary (2), Arad Penitentiary (3) General Social Assistance and Child Protection Dolj, Arad Penitentiary (2).

7. *Persons deprived of liberty inside on remand arrest and detention centres*

The Field on the prevention of torture in places of detention exercises its attributions inside on remand arrest and detention centres based on the provisions of Art. 29² (c) from Law No. 35/1997 concerning the organisation and functioning of the People's Advocate institution, republished, with subsequent amendments and additions;

Deprivation of liberty in centres for on remand arrest and detention is regulated by Law No. 254/2013 on the execution of sentences and custodial measures ordered by the court in criminal proceedings, and by the Regulation 157/2016 implementing Law No. 254/2013.

Under the provisions of Art. No. 107 from Law No. 254/2013, **on remand and pre-trial detention centres (ORDC) are organized and operate under the subordination of the Ministry of Internal Affairs.**

In Romania, there are currently **51 on remand and pre-trial detention centres.**

In 2015 the Domain drafted and submitted to Parliament the Report on detention conditions in prisons and on remand detention centres, determining factors in ensuring respect for human dignity and the rights of detainees, which also included legislation proposals for the purposes of improving detention conditions. Order no. 988/2005 of the Minister of Administration and Interior for the approval of the Regulation on the organization and functioning of places of detention and preventive arrest in the police units of the Ministry of Administration (unpublished) has fallen into disuse until the date of this Report, but no new Regulation was issued, so that it continues to be applied.

Under the provisions of Art. No. 109 from Law No. 254/2013 regarding the execution of sentences and the deprivation of liberty ordered by the judicial bodies during the criminal trial, admission of persons against whom preventive measures were imposed inside on remand and pre-trial detention centres is made on the basis of the ordinance by which the measure of apprehension or, where appropriate, of preventive arrest warrant was ordered, once their identity was established.

According to the provisions of Art. 111 para (1) of the same normative act “persons detained or remanded in custody in centres for on-remand detention and pre-trial detention are subject to their own execution regime, with a view to the good conduct of the criminal proceeding, **respecting their fundamental rights**”; and according to para. 2, they “can provide work on request in the centre’s interest and can receive psychological and moral-religious assistance inside the centre, under guard and supervision, under the conditions established by the regulation for the application of this law”.

According to the Regulation of March 10, 2016 for the application of Law no. 254/2013 regarding the execution of sentences and the deprivation of liberty ordered by the judicial bodies during the criminal trial, **persons deprived of their liberty are entitled to the right to healthcare, treatment and care with specialized personnel, free of charge, according to the law: “Health care services are provided upon receipt at the pre-trial on remand and detention centre, at the persons' request,**

based on a schedule, and whenever it is necessary (e.g. in case of medical-surgical emergencies)”.

The administration of the on remand and pre-trial detention centre shall provide the **necessary facilities for the exercise of the right to legal assistance, respecting the confidentiality of the visit**, under direct visual supervision or by means of electronic systems.

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, emphasizes that three rights of persons detained by police are considered to be of particular importance: **the right of the person concerned to notify his detention to a third party of his choice (family, friend, consultant); the right to have access to a lawyer; and the right to request medical examination by a doctor of their choice (in addition to any medical examination performed by a doctor called by the police authorities).**

In the opinion of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, these rights constitute **three fundamental safeguards against the ill-treatment of detainees, which must be applied from the beginning of the deprivation of liberty, regardless of how it is described in the legal system in question (arrest, etc.).**

Access of police custodians to a lawyer should include the right to contact and be visited by a lawyer (in both cases confidentiality must be ensured) and, in principle, the right of the concerned person's lawyer to be present during his or her interrogation. The possibility of persons taken in police custody to have access to a lawyer is a fundamental guarantee against ill-treatment.

The current legislative framework provides the administration of on remand and pre-trial detention centres with the possibility of ensuring **visiting rights** to persons deprived of liberty. Persons deprived of liberty have the right to make, at their own expense, **telephone calls** using phones installed on the premises of the on remand and pre-trial detention centre. Persons who can be contacted by the persons deprived of their liberty are: family members, their dependents or other persons, the lawyer, the notary public, the bailiff, the authorized mediator or any other person with official duties, as well as the diplomatic representative in the case of the foreign citizens.

Persons deprived of their liberty can receive, once a month, a **package with alimentary goods** and can exercise their **right to buy goods**, at their own expense.

Regarding the accommodation of persons deprived of their liberty, according to the provisions of art. 256 of the Regulation of March 10, 2016 for the application of Law no. 253/2014 on the execution of sentences and custodial measures ordered by the court in criminal proceedings, this is usually accomplished in communal rooms, with strict separation between sexes and between minors and adults. The separation or grouping of these persons can also be made according to other criteria, such as: the quality of convicted person, on remand or detained arrest, intellectual and cultural compatibility, interest in participation in work, and depending on the degree of risk or vulnerabilities.

Detention facilities, adequate lighting and ventilation, adequate conditions for washing, meeting natural needs at the desired time, as well as ensuring adequate food quality and quantity are to be provided to detained persons.

The Field on the prevention of torture conducted **8 visits to on remand centres for arrest and detention in police custody (ORDC)**, during the year 2016, in order to monitor detention conditions and applied treatment, as follows: **ORDC no. 1**

Bucharest, ORDC Dâmbovița, ORDC Timiș, ORDC Neamț, ORDC Vâlcea, ORDC Mehedinți, ORDC Iași and ORDC Vaslui.

We now present: **issues noted** by the Field on the Prevention of torture during its 2016 visits to above-mentioned on remand and detention centres (**ORDC**); **recommendations issued** for the places of detention visited; and **measures taken** following the recommendations of the People's Advocate, in order to remedy any deficiencies found during visits.

In relation to visits made in 2015, there has been an **improvement in accommodation conditions in some ORDCs**. As an example:

In **ORDC Neamț**, insulating windows were installed in the detention rooms; lighting systems and window mesh nets were replaced, allowing the passage of natural light and better ventilation of the rooms. In the small two-bed rooms, tilting tables were mounted in the walls, and electrical systems for artificial lighting were installed, ensuring adequate lighting in the detention rooms. Also, funds have been earmarked for the renovation of bathrooms and installation of antivandal washbasins and toilets.

In **ORDC Timiș** the windows and doors of some rooms were replaced, tiles were mounted in the toilets, some of the rooms were painted, a washing machine and an automatic laundry drying machine were purchased for washing the clothes of the detainees.

We note the interest shown by **ORDC Vâlcea** in the field of training staff about the rights of persons deprived of liberty, including the prevention of torture and punishment, inhuman or degrading treatments; the message of zero tolerance against potential acts of torture or ill-treatment of persons deprived of their liberty was repeatedly conveyed.

Among the **positive aspects** noted during visits made in 2016 to on remand and detention centres (ORDC) we mention:

Regarding accommodation conditions: ●the absence of overcrowding in *Timiș, Vâlcea, Dâmbovița County and Mehedinți ORDC*; ●the equipment of rooms with air conditioning; ensuring an individual bed for each person deprived of liberty; the existence of necessary furniture in all detention rooms; a vigil light in each room; the existence of sanitary facilities in each room (*ORDC Dâmbovița, ORDC Vâlcea*); ●appropriate quality of bedding and clothing (*ORDC Vâlcea* and *ORDC Timiș*); ●the existence of warehouses for the storage of personal clothes (*ORDC No.1 Bucharest*); ●renovation of detention spaces, ensuring accommodation of 30 persons in 10 rooms, for the observance of 4 sqm. of space per person deprived of liberty (*ORDC Vâlcea, ORDC Mehedinți*).

Regarding sanitary conditions: ●periodic pest control of ORDC premises, according to legal norms applicable in the field (*ORDC Dâmbovița* and *ORDC No. 1 Bucharest*) ●ongoing modernization and sanitation process, installation of air conditioners, new thermal power plants (*ORDC Vaslui* and *ORDC Neamț*).

Regarding the right to information and correspondence: ●televisions were installed in all detention rooms (*ORDC Vâlcea* and *ORDC Timiș*); ●documents containing information on the rights and obligations of persons deprived of their liberty, as well as the addresses of institutions where they could make complaints about the violation of their rights, were included in folders in all accommodation rooms (*ORDC*

No. 1 Bucharest), similar information being displayed next to the telephone in the library (*ORDC Dâmbovița*); ●the rights of persons deprived of their liberty, displayed and translated into five languages, could be consulted by all detainees (*ORDC Vaslui*); ● envelopes and paper were provided for those who did not have the financial possibility to purchase them, and correspondence was collected every day by a representative of the Romanian Post Office (*ORDC Neamț*).

With regard to food and water: ●hot and cold water were permanently provided (*ORDC Timiș, ORDC Vâlcea, ORDC Mehedinți, ORDC Dâmbovița*); ●food was prepared in compliance with legal norms, religious confession and medical conditions of each arrested person (*ORDC Timiș, ORDC Vâlcea and ORDC Mehedinți*); ●adequate hygiene of the food, kitchen and storage rooms; refrigerators were equipped with indoor thermometers, with a visible display of the daily temperature chart (*ORDC Dâmbovița and ORDC No. 1 Bucharest*).

With regard to ensuring medical assistance: ●the endowment of surgeries and medical offices with furniture and equipment according to regulations; securing free drugs for persons being remanded in police custody, on the basis of a medical prescription and with medical supervision (*ORDC Timiș, Vâlcea and Mehedinți*); ●medical examination of any person upon arrival, and correct recording of medical issues; appropriate completion and secure safekeeping of registers, medical examination records and medicines belonging to persons deprived of liberty (*ORDC Dâmbovița*); ●psychological assistance offered by certified practitioners (*ORDC Timiș, Vâlcea and Mehedinți*); providing psychological assistance to persons deprived of liberty whenever it was needed (*ORDC Dâmbovița*).

Regarding the right to telephone conversations: ●ensuring the right of persons deprived of their liberty to 30-minute telephone conversations, three times / week, according to a program (*ORDC No. 1 Bucharest, ORDC Iași, ORDC Vaslui, ORDC Neamț*).

Deficiencies identified in 2016 during visits to on remand detention centres (ORDC) concerned the following:

Regarding accommodation conditions: ●inappropriate ventilation in the detention rooms, caused by windows and metal nets, which did not allow the penetration of light and air (*ORDC Dâmbovița*); ●inadequate natural and artificial lighting (*ORDC Iași, ORDC Vaslui, ORDC Neamț, ORDC Mehedinți, ORDC Vâlcea, ORDC Timiș*); ●no safety lights (*ORDC Mehedinți, ORDC Vâlcea*); ● old and non-functioning ventilation systems (*ORDC Mehedinți*); ●the sanitary groups were not provided with an artificial lighting system; in one of the visited rooms there was no access door to the sanitary group, which was separated from the rest of the room by a curtain that did not ensure privacy (*ORDC No. 1 Bucharest*); ●lack of sanitary groups in some detention rooms (*ORDC Mehedinți*); ● non-insurance of privacy for arrested persons when using the common toilets; old and deteriorated sanitary facilities (*ORDC Mehedinți, ORDC Vâlcea*); ● the toilets were not equipped with separators (one of the toilets did not have a collecting bowl); one of the shower facilities was unusable (*ORDC Dâmbovița*); ●worn bedding and clothing provided to detainees (*ORDC Mehedinți*); ●old furniture, insufficient space for personal items, no tables or chairs (*ORDC Mehedinți, ORDC Vâlcea, ORDC Dâmbovița, ORDC Iași, ORDC Vaslui, ORDC Neamț*); ●no specific furniture in the recreation courtyards, lack of benches, tables, overhead shading (*ORDC Dâmbovița, ORDC no. 1 Bucharest, ORDC Mehedinți*).

Regarding hygienic conditions: ●the existence of harmful insects (*ORDC Iași, ORDC Vaslui and ORDC Neamț*) ●inadequate ventilation and hygiene of sanitary groups located in the semi-basement; after bathing, water vapours led to the formation of condensation / mould, the rusting of metal components, as well as the existence of a bad smell (*ORDC Dâmbovița*); lack of sanitation, no endowment of bathrooms with necessary utilities (*ORDC Iași, ORDC Vaslui and ORDC Neamț*); ●inadequate sanitation of detention facilities (*ORDC Vâlcea*).

With regard to food and water: ●lack of dining rooms (*ORDC Dâmbovița, ORDC no.1 Bucharest, ORDC Mehedinți, ORDC Timiș, ORDC Iași, ORDC Vaslui, ORDC Neamț*); ●poor quality food (*ORDC Mehedinți, ORDC Timiș, ORDC Iași, ORDC Vaslui, ORDC Neamț*); ●transporting food in improper conditions, with a non-authorized veterinary vehicle (*ORDC Mehedinți*); ●non-observance of the current rules on preservation of organoleptic samples (*ORDC Timiș*).

Regarding the right to information and correspondence: ●the mailbox was not located in an accessible place which would ensure the right of correspondence for all detained persons (*ORDC Dâmbovița*).

With regard to medical and psychological assistance: ●medical practices were not equipped with electrocardiograph devices (*ORDC Dâmbovița, ORDC No.1 Bucharest*), monitors and defibrillators (*ORDC Dâmbovița*); ●the medical nucleus of *ORDC Dâmbovița* did not have an emergency kit, but only basic, primary assistance medicines; no record of the responses and conclusions of forensic examinations in the case of persons deprived of liberty showing signs of physical trauma at incarceration was kept; legal procedure for such situations was not correctly followed (*ORDC Dâmbovița*); ●there was no registry for the prescription and administration of psychotropic drugs, the procedure of administration not being clearly evidenced (*ORDC No.1 Bucharest*); ●lack of continuity in medical assistance services (*ORDC Mehedinți*); ●insufficient numbers of medical personnel for the large numbers of detainees (*ORDC Mehedinți*); ●lack of rapid medical tests for detection of infectious contagious disease (HIV, hepatitis); psychological assistance offered in spaces inadequately equipped for carrying out this work (*ORDC Vâlcea, ORDC Mehedinți*); ●declarations signed by people deprived of liberty did not include the fact that they had been informed about their right to request psychological assistance (*ORDC Mehedinți*); ●unsatisfactory levels of medical care due to a lack of personnel and space (*ORDC Neamț, ORDC Iași*); ●lack of activities which would facilitate adaptation to detention; obvious, non-minimised signs of stress syndromes in recently-incarcerated inmates (*ORDC Mehedinți*); ●incarcerated minors did not benefit from psychological assistance (*ORDC Vâlcea*).

Other deficiencies noted: ●the need to update the internal Regulations, consistent with new legislative changes (Government Decision No. 157/2016 for approving the Rules of application of Law No. 254/2013) (*ORDC Timiș, ORDC Vâlcea and ORDC Mehedinți*); ●superficial searches carried out on persons in custody, which may facilitate suicidal acts (*ORDC Mehedinți*); ●not ensuring the confidentiality of telephone conversations in the visiting room, which was not equipped with separation devices (*ORDC Timiș*); ●not ensuring the privacy of the detained person during body searches (*ORDC Timiș*); ●non-appropriate temperatures in vehicles during transport of persons deprived of their liberty (*ORDC Timiș*); ●lack of a special registry for complaints, which should be in a place which ensures confidentiality (*ORDC Iași, ORDC Vaslui, ORDC Neamț*); ●delayed completion of investment works (*ORDC Iasi,*

Vaslui and *Neamț*); •lack of necessary staff for conducting daily activities, and unnecessary postponement of promotions for existing staff in accordance with the provisions laid down by law (*ORDC Iași, ORDC Vaslui, ORDC Neamț*); •reduced duration of TV viewing, so that persons deprived of their liberty did only have access to the club several times a week and for a duration of only 30 minutes (*ORDC Iași, ORDC Vaslui, ORDC Neamț*).

After visits to on remand and detention centres (ORDC), the People's Advocate formulated the following Recommendations:

Regarding accommodation conditions: •ensuring appropriate ventilation and lighting in detention rooms (*ORDC Dâmbovița*); •ensuring adequate natural and artificial lighting, by replacing thick window mesh and deteriorated metal bars (*ORDC Iași, ORDC Vaslui, ORDC Neamț, ORDC Mehedinți, ORDC Vâlcea, ORDC Timiș*); •ensuring safety lights (*ORDC Mehedinți, ORDC Timiș, ORDC Vâlcea*); •repairing old and non-functional ventilation systems (*ORDC Mehedinți*); •providing adequate artificial lighting in the sanitary groups; providing a door to the sanitary group which was separated from the rest of the room by a curtain that did not ensure privacy (*ORDC No. 1 Bucharest*); •ensuring the privacy of arrested persons when using common toilets; repairing old and deteriorated sanitary facilities (*ORDC Mehedinți, ORDC Vâlcea*); •ensuring adequate detention conditions by replacing old and deteriorated beds and furniture (*ORDC Mehedinți, ORDC Vâlcea, ORDC Timiș, ORDC Iași, ORDC Vaslui, ORDC Neamț*); •providing specific furniture in the recreation courtyards, such as benches, tables, overhead shading and protection (*ORDC Dâmbovița, ORDC no. 1 Bucharest, ORDC Mehedinți*) •repairing old and defective showers and toilets (*ORDC Dâmbovița*);

Regarding hygienic conditions: •performing more frequent pest control operations and checking the effectiveness of substances used (*ORDC Iași*); •sanitation and endowment of bathrooms with necessary furniture and utilities (*ORDC Iași, ORDC Vaslui, ORDC Neamț*); •performing hygienic operations in detention rooms (*ORDC Mehedinți, ORDC Timiș, ORDC Vâlcea*);

With regard to food and water: •building dining rooms (*ORDC Dâmbovița, ORDC no.1 Bucharest, ORDC Iași, ORDC Vaslui, ORDC Neamț*); •increasing the quality of food (*ORDC Vaslui, ORDC Neamț, ORDC Iași, ORDC Mehedinți, ORDC Timiș*); •ensuring the transport of food in proper conditions, with an authorized vehicle (*ORDC Mehedinți*); •observance of current rules for the preservation of organoleptic samples (*ORDC Timiș*).

With regard to correspondence: •placing the mailbox in an accessible place, in order to ensure the right to correspondence for all detained persons (*ORDC Dâmbovița*).

With regard to medical and psychological assistance: •medical practices should be equipped with electrocardiograph devices (*ORDC Dâmbovița, ORDC No.1 Bucharest*), monitors and defibrillators (*ORDC Dâmbovița*); •providing an emergency medical kit; correctly recording the results and conclusions of forensic examinations, in the case of persons deprived of liberty showing signs of physical trauma at incarceration; following correct legal procedures for such situations (*ORDC Dâmbovița*); •creating a registry for the prescription and administration of psychotropic drugs, and following approved safeguards and rules for their administration (*ORDC No.1 Bucharest*); •providing continuity in medical assistance services (*ORDC*

Mehedinți); ● employing adequate numbers of medical staff (*ORDC Mehedinți*); ●providing rapid medical tests for detection of infectious-contagious diseases (HIV, hepatitis); providing psychological assistance in adequately equipped spaces (*ORDC Vâlcea, ORDC Mehedinți*); ●finding solutions for employing more medical staff (*ORDC Neamț and ORDC Iași*); ●ensuring activities which would facilitate adaptation to detention (*ORDC Mehedinți*); ●providing psychological assistance to incarcerated minors (*ORDC Mehedinți, ORDC Timiș, ORDC Vâlcea*).

Formulated Recommendations also included: ●the need to update the Internal Regulations, consistent with new legislative changes (Government Decision No. 157/2016 for approving the Rules of application of Law No. 254/2013) (*ORDC Timiș, ORDC Vâlcea and ORDC Mehedinți*); ●the need for carrying out in-depth searches on persons in custody, in order to find out hidden objects which may facilitate suicidal acts (*ORDC Mehedinți*); ●ensuring the confidentiality of telephone conversations in the visiting room, by providing separation devices (*ORDC Timiș*); ●ensuring the privacy of the detained person during body searches (*ORDC Timiș*); ●providing appropriate temperatures in vehicles, during transport of persons deprived of their liberty (*ORDC Timiș*); ●creating a special registry for complaints, which should be placed so as to ensure confidentiality (*ORDC Iași, ORDC Vaslui, ORDC Neamț*); ●completion of investment works (*ORDC Iași, Vaslui and Neamț*); ●employing staff in sufficient numbers for conducting daily activities, and offering promotions for existing staff, in accordance with the provisions laid down by law (*ORDC Iași, ORDC Vaslui, ORDC Neamț*); ●increasing the duration of TV viewing so that persons deprived of their liberty can have access to the club several times a week and for a duration of more than 30 minutes (*ORDC Iași, ORDC Vaslui, ORDC Neamț*).

After the People's Advocate issued Recommendations following visits to on remand and detention centres (ORDCs), the responsible authorities took measures in order to remedy deficiencies, as follows:

Regarding accommodation conditions: ●the protective metal mesh was removed from the windows to ensure ventilation and natural lighting (*ORDC Dâmbovița*); the mechanisms that limited the full opening of the windows of the holding rooms were unlocked, so that natural illumination and ventilation improved significantly (*ORDC Vaslui and ORDC Iași*); ●ensuring safety lighting in all detention rooms is the subject of the project “Strengthening the capacity of the on-remand arrest system to respect the relevant international human rights instruments” financed under the Norwegian Financial Mechanism (*ORDC Vâlcea, ORDC Mehedinți*); ●regarding the dismantling of the non-functioning ventilation system, it will proceed with the decommissioning of the respective installation, when all the conditions for scrapping and necessary funds (*ORDC Mehedinți*) are fulfilled; ●as regards the possibility of illumination of sanitary groups with artificial light, activities were initiated to identify optimal solutions for the low-voltage connection of lighting installations. These solutions aim at preventing the electrocution of persons deprived of their liberty, given that the installations will be located in areas with high humidity levels; ●in order to ensure the privacy of persons deprived of liberty when using showers and toilets in the common toilet, three opaque plastic curtains were purchased and installed, in the first quarter of 2017. In December 2016, all the old metal beds were replaced with new anti-vandal beds, equipped with drawers, and sanitation work was carried out in the visited detention rooms, removing existing damp and fungi (*ORDC Vâlcea*); ●depending on

the budgetary year 2017 openings, curtains/screens for toilets and showers were to be purchased and fitted, in order to ensure privacy (*ORDC Mehedinți*); ●accommodation for storage of personal effects of persons deprived of liberty was made in a locker room; beds and mattresses in all rooms would be replaced, within the project “Strengthening the capacity of the on-remand arrest system to respect the relevant international human rights instruments” carried out within Norwegian financial mechanism at the level of the General Inspectorate of the Romanian Police (*ORDC Dâmbovița*); ●related to equipping all rooms with new beds and mattresses, as well as with the required furniture for dining, keeping of goods and personal belongings, *ORDC Iași* said that they are being bought gradually, depending on funds allotted by the Logistics Department of the General Inspectorate of the Romanian police; and *Vaslui ORDC* already replaced mattresses and bedding; the process of replacing old beds and mattresses is underway (*ORDC Mehedinți*); ●depending on the budgetary year 2017 openings, all rooms will be fitted with furniture for storing personal belongings (*ORDC Mehedinți*); ●the program “Strengthening the capacity of the on-remand arrest system to respect relevant international human rights instruments” carried out at the level of the General Inspectorate of the Romanian police, will offer funds for renovation work, fitting a roof to protect against adverse weather conditions and buying equipment for sports activities (*ORDC Dâmbovița, ORDC No.1 Bucharest, ORDC Mehedinți*).

Regarding hygienic conditions: ●toilets were equipped with separators; arrangements have been made with the Logistics Directorate of the General Inspectorate of the Romanian Police for the allocation of sums necessary for carrying out works and current repairs, including fitting of bathrooms (*ORDC Dâmbovița*); ●with respect to detention rooms, disinfection and pest control is made periodically and whenever persons deprived of freedom ask for this operation, with substances purchased from specialized companies (*ORDC Iași*); ● maintenance and repair works were carried out in sanitary facilities (*ORDC Dâmbovița*); ●regarding the sanitizing of common bathrooms, arrangements were made for cleaning the entire detention facility, including the common bath (*ORDC Iași and ORDC Vaslui*).

With regard to food and water: ●in terms of making legal efforts to the hierarchically superior authorities for the establishment of a dining room, present space does not allow its establishment, but it is taken into consideration in the new centre undergoing consolidation and refurbishment measures (*ORDC Iași*); ●on measures taken to improve the quality of food offered to people deprived of liberty, steps have been taken to ensure the diversity of food, including health-based and religious diets. Moreover, the kitchens were fitted with needed machinery for ensuring proper conditions for food preparing and preservation: two fridges, a cooking stove, a microwave oven (*ORDC Vaslui*); ●for improving the quality of food prepared in the Drobeta Turnu Severin Penitentiary, written measures were issued (*ORDC Mehedinți*); ●depending on the allotted budget for 2017, a sanitary-veterinary authorized car will be bought, for transporting food in proper conditions (*ORDC Mehedinți*); ●samples of food were collected on a daily basis and kept in proper conditions, as per legal recommendations (*ORDC Timiș*).

Regarding the right to information and correspondence: ●a mailbox was fitted immediately after the visit of the People's Advocate institution (*ORDC Dâmbovița*)

With regard to medical and psychological assistance: ●recommendations concerning medical care were forwarded to the Dâmbovița Medical Centre, the

institution which ensured medical care and treatment for persons deprived of liberty (*ORDC Dâmbovița, ORDC No. 1București*); ●regarding rapid tests for HIV, viral hepatitis etc, the Vâlcea Medical County Centre, which ensured medical care for the concerned categories, was going to buy 200 fast kits for HIV diagnosis and 200 fast kits for viral hepatitis diagnosis (*ORDC Vâlcea*); ●the Medical Direction of the Ministry of the Interior (*C.M.D.T.A. Dr. Nicolae Kretzulescu*) was asked to start procedures for buying fast diagnosis test kits for infectious and contagious diseases (*ORDC Mehedinți*); ●regarding legal steps for creating and endowing a medical practice, existing space does not allow it, but a new medical nucleus will be created in the new centre, which is being built (*ORDC Iași*); ●two protocols for offering medical and emergency assistance to people deprived of liberty were signed with the Drobeta Turnu-Severin Emergency Hospital - Sports Medicine section, and with the Drobeta Turnu-Severin Permanent Medical Operations Centre of the Clinic Invest Ambulatory Practice, in order to ensure primary medical care for detainees until the Ministry of the Interior could employ medical doctors. Steps have been taken by the Medical Direction of the Ministry of the Interior (*C.M.D.T.A. Dr. Nicolae Kretzulescu*) in order to employ a doctor and a medical nurse (*ORDC Mehedinți*) ●in order to ensure psychological assistance for people deprived of liberty a space was identified and fitted with minimal furniture, and during 2017 more furniture was going to be bought, depending on allotted funds. For minors in custody, the Police Inspectorate psychologist will be informed in each case (*ORDC Vâlcea*); ●when taken in custody, on remand detainees - and especially minors - are informed about their right to psychological assistance, and sign a standard form; employed personnel are encouraged to access psychological services whenever needed; any dis-adaptive behaviour should be noted and registered in medical documents (*ORDC Mehedinți*).

Regarding other deficiencies: ●the Functioning Regulations were modified, in order to comply with dispositions of Art. 45 of Government Decision no. 157/10.03.2016 (*ORDC Vâlcea, ORDC Mehedinți*); ●the visited detention room was provided with screen-type separating devices, which largely ensure the confidentiality of conversations between visitors and arrested persons. The possibility and opportunity of finding financial resources for making/buying a few cabin-type structures was examined, and a deadline was established (October 15th, 2016) (*ORDC Timiș*); ●non-functional air conditioning inside transport vehicles, justified by high costs (*ORDC Timiș*); ●measures were taken for creating a special complaints registry, placed so as to ensure confidentiality (*ORDC Iași, ORDC Vaslui, ORDC Neamț*); ●regarding the completion of investment works in *ORDC Iași*, legal measures were taken to finish building the Police Centre arrest rooms in August 2016; ●regarding the problem of employing staff in sufficient numbers for conducting daily activities, legal procedures are underway for employing 3 policewomen in the *ORDC Iași* and *ORDC Vaslui* locations; ●regarding an increased duration of TV viewing so that persons deprived of their liberty can have access to the club several times a week and for a duration of more than 30 minutes (*ORDC Iași, ORDC Vaslui*), measures were taken in accordance; ●regarding the need for a special room dedicated to carrying out in-depth searches on persons in custody in order to find out hidden objects which may facilitate suicidal acts, the building of such a room was underway, and it would be finished by October 30, 2016 (*ORDC Timiș*); ● a metal rod was manufactured for carrying out daily, weekly and monthly searches in detention rooms, in order to ensure detection of any forbidden

articles and for controlling all viscous foods and liquids in transparent and non-transparent containers (*ORDC Mehedinți*).

In 2016, the Field for the prevention of torture in the places of detention, part of the People's Advocate Institution:

► carried out additional steps pertaining to visits in **ORDC 10 Bucharest** and **ORDC 8 Bucharest**.

We note that in the aforementioned visit Reports, a number of recommendations had been issued:

1. On remand arrest and detention centre ORDC 8, Bucharest:

a) *the Recommendation regarding compliance with the Convention concluded with the Bucharest Rahova Penitentiary, concerning food delivery in a timely manner*, so that a daily schedule of serving meals can be observed under the provisions of the Rules of Procedure, i.e. three times a day.

According to the answer of the General Inspectorate of the Romanian Police, delays in serving food have logistics causes and are due, on the one hand, to the fact that there is just one vehicle for half the Bucharest ORDCs; and on the other hand, to the fact that control and inspection activities in Rahova Penitentiary can take a long time, thereby delaying the arrival of food for on remand detention centres.

In Rahova Penitentiary checkpoint, vehicles which transport detainees have the right of passage, and just one vehicle can be checked at a time.

(b) *the Recommendation concerning access to authorities which have competence to provide medical care for people in custody, so that the staff of the Centres should be informed of the purpose of administrative medical appointments, respectively of the need for further investigations or consultations, in compliance with the provisions of the privacy of medical acts.*

According to the General Inspectorate of Police answer, the medical file is confidential and cannot be consulted by the staff of Centre No. 8; persons deprived of liberty have unrestricted access to their own medical records, and are informed about the administrative purpose of medical investigations.

Thus, the on-remand arrest and detention centre ORDC 8 - Bucharest informed the General Inspectorate of the Romanian Police that the staff is informed about the administrative purpose of medical acts, and respects their confidentiality, according to Recommendations included in the Report.

Therefore, the response does not show the exact nature of information procedures regarding the purpose of administrative medical appointments, respectively the need for further investigations or consultations, in compliance with the provisions of the privacy of medical acts.

For the above- exposed, we returned to the General Inspectorate of the Romanian police with the request that they communicate the legal measures ordered for:

- **fulfilling the obligation of delivering food to persons deprived of liberty in ORDC 8 Bucharest**, taking into account the answer of the General Inspectorate of the Romanian Police according to which delays in serving food have logistics causes and are due to the fact that there is just one vehicle for half the Bucharest ORDCs;

- **the procedure by which the staff of ORDC 8 is informed regarding the purpose of administrative medical appointments, respectively of the need for further**

investigations or consultations, in compliance with the provisions of the privacy of medical acts.

► We also mention **measures ordered in the wake of Recommendations made** by visiting teams of the Field on the prevention of torture in places of detention, as they were submitted in 2016 to **ORDC Dolj, ORDC Arad and ORDC Giurgiu**.

1. ORDC Dolj

Regarding accommodation conditions: a separate electrical installation was used for the operation of air conditioning units; specially secured furniture for the storage of personal property was provided in a separate room, as more furniture in detention rooms would limit the allotted surface for incarcerated persons; all windows were replaced, thus improving natural lighting; reports have been drawn up and submitted to the Police Inspectorate, for replacing old and worn out mattresses, blankets, bedding; measures were taken for arranging sanitary spaces in every room, so that persons deprived of liberty should not depend on security and surveillance personnel for their physiological needs, and for subdivisions of the common bathroom. Such requests are included in the priority investment program for on remand detention and arrest centres; the fitting of courtyards with benches is included in the project.

With regard to ensuring hygienic-sanitary materials: these were distributed to all detained persons.

2. ORDC Arad

Regarding accommodations: the Norwegian project “Strengthening the capacity of the preventive system to comply with the relevant human rights instruments” already invested in improving detention conditions in the Arad Police Headquarters, namely air conditioning units and new glazing in every room; police funds were used for painting all spaces, including works in both bathrooms. All windows are on the outside and can be opened and closed by staff, at the request of detainees.

Air conditioning units fitted by the Norwegian project were going to be maintained by the Logistics Service of the Arad Police Inspectorate. All units were functional.

Endowment of detention rooms with furniture for keeping personal property and serving dinner, supplementation with radiators, new taps in toilets allowing hot/cold water access, new sanitary facilities, subdivision of shower space for ensuring the privacy of persons deprived of liberty, adequate lighting, building a dining hall, separate telephone cubicles - are all issues that will be implemented depending on funds allocated to the Inspectorate in the current year.

The visiting room was also going to be fitted with a separation zone and adequate furniture through the Norwegian Project.

In Arad Police Inspectorate a new investment was promoted and approved in order to achieve better accommodation and living conditions for persons deprived of liberty, according to the recommendations of the European Commission for the prevention of torture and inhuman or degrading treatment or punishment, which are endorsed in the CTE. For the year 2016 this objective was included in the investment program, and work was about to begin.

Regarding medical care: continuous medical care, as provided in penitentiaries, would seem normal; at present many Centres show discrepancies regarding continuity in medical care, medical visits at admission and the way prescribed medical treatments are administered.

If the layout of the establishment and operation of on remand detention centres allowed the existence of medical doctor positions, the issue of health care would be largely solved.

Any medical investigation of a person deprived of liberty, before entering the Centre, shall be carried out only in case of emergency; after incarceration, the responsibility rests with the unit doctor, subordinated to the County Medical Centre of each Inspectorate and, at the central level, to the Medical Direction of the General Police Inspectorate.

Regarding the right to information: in the period ahead, the following shall be considered; TV devices placed in two detention rooms; measures taken according to the number of persons deprived of liberty for the rest of the rooms, limited by existing funds and donations / sponsorships.

3. ORDC Giurgiu

Regarding accommodation conditions: renovation works were being carried out, including the installation of fluorescent tubes in all rooms, to compensate for the lack of natural light. In order to ensure an adequate temperature during periods of low temperature in which the heating medium is not supplied, air conditioning systems were used. Shelves were built for each room, to be fitted once the renovation works were completed.

Worn mattresses were replaced with others in better condition (available as a result of a reduction in the number of places, in order to ensure a minimum surface area of 4 sqm. for each person deprived of liberty).

Regarding the right to information: the provision of extra TV sets was not possible due to overloading the electrical network of the building in which the centre operates (consequent to the installation of 10 air conditioning units in 2015).

PROPOSALS:

- ▶ regarding medical care: continuous medical care offered by employed medical staff, in order to decrease discrepancies of continuity in medical care, medical visits at admission and the way prescribed medical treatments are administered;

- ▶ targeting budget allocations towards improving accommodation conditions in pre-trial and on-remand detention centres and detention facilities;

- ▶ ensuring adequate food;

- ▶ implementing the Regulation on the organization and functioning of places of detention and preventive arrest in the police units of the Ministry of Administration and Internal Affairs, as per Art. 107 from Law No. 253/2014 on the execution of sentences and custodial measures ordered by the court in criminal proceedings, taking into account the fact that the Regulation approved by Order No. 988/2015 of the Minister of Administration and Internal Affairs is still applied;

- ▶ ensuring psychological help for persons being remanded in custody, taking into account the fact that in these Centres psychological assistance is not mandatory,

but we consider that the on-demand arrest period is critical from a psychological point of view, and could lead to suicide or self-harm acts;

► the need to update the Interior Order Regulations of all ORDCs in order to align them with legislative changes (Government Decision no.157 / 2016 for the approval of the Regulation on Implementation of Law no. 254/2013).

Below, we present some *Case Fact Sheets* for Visits to ORDCs:

CASE SHEET: Visit to ORDC Timiș.

On the occasion of the visit, the interest of the Centre for improving the custody conditions of imprisoned persons was identified by various requests for investment, as follows: ●replacing windows and doors; tiling with ceramic tiles; repainting of some rooms; ●purchase of a washing machine and an automatic laundry machine; modernization of the access door in the centre, respectively equipping it with an electrically operated opening system; ●the installation of a panic alarm button in the visitors room, with a correspondent in the bureau of the shift manager; ●the area of the rooms, referring to the number of beds installed, ensures 4sqm / person, as stipulated by the Order of the Minister of Justice no. 433/C/2010.

Food was prepared in the Timișoara Penitentiary food block, transported daily with a vehicle approved for this purpose, with sanitary-veterinary authorization. The food was prepared and distributed according to the number of persons deprived of liberty, in compliance with established dietary principles, religious confession and medical conditions.

Medical care for persons deprived of liberty was ensured by five doctors specializing in family medicine, and by a nurse.

Among recommendations made as a result of the visit, we note: ●urgent appeals to ensure vigil lighting in all detention rooms; ●identifying a solution for a private space at the entrance, intended for bodily searches when taking custody of the detainees, in order to ensure their privacy; ●acquisition of rapid tests for the detection of any possible contagious diseases (HIV, viral hepatitis, etc.); ●making necessary arrangements for improving the quality of food prepared in Timisoara Penitentiary and distributed to the Centre.

After the People's Advocate issued Recommendations, visited authorities took the following measures: ●on August 29, 2016 contact was made with a representative of SC "AXA TELECOM" SRL - a company specializing in the field of electrical systems, and its representative assessed the necessary materials for the installation of vigil lighting in each detention room. On this occasion, a deadline was established for the works – October 20, 2016; ●following carried-out verifications, it was established that one of the triage rooms in ORDC Timiș could be used, after redevelopment and endowment with the necessary utilities, as a space for the body search of detained persons, in order to ensure their privacy. The 30th of October, 2016 was established as deadline for these works; ● the Timiș County Medical Centre was requested to acquire rapid tests for the diagnosis of possible infectious and contagious diseases (HIV, viral hepatitis, etc.); ●following meetings with the director of the Timisoara Penitentiary, specific measures were taken to improve the quality of food distributed to ORDC Timis.

CASE SHEET: Visit to ORDC Vaslui.

During the visit it was found that: ●the Centre was in a process of rehabilitation, with a 42- person capacity, most rooms had toilets, the showers were accessible for 2 days/week; ●air conditioning units had been fitted, but they were not used yet; ●the rooms were narrow and dark, the mesh in the windows did not let in enough air and light; ●the windows were small, and light bulbs were weak; ●the rooms had no furniture (with the exception of a few plastic shelves). The existing furniture consisted of two-story bunk beds with very old and dirty mattresses; there was no dining room, so the inmates ate in the rooms, sitting on the beds; ●the walkway was partially covered and could be used in the rain, but the exercise yard had no equipment, and the arrested persons could go only use it for an hour each day.

The two shared shower rooms were large, but they did not have the necessary facilities to ensure the needs of the arrested, being only partially equipped with shower heads and sinks. The rooms were unhygienic, with dampness and mould on the walls, rusting on the sinks, motivated by the fact that the sanitary facilities had not been replaced. According to the team's comments, although some rooms were equipped with WC and shower, the privacy of the person using them was not ensured, and the smell was felt in the rooms.

The members of the visiting team found that minors admitted to the Centre were psychologically advised by the psychologist of the Police Inspectorate of Vaslui County, at the request of the Centre chief. For other situations, the psychologist visited ORDC Vaslui every two weeks, to advise people with difficulties in adapting to this environment, or those with different mental deficiencies. There was no special register of suggestions and complaints, all complaints being recorded in the general document registers.

Among the recommendations made by the People's Advocate as a result of the visit we note: ●ensuring proper natural and artificial lighting by removing a row of bars from the windows and using more powerful lighting fixtures; ●replacement of mattresses and furniture needed for clean-up and maintenance of personal property; ●improving the quality of food for persons deprived of liberty; ●cleaning and equipping baths with furnishings needed to ensure privacy; ●establishment of a special register of suggestions and complaints, informing inmates about its existence and placing it in a place that ensures confidentiality.

After the People's Advocate formulated Recommendations, the visited Centre took the following measures: ●in order to ensure proper natural and artificial lighting, all the windows of the detention rooms were replaced with glazing windows; ●mattresses, beds and pillows in all detention rooms were replaced and the rooms were fitted with the necessary furniture for the storage of personal belongings ; ●for improving the quality of food offered to people deprived of liberty, measures have been taken to ensure the diversity of food, including dietary and religion-based prescriptions. Kitchens were fitted with cooking machines, fridges, microwave ovens; ●baths were cleaned and equipped with furnishings needed to ensure privacy; ●a special registry of suggestions and complaints was established, informing inmates about its existence and placing it in a place that ensured confidentiality.

2. Persons deprived of liberty in penitentiaries

On the basis of Art. 29² paragraph (3) (a) from Law No. 35/1997 concerning the organisation and functioning of the People's Advocate institution, republished, with subsequent amendments and additions, the Field on the prevention of torture in places of detention exercises its attributions in penitentiaries, including hospital penitentiaries, in educational centres and detention centres for minors.

The deprivation of liberty of persons in the above-mentioned places of detention and their rights are regulated mainly by:

- Law no. 254/2013 on the execution of sentences and custodial measures ordered by the court in criminal proceedings, which states that exercising rights for persons deprived of liberty is regulated by the Constitution of Romania and the law;

The rights of convicted persons, regulated by Law no. 254/2013, are: freedom of conscience, opinions and freedom of religious beliefs; the right to information; the right to consultation of personal documents; ensuring the exercise of the right to legal assistance; right of petition and right of correspondence; the right to telephone conversations; the right to on-line communications; the right to daily walks; the right to receive visits and the right to be informed about special family situations; the right to intimate visits; the right to receive, buy and hold goods; the right to health care, treatment and medicines; the right to diplomatic assistance; the right to marriage; the right to nightly rest and weekly rest; the right to work; the right to education; the right to food, clothing and minimum accommodation conditions.

- Resolution no. 157 of March 10, 2016 for approving the Regulation for the application of Law no. 254/2013;

- Order No. 433 / C / 2010 of the Ministry of Justice for the approval of the Minimum Rules for the accommodation of detainees;

- Order no. 2713/C/2001 of the Ministry of Justice for approving instructions for food norms in times of peace (unpublished);

- Order No. 429 / C / 2012 of the Ministry of Justice regarding the provision of medical assistance to persons deprived of their liberty under the custody of the National Administration of Penitentiaries;

- Order No. 2056 / C / 2007 of the Ministry of Justice for the approval of the Methodological Norms for the unitary establishment of the rights of equipment and hygienic-sanitary materials related to persons deprived of their liberty;

- Order No. 2714 / C / 2008 of the Ministry of Justice regarding the duration and periodicity of visits, the weight and number of packages, as well as the categories of goods that can be received, bought, preserved and used by persons under custodial sentences, as subsequently amended and supplemented.

Art. 3 of the Convention for the Protection of Human Rights and Fundamental Freedoms requires States to ensure that **any detainee is provided with conditions that are compatible with respect for human dignity, and to adopt means of enforcing custodial sentences of such a nature that a detainee should not be subjected to humiliating treatments or circumstances that would exceed the inevitable level of suffering inherent in detention and which, given the practical requirements of incarceration, still provide acceptable living and health conditions.**

Recommendation no. R (2006) 2 of the Committee of Ministers of the Council of Europe on Penitentiary European Rules states that: detention facilities, especially

those intended to accommodate detainees at night, must respect human dignity and privacy, and meet minimum sanitary and hygienic standards, taking into account climatic conditions and, in particular, the living area, air volume, lighting, heating and ventilation sources; in all buildings where prisoners have to live, work or live together: the windows will be large enough for detainees to read or work in natural light under normal conditions and to allow fresh air to enter, except where there are spaces with adequate air conditioning systems; artificial light must meet technical standards recognized in the field; an alarm system must allow detainees to contact staff immediately; minimum conditions with respect to these aspects will be laid down in national law; cells or other spaces for detainees must be clean; prisoners must have access to hygienic sanitary facilities which protect their privacy; in-room facilities for bathing or showering should be made available to inmates so that detainees can use them at an appropriate temperature, daily or at least two times a week; penitentiary authorities will provide detainees with the means of maintaining hygienic conditions; each detainee will have his own bed; all detainees must have the opportunity to exercise at least for one hour daily.

According to the CPT Rules, detainees should have regular access to bathroom and shower facilities. It is desirable that running water be available inside the cells. Getting to clean toilets at the right time and maintaining hygiene standards are vital components for a humane environment.

At the end of 2015, the United Nations General Assembly adopted the **United Nations Minimum Rules of Procedure for the Treatment of Prisoners (the Nelson Mandela Rules) applicable to all categories of prisoners, under criminal or ordinary penal law, either on remand or convicted, including detainees subject to “safety measures” or remedial measures ordered by the judge.**

As fundamental principles we observe: respect for the dignity of human beings and **the prohibition of torture and other inhuman and degrading treatments** for which no justifying circumstances can be invoked; the application of impartial rules, by not resorting to differentiation of treatment based on race, colour, language, religion, political opinion and other nationality or social origin, property, birth or any other status. Religious beliefs and moral perceptions of detainees must be respected; taking into consideration, by the penitentiary administration, of the **individual needs of detainees, in particular of the most vulnerable categories in prisons; the penitentiary system**, except in cases of justified isolation or application of isolation to maintain discipline, **should not aggravate specific suffering in such a situation**; the purpose of the deprivation of liberty or similar measures depriving a person of liberty is, first of all, to protect society from offenses and to reduce recidivism. These goals can only be achieved if the period of detention is applied to ensure, as far as possible, **the reintegration of such persons into society after release, so that they can live in accordance with the law and be able to sustain themselves**; prison administration must take all reasonable accommodation and adjustments measures, to ensure that inmates with physical, mental or other disabilities have equal, full and effective access to prison life on an equal footing.

The Rules also establish that all detention rooms, and in particular those which are designed to hold detainees during the night, must comply with all the requirements of hygiene, taking into account the climate, especially as regards air capacity, minimal surface, lighting, heating. Sanitary facilities must allow the detainee to meet his natural needs at the desired time, in a clean and decent way. Bathrooms and showers must be

sufficient for every detainee to be able and compelled to use them at a temperature appropriate to the climate, and as often as required by general hygiene, according to the season and the geographical region, but at least once week in a temperate climate. All rooms regularly attended by detainees must be permanently kept in perfect condition, and clean. Personal cleanliness must be ensured for all detainees; for this purpose, they must have access to water and toiletries necessary for their health and cleanliness. Each prisoner must have, according to local or national usage, a separate bed with separate and sufficient linen, well maintained and changed often enough to ensure cleanliness. Every prisoner must receive, at regular times, food of sufficient nutritional value to maintain his health and strength, of very good quality and well prepared and served. Every prisoner must be able to have drinkable water available whenever necessary.

The Rules stipulate that **the medical care of detainees is a State responsibility and must be of a quality equal to that provided in the community.** All penitentiaries must ensure prompt access to medical care in urgent cases. Detainees requiring specialized treatment or surgical operations should be transferred to specialized institutions or hospitals. If a penitentiary has its own hospital, it must be provided with the appropriate medical staff and equipment to provide treatment and care to prisoners transferred to that hospital. Particular attention will be paid to identifying healthcare needs and undertaking the necessary treatment measures, the cases of ill-treatment to which detainees could be subjected before penitentiary admission, and in cases where detainees are suspected of suffering from contagious diseases which involve clinical isolation and adequate treatment of those inmates during the infectious period.

In addition, prison staff should use conflict prevention mechanisms for eliminating the possibility of disciplinary offenses for detainees. **The doctor must report to the director whenever he or she feels that the physical or mental health of a detainee has been or will be affected by the prolongation of detention or a condition of detention.**

If, when examining an inmate at admission, or during subsequent medical care of a detainee, **medical specialists observe any signs of torture or other cruel, inhuman or degrading treatments, they must document and report such cases to the competent medical, administrative or judicial authority. In order not to expose the prisoner or persons associated with a foreseeable risk of damage, appropriate procedural guarantees must be provided.** Authorities are required to investigate cases of death, disappearance or serious injuries in penitentiaries and to inform the family or friends of convicts when such situations arise.

Order and discipline must be firmly maintained, but without any additional restrictions to what is necessary to maintain security and a well-organized community life.

Before imposing disciplinary sanctions, the penitentiary administration should examine the way in which the mental illness or developmental disability of the prisoner could have contributed to his or her conduct, or to committing the violation or deed that underpinned the disciplinary sanction. The administration of the penitentiary will not sanction any conduct of a prisoner which is considered a direct result of his mental illness or intellectual disability.

As for sanctions or disciplinary restrictions, the following practices are prohibited: indefinite imprisonment; long incarceration; placing a detainee in a dark or permanently illuminated cell; corporal punishment, or reducing the inmate's food or

drinking water; collective penalties. **Chains, irons or other coercive instruments that are inherently degrading or painful are forbidden.** Other constraint tools can only be used under the provisions of the law. Searches will not be used to harass, intimidate, or interfere unnecessarily with the inmate's privacy. Intrusive searches, including body searches, should be undertaken only in cases of need.

Detainees should have access to legal advice after conviction and be allowed to keep records of their judicial proceedings. **The Rules give prisoners the possibility to lodge complaints and to be protected against possible reprisals, intimidation or other negative consequences.** Another rule is the training of personnel in matters of security, the use of force as a constraint tool, and confronting violent offenders, but also in conflict prevention and defusing techniques (negotiation and mediation).

The purpose of the treatment of persons sentenced to deprivation of liberty or a similar measure is, if it allows for the duration of detention, to awaken their desire to lead a way of life by which they will respect the law and will maintain themselves after release, and to prepare for it. Treatment should encourage respect for oneself and develop the spirit of accountability of detainees.

In criminal and penitentiary services there must be **double systems of regular inspections:** internal or administrative inspections carried out by the central administration of the penitentiary, and **external inspections carried out by an independent body of the penitentiary administration, which may include international and regional competent bodies.** In both cases, the purpose of inspections is to ensure that prisons are well managed in accordance with existing legislation, regulations, policies and procedures, highlighting the objectives of criminal and correctional services, and protecting prisoners' rights.

According to **Rule 84** of the Mandela Rules, inspectors should be empowered to:

- a) access all information on the number of detainees, places and displacement of detainees, as well as all information related to the treatment of detainees, including files and conditions of detention;
- b) freely select the prisons to be visited, including by making unannounced visits on their own initiative, but also choosing the detainees with whom to discuss;
- c) conduct hearings in private and in strict confidentiality with prisoners and prison staff during their visits;
- d) formulate recommendations for the administration of the penitentiary and other competent authorities

External inspection teams should include qualified and experienced inspectors designated by a competent authority, as well as medical physicians. Gender-balanced representation has to be taken into account.

Each inspection shall be followed by a written report to be submitted to the competent authority. Consideration should be given to **the possibility of publishing reports on external inspections,** from which all personal data on detainees will be excluded, unless the detainees have explicitly agreed to this. The administration of the penitentiary or, as appropriate, other competent authorities should report within a reasonable time whether recommendations derived from the external inspection will be implemented.

Society's debt does not end with the release of the detainee. As a result, **there must be governmental or private institutions capable of providing freed prisoners**

with effective post-release care that aims to mitigate damage to the prisoner and his social rehabilitation.

In 2016, the Field on the prevention of torture in places of detention continued to monitor the treatment of persons in detention, in order to strengthen their protection against torture and other cruel and inhuman or degrading treatments or punishments, and to enable them to exercise their rights and freedoms without discrimination, by conducting visits ex officio, based on an annual visitation plan; or unannounced; or on the basis of a notification from any person or the acknowledgment in any way of the existence of a situation of torture or other cruel inhuman or degrading treatment or punishment in a place of detention.

Teams of representatives from the Field for the prevention of torture in places of detention visited **27 penitentiaries**, as follows: Găești Penitentiary, București Jilava Penitentiary, Rahova Penitentiary, Ploiești Penitentiary, Târgșor Penitentiary, Poarta Albă Penitentiary, Mărgineni Penitentiary, Giurgiu Penitentiary, Jilava Penitentiary, București Jilava Penitentiary Hospital, Mărgineni Penitentiary, Iași Penitentiary, Vaslui Penitentiary, Târgu Ocna Reeducation Centre, Bacău County Penitentiary, Iași Penitentiary, Botosani Penitentiary, Galati Penitentiary, Târgu Jiu Penitentiary, Colibași Penitentiary, Minor and Young offenders Penitentiary Craiova, Timisoara Penitentiary, Craiova Penitentiary, Aiud Penitentiary, Codlea Penitentiary, Miercurea Ciuc Penitentiary, Bistrita Penitentiary, Baia Mare Penitentiary.

We now present: **issues noted** by the Field on the Prevention of torture during its 2016 visits to above-mentioned penitentiaries, **recommendations issued** by the People's Advocate to places of detention visited, and **measures taken** by authorities following the recommendations of the People's Advocate, in order to remedy any deficiencies found during visits.

Regarding positive aspects noted in the drawn-up visit reports, we mention the following: ●placement of detainees in rooms was carried out according to penal regimes, depending on their age and degree of risk for the safety of the place of detention, in all prisons visited; ●the barracks were clean and fit for their period of use; ●detainees had access to daily prepared food, which was provided in hygienic conditions, being transported in stainless steel pots provided with lids; ●food samples were harvested daily, labelled and stored in refrigerators with temperature charts; ●dietary preferences and religious beliefs were respected; ●cold water was always supplied and hot water was distributed under a program established by the prison management; ●thermal energy was provided from a networks outside the penitentiary unit, or from its own power plant, ensuring an optimal temperature in detention rooms; ●rights have been respected in terms of access to information, telephone conversations, visits, correspondence, productive activities, etc; ●all activities of detainees were carried out on the basis of programs, schedules and charts, endorsed and approved by the director of the penitentiary unit.

Regarding deficiencies noted in the drawn-up visit reports, we mention the following:

Regarding accommodation conditions: ●overcrowding of some of the detention rooms (Târgu Jiu, Colibași, Iași, Vaslui, Giurgiu, Poarta Albă, Mărgineni, Craiova Penitentiaries); ● inappropriate artificial illumination and broken neon tubes

in some detention rooms (*Colibași, Iași, Craiova, Giurgiu Penitentiaries*); ●lack of individual beds (*Mărgineni Penitentiary*); ●layout of the beds on three levels (*Iași Penitentiary*); ●no vigil lights (*Târgu Jiu, Colibași, Craiova Penitentiaries*); ●detention rooms that are not properly cleaned - dirty and unkempt walls with condensation, mould and dampness, water infiltrations (*Târgu Jiu, Colibași, Giurgiu, Poarta Albă, Mărgineni, Iași, Timișoara Penitentiaries*); ●the existence of improvised electrical installations (*Young Offenders Penitentiary, Craiova*); ●lack of privacy for detainees in the sanitary groups and in some detention rooms (*Colibași, Giurgiu Penitentiaries*); ●insufficient dining rooms (*Colibași Penitentiary*); ●insufficient facilities and furniture for storage of goods, objects and dishes, as well as inadequate provision of shelving for storage of food (*Colibași, Iași, Craiova, Vaslui, Giurgiu, Poarta Albă Penitentiaries*); ●the presence of worn mattresses (*Colibași, Iași, Craiova, Poarta Alba Penitentiaries*); ●insufficient number of toilets and showers, worn and old sanitary fixtures (*Iași, Colibași, Poarta Albă Penitentiaries*); ●lack of hygienic and sanitary products for all detainees (*Poarta Alba Penitentiary*); ●not enough hot water (*Mărgineni Penitentiary*); ●mould in the toilets (*Jilava, Timișoara Penitentiaries*); ●low quality of drinking water (*București-Jilava Penitentiary Hospital*); ●unclean and degraded masonry in detention rooms (*Colibași, Craiova Penitentiaries*).

With regard to ensuring medical assistance: ●unoccupied medical positions - doctors/nurses (*Iași, Vaslui, Giurgiu, Poarta Albă, București-Jilava, Craiova, Botoșani Penitentiaries*); ●lack of means of sanitary transport (*Iași Penitentiary*); ●improperly fitted medical offices (*Giurgiu Penitentiary*); ●lack of correct entries for cases of abuse, medical records of detainees or their declarations; improper medical treatment; lack of registries for recording traumatic signs or existence of physical signs of abuse or ill-treatment/torture within the medical cabinet; partial registration, in the register of medical consultations, of any requests made by prisoners and of medical/non-medical treatments prescribed by the doctor (*Poarta Albă Penitentiary*); ●failure to comply with the Collaboration Protocol between the penitentiary and the prison hospital unit, relating to the prohibition of refusing transport of ill prisoners to a penitentiary hospital in due time (*Poarta Albă Penitentiary*); ●unclear provisions of the Protocol settlement concluded between the penitentiary and the penitentiary hospital, when designating attendant medical personnel in the case of inmates who need medical transport to penitentiary hospitals or other units of the civil system; inappropriate transport of detainees to penitentiary hospitals with improperly fitted vehicles; partial regulations in protocols concluded between penitentiary units regarding the designation of medical personnel who should accompany the inmates during transport; not taking into account the provisions of Art. 140 para (2) of the Regulation for the application of Law no. 254/2013, according to which inmates admitted to hospital units outside the place of detention can receive visits, in the presence of a penitentiary worker, with the approval of the treating physician and the director of the penitentiary; lack of flexibility in the assessment of suitability of admission in public health establishments, under permanent supervision, of sentenced persons classified under an open detention regime; lack of confidentiality and privacy in conducting the medical act (*Poarta Albă Penitentiary*); ●difficult cooperation with civilian hospitals for patients requiring dialysis (*Jilava Penitentiary Hospital Bucharest*); ●lack of special psychiatric units in prisons, so that prisoners with serious mental illness could benefit from health care and continuous surveillance on the part of medical personnel.

With regard to food and water: ●the existence of food that does not fit within the program of food preparation for inmates (*Mărgineni Penitentiary*);

Other issues: ●exercise yards were not fitted with toilets, tables and benches for the use of inmates (*Colibași, Craiova Penitentiaries*); ●low frequency of pest control operations using inefficient insecticides and materials (*Colibași, Iași, Poarta Albă Penitentiaries*); ●staff vacancies (*Craiova Penitentiary*); ●the existence of large numbers of incident reports (*Colibași, Craiova Penitentiaries*); ●laundry drying inside detention rooms (*Craiova Penitentiary*); ●the existence of damp and mildew in the kitchens (*Bucharest-Jilava Penitentiary Hospital*); ●improper storage of food containers (*Colibași and Craiova Penitentiaries*); ●lack of specialized personnel in the field of social assistance (*Giurgiu Penitentiary*); ●presence of dampness and deterioration of the kitchen tiles (*Timișoara Penitentiary*); ●inadequate ventilation and old air convectors in the kitchens; unprofessional social worker evaluations (*Poarta Albă Penitentiary*); ●low quality of drinking water (*București-Jilava Penitentiary*); ●lack of psychological investigation tests (*Mărgineni, București-Jilava Penitentiaries*); ●vacancies in the psychology/social work/education sectors; ●lack of educational programs for detainees, lack of professional formative courses; bad quality of drinking water in the women's ward and in the kitchens (*București-Jilava Penitentiary Hospital*); ●insufficient spaces for storing food (*Târgu Jiu Penitentiary*); ●no temperature charts in kitchen fridges; no menu plans (*Târgșor Penitentiary*); ●improper food preservation (*Târgu Jiu, Timișoara Penitentiaries*); ●improper heating of the intimate visit rooms; deficiencies in managing violent incidents, not taking into account the principle of proportionality (*Botoșani, Iași Penitentiaries*); ●lack of an alternative recording system in case video surveillance becomes non-operational (*Iași Penitentiary*); ●large numbers of classified incident reports (*Colibași, Craiova Penitentiaries*).

After the visits, the People's Advocate formulated the following Recommendations:

●solving the overcrowding problem in detention rooms (*Târgu Jiu, Colibași, Iași, Vaslui, Giurgiu, Poarta Albă, Mărgineni, Craiova Penitentiaries*); ●ensuring vigil lighting in detention rooms (*Târgu Jiu, Colibași, Craiova Penitentiaries*); ●improving lighting in detention rooms; replacing burnt-out neon tubes; artificial lighting sources mounted in detention rooms and not in the halls, in order to compensate for decreased natural lighting (*Colibași, Iași, Craiova, Giurgiu Penitentiaries*); ●ensuring individual beds for detainees (*Mărgineni Penitentiary*); ●eliminating the third layer of bunk beds ((*Iași Penitentiary*); ●improving facilities and furniture for storage of goods, objects and dishes, as well as providing shelves for storage (*Colibași, Iași, Craiova, Vaslui, Giurgiu, Poarta Albă Penitentiaries*); ●cleaning and repairing bathrooms and showers; supplementing the number of showers and toilets; replacing old and worn sanitary fixtures (*Iași, Colibași, Poarta Albă Penitentiaries*); ●cleaning and repairing detention rooms, eliminating condensation, mould, dampness and water infiltrations (*Târgu Jiu, Colibași, Giurgiu, Poarta Albă, Mărgineni, Iași, Timișoara Penitentiaries*); ●periodic and efficient pest control operations using quality materials (*Colibași, Iași, Poarta Albă Penitentiaries*); ●hot water in sufficient quantity for the hygienic needs of inmates (*Mărgineni Penitentiary*); ●examining the possibility of building dining rooms (*Târgu Jiu, Colibași Penitentiaries*); ●ensuring the possibility of preserving perishable foodstuffs in fridges (*Târgu Jiu, Timișoara Penitentiaries*); ●repairing and cleaning the ceilings and walls in kitchens, eliminating mould and dampness (*Timișoara, Colibași*

Penitentiaries); ●ensuring proper ventilation and replacing old air convectors in the kitchens, in order to prevent mould and damp; fitting a hot water source in the kitchens (*Poarta Alba Penitentiary*); ●ensuring good quality drinking water, as ammonia compound concentration was higher than normal in both women's ward and the kitchen (*Bucureşti-Jilava Penitentiary Hospital*); ●providing sufficient quantities of hygienic and sanitary products for all detainees (*Poarta Alba Penitentiary*); ●providing proper heating for the intimate visit rooms (*Colibaşi Penitentiary*); ●fitting exercise yards with toilets, tables and benches for the use of inmates (*Colibaşi, Craiova Penitentiaries*); ●taking appropriate measures for employing sufficient numbers of staff (medical officers, nurses, psychiatrists, psychologists, social workers) in order to ensure proper medical and psychological care for all inmates, and to provide them with opportunities for occupational therapy and acquiring social reinsertion skills; ensuring free and unlimited access of inmates to medical care whenever needed, both in the penitentiary system and in civilian hospitals (*Craiova, Colibaşi, Bucureşti-Jilava, Poarta Albă Penitentiaries*); ●fitting medical offices with pulse-oximeters, echography machines and electrocardiographs, in order to improve the quality of medical services (*Giurgiu Penitentiary*); ●creating a medical registry for recording any signs of torture, trauma or ill-treatment; acting according to protocols if any such case occurs; taking legal measures and notifying concerned authorities (*Giurgiu, Poarta Albă, Botoşani Penitentiaries*); ●correctly recording, in the register of medical consultations, inmate demands and medical/non-medical treatments prescribed by doctors (*Poarta Alba, Giurgiu Penitentiaries*); ●treatment in strict compliance with medical prescriptions, administered by the doctor or under the direct supervision of medical staff; any case of aggression or ill-treatment noted by medical staff will be correctly recorded in medical files, and appropriate legal measures will be taken (*Giurgiu Penitentiary*); ●examining the possibility of separate infirmary wards for detainees with psychiatric problems, so they can be monitored and treated more efficiently (*Craiova Penitentiary*); ●identifying inmates with psychiatric problems, especially those refusing medication and with high risk, in order to admit them to psychiatric hospitals and thus decrease the risk of serious incidents or suicide (*Craiova Penitentiary*); ●taking into account the provisions of Art. 140 para (2) of the Regulation for the application of Law no. 254/2013, stating that detainees admitted to hospitals which are not part of the penitentiary system can be visited by family members, in the presence of a penitentiary employee and with the agreement of the penitentiary director and medical officer (*Poarta Albă Penitentiary*); ●compliance with legal provisions (Law no. No. 254/2013 on the execution of sentences and custodial measures ordered by the court in criminal proceedings, approved by Government Decision No. 157/2016, and the Protocol of collaboration between the penitentiary and the penitentiary hospital), relating to the prohibition of refusing transport of sick prisoners to a penitentiary hospital in due time; properly fitted vehicles, so that transport to a hospital does not needlessly harm the detainee or influence his health state (*Poarta Albă Penitentiary*); ●reassessing the methodology of drawing up incident reports, as in many cases these were annulled/ no further action was taken (*Craiova, Colibaşi Penitentiaries*); ●acquiring a vehicle for rapid access of inmates to hospital care outside the penitentiary, in case of an emergency (*Iaşi Penitentiary*); ●ensuring better collaboration with civilian hospitals for detainees needing dialysis (*Bucureşti-Jilava Penitentiary Hospital*); ●clarifying the provisions of the Protocol settlement concluded between the penitentiary and the penitentiary hospital, when designating attendant medical personnel in the case of inmates who need

medical transport to penitentiary hospitals or other units of the civil system (*Poarta Albă Penitentiary*); ●dismantling improvised electrical installations in infirmary wards (*Craiova Penitentiary*); ●employing social workers who can ensure properly functioning social services for inmates, in accordance with Order No. 2199/C/2011 of the Minister of Justice for approving the Regulation on the conditions for organizing and conducting educational, cultural, therapeutic, psychological counselling and social work activities in prisons (*Giurgiu Penitentiary*); ●better identification/assessment of educational, psychological and psycho-therapeutic assistance needs, assessing each prisoner from a social perspective and providing programs and activities in the context of the prison hospital (*București-Jilava Penitentiary Hospital*); ● better reintegration of inmates into society, through programs and activities, tuition, training courses and well-structured, productive activities that are at present missing from the structure of educational and psycho-social assistance activities in the prison hospital (*București-Jilava Penitentiary Hospital*); ●using investigative psychological tests and carrying out programs of group psychological counselling for assessment and counselling of inmates (*Mărgineni Penitentiary, București-Jilava Penitentiary Hospital*); ●providing food supplies (vegetables) whose preparation period fits within the program of preparing food for inmates (*Mărgineni Penitentiary, București-Jilava Penitentiary Hospital*); ●compliance with Art. 29 10 of Law No. 35/1997 concerning the organization and functioning of the People's Advocate institution, republished, with subsequent amendments and additions, and which states that “No person shall be held liable for information provided to members of the visiting team”, as well as the provisions of Article 15 of the Optional Protocol to the Convention against torture and other cruel, inhuman or degrading treatment or punishment, under which no authority will apply, or shall tolerate any sanction against any person and will not damage him/her in any other way for the deed of communicating any information, whether true or false, to the visiting teams - as such, it is prohibited to submit any detainee to intimidation, abuse or reprisals following the visits of the National Preventive Mechanism representatives (*Botoșani Penitentiary*); ●management of incidents according to legal provisions, respecting the principle of proportionality in the use of intervention procedures, without causing harm to the physical integrity of detainees or subject them to ill-treatment (*Botoșani Penitentiary*); ●guaranteeing unbounded access to specialized medical care for all prisoners involved in violent incidents, by presenting them to civilian hospitals, taking into account their fear of reprisals and retaliation (*Iași Penitentiary*); ●identifying appropriate measures for negotiating and managing forms of protest (*Iași Penitentiary*).

Penitentiary units visited by teams of representatives from the Field for the prevention of torture in 2016 informed the People's Advocate about the adoption of recommendations issued by the People's Advocate. **Thus, the responses of penitentiary units were as follows:**

Concerning accommodation conditions: ●**overcrowding** – the penitentiary administration started repairs in detention wards and demanded that transfer of inmates be stopped until their completion, in order to provide each inmate with his own bed (*Colibași Penitentiary*); periodic transfer proposals were submitted to the National Administration of Penitentiaries, concerning inmates in maximum security prisons, in order to alleviate overcrowding (*Iași Penitentiary*); legal decisions of transfer were monitored, and if they led to overcrowding the Director of the National Administration

of Penitentiaries was informed, in order to avoid overcrowding certain penitentiaries (*Giurgiu, Mărgineni Penitentiaries*); in 2017, the penitentiary will deploy investments for building new detention wards ensuring European standards of detention - a new 300-place building, the rehabilitation of two other buildings, finalizing other investment objectives in 2020 (*Poarta Albă Penitentiary*); permanent monitoring of the numbers of inmates, dismantling a row of beds, periodic assessment of detainee status with a view to changing their regimes and transferring them to other, less crowded, detention facilities (*Craiova Penitentiary*); creating 40 new detention places in 2017 by building an extra floor in an existing cell block; and 50 new places by transforming an old agricultural building into a detention centre (*Târgu Jiu Penitentiary*);

- **natural and artificial lighting, electrical fixtures** - vigil lighting will be installed in 2016, all needed materials being available (*Târgu Jiu Penitentiary*); the vigil lighting system is part of an integrated intervention plan to improve living conditions and increase thermal and energetic efficiency inside penitentiaries, in accordance with European laws. Vigil lighting is operational in all detention wards and all deficiencies in electrical fixtures were remedied (*Craiova Penitentiary*); one ward will be renovated, and fitted with artificial lighting fixtures (*Giurgiu Penitentiary*); in 2015, 24 detention rooms in the detention ward were renovated in sections 1 and 2 belonging to the “Social Headquarters” building, with the redevelopment of two other rooms being underway; from the beginning of 2016 another 10 detention rooms have been renovated. For 2016, money was earmarked for the redevelopment of 12 detention rooms in Section 5, and for other current repairs. A Note of execution for general repairs has been approved for E 3 and E4 detention blocks (*Colibași Penitentiary*); in E6 block and approximately 50% of E7 block detention rooms, electrical maintenance work consisted in the replacement of lighting fixtures, electrical repairs and replacement of improvised connections, and works were also underway in E9 block (*Iași Penitentiary*);
- **endowment with furniture, beds and mattresses** - concrete shelves were fitted in the pantries, and cement chairs and tables were poured and mounted in the detention rooms (*Colibași Penitentiary*); E6 block was fitted with shelving for the storage rooms; concrete tables and chairs were fitted in every detention room in E8 block and approximately 50% of the rooms in the E7 block; old beds were replaced with new metallic beds with individual drawers, intended for storage of personal property of inmates. Beds were repaired by replacing metallic sheets, welding and dyeing (*Iași Penitentiary*); existing furniture for keeping the personal belongings of detainees was rehabilitated and restored (*Craiova Penitentiary*); purchase of a plastic folding table for each room and of two, respectively four plastic chairs for each detention room, to be completed in December 2016 (*Vaslui Penitentiary*); the E9 section was planned for refurbishment in 2016, so that necessary measures would be taken for the renovation and endowment of all detention rooms (*Giurgiu Penitentiary*); at the end of current repair and maintenance works, in October 2016, room E 4.14 will be equipped with furniture consisting of tables and chairs, in addition to the existing ones and according to available space. At the same time, shelves will be fitted in the pantry (*Poarta Albă Penitentiary*); between November 2011 and April 2016 a number of 1087 mattress were distributed. Damaged mattresses were permanently refurbished and repaired in the workshop of the unit (*Colibași Penitentiary*); 1275 polyurethane fire-resistant foam mattresses were purchased, and old mattresses were replaced (*Iași Penitentiary*); beds were equipped with 200 new mattresses (*Craiova Penitentiary*); during the last two years, the administration of the penitentiary managed to change a number of 660

mattresses with new ones. The mattresses were received through sponsorship and redistribution from the Colibași Penitentiary, which manufactures them. Replacement of mattresses in use with new mattresses will continue with purchases from the free market. In 2016, 264 new mattresses were purchased and distributed. Thus, 924 mattresses have been replaced (over 60% of mattresses in use). This process will continue, taking into account the number of mattresses that can no longer be used and require replacement. A new mattress cannot be provided for every inmate upon admission, these goods having a service life to be fulfilled. The administration of the penitentiary has taken steps to ensure the maintenance of these goods, through the purchase and use of steam generators for their washing and disinfection. According to the procedure regarding the use of this equipment, any person who has attributions in providing accommodation conditions may request an intervention with these machines (*Poarta Albă Penitentiary*);

- **the activity of bathing inmates** - according to the provisions of Art. 11 para (7) of the Regulation for the application of Law no. 254/2013, detainees are given the opportunity to bathe with hot water at least twice a week. In the penitentiary, hot-water bathing is based on a schedule set for each cell block, for one hour each day, except for Sunday. For the provision of hot water in all detention rooms, the penitentiary has only one thermal power plant, and its capacity, as well as water flow, cannot simultaneously ensure hot water for the penitentiary washroom and all detention chambers within the same time interval (*Margineni Penitentiary*); domestic hot water is distributed according to an approved schedule, for one hour daily for female prisoners and one hour, three times a week for male prisoners, starting with April 1, 2016. According to the schedule of September 24, 2015, detainees had a hot water bath 2 times a week for one hour (*Colibași Penitentiary*); as regards the supplementation of shower facilities and toilets in rooms where many detainees are accommodated, this is not technically possible. All sanitary facilities related to detention rooms are connected to sewage and drinking water installations. At the same time, current rules do not provide for the furnishing of sanitary facilities with furniture. The following works were also carried out in the common bathrooms: scraping of the plaster, washing of the walls and ceilings, total restoration of the plaster with mortar, removal of damaged pipes and showers, rehabilitation of pipeline and plastic connectors, replacement of hot water distributors, painting and tiling of walls, painting of ceilings with chlorine-rubber paint (*Iasi Penitentiary*);
- **current repair works** - painting of the rooms, painting of the sanitary groups, replacement of the sanitary objects were included in the current repair plan, and these works should be completed until September 2016 (*Timișoara Penitentiary*); repair works were carried out in detention rooms, repainting furniture, plastering, waterproofing, tile plating, cement flooring, painting with lime, repairing sanitary facilities, replacing toilets, sinks and a shower bathtub. Wooden doors from the sanitary group doors were replaced with plastic doors in several detention rooms (*Mărgineni Penitentiary*); the E9 block is planned for refurbishment in 2016, so necessary measures will be taken for the renovation and endowment of detention chambers (*Giurgiu Penitentiary*); starting with the third trimester, within the limits of funds allocated for the improvement of detention conditions, a permanent process of repairing detention rooms is carried out. Thus, repairs were carried out in rooms of E6 block and approximately 50% of the E7 block (*Iasi Penitentiary*); works of current repairs and maintenance, consisting of waterproofing the sanitary groups, restoration of plumbing, replacement of damaged sanitary ware, restoration of water installations, rehabilitation of internal plastering, repairing carpentry, plastering and painting of walls

and ceilings in the rooms of E5 block have been completed. After the completion of the works, the same activity will start in E4 block, the deadline being November 2016 (*Poarta Albă Penitentiary*); rooms were painted in two of the cell blocks; by the beginning of September 2016 this work would be completed at the level of all detention units in the penitentiary (*Târgu Jiu Penitentiary*); repair works of various types, from painting to tiling and replacing windows and doors were undertaken (*Colibași Penitentiary*); ●**hygienic-sanitary materials** - all hygienic materials distributed on a monthly basis, and some materials intended to be distributed over longer periods of time were provided, according to the established annual compliance schedule. Every day the laundry unit provided washing materials for detainees' clothes. Also, detainees have the possibility to use sanogenic products in larger quantities than those stipulated by the norms, by purchasing them from the commercial point within the detention block (*Poarta Albă Penitentiary*); ●**elimination of the 3rd level of beds and the provision of an individual bed for each inmate** - on August 22, 2016 a note was sent to the General Director of the National Administration of Penitentiaries, asking him to approve the removal of the 3-rd level of beds in detention rooms of the E1, E2, E4, E5 and E6 cell blocks, which would have materialized in the removal of 310 beds. Following the address, 90 beds were removed. Later, other 184 beds were removed, which led to the decongestion of detention rooms and implicitly to a reduction in the number of detainees (*Iasi Penitentiary*); the penitentiary was able to secure individual beds for each detainee (*Mărgineni Penitentiary*); each detainee has benefited from an available bed (*Iasi Penitentiary*);

With regard to ensuring medical assistance: ●in 2016, a specialist in family medicine, a dental specialist and a nurse were employed, from external sources. Providing primary medical care is still difficult, given the fact that in 2016, three members of the medical staff have retired. The occupancy rate for available positions is 37% for superior medical staff, and 53% for nurses and secondary education staff. Three medical recruitment competitions are in progress: for a psychiatrist, for five general nurses and for a dental practitioner (*Iasi Penitentiary*); ●the penitentiary unit owns vehicles and an ambulance, with capacities of 5-36 places, for the transport of detainees to civilian hospitals. In 2017, the unit envisages the purchase of another, properly equipped ambulance (*Iasi Penitentiary*); ● an external source assignment contest for 15 functions is ongoing, but this does not cover the staff needs of the penitentiary. By the end of 2016, the National Administration of Penitentiaries (NAP) had begun a negotiation for changing the organization status of penitentiary units and personnel. At the end of May 2016, the penitentiary director had a first discussion with the NAP regarding the organization project of the unit, hoping it would be approved by the end of the year (*Vaslui Penitentiary*); ●as a result of the penitentiary's requests, the NAP provided 3 physicians and 4 nurse positions. In the penitentiary system, the process of resizing the organizational states has already started, in order to ensure the good functioning of the field of health care. At the same time, the prison administration will require the allocation of funds from the NAP in order to comply with recommendations (*Giurgiu Penitentiary*); ●5 positions for nurses, from which 3 - general nurses, 1- dental, 1 - hygiene were put up for contest (*Poarta Alba Penitentiary*); ●in the year 2016, 1 pharmacist, 2 internal medicine specialty doctors, one cardiology specialist, one dermato-venerologist, one infectious diseases specialist, one psychiatrist, one epidemiologist and 13 nurse positions were put up for competition from external sources. Only the pharmacist post was occupied so far. The prison hospital has a good

cooperation with the Floreasca Emergency Hospital for patients with acute renal failure requiring dialysis, and the Fresenius Bucharest Dialysis Center for patients with chronic kidney failure requiring haemodialysis (*Jilava-Bucharest Penitentiary Hospital*); ●following contests, 2 medical practitioners were declared admitted; upon completion of all legal formalities, they will effectively start work on October 15, 2016 (*Botoșani Penitentiary*); ●from May 2016, 50 additional staff were employed, 4 of them in the medical sector (*Craiova Penitentiary*); ●registers for traumatic marks were set up in the penitentiary medical nucleus, and personnel has been trained for their completion. At the same time, the staff has been trained to fill in carefully all operational documents and registrations of all findings, medical recommendations and demands formulated by inmates (*Poarta Alba Penitentiary*); ●in cases of aggression between detainees, entries in medical records are made by the medical staff who conducts medical examinations, including referral to the judicial organs and the administration of the penitentiary unit. Also, medical staff grants medical treatment according to the prescriptions of practitioners, respecting the types of prescription drugs, doses and mode of administration (*Giurgiu Penitentiary*); ●on December 15, 2016, a new cooperation Protocol was signed between the Ministry of Health and the Ministry of Justice, where the stated obligations of the Ministry of Health are: “identifies any measures needing to be taken in case of refusal on the part of the public health network” (*Iasi Penitentiary*);

Regarding food: ●during the acquisition of food products for inmates, specifications regarding organoleptic characteristics and quality parameters were respected. As regards the concerned vegetable product (beans), it comes from the year’s harvest and belongs to a single variety. According to technical specifications, it has a boiling time of 90-120 minutes so preparation time falls within the time limits allotted to preparing lunch (*Margineni Penitentiary*);

Other aspects: ●works of disinfection and pest control were carried out regularly in previous years and in early 2016, in order to ensure a proper hygienic and sanitary status both for detention rooms and for other spaces where prisoners have access (*Colibași Penitentiary*); in the year 2016, pest control and disinfection actions have been carried out in accordance with legal provisions. Checking the 2016 medical examination records showed that no inmates were diagnosed with pediculosis (*Iași Penitentiary*) ●pest control operations were performed by an authorized firm, and mattresses and surfaces were disinfected periodically (*Poarta Albă Penitentiary*); ●works of current repairs and maintenance, consisting of restoration of plumbing, replacement of damaged sanitary ware, restoration of water installations, rehabilitation of internal plastering, repairing carpentry, plastering and painting of walls and ceilings were underway in the kitchen units (*Colibași Penitentiary*); ●building an extra cell block by rehabilitating an old administrative building (*Târgu Jiu Penitentiary*); ●purchase of materials and subsequent execution of the works of repair and maintenance for the purpose of eliminating dampness (*Jilava Penitentiary*); ●actions that will be taken up at the end of 2016 were planned - replacing the steam exhaust system, replacing tiles in the kitchen block, concluding a contract with an external supplier for replacing steam installations. After completing these operations, cleaning and painting of the kitchen block will be undertaken, the term of completion being December 2016 (*Timisoara Penitentiary*); ●regarding analysis of the possibility of finding additional spaces for food storage, an area in the vicinity of the actual kitchen space has been identified, and will be upgraded and appropriately equipped (); ●dietary plans produced by the nutrition compartment were reviewed with the purpose of

reducing the quantities of salt (*Târgu Jiu Penitentiary*); ●19 refrigerators of various capacities were purchased in order to ensure proper conditions of perishable food preservation. These fridges will benefit the inmates housed in 20 out of a total of 35 rooms (*Târgu Jiu Penitentiary*); ●repairs were underway in the intimate visiting room (*Colibași Penitentiary*); ●at the level of the establishment and functioning of prison disciplinary Commission, investigations correspond to legal provisions, with the actual ranking of reports or cancellation of reports resulting from the sometimes contradictory statements of inmates (*Târgu Jiu Penitentiary*); ●analyses carried out regarding compliance with the statutory procedure showed that it is correct in most cases. However, there are situations where, from the moment the incident occurs and implicitly the incident report is drawn up, until the disciplinary investigation is carried out, the involved inmates reach agreements and withdraw their complaints. As a result of these situations, it is not possible to establish the guilt of one or the other of the parties involved in the disciplinary investigation. As a consequence, the Disciplinary Board, in the absence of unambiguous evidence, can no longer apply disciplinary sanctions and decides to classify the cases (*Craiova Penitentiary*); ●there is no possibility of setting up special rooms in the infirmary for people with severe mental illness, given the small number of accommodation rooms available within this section. Prisoners with psychiatric conditions are accommodated in the infirmary only during acute periods, until their transfer to the hospital penitentiaries - Colibași, Rahova Poarta Albă. At the same time, as regards the identification of prisoners with severe psychiatric disorders who refuse treatment, Craiova Penitentiary is the only penitentiary in the country that has an employed psychiatrist who can diagnose and recommend hospitalization of prisoners with mental illness in a hospital penitentiary. Psychiatric / psychological re-evaluation of mental health status in order to identify risks is also a permanent concern of health professionals, in collaboration with psycho-social assistance workers. Psychotropic treatment is administered under the strict surveillance of medical staff, ensuring permanent contact between staff and inmates with psychiatric disorders. As a result of the findings of the Commission set up to investigate the occurrence of an act of arson committed by a person deprived of liberty, the following measures were implemented: intervention capability in the event of a fire was restored by replacing the fire extinguishers on block E6; the penitentiary purchased two autonomous breathing equipments, two PSI-type Nomex suits, 2 pairs of Nomex gloves and replaced the actuator system of internal fire-hydrants; the number of available mattresses should match the number of inmates; special attention was granted to conducting body searches for the purpose of discovering any improvised or unapproved electrical devices or fire hazards (*Craiova Penitentiary*); ●exercise spaces for inmates are furnished in accordance with regulations in force. Steps were taken for the identification and planning of new spaces, needed for maintenance activities for hospitalized persons in the period before completing the educational measure. The daily program encompasses specific activities which include a significant reduction of the time spent in detention rooms, using for this purpose sports and gym activities, clubs and workshops, and exercise yards (*Craiova Penitentiary*); ●psychological assistance activity was implemented in august 2016 by hiring one psychologist, his area of intervention targeting prisoners included in psychological assistance activities and programs, depending on identified needs. The psychologist teamed with the department educator, who aimed at including as many vulnerable people as possible in the program; in most cases, this led to notable risk reduction. To reduce the risk of suicide, a training program

for support detainees was implemented. Starting with August 10, 2016, 3 specialists were included in the Psychosocial Assistance Service. Thus, the program offer will be enriched and updated with specific and general psychological assistance programs (*Mărgineni Penitentiary*); ●newly arrested detainees were evaluated in order to identify and establish their educational and psycho-social assistance needs. Weekly evaluations of detainees are undertaken for discussing the establishment/maintenance/modification of enforcement of sentences. Inmates are included in educational and psychological assistance programs. In accordance with the Collaboration Protocol between the National Administration of Penitentiaries (NAP) and the Ministry of Education, Research, Youth and Sports, hospital penitentiaries do not organize tuition, training and productive activities. The psychologist can only apply psychological tests approved by NAP (*Bucharest-Jilava Penitentiary Hospital*); ●remedial measures were taken, which led to the recording of water determination values within the limits allowed by the legislation in force (*Bucharest-Jilava Penitentiary Hospital*); ●at the level of the penitentiary unit, the provisions of art. 29¹⁰ from Law No. 35/1997 concerning the organization and functioning of the Ombudsman institution, republished, with subsequent amendments and additions, and which states that “No person shall be held liable for information provided to members of the visiting team” are respected. At the same time, in the management of any incident occurring in the penitentiary, legal methods and procedures, as established in the Manuals for incident management, vol. 1 and 2, Handbook on Associated Structures for Special Security Measures, Constraint and Control, as well as for the use of immobilization techniques, Vol. 1 - Personal safety and Vol. 2 of the Handbook - The intervention of specialized structures, approved by the decision of the NAP, are always respected. Thus, the principle of proportionality in the use of intervention procedures is respected, and the use of physical force is authorized as a last strategy for restoring order only if negotiation has failed (*Botosani Penitentiary*); ●the provisions of the Regulation on Enforcement of Law no. 254/2013 are respected. At the same time, the medical staff was instructed in completing referral slips for civilian hospitals when thinking that it is in the best interest of the patient, even if he/she expresses his/her refusal of the consultation. Subsequently, hospital admission is sought and the prisoner cannot refuse the transfer. However, the detainee has the right to refuse medical interventions. Provisions on the transport of detainees to hospital penitentiaries are also respected. The penitentiary hospital ambulance can be used for non-assisted transport situations. For situations requiring medical care during transport, 112 emergency service intervention is required. Regulations in force have been observed, respectively the provisions of art. 140 para (2) of the Regulation for the application of Law no. 254/2013, according to which inmates admitted to hospital units outside the place of detention can receive visits, in the presence of a penitentiary worker, with the approval of the treating physician and the director of the penitentiary. In future, the peculiarities of each case will be analysed, in compliance with art. 215 para 3 of the Order of the Ministry of Justice No 1671/2010, in order to take the necessary measures for unaccompanied hospital admission in the case of open-regime detainees, depending on the sentence and conduct of each convict. The legal provisions in force have been complied with, in the sense that the guard and surveillance agent have been positioned outside the operating room throughout the surgical intervention, wearing sterile protective equipment. Confidentiality was respected all during the procedures. At the same time, measures will be taken to conclude a collaboration protocol with the Constanta County Emergency Clinical Hospital - January 2017 (*Poarta Albă*

Penitentiary); ●penitentiary staff, as well as gendarme support forces, used immobilization means provided by normative acts in force for removal of the state of danger and the restoration of order and discipline, in accordance with legislation in force as well as the subsequent acts which regulate specific activity. The mobilization of police forces was carried out in accordance with art. 15 from Law No. 254/2013, the protocol of cooperation between the Ministry of Internal Affairs and the Ministry of Justice, and the Joint Procedures annexed to that protocol. No detainees were held accountable for information provided during discussions with representatives of the People's Advocate Institution. At the same time, detainee incident reports were not drawn up for information provided to representatives of the respective institution, but only for acts of incitement to violence and acts of violence. Also, inhuman or degrading treatment was not applied and no prisoners who talked to the aforementioned representatives were affected in any way (*Iași Penitentiary*).

Concerning detainees' complaints about the conditions of detention, we note the visits made following the riots in Iasi Penitentiary and Botosani Penitentiary. As follows:

As a result of issues reported to the press on July 11, 2016, the representatives of the Bacău Zonal Center and the Iași Territorial Office carried out an investigation into the Iași Penitentiary on July 12, 2016, in order to verify issues raised in the press regarding inmate protests in Iași Penitentiary.

Regarding the protests of July 11, 2016, the team was informed by the staff of the Iași Penitentiary that they started at 19.10 hours in the 9, 3, 5, 7 and 8 blocks, when the detainees offended the security staff, pounded on the doors and windows, destroyed and took out the mesh grate from the windows.

The penitentiary staff tried to appease the situation and inmates accepted to go into their rooms, with the exception of rooms E5.3, E5.2 and E5 where inmates blocked the doors. Force was not used, negotiations were held, and at 22.00 hours the inmates opened the doors of the three locked rooms.

The claims of the protesters concerned the inappropriate accommodation and treatment conditions in the Iași Penitentiary: overcrowding, lice, qualitatively and quantitatively insufficient food, the medical unit does not offer requested medical assistance, the TV program is very short, the staff treats the inmates inappropriately.

On July 12, 2016, starting at 09.15 hours, detainees began to chant in some rooms about inadequate accommodation conditions, demanding the resignation of the director.

When they were taken to the exercise courtyard, a total of 17-18 inmates climbed on the roof, and in the 9th and 5th sections inmates took down the outer mesh nets of the windows.

A bed mattress in a room on section 9 (E.9.11) was burned. There were 3 people in the rooms; they took a mattress, put it in the window of the room and set it on fire. The fire was immediately extinguished, and persons in the room were evacuated.

Discussions were held with: the director of the Iași Penitentiary, inmates in rooms where the incidents took place, protesters and other persons deprived of their liberty.

During the team's visit, detainees calmed down, presented their dissatisfaction to the team, and discussed problems they face daily. 7 inmates descended from the roof

in order to talk with the Advocate of the People's team and they were sent to the medical nucleus for a general examination.

The claims of the protesters concerned the inappropriate accommodation and treatment conditions in the Iasi Penitentiary: overcrowding, lice, qualitatively and quantitatively insufficient food; the medical unit does not offer requested medical assistance; the TV program is very short; the staff treats the inmates inappropriately.

After talking with the protesters, representatives of the People's Advocate institution visited 11 rooms in blocks 3, 5 and 9.

Inmates in the visited rooms complained about the bad quality of food, cramped accommodations, the presence of lice and cockroaches, lack of proper medical care, short TV programs. All those who talked to the team declared they were in a hunger strike and demanded urgent action to improve prison conditions and provide proper health care.

Most people deprived of liberty repeatedly complained about interruptions in the water supply program during the heatwave; they also stated that appointments to the medical cabinet in the penitentiary or in the city are being delayed due to lack of medical and security personnel, as well as cars for the transport of detainees.

Motivated by the fact that protests in Iași Penitentiary did not cease, part of the inmates from Botoșani Penitentiary also started protests.

Under Art. 14 and Art. 29⁷ from Law No. 35/1997 on the organization and functioning of the People's Advocate Institution, republished, with subsequent modifications and completions, on July 14-15, 2016, unannounced visits to Iași and Botoșani Penitentiaries were made, having as object the verification of treatment applied to persons deprived of liberty, in the context of issues reported by the press about protests in the mentioned penitentiary units and subsequent measures taken.

The visiting team was multidisciplinary, consisting of representatives of the Field on the Prevention of Torture in places of detention (legal adviser, physician), representatives of the Iași Territorial Office of the People's Advocate and a representative of a human rights NGO from Iași.

Regarding the Iași Penitentiary, at the time of the visit 1467 inmates were detained in the Penitentiary, with a legal capacity of 730 seats, which represents an employment rate of approximately 201% of the legal capacity.

During the visit, the directors of the unit informed the visiting team that, in order to restore order in about 14 rooms, where the evening appeal could not be made and inmates were barricaded, noisy and violent, specialized team intervention was necessary.

According to the detainees' allegations, on July 13, 2016, after the People's Advocate's visit of July 12, 2016, the Gendarmerie subordinates and the Emergency Situations Inspectorate (ISU) violently entered the detention rooms and used tear gas as well as immobilizers (handcuffs) on approximately 55 inmates.

The majority of inmates expressed their fear of talking openly with the team members, as they again expected post-visit retaliation, as it already happened on the night of July 13, 2016.

On the occasion of the visit, it was found that almost all persons in the visited rooms showed signs of violence (facial, thoracic, abdominal and limb ecchymoses; facial, thoracic, abdominal and limb exactions; traumatic marks located on different

anatomical regions; variable hematomas, multiple palpable zygomatic and facial ecchymoses, minor scalp wounds, nasal pyramid traumas and exactions).

In the context of the events, the following cases were noted: a person had the right arm immobilized in plaster, indicating that it had been fractured during the intervention of law enforcement officers, on the previous evening; an inmate was urgently presented to the Iași hospital, with a diagnosis of polytrauma by aggression, multiple thoraco-abdominal contusions, concussion of the basin, nasal pyramid contusion, acute spontaneous epistaxis, panic attack. Orthopaedic, general surgery, neurology and neurosurgery consultations were undertaken, as well as a cerebral CT scan which denied the existence of intracranial lesions at the time of examination.

The study of records of medical consultations, registered records of medical examination of inmates transferred to other penitentiaries and records of emergency consultations granted to persons deprived of liberty shows that between July 12-15, 2016 and particularly on the dates of 12 and 13 July 2016, various persons examined presented physical signs of aggression, from excoriations to hematomas, facial and nasal trauma, bruising, wounds, and self-inflicted wounds on the arms.

Referral tickets for the Iași Forensic Service were drawn up for a number of 21 persons deprived of liberty.

At the same time, specialized orthopaedics, traumatology, neurology, neurosurgery and general surgery examinations were conducted for persons in the situation detailed above, who wished to be medically examined.

Regarding the cases of physical aggression produced during the 11 - 16.07.2016 period, according to the address no. X/34244 of August 10, 2016 of Iași Penitentiary, in the period between the 11th of July 2016 and the 09th of August, 2016 a number of 70 addresses were drawn up by the penitentiary unit, announcing the cases to the Prosecutor's Office in Iași Court, as a result of statements by inmates concerning aggressions they had suffered.

Regarding the Botoșani Penitentiary, at the time of the visit 1010 persons deprived of their liberty were detained in the Penitentiary, with a legal capacity of 1174 seats, which represents an employment rate of approximately 86% of the legal capacity.

In referral to Botoșani Penitentiary, protests began on July 12, 2016, when persons deprived of liberty chanted against improper conditions of accommodation in the penitentiary unit. Manifestations continued throughout the day of July 13, 2016 and during the night of 13/14 July 2016.

During the day of July 14, 2016, a number of 4 detainees continued the protest on the roof of the E 2 section walkway, and 6 detainees on the roof of the E 5 Detention Section. During the night of 14/15 July 2016, because prisoners on the roof of one of the air courts resorted to acts of destruction, disobedience and violent riot incitement of other prisoners, the intervention of the Operative Group was ordered, for the purpose of restoring an order and safety climate in the prison. Throughout the incidents, specialized units belonging to the Gendarmerie Inspectorate of Botoșani County, the Botoșani County Police Inspectorate, the "Nicolae Iorga" Inspectorate for Emergency Situations and the Bacău Mobile Brigade of Gendarmes acted as support forces, their mission focusing mainly on actions of deterrence and oversight.

The study of records of medical consultations, register records of medical examination of persons deprived of liberty transferred to other penitentiaries and records of emergency consultations granted to persons deprived of liberty shows that between July 12-15, 2016 and particularly on the dates of 12 and 13 July 2016, various

persons examined presented physical signs of aggression, from excoriations to haematomas, facial and nasal trauma, bruising, wounds, and self-inflicted wounds on the arms.

Referral tickets for the Forensic Service were drawn up for a number of 4 persons deprived of liberty.

For all four cases, the Penitentiary also notified the Prosecutor's Office in Botoşani Court.

Considering all the above, the People's Advocate formulated a series of recommendations, submitted both to Iaşi and Botoşani Penitentiaries and to the National Administration of Penitentiaries, which referred the following issues:

- compliance with the provisions of article No. 29¹⁰ from Law No. 35/1997 concerning the organization and functioning of the People's Advocate institution, republished, with subsequent amendments and additions, and which states that "No person shall be held liable for information provided to members of the visiting team" as well as the provisions of article 15 of the Optional Protocol to the Convention against torture and other cruel, inhuman or degrading punishments or treatments, which prohibits the subjection of persons deprived of liberty to intimidation, retaliation or abuse after the visits of the National Preventive Mechanism representatives (*Iaşi Penitentiary, Botoşani Penitentiary*);
- managing incidents in accordance with legal provisions, respecting the principle of proportionality in the use of intervention procedures, without causing harm to the physical integrity of persons deprived of liberty or subject them to ill-treatment (*Iaşi Penitentiary, Botoşani Penitentiary*);
- identifying appropriate measures for negotiation and managing forms of protest (*Iaşi Penitentiary, Botoşani Penitentiary*);
- guarantee of unbridled access to specialized medical assistance for all persons deprived of liberty involved in incidents (*Iaşi Penitentiary*);
- hiring adequate numbers of medical personnel required for the deployment of medical activities in both Iaşi and Botoşani Penitentiaries (*Iaşi Penitentiary, Botoşani Penitentiary*);
- the acquisition of proper means of transport, which ensure proper access to medical care outside the prison unit for persons deprived of liberty (*Iaşi Penitentiary*);
- examining the possibility of settlement for inmate claims, particularly those relating to the management of overcrowding in Iaşi Penitentiary (at the time of the visit there were 1467 persons deprived of liberty accommodated in a 730 - place penitentiary, which represented a percentage of occupancy of 201% of the legal accommodation capacity) and improving conditions of detention in both penitentiaries.

Considering all the above, the Iaşi and Botoşani Penitentiaries and the National Administration of Penitentiaries answered as follows:

- regarding compliance with the provisions of Article No. 29¹⁰ from Law No. 35/1997 concerning the organization and functioning of the People's Advocate institution, republished, with subsequent amendments and additions, and which states that "No person shall be held liable for information provided to members of the visiting team" as well as the provisions of Art. 15 of the Optional Protocol, no cruel, inhuman or degrading treatments or punishments have been applied and no inmates have been submitted to reprisals (*Iaşi Penitentiary, Botoşani Penitentiary, the National Administration of Penitentiaries*);
- the resolution of certain isolated incidents through the use of intervention means was carried out in accordance with legal provisions in force, and it is considered that the aforementioned interventions respected the principles of the use of means of restraint (*Iaşi Penitentiary, Botoşani Penitentiary, the National Administration of Penitentiaries*);
- medical assistance is granted on the basis of an

approved schedule of consultations; the process of recruitment for filling medical staff vacancies is ongoing; in 2017 a properly-equipped ambulance will be acquired (*Iași Penitentiary, Botoșani Penitentiary*); •transfers were made to other units, and the penitentiary proposed to build a new pavilion with 536 places. It was also proposed to eliminate the third tier of beds in detention rooms, new furniture, mattresses and linens were purchased, and a process of permanent repair and sanitation of prisoner quarters is unfolding; *Botoșani* prison management stated that the improvement of living conditions in the penitentiary, in accordance with national and international standards, constitutes an objective responsibly and realistically assumed; thus, a Plan for carrying out maintenance works and current repairs in detention rooms has been developed, entailing, within the limits of existing resources: replacing wood joinery with aluminium, replacing sanitary installations and objects, restoring finishes, repairing/replacement of defective electrical installations (*Botoșani Penitentiary*).

Also, regarding events that took place during the period of 11-15 July 2016 in Iași and Botoșani Penitentiaries, **complaints have been submitted by the People's Advocate institution to the Prosecutor's Office in Iasi and to the Court Prosecutor's Office District Court of Botosani.**

The Prosecutor's Office attached to the Iasi Court of Justice communicated, through the address no. 10350/IV/5 of August 26, 2016 that the Court received a number of 72 briefings from Iasi Penitentiary, compliant to which prosecutors have compiled 25 proceedings instituted ex officio, as a result of finding clues about the perpetration of the infraction of improper conduct, under art. 296 of the Penal Code. Direct complaints from persons deprived of liberty have also been recorded, a total of 40 penal cases being drawn up, involving the perpetration of the **penal offence of improper conduct**. According to the Order of the Attorney-General No. 214/29.10.2015, causes involving the crime of abusive conduct, borne by complaints against NAP officers are forwarded towards the Public Prosecutor's Office of the Iași Court of Appeal; and causes involving the crime of abusive conduct borne by complaints against NAP under-officers are forwarded to the Public Prosecutor's Office of the Iași Court.

After carrying out inquests, the Public Prosecutor's Office of the Iași Court answered in the sense that all the above-mentioned causes have been taken over by the Public Prosecutor's Office attached to the Iași Court of Appeal. as per Address 5456/IV/5/2016 of September 15, 2016.

In Notification no. 3168/II/1/206 of September 23, 2016, the Public Prosecutor's Office of the Iași Court of Appeal informed the People's Advocate of the existence of 43 criminal cases in respect of inmates' complaints, or complaints received from the Iași Penitentiary regarding violence administered and injuries sustained as a result of the action of special intervention forces within the penitentiary unit. The ordinances of 19.09.2016 and 22.09.2016 ordered the reunification of the 43 criminal cases and the merged file was registered under no. 509/P/2016. The commencement of penal proceedings concerning the offence of abusive conduct was ordained, as laid down in article 296 para (1) and 2 of the Penal Code.

In Notification no. 729/VIII/1 of November 21, 2016The Public Prosecutor's Office of the Botoșani Court informed the institution of the People's Advocate that a number of 8 penal causes were registered, which were subsequently forwarded to the Public Prosecutor's Office of the Botoșani Court. In all of these 8 causes inquests were underway concerning the offence of "abusive

conduct", as laid down in Article 296 para 1 and 2 of the Penal Code, the cases not being settled yet.

Another aspect noted during visits to the penitentiary units was the situation of detainees with psychiatric disorders and their classification in degrees of disability. As follows:

Regarding a visit to Vaslui Penitentiary, at the time of the visit 950 persons deprived of liberty were detained in the Penitentiary, with a legal capacity of 621 seats. Of the total of 950 persons deprived of their liberty, 6 persons were physically disabled, **without possession of certifications for the degree of handicap, and 300 persons had chronic psychiatric disorders.** For these latter, specific medication was provided by Vaslui Penitentiary, and medical examinations were performed by a Vaslui psychiatrist. The penitentiary did not employ a psychiatrist, because no one had answered the call for employment.

After the visit, **the Field on the prevention of torture recommended that the penitentiary take all legal measures in order to establish degrees of handicap for all inmates with physical or psychiatric problems.**

The penitentiary's answer stated that **all such persons are identified upon admission, but evaluation files include medical tests and investigations which have to be paid by the inmates themselves; sometimes, these persons do not have the money to do it.** The penitentiary unit cannot allot funds for these investigations, because the law requires them to be made from the prisoners' own funds.

In order to remedy these issues, the Vaslui Penitentiary made several complaints to the NAP requesting the optimization / clarification of the law on detainees with disabilities. Permanent efforts are being made to obtain disability qualification certificates and to provide a support person or personal assistant for people with a first degree of disability, based on specific legislation.

In this context, we note the number and situation of detainees with psychiatric disorders in the penitentiary unit, as well as the difficulties encountered in obtaining qualifications for disability.

We also note that it is necessary to: identify detainees with severe mental illnesses (especially those who refuse treatment and suffer decompensations) for admission to specialized sanitary units in the penitentiary system, in order to receive medical assistance and specialized treatment; perform careful monitoring and psychiatric / psychological re-evaluation of mental health status in order to identify new risks to the mental health of detainees and other convicted persons: undertake periodic re-evaluation of detainees with psychiatric disorders, to prevent decompensation or the occurrence of incidents (*Craiova Penitentiary*).

PROPOSALS

► **solving the overcrowding problem**, as the total number of inmates on January 3, 2017 was 27.457; ● **identifying penitentiaries with inappropriate accommodation conditions**, in order to remedy these (*Iași, Botoșani, Colibași Penitentiaries*); ● **employing additional staff as needed** (doctors, social workers, psychologists); ● **instituting registries for appropriate recording of traumatic signs**; ● **improvement of social activities and professional specialized courses**; ● **solving incidents through mediation**, taking into account the situation created in penitentiaries

where a large number of incident reports were classified/annulled (*Colibași, Craiova Penitentiaries*);

► finding an optimal way of ensuring access to medical care for people with psychiatric problems. Taking into account that of the 6 hospital penitentiaries in Romania, only 4 have psychiatric wards, we consider it appropriate to take some measures to improve the current legislation, applicable in these cases. A solution could be **the establishment of Penitentiary Psychiatry Hospitals** in which persons with psychiatric disorders requiring special medical care would be incarcerated, ensuring continuity of care and covering the diversity of assessment, treatment, rehabilitation and reintegration needs in society.

► **identifying legislative solutions likely to clarify the situation of persons with disabilities requiring certificates for their degree of disability, who cannot bear the cost of medical investigations in order to obtain pensions and other social rights**, in order to be consistent with the provisions of art. 10 of Order No. 429/C/2012 for ensuring medical assistance to persons deprived of liberty who are in the custody of the National Administration of Penitentiaries, according to which the medical staff is required to take all necessary measures for establishing the necessary medical documentation for the presentation of persons deprived of liberty to Expertise Capacity Commission examinations, in order to review a decision of this Commission; and for the medical documentation needed to be conveyed to the Commission for the assessment of persons with disabilities, for the purposes of classification within a category of persons with disabilities, or a reassessment of the level of disability.

CASE SHEET: Visit to Craiova Penitentiary

The People's Advocate Institution was notified ex officio about an arson incident caused by a person deprived of liberty in the Craiova Penitentiary, as related in the article "Fire in the Craiova Penitentiary", published by the daily newspaper *Gazeta de Sud* on May 31, 2016; and planned a visit to the Craiova Penitentiary. The purpose of the visit was to determine the circumstances and causes which led to a fire in the Craiova Penitentiary and staff intervention during the incident, taking into account the legal capacity of the penitentiary, the available personnel and medical assistance granted to persons deprived of liberty.

Regarding positive aspects noted in the visit report, we mention the following positive aspects:

Regarding accommodation conditions: ●the accommodation of detainees was carried out according to the execution regimes, depending on the age and the degree of risk for the safety of the place of detention in all prisons visited;

Regarding personnel intervention during the incident: ●on the arrival of the firefighter crew, all detainees were evacuated, except for the prisoner who had caused the fire and had barricaded himself in the bath; ●there were no other incidents during the evacuation of detainees from the rooms;

As regards the provision of medical assistance: ●the medical staff provided medical assistance to all persons affected by the fire, assessing their condition in correlation with the chronic conditions they suffered; ●after medical assessment, the inmate who had set fire to the room was transported to the Emergency Unit of the County Emergency Clinical Hospital Craiova.

As a result of the visit, the People's Advocate recommended that the prison management undertake legal measures for: ●managing overcrowding in detention spaces, all the more so as the occurrence of incidents such as arson in Craiova Penitentiary could endanger the life and health of all inmates; ●examining the possibility of allotting special rooms within the prison section so that inmates with serious psychiatric conditions could benefit from proper health care and continuous surveillance on the part of medical personnel; ●examining the possibility of identifying prisoners with serious mental illnesses (particularly those who refuse treatment and are decompensated) and admitting them to penitentiary hospitals with psychiatric wards, where they could benefit from medical care and specialized treatment; ●careful periodic monitoring and reassessment of psychiatric/psychological status and mental health status in order to identify new risks for the mental health of persons deprived of liberty, as well as other inmates; ●reassessment of inmates with mental disorders in order to prevent incidents similar to the one above, considering that the penitentiary had a number of 118 inmates with psychiatric problems; ●implementing measures established by the Penitentiary Commission Decision No. 51226/2016 regarding inquests in the arson case of May 31, 2016; ●employment of additional staff, taking into account the large number of inmates in Craiova Penitentiary.

After the People's Advocate formulated Recommendations, visited authorities took the following measures: ●to improve the conditions of accommodation in relation to overcrowding, at the level of the unit the following were ordered: permanent monitoring of inmates; uninstalling a row of beds; provisions for an eventual growth in inmate numbers, because major fluctuations occur at regular intervals, depending on the number of arrests made by police structures; the inventorying of prisoner belongings, in order to store goods which are not of immediate use in the central warehouse; periodical analysis and individualization of the enforcement of sentences involving deprivation of liberty, and formulating proposals for the transfer of inmates residing in other counties, subordinated to other prisons; in situations where the accommodation capacity of the prison is exceeded, the National Administration of Penitentiaries formulates transfer proposals; ●with respect to arranging special rooms for people with serious psychiatric conditions, it cannot be achieved at present because of the small number of available rooms. The accommodation of inmates with mental disorders within the medical infirmary section is ordered solely for the period of decompensation, until their transfer to a penitentiary hospital; ●as regards identification of inmates with serious mental illness who refuse treatment, it was noted that Craiova Penitentiary is the only penitentiary employing a psychiatrist, who diagnoses inmates with mental disorders and recommends their hospitalization in a prison hospital; ●monitoring and re-evaluation of inmate psychiatric/psychological status and mental health risk identification are permanent concerns of the medical staff, in collaboration with employees of psycho-social support service. Psychotropic treatment is administered under the strict surveillance of medical staff, ensuring permanent contact between staff and inmates with psychiatric disorders; ●as a result of the findings of the Commission set up to investigate the event concerning an act of arson committed by a person deprived of liberty, the following measures were implemented: intervention capability in the event of a fire was restored by replacing the fire extinguishers on block E6; the penitentiary purchased two autonomous breathing equipments, two PSI-type Nomex suits, 2 pairs of Nomex gloves and replaced the actuator system of internal fire-hydrants; the number of available mattresses should

match the number of inmates; special attention was granted when conducting body searches for the purpose of discovering any improvised or unapproved electrical devices or fire hazards; the system of hydrants was replaced. ●regarding the employment of staff, measures were taken to employ 50 additional staff in order to ensure proper functioning of all prison sections.

3. Asylum seekers/migrants

Pursuant to Law no. 35/1997 concerning the organisation and functioning of the People's Advocate institution, republished, with subsequent amendments and additions, the Field on the Prevention of Torture in places of detention exercises its attributions in transit centres, centres for the accommodation of foreigners taken into public custody, centres subordinated to the General Immigration Inspectorate (IGI), having the legal status of a transit zone.

Romania adopted norms for migrants, from which we note:

- Law no. 122/2006 on asylum in Romania, republished, with subsequent amendments and additions;
- Government Decision No. 1251/ 2006 for approving Methodological Norms for the application of Law No. 122/2006 regarding asylum in Romania.
- Government Ordinance no. 194/2002, republished;
- Order of the Minister of the Interior No. 121/2014 for approval of the Regulation regarding Centres for foreigners taken into public custody;
- Government Ordinance no. 44/2004 regarding the social integration of foreigners who have protection or the legal right to stay in Romania;
- Government Emergency Ordinance no. 53/2015 for the establishment of measures applicable in the event that the State border of Romania has a massive influx of immigrants;
- Law no. 5/2016 for approval of Government Ordinance no. 53/2015 for the establishment of measures applicable in the event that the State border of Romania has a massive influx of immigrants;
- Resolution no. 780/2015 approving the national strategy on immigration for the period 2015-2018;
- Law no. 291/2008 for ratification of the agreement between the Government and the United Nations High Commissioner for refugees and the International Organization for migration concerning temporary evacuation in Romania of some persons in urgent need of international protection and their subsequent relocation, signed in Bucharest on May 8, 2008, and for the regulation of certain procedural aspects of its implementation.

Government Ordinance no. 44/2004 regarding the social integration of foreigners who have protection or the legal right to stay in Romania states that accommodation in premises referred to can be made for a period of up to six months, with the possibility of an extension for a further six months for reasons duly substantiated, with the approval of the leadership of the national Office for Refugees, without exceeding the period of implementation of the integration programme.

The National Office for Refugees, in the framework of programmes implemented jointly with local public administration authorities and with non-governmental organisations, may make available additional spaces for accommodation of persons who participate in programs of integration. In this sense, the national Office for refugees may conclude cooperation agreements with local public administration authorities and with non-governmental organizations, in accordance with the law. Accommodation in spaces provided for is made on the basis of payment of a rent, determined locally, for living spaces owned by the State or administrative territorial units, and depends on maintenance expenses.

By way of derogation from the above provisions, foreigners who have acquired some form of protection in Romania can be accommodated, on request, in dwellings made available through the national Office for refugees, within the limit of the existing and available numbers.

According to Government Ordinance no. 194/2002, foreigners against whom the measure of being taken into custody has been ordered are placed in **closed accommodation centres**, specially designed and managed by the General Inspectorate for Immigration. The centres are established, organized, authorized, furnished and equipped so as to provide adequate conditions for accommodation, food, health care and personal hygiene.

Order of the Minister of the Interior No. 121/2014 has approved the Regulation for foreigners taken into custody by structures subordinated to the Migration Directorate within the General Inspectorate for Immigration.

Government Ordinance no. 53/2015 for the establishment of measures applicable in the event that the State border of Romania has a massive influx of immigrants, approved by Law 5/2016 regulates, among others, the establishment of integrated Centres with a transit zone regime, for the following activities: epidemiological triage; control for passing the Romanian state frontier; receiving and solving demands for international protection; clarifying the legal situation of foreigners who demand protection; ensuring lodging facilities for foreigners who demand it.

Under the provisions of Art. No. 98 of Government Ordinance no. 194/2002 about the status of foreigners in Romania, republished, monitoring the activity of escort to the border is accomplished by national, international and non-governmental organizations and associations with attributions in the migration domain, and any report drawn during this type of activity is transmitted to the People's Advocate institution.

In this sense, during 2016 the Field on the prevention of torture in places of detention verified and monitored reports drawn on the occasion of supervision activities undertaken with the participation of the National Romanian Council for Refugees. From their examination, one could observe that removal activities were undertaken respecting human rights and fundamental freedoms.

Aspects monitored during visits refer to: accommodation and hygienic-sanitary conditions, food, the quality of water, medical care, social and psychological care, access to migration and asylum procedures, informing migrants about their rights, the possibility of contacting family members/authorities/embassy officials, access to education, vulnerable persons (women, children, the disabled, LGBT persons, victims of trauma or torture).

According to the norms of the CPT, persons taken into custody inside centres for asylum seekers have the right to be informed, in a language they understand, about

any procedures applicable to their case. To overcome language and cultural difficulties, they should be given a document explaining the procedure which applies, clearly expressed.

All detention facilities for migrants should offer free access to medical care. This is a reality which Europe must change through information programmes, educating the public and facilitating access to high-quality medical services. The mental status of migrants should be carefully assessed, as some of them might have been the victims of torture or abuse in their countries of origin.

In cases when deprivation of freedom for an extended period of time is considered necessary, asylum seekers should be placed in specially created centres, able to offer good material conditions, a regime fitted to their legal status and access to qualified staff; such centres should be equipped with needed furniture, clean, in good state and should offer sufficient living space for the number of persons admitted. More, the placement and general aspect of the centres should avoid creating the impression of a prison environment.

In Romania, there are currently **88 places of detention** under the jurisdiction of the Ministry of Internal Affairs (2 - public custody, 6 - asylum centres, 67 - triage rooms, 13 - airport rooms).

In the 2015-2016 interval, 6 visits to centres for migrants were accomplished, as follows: Restraining and Sorting Center of the Border Police Turnu Măgurele, Regional Center for procedures and Accommodation for asylum seekers Rădăuți, Regional Center for procedures and Accommodation for asylum seekers Giurgiu, Regional Center for procedures and Accommodation for asylum seekers Șomcuta Mare, Center for Accommodation of Foreigners Taken in Public Custody Arad.

In this context, a number of positive aspects were identified, such as:

Regarding accommodation conditions: ●two ongoing projects, financed through the General Program “Solidarity and migrant tides” contributed to improving accommodation conditions in the Center; air conditioning units were fitted; all rooms had natural lighting; furniture and bedding were in good condition; new LED TVs had been fitted in all rooms; hot water was available all through the day (*Center for Accommodation of Foreigners Taken in Public Custody Arad*); ●hot and cold water were continuously available (*Regional Centres for procedures and Accommodation for asylum seekers Rădăuți, Giurgiu*); ●the centre had an additional 26-place building, for the accommodation of women with children, minors, mono-parental families, people with handicaps (*Regional Center for procedures and Accommodation for asylum seekers Rădăuți*).

With regard to food and water: ●persons taken in custody received diet food in accordance with medical indications and religious preferences (*Center for Accommodation of Foreigners Taken in Public Custody Arad*)

With regard to medical and psychological assistance: ●the medical nucleus had standard furniture and medical equipment; foreigners benefitted from medical care whenever it was needed; if an emergency medical situation arose, the foreigners would be taken to emergency hospitals in due time; all foreigners received free medication as befitted their needs (*Center for Accommodation of Foreigners Taken in Public Custody Arad*); ●psychological assistance was offered by a qualified psychologist, as per Art.

38 of the Order of the Ministry of Internal Affairs 121/2014 for approval of the Regulation for centres for asylum seekers taken into public custody; psychological assistance was registered both in individual observation sheets and in medical registers (*Center for Accommodation of Foreigners Taken in Public Custody Arad*).

Other positive aspects: ●cultural and educational integration activities were ongoing; no major incidents, violent acts, suicides or self-harm acts were recorded (*Regional Center for procedures and Accommodation for asylum seekers Giurgiu*); ●migrants were informed about their rights, obligations and interdictions during their stay in the centre, in languages which they spoke or understood. Information was printed and available in each room. In 2016, no complaints were recorded (*Center for Accommodation of Foreigners Taken in Public Custody Arad*); ●leisure facilities for asylum seekers were created, the spaces intended for that purpose were equipped with TVs and sports equipment (table tennis, chess, backgammon, force equipment, etc.) and football. A children's nursery was arranged. The centre offered a sports room, prayer spaces, children playrooms, legal counselling spaces; facilities were available for learning Romanian, and cultural activities were undertaken (*Regional Center for procedures and Accommodation for asylum seekers Rădăuți*).

During the visits, the following deficiencies were noted:

Regarding accommodation conditions: ●toilets were not fitted with a separating curtain; there were no sanitary protections for the toilets in the receiving rooms (*Center for Accommodation of Foreigners Taken in Public Custody Arad*); ●no space for exercise or recreational activities; no fixtures for people with locomotion disabilities; deficient pest control activities; deficiencies in cleaning activities - as migrants themselves were supposed to clean their living quarters, but this did not happen (*Regional Center for procedures and Accommodation for asylum seekers Giurgiu*); ●living quarters with old and worn mattresses; no artificial lighting in some rooms; lack of a special room for nursing mothers (*Regional Center for procedures and Accommodation for asylum seekers Rădăuți*).

With regard to ensuring medical assistance: ●no rapid tests for detecting infecto-contagious diseases (HIV, viral hepatitis etc (*Center for Accommodation of Foreigners Taken in Public Custody Arad*); ●no employed medical doctor (*Regional Center for procedures and Accommodation for asylum seekers Giurgiu*); ●medical records were kept by a religious NGO with no medical qualifications (*Regional Center for procedures and Accommodation for asylum seekers Giurgiu*); ●no dental unit inside the Center (*Regional Center for procedures and Accommodation for asylum seekers Rădăuți*);

Regarding other deficiencies: insufficient staff (*Regional Center for procedures and Accommodation for asylum seekers Șomcuta Mare, Giurgiu, Rădăuți*); ●no psychological emergency plans; during their daily or weekly schedule, asylum seekers did not benefit from any psychological assistance (*Regional Center for procedures and Accommodation for asylum seekers Giurgiu*); ●there were no daily activity charts, migrants were not involved in any activities (*Regional Center for procedures and Accommodation for asylum seekers Șomcuta Mare*); ●no files or reports for psychological assistance were identified, the psychologist had his right of practice suspended since 2015 (*Regional Center for procedures and Accommodation for asylum seekers Șomcuta Mare*); ●the kitchens were not very clean, cooking equipment was old and rusty, there were no shelves for keeping alimentary products (*Regional Center for procedures and Accommodation for asylum seekers Rădăuți*); ●TVs were not connected

to any cable TV station(*Regional Center for procedures and Accommodation for asylum seekers Arad*).

The People's Advocate recommended that the visited Centres undertake legal measures for remedying deficiencies, as follows:

Regarding accommodation conditions: ●ensuring intimacy when using the showers and toilets in the receiving rooms; ●ensuring hygienic sanitary protections for toilets (*Regional Center for procedures and Accommodation for asylum seekers Arad*); ●general sanitation measures; building a recreation and exercise space on the premises; building a ramp for handicapped people; adapting the rooms and sanitary facilities in the Center to the needs of people with handicaps or other locomotion problems (*Regional Center for procedures and Accommodation for asylum seekers Giurgiu*); ●rehabilitation of accommodation spaces (*Regional Center for procedures and Accommodation for asylum seekers Rădăuți*).

Regarding medical care: ●buying rapid test kits for diagnosing infectious and contagious diseases (*Regional Center for procedures and Accommodation for asylum seekers Arad*); ●ensuring access to a medical doctor for all foreigners taken into custody; implementing clear procedures of epidemiological triage; keeping medical files and documents in a safe place, in accordance with legal norms and respecting medical confidentiality; keeping psychotropic medication in a safe and secure place (*Regional Center for procedures and Accommodation for asylum seekers Giurgiu*); ●building and equipping a dental unit (*Regional Center for procedures and Accommodation for asylum seekers Giurgiu*); ●building a room for nursing mothers, where they can bathe and nurse their young (*Regional Center for procedures and Accommodation for asylum seekers Rădăuți*).

Regarding the right to information and correspondence: ●ensuring connection to a cable television network, in order to use the supplied TV sets (*Regional Center for procedures and Accommodation for asylum seekers Arad*).

Regarding other deficiencies: ●fitting kitchens with proper equipment (*Regional Center for procedures and Accommodation for asylum seekers Rădăuți*); ●employing additional staff; employing a psychologist with a right to practice; planning cultural activities and language learning activities (*Regional Center for procedures and Accommodation for asylum seekers Șomcuta Mare*); ●identifying and offering assistance to LGBT persons or persons who have been submitted to torture in their countries of origin (*Regional Center for procedures and Accommodation for asylum seekers Giurgiu*).

After the People's Advocate issued Recommendations, visited authorities took the following measures:

Regarding accommodation conditions: ●for toilets in the receiving rooms, procedures were underway for buying the appropriate fixtures (*Regional Center for procedures and Accommodation for asylum seekers Giurgiu*); ●pest control activities were underway (*Regional Center for procedures and Accommodation for asylum seekers Giurgiu*). In this context, during the semester I of the year 2017 necessary arrangements would be made for carrying out repairs in the bathrooms and kitchens; after expiry of the period of service and getting necessary approval, the General Inspectorate for immigration scrapped and replaced old mattresses, beds, night stands, chairs, washing machines, cooking machines and fridges. Furthermore, the Centre held competitions for employing a medical practitioner, a nurse and a psychologist; ●regarding a dental medicine cabinet inside the Centre, it was considered cheaper to

take asylum seekers to a specialized dental practice in the city; ●during the first semester of the year 2017 necessary steps would be taken for allocating budgetary resources in order to supplement lighting fixtures; ●with respect to special rooms for nursing mothers who have babies, this is laid down by the General Inspectorate for immigration within projects conducted by the institution through European/Swiss funds, and conducted in partnership with non-governmental organizations; ●to improve and adapt the environment through the development and equipment of the rooms with elements that provide psychic comfort, measures were taken under projects conducted by the institution with European /Swiss funds, and conducted in partnership with non-governmental organizations; ●in the year 2016 the design theme for the investment objective “Increasing the operational capability of the Regional Center” was submitted for approval to hierarchically superior structures (*Regional Center for procedures and Accommodation for asylum seekers Rădăuți*); ●20 shower curtains were bought. At present, procedures are underway for the purchase of another 30 pieces necessary to ensure the intimacy of all the sanitary groups (*Regional Center for procedures and Accommodation for asylum seekers Arad*).

With regard to medical and psychological assistance: ●acquisition procedures for rapid tests for the detection infectious communicable diseases (HIV, viral hepatitis) were underway (*Regional Center for procedures and Accommodation for asylum seekers Arad*); ● in November 2016 the position of medical doctor was filled (*Regional Center for procedures and Accommodation for asylum seekers Giurgiu*). In parallel with the recruitment process and the lack of specialized personnel on this line, the activity was covered by the financing of two grants aimed at providing medical / psychological services, information, assistance, counselling and related services to all asylum seekers; ●the records and medical documents of asylum seekers and beneficiaries of an international protection form are kept under security and confidentiality in accordance with the legislation in force. The medical office where these documents are kept is a Class II security zero-level area where only medical staff have access; ●starting with 2017, with the actual appointment of a physician, the psychotropic drugs to be prescribed by a specialist doctor will be recorded in a separate register, mentioning the date, time , the name and diagnosis of the person being treated, and will be kept in a secure cabinet; ●on 23.12.2016 the non-reimbursable financing contract no. 10 was signed for the monopoly project file ROFAMI2016OS1P05-“Improvement of reception conditions in the regional centres of the General Inspectorate for Immigration”. A number of mattresses, washing machines, cookers and fridges were bought (*Regional Center for procedures and Accommodation for asylum seekers Giurgiu*); ●on the date of July 22, 2016 the new State for the Organization of the Regional Center of procedures and Accommodation for asylum seekers Rădăuți came into effect, comprising, among others, an officer specialist (psychologist), a medical specialist and three main nurse functions. Moreover, at the Center level, the positions of specialist physician, nurse and psychologist were made available; ●as regards the identification of a way of setting up a dentistry office in Rădăuți Center, the management of the unit appreciates that it is not necessary to carry out these approaches, regarding the profile of the accommodated persons, the frequency of the cases of those who have requested dental care and the generated costs the arrangement, endowment and operation of such a cabinet. As a result, asylum seekers were taken to a dental practice in the city, with subsequent settlement of related costs (*Regional Center for procedures and Accommodation for asylum seekers Rădăuți*); ●as of July 2016, the

State of organization of the Regional Accommodation and Procedures Center for Asylum Seekers in Giurgiu is provided with a psychologist function, the contest for filling the position taking place in December 2016. Due to the fact that no candidate fulfilled the necessary conditions for the job, the contest was postponed for a later date; after employing a psychologist, psychological assessments and re-evaluations of the persons accommodated in the Giurgiu Regional Center will be carried out; ●psychiatric re-evaluations of people who already have a psychiatric diagnosis and have been subjected to torture will be made by consulting the concerned person by the psychiatrist specialist (*Regional Center for procedures and Accommodation for asylum seekers Giurgiu*).

Regarding the right to information: television services will be acquired in January 2017, the main reason being that the 2016 budget year no longer allows for the purchase due to the short time remaining by the end of the year. At the same time, funds have been provided for the purchase of televisions in December, according to the logistic norms in force (*Regional Center for procedures and Accommodation for asylum seekers Arad*).

Regarding other deficiencies: ●at the level of the Giurgiu Center there was no discrimination on the grounds of sexual orientation, LGBTI persons being able to dress according to their behavioural preferences (*Regional Center for procedures and Accommodation for asylum seekers Giurgiu*); ●at the level of the General Inspectorate for Immigration a draft is being developed, aimed at amending Order no. 269 / 13.08.2007, for the purpose of introducing new material goods and reducing the useful life of others. In the context of Recommendations made by the People's Advocate, measures will be taken for improving general conditions of accommodation in the Rădăuți Regional Center, depending on allotted budget (*Regional Center for procedures and Accommodation for asylum seekers Rădăuți*).

PROPOSALS:

►ensuring an adequate number of personnel relative to the capacity of the Centre; ●ensuring suitable accommodation, by carrying out operations of cleaning and repair of sanitary objects, replacing worn-out facilities, purchase of furniture and equipment, building access ramps and fitting washrooms for persons with disabilities, in compliance with the rules in force concerning assistance for persons with disabilities; ●keeping psychotropic drugs in suitably safe locations inside the medical unit.

►**examining the situation of asylum seekers, having regard to the provisions of Law No. 122/2006 concerning asylum in Romania**, according to which “foreigners have the right to receive free primary care and appropriate treatment, hospital care, emergency and medical care and treatment free of charge in cases of acute or chronic diseases that put their lives in imminent danger, through the national system of emergency care and qualified first aid. These services shall be ensured, where appropriate, by the medical service of the accommodation centres and/or through other health units accredited and authorized according to the law” - **provisions that do not include, however, the situation in which migrants do not face a life-threatening situation, but chronic symptoms that can affect life quality.**

CASE SHEET: Visit to the Regional Center for procedures and Accommodation for asylum seekers Rădăuți, Suceava County

The Regional Center for procedures and Accommodation for asylum seekers Rădăuți functions as an open unit with 116 places, and has also 10 places with closed regime. The unit had a capacity of 126 seats, at the time of the visit 32 people being present. In the first 7 months of 2016, the Centre's occupancy rate was 15% (all occupied places were in the open unit).

When applying for asylum, asylum seekers were advised with regard to rights and obligations for the duration of the asylum procedure and/or as a person staying in the Centre, and received an informative leaflet edited in 10 languages.

People who had gained refugee status or subsidiary protection were entitled to a monthly allowance, for six months. Following an investigation to determine whether or not they had any material resources, the County Agency for Social Payments and Inspection (AJPIIS) offered a non-repayable social assistance sum, which could be extended for a further period of three months. Also, the Center acted in cooperation with firms in the county and with the Labour Office, in order to offer jobs in Suceava County.

The Regional Center for procedures and Accommodation for asylum seekers Rădăuți had three buildings; two buildings for accommodating migrants, and one administrative building.

Accommodation rooms had large areas of approximately 40-50 square meters, and **were not very bright**. The furniture consisted of overlapping metal beds with mattresses, old lockers for the clothes, with tables and chairs, coat racks, radiators.

Artificial lighting was not enough, the rooms and hallways were non-customized, naked walls inducing more the idea of a detention unit than space conditions and atmosphere similar to that of a family.

The two toilets and shower rooms were organized separately for women and men, their structure being able to ensure the privacy of those who used them. They were fitted with 4 sinks, 3 Turkish toilets and 7 shower cabins. They were properly equipped, but it was obvious that they had not been rehabilitated for a long period of time, **the tiles and fixtures being worn and partly broken.**

The common kitchen was equipped with 5 cookers, sinks and metal tables. It was not equipped with refrigerators or cutlery, motivated by the fact that the people in the Center had moved them to their own rooms. **The visiting team was able to notice that the cooking stoves had a high degree of wear and tear**, although from the information received from the staff of the Center they were not so old (3-4 years). **There were also no shelves for storing food, the kitchen was not very clean, the pavement and tiles were old, broken and unhygienic.**

Upon entering the living quarters, the team noticed numerous leaflets that contained information in several languages, relating to the rights and obligations of beneficiaries of the Centre, internal rules, various domestic programs, etc.

Food was cooked daily by asylum-seekers, in the communal kitchen. They received a financial aid of 16 lei per day, 10 lei for food and 6 lei for other expenses. Pregnant mothers received an additional food supplement depending on the age of the pregnancy, and according to the Governmental Decision No. 1251/2006, updated, they also received 100 lei/person in winter and 67 lei/person in summer, for clothing.

In the Centre, leisure facilities for asylum seekers were created, spaces intended for that purpose being equipped with TV and sports fixtures (table tennis, chess, backgammon, etc.). A children's nursery was arranged.

In terms of inclusion in the national educational system for asylum seekers who are minors, the Regional Centre of Rădăuți has carried out all the steps for enrolling all minors in schools and, at the same time, enabling them to receive State allowances. The centre had a teacher of Romanian language from the Suceava School Inspectorate, his work consisting of initiation courses in the Romanian language, and cultural adaptation activities.

Medical assistance for persons accommodated in the Rădăuți Regional Center was provided within the appropriate medical cabinet, fitted with a waiting room, a room for consultation and treatment, a medical infirmary, as well as circuits corresponding to the hygienic and sanitary norms imposed by the sanitary legislation in force. Medical care of persons in the Rădăuți Regional Center was ensured by the medical staff, consisting of a nurse who was working in eight-hour day shifts, and a doctor who collaborated, on the basis of a project in progress, 2 hours/day.

Hiring a physician who could conduct daily activities of prevention and take action, promptly and efficiently, in various emergency medical situations, should represent a priority.

With regard to dental services, **the Centre did not have a dental office**, so that accommodated persons addressed various dental surgeries in the town of Rădăuți.

Even if there was a dedicated room in the Center, it did not have an employed psychologist, psychological assessments being carried out by the staff of non-governmental organisations with which the Centre had concluded partnerships of collaboration

The People's Advocate recommended that the following measures be taken: ●rehabilitation of accommodation facilities by sanitizing them, replacing the worn-out items, purchase of furniture and appliances, new mattresses; ●endowing the kitchen with necessary equipment and furniture for storage of food; ●conducting legal procedures to the hierarchically superior authorities for hiring a psychologist and all necessary medical staff for conducting needed activities; ●making appeals to the competent authorities, in order to comply with the provisions of art. 17 (m) from Law No. 122/2006 concerning asylum in Romania, with subsequent amendments and additions, in order to ensure the right to health care of persons staying in the Centre, through their inclusion on the list of a family physician; offering medical insurance for pregnant women; ●identifying ways for building a dental office in the Centre; ●ensuring appropriate artificial lighting, especially in rooms where natural light was insufficient; ●endowing a special room for nursing mothers and infants with corresponding tables for weighing, changing, and for food preparation under sterile conditions; particularly careful monitoring of this situation by medical personnel; ●improving and adapting the environment through arranging and equipping rooms for offering psychic comfort in a welcoming space, similar to the atmosphere and conditions of a family home (pictures, playrooms for children, gazebo etc.).

Upon receiving the recommendations of the People's Advocate, the Regional Center of procedures and Accommodation for asylum seekers Rădăuți, answered the following: ●maintenance works and current repairs were periodically done, on the basis of legal acts with an internal character and the necessary budgetary allocations. In this context, during the semester I of the year 2017 necessary

arrangements would be made for the carrying out of repairs in the bathrooms and kitchen; after expiry of the period of service and getting necessary approvals, old goods would be scrapped and replaced with new goods, as follows: mattresses, washing machines, fridges and cooking machines; ●at the level of the General Inspectorate for Immigration a draft is being developed, aimed at amending Order no. 269 / 13.08.2007, for the purpose of introducing new material goods and reducing the useful life of others; ●on the date of 22.07.2016, the new State for the Organization of the Regional Center of procedures and Accommodation for asylum seekers of Rădăuți came into effect, comprising, among others, new positions of; officer specialist (psychologist), medical specialist and three nurses. Moreover, the positions of specialist physician, nurse and psychologist were made available; ●as regards the identification of a way of setting up a dentistry office in Rădăuți Center, the management of the unit appreciates that it is not necessary to carry out these steps, regarding the profile of accommodated persons, the frequency of cases of those who have requested dental care, and generated costs for the arrangement, endowment and operation of such a cabinet. The unit appreciates it is more efficient to employ the services of specialized medical clinics in the city, with subsequent reimbursement of their services: ●during the semester I of the year 2017, necessary steps would be taken with a view to allocating necessary budgetary resources for supplementing the lighting fixtures; ●with respect to endowing a special rooms for nursing mothers who have babies, this is laid down by the General Inspectorate for Immigration within both projects conducted by the institution through European/Swiss funds in partnership with non-governmental organizations; ●regarding the improvement and adaptation of the environment through development and equipment of rooms with elements that provide psychic comfort; this was undertaken under projects conducted by the institution, using European/Swiss funds, and conducted in partnership with non-governmental organizations; ●in the year 2016 the design theme for the investment objective “Increasing operational capability (capacity expansion of accommodation) in the Regional Center Rădăuți”, was submitted for approval in a hierarchical structure. The new 100-place building would include new accommodation spaces, offices for staff, rooms for NGO's etc.

4. People with mental disorders

In all cases, the professional act, in whatever form or manner, would be carried out with strict respect for human dignity as the fundamental value of the professional body, according to the Code of Medical Deontology (Article 3, Respect of the Dignity of the Human Being).

Under the provisions of Art. 29² par. (3) lit. e) and j) of Law no. 35/1997 on the organization and functioning of the People's Advocate Institution, republished, as subsequently amended and supplemented, the field of prevention of torture in places of detention shall be monitored by psychiatric hospitals, psychiatric hospitals and for safety measures, psychiatric recovery centres and rehabilitation centres.

A person with psychiatric disorders means a person with a psychological or psychologically underdeveloped psycho-psychological disorder, whose manifestations fall within the diagnostic criteria in force for psychiatric practice (Article 5 of the Minor

Health and Mental Health Act No. 487/2002 the protection of people with mental disorders, republished).

According to Law no. 487/2002, specialized mental health services are carried out through several structures, of which the psychiatric hospitals to which the non-voluntary internment measure applies, as well as the social recovery and reintegration centres, structures that are subject to monitoring by the Domain of Prevention of Torture in places of detention.

Non-voluntary inpatient hospitalization occurs only in psychiatric hospitals that are adequately qualified to provide the necessary care in such cases and applies only after all voluntary admission attempts have been exhausted. A person's involuntary admission measure is only proposed if a psychiatrist empowered to decide that there is an imminent risk of harming or harming others due to the psychological disorder he or she suffers, non-intervention could cause a serious impairment of the person's condition or affect appropriate treatment.

The voluntary boarding committee consisting of 3 members appointed by the hospital manager, namely: 2 psychiatrists and one other specialist or civil society representative, shall analyse the proposal within 48 hours of receiving it. The decision of involuntary admission is submitted to the civil court which, after hearing the patient in the presence of the elected defence counsel or ex officio, pronounces a judgment confirming or ordering the cessation of involuntary admission, a judgment which can be appealed against. The non-voluntary internment commission has the obligation to re-examine the patients within one month and whenever needed according to their condition and at the request of the head physician, the patient, the legal or conventional representative of the patient, and prosecutor.

Admission to a psychiatric unit may also be ordered as a safety measure, determined by the court, based on prev. art. 108 and art. 110 of Law no. 286/2009 on the Penal Code in force as of February 1, 2014, if the person who has committed an act under the criminal law is mentally ill and poses a threat to the society.

In close connection with international human rights law and medical ethics standards, Law no. 487/2002 provides for the protection of persons with psychiatric disorders (hospitalized as patients in hospitals or psychiatric wards or admitted as beneficiaries in recovery centres) through a series of provisions for the prevention of acts of torture or ill-treatment and discriminatory treatment, the risk of abuse being increased due to their specific vulnerability.

Thus, care is taken in conditions that ensure respect for human dignity and any form of discrimination and subjection to torture or to inhuman or degrading treatment is forbidden. It is also **mandatory to obtain free consent and knowledge of the cause of treatment** because, as the Committee for the Prevention of Torture emphasizes, the admission of a person to a psychiatric institution without his consent should not be considered to authorize treatment without his / her consent.

The Committee for the Prevention of Torture also stresses the importance of creating a **positive therapeutic environment and the increased role of psychosocial recovery and rehabilitation for effective treatment of people with mental disorders.**

In psychiatric hospitals and recovery and rehabilitation centres, recourse to restrictive measures may prove necessary. **In 2016, the national legislation on the protection of persons with mental disorders made a step forward by elaborating**

the Norms for the enforcement of Law no. 487/2002, approved by Order of the Ministry of Health no. 488/15 April 2016. According to these Norms, measures restricting the freedom of movement are isolation and contentions, which will be applied on the principle of the minimum restriction, proportionate to the degree of danger.

By **isolation** is meant placing the person in a room protected by the use of soundproofing materials with walls covered with durable single piece material without visible joints; the floor must be covered with one-piece linoleum; the light source will be of low voltage and protected; the minimum facilities will be: chair and table set in a wall with rounded corners, bed fixed to the floor with mattress; a bathroom with toilet and wash basin made of metal, fixed in the wall and taken directly from the ceiling. The door will be made of metal with a window and the windows will be double-glazed, with scratch-resistant, burst and fire-resistant Plexiglas, blinds and an open-top window. The camera must allow for continuous observation of the isolated person and it is mandatory to monitor it every 15 minutes. The person placed in the containment room shall keep his / her clothing, and any articles of personal use or religious significance, except in cases where keeping them would create a danger to himself / herself or to medical personnel. Isolation shall be applied for a minimum period of time, it shall be reviewed at a maximum of two hours and shall be lifted as soon as the state of danger which led to the adoption of this measure has disappeared.

By **contentious**, within the meaning of Law no. 487/2002 is to restrict the freedom to prevent the free movement of one arm, both arms, a calf or both, or for the complete immobilization of the person with mental disorders through specially protected means that do not cause bodily injuries. Appropriate means for the application of this measure have been specified by the Law of Norms and consist of leather straps or equivalent, provided with a bed and cuff system for the carpias, tarsus, thorax and knee joints. The belts and cuffs must be adjustable, with a lining of soft material (sponge, felt, special polyurethane, etc.), with the use of improvised materials (gauze, string, etc.) that can cause lesions to the patient. The applied cuffs should allow for minimal limb movements and in no way affect breathing and blood circulation.

The contented position is in the backward decubitus, with the arms around the body. It is forbidden to immobilize the head or neck as well as the legs. All efforts must be made to avoid pain or injury, and any undue or abusive behaviour towards the patient (verbal aggression, deliberate punishment, the presence of other patients or unauthorized persons) shall be prohibited.

During patient care, the patient will keep his / her clothing and vital needs (nutrition, hydration and excretion) and communication will be secured without impediments.

Conditioned person will be evaluated by medical staff every 15 minutes, examining vital signs, maintaining comfort and possible side effects. Liability must be applied for as short a time as possible and may not exceed 4 hours.

The implementing rules also provide for the specific documentation in which the restrictive measures applied must be recorded, namely: **the observation sheet and the register of containment and containment measures**, which must contain the following information: the time and minute of the imposition of the restrictive measure; the degree of restriction (partial or total) in the case of litigation; the circumstances and reasons behind the disposal of the restrictive measure; the name of the physician who ordered the restrictive measure; the names of the medical personnel who participated in

the application of the restrictive measure; the presence of any physical injury suffered by the patient or medical staff in connection with the application of the restrictive measure; the time and minute of each patient monitoring visit specifying vital function values, meeting physiological needs or other needs, as appropriate, the time and minute of lifting the restrictive measure.

The person subject to the restrictive measure and his / her legal / contractual representative shall be informed of the application of the restrictive measures.

Restrictive measures should never be applied as punishment or to compensate for the lack of staff.

Working with people with mental disorders due to the specifics of their suffering is a difficult task for the staff involved. Consequently, proper staff selection, experience and continuous training are essential to prevent any acts of torture or inhuman and degrading treatment.

In particular, **the physician's role** in the treatment of persons deprived of their liberty (patients involuntarily admitted as a safety measure or recipients admitted to recovery and rehabilitation centres) who, according to international and national medical ethics standards, **exercise the medical act on the basis of three fundamental values: compassion** (understanding and sensitivity to the suffering of others), **high professional competence and autonomy**: keeping the physician autonomy (clinical and professional) and **respecting the patient's autonomy** (in the situations that concern him, the final decision belongs to the patient).

During the year 2016, **the Field on the Prevention of Torture in Places of Detention made 8 visits to psychiatric hospitals, psychiatric hospitals and for safety measures, psychiatric recovery centres and psychiatric rehabilitation**: the Săpoca Psychiatric Hospital for Safety Measures; Pădureni-Grajdui Psychiatric Hospital and Safety Measures, Iași County; Socola Psychiatric Hospital Socola, Iasi County; St. Pantelimon Psychiatric Hospital Braila; Psychiatric Hospital Poiana Mare Dolj; Neuropsychiatric Recuperation and Rehabilitation Center Călinești, Prahova County; Neuropsychiatric Recovery Center Bălăceanca; Psychiatric Hospital Eftimie Diamandescu.

We mention the main issues raised during the monitoring visits, which were included in the visit reports drawn up during the year 2016 (including the report drawn up in the year 2015 at the Psychiatric Hospital Zam, Hunedoara County).

Among the positive aspects, we observe: ● daily sanitation of living quarters and various activities, as well as the maintenance of sanitary facilities in optimal conditions of cleanliness and functioning (*Călinești Neuropsychiatric Recuperation and Rehabilitation Center, Poiana Mare Psychiatric Hospital*); ● all the pavilions had at each level a club, equipped with a television (*Poiana Mare Psychiatric Hospital*); ● there are enough toilets and washbasins arranged to ensure the privacy, comfort and safety of patients (toilet facilities for people with physical disabilities) (*Poiana Mare Psychiatric Hospital*); ● the staff were concerned with providing adequate food quality and quantity to the health of the beneficiaries, as well as for personal hygiene and

clothing (*Călinești Neuropsychiatric Recovery and Rehabilitation Center, Poiana Mare Psychiatric Hospital*);

- the existence of a good cooperation of the unit visited with the specialized doctors from the county hospitals (*Călinești Neuropsychiatric Rehabilitation Center*);
- Pharmacological treatment, individualized and adapted to the condition of the patient, was supported by educational means (medical counselling) (*Poiana Mare Psychiatric Hospital*);
- the extent of the limitation applies in accordance with the legal provisions; a procedure for the application of this measure was drawn up and the confinement register was duly completed (*Zam Psychiatric Hospital*).

Regarding the deficiencies found, we note:

Regarding accommodation conditions: ●insufficient equipment with furniture and bedroom storage facilities (*Călinești Neuropsychiatric Rehabilitation Center*); ●lack of a positive, personalized therapeutic environment (in dormitories and recreation areas, there were no personal belongings of the beneficiaries (*Călinești Neuropsychiatric Recuperation and Rehabilitation Center, Zam Psychiatric Hospital*), ●presence of insects (flies), windows not fitted (*Poiana Mare Psychiatric Hospital, Dolj county*) ●inadequate hygiene of sanitary groups (*Psychiatric Hospital Zam*, where bad smells persisted, it was dirty and the WCs were rusty) ●the water program (*Psychiatric Hospital Zam*) ●the existence of shower rooms that did not ensure the privacy of the hospitalized persons (*Poiana Mare Psychiatric Hospital*); ●lack of accessibility of the rooms (the thresholds of the rooms were not adapted to the needs of disabled people) and wheelchairs (*Recovery and Rehabilitation Center*); ●the social room was not equipped with furniture (chairs, armchairs or benches), the beneficiaries being obliged to stand up while watching television, at the request of the visiting team being brought some banks from the yard (*Center Recovery and Neuropsychiatric Rehabilitation Călinești*); ●reduced number of sanitary groups in relation to the number of persons accommodated in the room (*Călinești Neuropsychiatric Recovery Center*);

Regarding medical and psychological assistance: ●insufficient number of medical staff in the hospital, where only 13 psychiatric physicians were occupied, out of 27 according to the organigram (*Poiana Mare Psychiatric Hospital*); lack of isolators (*Zam Psychiatric Hospital*); ●medical assistance was not provided by personnel with the necessary specialized training (right to free practice, courses, qualifications) of working with adults with serious neuropsychiatric diseases (*Călinești Neuropsychiatric Rehabilitation Center*); ●psychologists did not have the right to practice from the Romanian College of Psychologists (*Călinești Neuropsychiatric Recovery and Rehabilitation Center*); ●the psychological cabinet was not adequately equipped with tests and psychological investigation books recommended for evaluation and intervention in the field of adults with severe neuropsychiatric diseases (*Călinești Neuropsychiatric Recovery Center and Psychiatric Rehabilitation Center, Poiana Mare Psychiatric Hospital*); ●the visiting team identified inappropriate management of the problematic behaviours of the beneficiaries (tobacco addictions, alcohol, certain altercations and conflicts), an example being that of the beneficiaries, as a sanction, in intimate lingerie during the a few days, which violates the right to privacy, to their dignity and leads to a decrease in self-confidence (*Călinești Neuropsychiatric Rehabilitation Center*); ●the psychological needs of patients and vulnerable groups in the hospital (suicide risk, aggressive risk, traumatic victims, etc.) have not been

identified, so that a specific psychological intervention can subsequently be initiated on the identified problem (*Poiana Mare Psychiatric Hospital*).

Regarding restrictive measures: ●the register of cases of confinement and isolation was properly structured, with full rubric, but there were deficiencies in the quality of the information provided (the type and the way of the restrictive measure were not recorded, the medical and auxiliary personnel participated in the application of the restrictive measure (*Poiana Mare Psychiatric Hospital*)).

Regarding recovery, rehabilitation and social activities: ● The hospital did not hire a social worker (*Zam Psychiatric Hospital*); ●the hospital had four employees as social workers, but they did not have a bachelor's degree in social assistance, being qualified as medical and social assistants, and two of them had post-graduate studies with a certificate of competence as a social assistant (*Psychiatry Poiana Mare*); ●the lack of involvement of the beneficiaries in recovery / rehabilitation activities (although there were specialists such as: masseur, occupational therapists, psychologists at the time of the visit (*Călinești Neuropsychiatric Recuperation and Rehabilitation Center, Poiana Mare Psychiatric Hospital*)); ●there was no space within the centre for the purpose of leisure activities (*Recovery and Neuropsychiatric Rehabilitation Center Călinești*).

Regarding the relations of the staff with the beneficiaries: ● In general the beneficiaries were satisfied with the relationship with the assistance and care staff, **but there was a situation of physical aggression on a beneficiary**, following which four nurses and a nurse were disciplined, and the beneficiary he was moved to another pavilion (*Călinești Neuropsychiatric Rehabilitation Center*); ●four complaints were reported in the Suggestions and Claims Registry regarding the inadequate behaviour of an infirmary towards patients, who was disciplined (*Poiana Mare Psychiatric Hospital*);

Regarding other aspects: ●continuous professional training of staff in the field of adult neuropsychiatric serious illnesses (*Călinești neuropsychiatric recovery and rehabilitation centre*); ●deficiencies regarding the procedure of leaving the beneficiaries of the unit from which, in January-February 2016, two beneficiaries left the centre without permission (*Călinești Neuropsychiatric Recovery Center*); ●the hospital had an unauthorized car for the transport of patients (*Psychiatric Hospital Zam*);

Following issues found during the visits (*Poiana Mare Psychiatric Hospital, Călinești Neuropsychiatric Recuperation and Rehabilitation Center, Psychiatric Hospital Zam*), **the People's Advocate issued Recommendations addressed to the management of the visited units requesting:**

Regarding the accommodation conditions: ●creating a positive therapeutic environment by decorating rooms and recreation areas, as well as purchasing furniture suitable for the needs of the beneficiaries (*Călinești Neuropsychiatric Recuperation and Rehabilitation Center, Zam Psychiatric Hospital*); ●the provision of wheelchairs and the adaptation of living quarters to the needs of disabled persons and wheelchair users (*Călinești Neuropsychiatric Recovery and Rehabilitation Center*); ●installation of protective sites at all windows to prevent the insects from penetrating inside all the spaces in the hospital (*Poiana Mare Psychiatric Hospital*); ●identifying the solutions for ensuring an adequate number of health groups according to the number of beneficiaries (*Călinești neuropsychiatric recovery and rehabilitation centre*);

●renovation of sanitary groups (*Psychiatric Hospital Zam*); ●ensuring privacy in shower cabins (*Poiana Mare Psychiatric Hospital*); ● provision of hot water for a longer period of time, daily (*Zam Psychiatric Hospital*);

Regarding medical and psychological assistance: ●occupying the vacant positions of doctors, nurses and nurses (*Poiana Mare Psychiatric Hospital*); ●establishment of insulators (*Zam Psychiatric Hospital*); ●obtaining by the psychologists of the centre the right to free practice from the Romanian Psychologists' College and endowing the psychological cabinet with tests and psychological investigation books recommended for evaluation and intervention in the field of adults with serious neuropsychiatric illnesses (*Center for Recuperation and Neuropsychiatric Rehabilitation Călinești, (Poiana Mare Psychiatric Hospital)*); ●identification of groups of vulnerable persons in the hospital (people at risk of suicide, high risk of aggression, victims of trauma, etc.) and giving priority to specific psychological intervention (*Poiana Mare Psychiatric Hospital*).

Concerning restrictive measures: ●verification of the recording mode of the data in the single register of confinement and isolation (*Poiana Mare Psychiatric Hospital*).

Regarding the relations of the staff with the beneficiaries: ●use of positive educational methods for education, care and supervision of the beneficiaries with neuropsychiatric diseases, which does not involve aggression of any kind, but their motivation and accountability for the proper management of the incidents (*Recovery and Rehabilitation Center neuropsychiatric Călinești*); ●re-examining procedures for leaving the centre without permission and empowering employees to apply these procedures (*Călinești Neuropsychiatric Recovery and Rehabilitation Center*); ●counselling the beneficiaries in order to prevent leaving the centre and identifying solutions in this respect (*Călinești Neuropsychiatric Recovery and Rehabilitation Center*).

Regarding recovery, rehabilitation and social activities: ●hiring a social worker (*Zam Psychiatric Hospital*); ●completing the studies of the staff who are employed as a social worker or employing social workers with a bachelor's degree and an exercise permit (*Poiana Mare Psychiatric Hospital*); ●giving more attention to recovery / rehabilitation activities and occupational activities (*Călinești Neuropsychiatric Recovery and Rehabilitation Center, Poiana Mare Psychiatric Hospital*); ●examining the possibility of setting up a place within the Center for leisure activities beneficiaries (*Călinești Neuropsychiatric Recovery and Rehabilitation Center*).

Regarding other aspects: ●continuous professional training of personnel in the field of adult neuropsychiatric disorders (*Călinești Neuropsychiatric Rehabilitation Center*); ●acquisition of an authorized means of transport for patients (*Zam Psychiatric Hospital*).

The Field of prevention of torture in places of detention may, when it considers it necessary, carry out visits to verify the implementation of recommendations made following previous visits.

Thus, during 2016, a visit was made to the **Pădureni-Grajduri Psychiatric Hospital for Safety Measures**, in order to verify the implementation of the recommendations submitted to the hospital management following the visit in 2015.

Also, during the visit were verified information in the media, according to which a nurse hit a patient with a broom queue, the unit management ordered the discontinuation of the employment contract, but it challenged the decision in court, being supported by the union in the unit (the People's Advocate Institution has made an ex officio notification in this case).

We continue to outline the issues that were identified during the visit:

Regarding accommodation conditions and treatment for patients:

Taking into account the recommendations made following the previous visit, namely: avoiding overcrowding of the unit; providing all rooms with furniture appropriate to the needs of the beneficiaries; providing an adequate number of sanitary facilities; providing the necessary staff for the care and treatment of patients: doctors, nurses, clinical psychologists; reassessment of the professional training of carers and supervisors; arranging a atraumatic chamber; initiating and finalizing the procedures for ensuring the distribution of water in a centralized system; delimiting the outer space and contracting a security firm to ensure patient and staff security; the purchase of an ambulance, ***the following were found:***

The accommodation capacity was now exceeded, accommodating 348 patients in the 8 pavilions, although the hospital had a capacity of only 240 beds. Consequently, the norms in force stipulating the obligation to provide for each bed a surface of 7 square meters and 20 mc of air were not observed. The hospital management team submitted a proposal to the Ministry of Health on the extension of the accommodation space, so that at the time of the visit, the funds needed to carry out the feasibility study for the transformation of the administrative pavilion into the pavilion for the accommodation of the patients were approved and the space of a former laundry to be turned into an administrative flag. In addition, hospital management has shown that it pays special attention to ensuring the legal space of all patients and looks for solutions such as transforming a household annex into the pavilion to accommodate people suffering from TB, redevelopment requiring 20,000 Euro investments for hygiene and endowment work with furniture and equipment and a number of major works: installing a green fence, building a fence and concreting a piece of land near the building.

In order to ensure adequate accommodation (given that at the time of the first monitoring visit the number of beds in the salons was increased, the patient's space was reduced which created psychic stresses with danger potential), it was reorganized distributing the furniture in the room so that patients will benefit from intercooler spaces. Suspended cabinets were also installed on each bed next to the wall, and for the other beds large cabinets were placed near the entrance doors. All hallways and common spaces were monitored by closed-circuit cameras, and the system would be extended beyond the building. The number of sanitary groups was not supplemented, **but all the sinks, shower trays and showers were replaced and they functioned properly at the time of the visit.**

As regards the provision of the personnel necessary for the care and treatment of the patients, **the competitions for filling the post of Medical Director (being employed a psychiatrist) and dentist** were finalized, and after the approval of the annual budget, the other posts were to be called for competition (in May 2016 a competition for 10 nurses, nurses, carers) was organized. Functioning has been updated to suit patients' needs.

A new structure, the Health Care Quality Management, was set up in the hospital to ensure the correct application of healthcare protocols and quality assurance of the medical act.

It was arranged to have containers of approximately 20 square meters near each pavilion, to be attractively equipped and suitably equipped (this measure was adopted up to the assurance of an atraumatic chamber for each pavilion).

Although cold water, only used as domestic water, was continuously distributed from three enclosed wells at the entrance to the facility, steps were taken to identify technical drinking water supply solutions in a centralized system and, according to the authority's response in the field, the project was at the tender stage - analyse offers. After the conclusion of the works contract, due to the fact that the water supply and sewerage route is in the immediate vicinity of the hospital, it will be possible to connect the unit to these utilities.

The space allocated to the hospital with a metal mesh fence was delimited, provided with an anti-burglary alarm system, all enclosures being completed. At the entrance to the hospital courtyard there was a control point where a barrier was installed and an employee of a security and protection company in Iasi verified the identity of the persons who wanted to enter the hospital perimeter.

Although the People's Advocate's recommendation regarding the purchase of an ambulance could not be put into practice because of the fact that it did not meet the needs of the hospital, a budget was needed for the purchase of an 8 + 1 minibus for patient transport. In the event of medical emergency call 112.

Other issues noted during the visit:

Through the length of the hallways there were support bars and the doors of the rooms were new. Bedsheets, clothing and hygiene products were purchased for patients who, along with table-top furnishings (with tables made of lightweight material to not endanger the physical integrity of patients, chairs to be received), provided a degree increased comfort for patients.

The patients' menu was balanced in dietary principles and structured in four diets: normal, gastric, liver and diabetes.

Patients admitted to the hospital benefit from state-of-the-art psychiatric treatments according to the presented pathology and therapeutic protocols as well as non-psychiatric treatments for intermittent or chronic diseases (e.g. hypertension, diabetes, pneumonia, other infections, etc.). Restraining and isolation of the patients was made at the recommendation of the treating physician, according to the scientific protocol, with permanent monitoring of vital functions. The restrictive measures applied were duly recorded in the special register.

The dental office was equipped with state-of-the-art equipment and functioned properly.

A full-time social worker who was serving all patients was employed in the hospital, although another three-four full-time social workers were needed to carry out social work in optimal conditions, with a particular focus on cultural- educational and social work with patients.

Regarding the case presented in the media:

According to the manager of the employee unit involved in the incident, on June 30, 2014 he applied several strokes to a patient with a mop of wood mop, causing

him bruises, swelling and plagues, for healing 7-8 days of medical care, according to the medical certificate issued by IML Iași. Disciplinary research has been carried out with strict observance of the legal provisions. The employee, who acknowledged and regretted the acts committed and did not request evidence in his defence, was assisted at his request by a representative of the union he was part of. Taking into account that the committed offenses violated the provisions of the Internal Regulation, as well as the attributions and responsibilities of the job description, the decision was made to terminate the employment contract.

In this case, the criminal investigation has also started in terms of committing offenses of offense and other violence, the act foreseen and punished by art. 193 par. (2) with the application of the aggravates provided in art. 77 lit. is the New Criminal Code and the offense of abusive conduct with the application of art. 77 lit. e) and art. 38 para. (1) of the New Criminal Code. The employee in question was sentenced by the Iasi Court on 10 March 2016 to a suspended sentence of 2 years, under supervision for a period of four years.

As a result of this incident, the management of the unit proceeded to update and complete the job descriptions of all employees, all of whom had been informed at the date of the visit. Moreover, following the previous recommendation on the need to re-evaluate the professional training of carers and supervisors, the chief assistants were responsible for daily and quarterly training of subordinate staff on all the tasks, duties and responsibilities contained in the job descriptions. Since the incident in the media until the time of the visit, no such incident has been reported.

Following the visit to the Psychiatric Hospital and the Pădureni-Grajduri Safety Measures, the following recommendations were made by the People's Advocate: ●completing the legal steps to expand the accommodation in order to avoid overcrowding in the unit, as well as ensuring an adequate number of sanitary groups relative to the number of hospitalized patients (transformation of administrative buildings into adequate accommodation for all patients); ●completing the steps to ensure adequate space for the administrative staff; ● taking steps to provide the necessary staff for patient care and treatment (hiring clinic psychologists, doctors, nurses, social workers, carers, supervisors); ●continuing the professional training of the care and supervision staff; ●completing the layout of rooms where agitated and aggressive patients can be secured without being contented.

Following the recommendations of the People's Advocate Institution, the visited unit took the following measures: ●the legal steps to expand the accommodation area were to be completed in 2016; ●within the limit of the available budget, it was decided to vacate vacancies in the sectors with staff shortages; ●as regards the continuing professional training of care and supervision staff, the hospital management informed us that this issue will be a major milestone in its vision of improving the quality of the medical act offered to the underserved population.

In the context of the implementation of the recommendations of the People's Advocate by the visited units and the Jibou Neuropsychiatric Recovery and Rehabilitation Center, Salaj County, following the visit made in 2015 (presented in the Annual Report for 2015), the following measures following the recommendations formulated (according to the response sent in early 2016): ●for the execution of the permanent security service, requested the DGASPC Sălaj and the Sălaj

County Council to outsource the service from 1 April 2016, the visit program in the unit was established between 8:00 -20: 00 and was displayed in a visible place in both buildings; ●the Organization and Functioning Regulations, the Internal Orders, the Beneficiary Rights Charter, the Beneficiary's Guide were displayed; ●a batch box was placed in Body B, to which all recipients have access and which will be reviewed periodically by the multidisciplinary team; ● the unit has a collaboration contract with a psychiatrist who regularly follows the evolution of the patients and re-evaluates them; in order to supplement the medical-health personnel, a medical nurse was going to be employed; ●the mirror in the isolation room has been removed immediately and safety measures have been taken to open the insulator windows; ●the social assistant has started steps for enrolling in the National College of Social Workers; ●the procedure for patient contention and isolation was drawn up in accordance with the legal provisions; ●registers for the continuous improvement of the personnel, a Registry of the daily record of the recovery / rehabilitation program, a daily program of activities for each specialist, Registry for registration of abuses, neglect and discrimination; ●procedures have been developed in case of: nosocomial infections, escape from the unit, evacuation of the beneficiaries in case of fire, family consent, death.

PROPOSALS:

► implementation of the Norm of April 15, 2016, implementing Law no. 487/2002 of mental health and the protection of persons with mental disorders, republished, taking into account the fact that during the process of involuntary internment as well as the application of restrictive measures (isolation, contentious), the risk of abuse is increased; ●accommodating people with mental disorders in small rooms and providing sufficient space for each patient / beneficiary (including bedside and wardrobe), as the failure to ensure proper living conditions can be assimilated to inhumane and degrading treatment, as found by the European Committee for the Prevention of Torture; ● accessibility of premises to mobilize people with disabilities;

► undertaking the legal steps required to launch all vacancies and supplement them if it proves necessary; ●giving more attention to recovery/rehabilitation activities and occupational activities; ●continuous professional training of staff on adult neuropsychiatric disorders; ●the use of positive educational methods for educating, caring for and supervising the beneficiaries of neuropsychiatric recovery and rehabilitation centres, which does not involve aggression but motivation and accountability.

CASE STUDY: visit to Poiana Mare, Dolj Psychiatric Hospital.

On the occasion of the visit the team found the following:

Medical care is ensured under continuous hospitalization, with patients being hospitalized in the following situations: psychiatric emergencies (situations in which the life of the patient or those around him is endangered) requiring continued medical surveillance; involuntary admissions by the psychiatrist and confirmed by the court; cases where the diagnosis cannot be established in outpatient settings; situations in which treatment cannot be applied to ambulatory care; other well-justified situations by the physician who makes admission and endorsed by the chief doctor of the department

(in-hospital transfer); the admissions provided by Article 110 Penal Code and Articles 247, 248 of the Code of Criminal Procedure, which are ordered by the criminal court and directed by the Public Health Department to the Poiana Mare Psychiatric Hospital

At the time of admission, prior to performing any clinical or therapeutic procedure, *the patient signed a standardized informed consent* containing information about patients' rights and freedoms, how to establish the diagnosis, the purpose of the treatment, the benefits and side effects, therapeutic alternatives, investigations. The patient was also informed of the measures applied in case of emergence of emergency situations during admission. In the case of undocumented patients, the information was communicated to the legal representative; patients also had the right to choose a conventional representative.

The wards were lighted naturally, in a proper hygienic state, it was orderly, the cleaning was done in each turn, twice a day, **but in some of the visited wards there was the presence of flies, at the windows there was no mounted protective mesh.** The wards were fitted with three to six beds, with clean linen, fitted with standard furniture, and in a ward where patients with long-term hospitalization were hospitalized, personal furniture pieces were added to improve comfort and personalize the space.

All the pavilions had a club, equipped with a TV set.

The sanitary facilities, both for staff and for patients, were clean and well-equipped, with a sufficient number of toilets and washbasins arranged to ensure the privacy, comfort and safety of the patients (toilets for people with disabilities physical). However, the shower cabins, which were placed next to the sanitary groups, **did not ensure the privacy of the boarders, with two or three showers in each cabin without being separated from each other.** Disinfection, disinfection and pest control were carried out in April and June 2016 by a specialized firm with which the hospital had a contract, as well as by the specialized department of the hospital.

The water supply came from drilled wells, and the water quality was constantly checked by a specialized firm, based on a contract. Heat and hot water were provided by a heating plant, supplied with oil, hot water being permanently provided.

Food preparation was done in the hospital's kitchen, and food supplies were made weekly from the companies with which the hospital had concluded contracts. The food was stored in a suitably equipped warehouse with refrigerators and shelves. Food was prepared for diet, and had proper taste, smell, consistency and proper appearance, **but on the day of the visit the diabetes menu was not prepared until lunchtime.**

The number of posts for psychiatry physicians was 27, with only 13 of them occupied. Outside the specialist staff (psychiatry), there were six general practitioners and an internist.

The most common diagnostics were chronic psychoses (schizophrenia, bipolar disorder), but also drug addictions (alcoholism), personality disorders, depressive disorders and mental retardation.

During the entire period of admission, pharmacological treatment, individualized and adapted to the patient's condition, was supported by educational means (medical counselling).

The medication was prescribed according to standard therapist protocols and was recorded in the observation sheet by the attending physician or the caretaker in the case of supplements administered in the on-call service (mentioning the time and the reason for the supplementation).

The hospital pharmacy was operating in a proper space, equipped with adequate furniture and refrigerators where the medicinal products that required storage at the standard temperature of 4 ° C were kept, and there was also a room for the preparation of the main recipes. The purchase of medicines was done through the public auctions system, with contracts signed with six pharmaceutical distributors.

The hospital had a **laboratory** whose activity was provided by a specialist, a biochemist and a specialist assistant.

The medical staff was provided by two doctors and three nurses for each pavilion. Verbal reports were made after each shift, a doctors' report, as well as a report for special cases filled in the shift exchange.

Concerning the contention and isolation of patients, a number of 19 isolations / contentions were recorded in the contention / isolation register in 2016. In the observation sheets, the restrictive measure was described correctly, but **the restrictive measure in 14 cases was not clearly specified in the confinement / isolation register as well as the names of the medical and auxiliary staff who participated in the restrictive measure**. Isolation, in cases where it was imposed, was made in one of the six isolation chambers existing at the level of three pavilions, at the time of the visit two of them undergoing renovation and modernization. It was found that the rooms were of adequate size, illuminated and adequately ventilated, with the possibility of providing adequate movement freedom, under continuous monitoring. The walls were covered with durable, single-piece material without visible joints. The washbasin and toilet bowl were of the mono-block (antivandal) type, made of stainless steel, in good working order.

The restraint was accomplished by partial immobilization, with adjustable straps, presented to the members of the visiting team, made of material according to the rules in force, provided with a system for bedding and cuffs for the carpal, tarsal, thorax and knee joints. The condition of the patients was evaluated every 15 minutes without exceeding four hours. Neither isolation nor contentions have been reported cases of physical injury to patients or staff. Both procedures have been used as the last option in order to prevent injury or self-injury. In the case of drug supplements, the possibility of side effects has always been monitored, while respecting the patient's somatic integrity.

Psychological assistance was provided by three psychologists, each with his own cabinet, **with poor technical endowment (old, used furniture, insufficient furniture)**. From a methodological point of view psychologists used licensed tests. During the visit, the psychological assessments made to the patients were requested and various applied designs and tests (many of which were not available) were presented. There was no interpretation of the tests and their results were not evaluated and did not materialize in a psychological profile of the patient, there being no correlation and unitary interpretation for each patient. No patient had a personal psychological assistance file. **It was found that the psychological needs of patients and the vulnerable groups in the hospital (people at risk of suicide, high risk of aggression, victims of trauma, etc.) were not identified so that after that a specific psychological intervention could be initiated on the problem identified**. Group therapy did not follow a protocol, and the participants were not selected according to common criteria. It was not possible to present psychological counselling sheets and the procedure applied in the case of aggressive people, those at risk of suicide, etc., as well as how to intervene in a crisis situation.

The hospital had four employees as social workers, but they did not have a bachelor's degree in social assistance, being qualified as medical and social assistants, and two of them had post-graduate studies with a certificate of competence as a social worker. Patients did not spend enough time in occupational therapy, ergo-therapy, social rehabilitation.

Patients had the opportunity to contact their family through phones installed in each pavilion, and their access to the hospital was allowed under a visiting program approved by the hospital's management. Patients also had permanent access to personal belongings received directly or through parcels from their inmates and the opening of the received packets was done in the presence of staff to avoid possible patients' access to contusive objects or toxic products and to prevent the production of incidents.

From interviews with patients, they found themselves satisfied with the accommodation and food reception conditions, but there were also some dissatisfactions with the aggressive behaviour of nurses. In the Suggestion and Complaint Register (there were two mailboxes in each pavilion to submit suggestions and complaints) **there were four complaints about inadequate behaviour of an infirmary towards patients. He has been disciplined and is back in research.**

Following the visit to the Poiana Mare Psychiatric Hospital, Dolj county, the People's Advocate formulated the following Recommendations: • installing a protective site on all windows to prevent the insects from penetrating inside all the premises inside the hospital; • Ensuring privacy in shower cabins; • permanent and timely provision of food for prescribed diets by a physician; • taking the necessary steps to fill vacancies in the establishment plan; • verifying the data recording mode in the single contention and isolation register; • Developing for each patient an individualized therapeutic program that includes, besides drug therapy and complementary activities (occupational therapy, ergo-therapy, social rehabilitation, etc.); • provision of cabinets to provide psychological assistance and replacement of old and used furniture; • identifying groups of vulnerable persons in the hospital (people at risk of suicide, high risk of aggression, victims of trauma, etc.) and giving priority to specific psychological intervention; • completing the studies of the staff who are employed as social workers or employing social workers with a bachelor's degree and a license to practice the profession;

Following the recommendations of the People's Advocate Institution, the visited unit took the following measures: •the window protection windows will be completed; • For shower cabins they ordered curtains to be fitted in November 2016; •there are menus for dietary regimens in the hospital, diabetes, hypertension, etc., which is assigned to an average of 30 patients out of the total number of patients (460-470); •in the beginning of 2017, the staff situation will be analysed, in 2016 being employed: nurses, nurses, workers, other staff; •in the unique containment and containment register, additional boxes were introduced as suggested by the restrictive measure applied and the medical and ancillary staff who participated in the application of the restrictive measure; • it has been established that an Individual Recovery Plan is attached to each patient's observation sheet, being a complement that is passed as a therapy into the observation sheet; •psychological care offices will be upgraded to trim. II of 2017 (two of them - one being arranged); • people at risk of suicide and other risk categories are prioritized by psychologists and the rest of medical and care staff; • the

options for completing the studies of the staff who are employed as social welfare assistants will be analysed.

5. *Children's residential centres*

“Nothing is more important than building a world in which all our children have the opportunity to reach their full potential and grow healthy, in peace and with dignity”. (Kofi Annan, United Nations Secretary-General, 1997- 2006)

Under the provisions of Art. 29² par. (3) lit. j of Law no. 35/1997 on the organization and functioning of the People's Advocate Institution, republished, as subsequently amended and supplemented, the Domain of Prevention of Torture in Places of Detention (MNP) monitors residential centres for children in order to strengthen the protection of minors against any acts of torture or ill- of the exercise of fundamental rights without discrimination. In this respect, its activity takes into account the legal provisions regarding the special protection of minors, international and national.

The International Convention on the Rights of the Child adopted by the United Nations General Assembly on 20 November 1989 (ratified by Romania by Law No 18/1990) recognizes the rights of the child as a human right and recalls the need to provide protection special to all children, without discrimination. The interests of the child prevail in all actions that concern him. **The state provides alternative protection for the child who is temporarily or permanently deprived of his / her family environment or who cannot be left in this environment for the protection of his / her interests.** The state must also provide the necessary protection and care for the well-being of the child and ensure that the institutions, services and institutions responsible for the protection and care of children comply with the standards laid down by the competent authorities, in particular those relating to safety and health, the staff of these institutions, as well as the provision of a competent oversight (Article 3). No child shall be subjected to torture, punishment or cruel, inhuman or degrading treatment (Article 37). This convention recognizes the special needs of children with physical and mental disabilities and their right to have a fulfilled and decent life, under conditions that guarantee their dignity, foster their autonomy and facilitate their active participation in community life.

In Romania, children benefit from a special regime of protection and assistance in the realization of their rights through the Constitution. Law no. 292/2011 on social assistance, which defines the term *child* as a person who has not reached 18 years and has not acquired full capacity, regulates the legal framework regarding the obligation of public authorities, authorized private bodies, as well as individuals and representatives of persons legal entities that care for or ensure the protection of a child, to respect, promote and guarantee the rights of the child stipulated in the domestic and international legislation in the field. Also, any regulations adopted in the field of the observance of the rights of the child, as well as any legal act issued or, where appropriate, concluded in this field shall be subordinated **to the best interests of the child.**

In Law no. 272/2004 on the Protection and Promotion of the Rights of the Child, republished, provides for the right to alternative protection of the child, which includes, among other measures, the placement of the child with a minimum age of 3 years (except in cases of serious disadvantage, care in residential services) in a residential service where guardianship could not be established or placement could not be made to the extended family, a foster parent, or another person or family. The measure of placement in a residential service is established by the Child Protection Commission in the case of the parents' consent, otherwise by the court. In the case of an abused child, neglected or subjected to any form of violence or found or left in sanitary units, the placement is determined as a matter of urgency.

Residential services are services that provide protection, growth and care for the protected child. Those belonging to the public administration authorities are organized only in the structure of the General Directorate for Social Assistance and Child Protection, as their functional components, without legal personality. It is organized according to the family model, provides accommodation for more than 24 hours and can be specialized according to the needs of the placed child. The child benefits from special protection until full exercise capacity is achieved. The measure may be prolonged until the age of 26 if it continues its studies once in each form of education or for up to 2 years if it does not continue its studies and risks social exclusion.

The Law on the Protection and Promotion of the Rights of the Child prohibits the commission of any act of violence and the child's deprivation of his or her life, physical, mental, spiritual, moral or social life, physical integrity, physical or mental health of the child in any public or private institution providing services or carrying out activities with children.

Children with disabilities receive adequate protection for their needs. According to the Constitution, the state ensures the implementation of a national equality policy for the prevention, prevention and treatment of disability, with a view to the effective participation of people with disabilities in community life, respecting the rights and duties of parents and guardians, and Law no. 272/2004 provides for the right of the child with disabilities to special care, adapted to his / her needs, to education, recovery, compensation, rehabilitation and integration, adapted to his / her own possibilities, in order to develop his / her personality.

Special protection measures also benefit children who have committed criminal offenses and are not criminally liable. In cases where the offense provided by the criminal law committed by a minor presents a high degree of social danger or the minor against whom special measures have been established, such as: the measure of specialized supervision of the juvenile or its placement in the extended or substitute family continues criminal offenses, it is ordered to place it in a specialized residential service.

Of particular importance in the monitoring of residential centres for minors is the application of restrictive, contentious measures (by the Norm of 15 April 2016 on the Application of the Law on mental health and the protection of persons with mental disorders No 487/2002, the isolation of persons under 18 years). According to mandatory minimum standards for childcare services in a residential system, these measures should not be used as a punishment but only as the last solution to prevent or stop harm to the child, other persons or material damage to material goods. All cases where restrictive measures are applied are recorded in a special fiche of at least: the child's name; date, time and location of the incident; measures taken; the names of the

staff members who acted; the names of other witnesses to the incident, including children; the possible consequences of the measures taken; signature of the authorization person to make the records. After applying the restrictive measure, the child will be examined by a doctor within 24 hours.

By the Norm of 15 April 2016 on the Application of the Law on Mental Health and Protection of Persons with Psychiatric Disorders no. 487/2002, there were specified the contentious devices for minors, namely leather straps or equivalent, provided with a bed and cuff system for the carpal, tarsal, thorax and knee joints. Belts and cuffs should be adjustable, with the padding of soft material (sponge, felt, polyurethane, etc.). Protective devices applied in case of self-aggression are gloves and protective helmets. It is forbidden to use materials such as twine, gauze, feathers or other materials that may cause injury.

The knowledge and enforcement of national and international legal provisions on torture and ill-treatment by the staff of placement centres by the beneficiaries and their families as well as by the whole society is imperative, given that during the year 2016, the People's Advocate Institution has automatically heard of several articles in the press. According to the media, the beneficiaries of the placement centres were victims of the abuses of the personnel. Recall in this respect, in addition to the above-mentioned legal provisions, Standard 17 of Order no. 21/2014 governing child protection, namely the *Child Protection Service, promotes and applies measures to protect children against all forms of intimidation, discrimination, abuse, neglect, exploitation, inhuman or degrading treatment.*

Throughout 2016, the Field on Prevention of Torture in place of detention carried out 21 visits to residential children's homes aiming at verifying the treatment of the beneficiaries and the accommodation conditions.

We mention the main issues raised during the monitoring visits, which were included in the visit reports drawn up during the year 2016 (including the working visits at the end of 2015: Family House "Piticot" - The Community Services Complex for Children with Zalău Handicap, Sălaj County Family House Maria Satu Mare, Satu Mare County, Emergency Reception Center "Street Children" Bistrița, Bistrița Năsăud County).

During the monitoring visits the visiting team was able to observe positive aspects regarding the treatments applied to the beneficiaries, the accommodation and food provided to them, as well as the organization and functioning of the centres. In this context, we present some of the issues that have been particularly discussed in some of the centres:

- the buildings of the centres were new, with recently painted rooms (*Maternus Maternity Center Iasi, Găești Social Services Center*);
- the dormitories of the centres were clean, hygienic and properly equipped (*Family Houses St. Michael Caracal, Maternal Center Saint Catherine Craiova, Family House Maria Satu Mare, Maternus Maternity Center Iasi, Placement Center Dacia, Brasov County*);
- the spaces were well lit both naturally and artificially (*Maternal Center Sfânta Ecaterina Craiova, Placement Center Dacia, Braşov County*);
- the barracks were complete and in good condition (*Family Houses St. Mihail Caracal, Placement Center Ana Râmnicu Valcea, Maternal Center Saint Ecaterina Craiova*);
- the spaces of the centre were personalized, offering the psychological and physical comfort necessary for the good development of the children (*St. Elisabeth Centre, Orăştie, Hunedoara County*);
- in the hallways there

were wardrobes with various toys for children, drawings, paintings painted by mums and many flower pots, which created a pleasant atmosphere (*Maternal Center Sfânta Ecaterina Craiova*); ●the food chain and its preparation were strictly supervised by nurses; information on the food procedure was brought to the attention of all the staff providing assistance to the disabled child (*Residential service for the severely disabled child within the Community Services Center Oltenita*);

● there were recreational areas and children's play areas, a relaxation park, and there was a small pond where the children had access only under supervision, a garden of vegetables, a fruit tree orchard and a wooden cottage - various activities were carried out with the children in the form of games, aiming mainly at cognitive stimulation and language, stimulating memory and imagination, training the ability to observe the rules (*St. Elisabeth, Orăștie, Hunedoara County*); ●the beneficiaries of the centre frequently interact with the animals (ponies, donkeys, sheep, pigs, hens) housed in the micro-farm of the complex and strolled through the courtyard with bicycles or played on the football field (*Brândușa Placement Center within the Complex School Rehabilitation Brădet*, the complex had an area of 89,000 sqm); ●pregnant women, mothers and children were closely watched by family medicine cabinets, where couples were enrolled (*maternal centre Maternus Iasi*); ●the juveniles were enrolled with a family doctor and were in evidence of specialized infantile neuropsychiatry services, where they were consulted periodically and whenever needed (*St. Michael's Caracal Family Houses*); ●the psychological evaluation of the beneficiaries was carried out on a half-year basis and the psychological counselling services were provided weekly or whenever it was necessary (*Maternal Center Sfânta Ecaterina Craiova*); ●during the admission to the centre, the young women benefited from an extended counselling program including the family / parents, sometimes the partners (*maternal centre Maternus Iasi*); ●the children received psychological counselling to manage behavioural disorders (*Dacia Placement Center, Brașov County*, where the psychologist also participates in school activities with a daily / weekly frequency, with the purpose of supervising and observing the behaviours of children in centre); ●

●the majority of mothers who did not earn income and did not have a job at the time of admission to the centre were included in vocational guidance programs with the final aim of getting a job (*maternity centre Maternus Iasi*); ●the relations were warm, close, reciprocal between the beneficiaries and the staff (*Mihai Caracal Family Houses; Emergency Reception Center Children's Street Bistrița; Maternus Maternity Center Iași; Emergency Prince and beggar St. Gheorghe*);

●the staff were professionally well-trained, interested in providing an affective environment favourable to the harmonious development of the personality of the beneficiaries (*Maternus Maternity Center Iasi*); ● the staff was involved in the recovery and rehabilitation of the beneficiaries (*Community Services Complex Cristina Constanta*); ●counselling sessions were organized in order to maintain the relations of the beneficiaries with the parents (*Residential service for the severely disabled child within the Community Services Center Oltenita*); ●there is a manual of its own procedures (*Maternal Center Saint Catherin Craiova*); ●the box where the complainants could lodge complaints was placed in a visible and easily accessible place (*Dacia Placement Center, Brașov County*, near the entrance to the clubhouse located on the ground floor of the building); ●the car park was made up of a 13-seat minibus, a Dacia Logan car and a tractor (*Brădet School Rehabilitation Complex*, where the Brândușa Placement Center was located).

A number of deficiencies were noted during the visits, among which:

Regarding the operation and organization of the placement centre: ● the capacity of the placement centre was exceeded (*Cristina Constanta Community Services Complex*, where the total capacity of the centre was 50 seats and 73 beneficiaries were housed, 18 of them were adults between 18 and 23 years of age, according to the centre's management, they could not be moved to adult centres because there were no vacancies; between 2015-2016, five adult beneficiaries were transferred to the Techirghiol Pilot Center); ● the organization and functioning regulations were not revised under Government Decision no. 867/2015 for the approval of the social services nomenclature, as well as the framework regulations for the organization and functioning of the social services (*Piticot Family House - Zalău Community Services for Children with Disabilities; Family House Maria Satu Mare*); ● the provisions of the Organization and Functioning Regulations (*Emergency Reception Center "Prince and beggar" St. Gheorghe*, who, although accredited as an emergency social service, were hosting the beneficiaries as a residential centre for children and young people); ● the provisions of the Methodology for organization and operation of the Center (*Residential Service for the severely disabled child within the Community Service Center Oltenița*, 13 of the 37 beneficiaries were over 18 years of age, although the 4th "Admission Criteria in the Center residential Oltenița" mentioned that the admission age in the centre was between 0-18 years old);

● deficiencies **regarding the admission and transfer of the beneficiaries to and from the centre** (*Dacia Placement Center, Braşov County*, where a group of eight children was transferred in a forced manner based on an exclusive administrative act motivated only by issues administrative, reorganization of DGASPC Braşov services, without taking into account the fact that in the other services the children were closer to the parents or relatives' domicile, that some of them suffered from various diseases, which required special supervision - not respected the provisions of Article 65 of Law 272/2004 and Standard 3 of Order No. 21/2004 on the approval of mandatory minimum standards for residential child protection services according to which the transfer is made on the basis of the decision of the Child Protection Commission or by decision following the transfer, there were medical problems due to discontinuity the children were consulted by three specialized nursing neuropsychiatric physicians and the family doctor to whom the children placed in the centre were not informed about the NPI treatment; ● in the "*Floare de Colt*" *Social Services Complex*, there was no clear procedure regarding the placement measure in the rehabilitation centre, which could lead to the risk of taking abusive measures; ● the *Găeşti Social Services Complex* found a lack of clarity of the criteria for admission to complex and transfer of children, given that the centre accommodated beneficiaries with a degree of disability from medium to severe, some of them also exhibiting behavioural disorders);

Regarding the accommodation conditions: ● lack of natural light and / or artificial light (*Emergency reception centre Bistrița Street Children*, in a dormitory where girls were accommodated, while the neon that provides the artificial light was not working; ● *Family House Piticot - Complex for community services for children with disabilities Zalău*, where one of the two bedrooms of the house had no windows to the outside and communicated through the double door with the hallway of the house : ● *Cristina Community Services Complex* - in one bedroom the breaker was faulty, so

there was no possibility of taking advantage of the artificial light provided by the two existing fixtures; *the "Târgoviște "Flower Corner Social Services Complex*, in the 4th floor of the residential centre for children and young people with disabilities the wall with large windows was facing the wall buildings located at a distance from the centre);

- inadequate ventilation (*Emergency reception centre Street children Bistrita*, in the girls' bedroom);
- inappropriate maintenance and hygiene (the walls of the rooms were dirty and with the documents of the beneficiaries, the wardrobes were scratched on the hallways (*Ana Placement Center Râmnicu Vâlcea, Cristina Community Services Complex*: at Module 2 floor boys big, painting on walls deteriorated)
- furniture damaged or not adapted to the needs of the beneficiaries (*Ana Placement Center Râmnicu Vâlcea, Cristina Community Services Complex Constanta*: on the 2-nd floor boys module, a six year old boy is in a small bed dimensions, the staff felt it was right for the client, but when it stretched, his toes were going out among the bars that surrounded the bed, at Module 3, under the big boys, the furniture was dismantled, the beds were small and there were no cabinets in all the rooms, and in one bedroom the bed from the window, where there was a beneficiary who presented the movement and repetitive - swinging, was glued to the radiator, with the risk of injury);
- not all the beneficiaries were able to keep personal assets under the key (*Social Services Complex Floare de Colt Târgoviște*);
- inappropriate use of the available accommodation space (*Emergency reception centre Bistrita Street Children*, where a first floor bedroom, although duly furnished for the accommodation of the beneficiaries, was used as a storage space, the reason being "the lack of surveillance staff especially after the meal and during the night);
- inadequate hygiene (*Community Service Complex Cristina Constanta*, where there is a smell of urine in the 2-floor Module of boys);
- the existence of sources of danger: lack of security systems at windows and sockets, steep ladders (*Emergency and Evaluation Emergency Child Assessment Center within the Community Services Complex No. 3 Buzau, Cristina Community Services Complex Constanta*, in Module 2 the windows were almost all open and not fitted with grills, the window curtains were attached to galleries that could pose a danger to children – as one of the educators reported, there had been a recent incident with one of children, when a gallery fell causing injuries, the outlets were not secure; at the residential boys behavioural rehabilitation centre, the access to the floor was made on a very steep wooden staircase, with spaces between steps that predisposed to accidents - such incidents had occurred, according to the beneficiaries in the centre; the socket on the ladder was completely out of the wall; the floors on the floor had metal bars, there being a danger of injury to the beneficiaries);
- the lack of personalization of the accommodation rooms and the monotony encountered in some accommodation rooms (*maternity centre Maternus Iasi*);
- the environment in the centre did not offer psychological comfort(*the Emergency and Evaluation Center within the Service Complex Community Center 3 Buzău; Brândușa Placement Center within Brădet School Rehabilitation Center; Târgu Social Services Center; Cristina Community Center Constanța*);
- the decorations were totally missing from the walls, all the linen present the same print; upstairs, in one of the bedrooms, on the large double cabinets, there were about 10 identical plush dolls, about 50 cm high, behind them were other large, plush dolls, depicting monsters - these dolls were gifts and, according to the staff, there was no place to put them; the visiting team did not notice the presence of such dolls on children's beds or in play areas (*The Social Services Complex in Găești*, where the appearance was of a hospital, with white walls, lacking decorations);
- the

beneficiaries did not have personalized clothing (*Găești Social Services Complex* in the case of children who are dependent on another person); ●lack of wheelchairs (*Family House Piticot - Community Service for Children with Disabilities Zalau*); ●sanitary facilities were missing, damaged and / or inoperable, some of them having missing components (*Ana Placement Center Râmnicu Vâlcea, St. Ecaterina Maternity Center Craiova, Emergency and Evaluation Center of the Emergency and Evaluation Child in the Complex community services No 3 Buzau*); ●there is no shower in the room for bathing boys; insufficient home appliances (*Residential service for the severely disabled child of the Oltenița Community Services Center* - a washing machine and a clothes dryer); ●the elevator was not functional (*Residential service for the severely disabled child within the Oltenița Community Services Center*, the lift that ensures the transport of the beneficiaries to the kitchen);

Concerning food: ● lack of a varied menu (*Family House Maria Satu Mare*, lacking fruits, raw vegetables, fish, nuts and other foods rich in Omega 3 and DHA); ● Inappropriate storage of products for food consumption (*Emergency and Evaluation Center within the Community Service Complex No. 3 Buzau*, potato sacks were stored directly on the floor); ●inappropriate food distribution (*Târgoviște Social Services Complex Flower of the Corner at the Children's and Young People's Center*, the week-long snacks were given to the children to manage them themselves, there were situations when they were consumed in only two days or were stored improperly); ●appliances in an advanced state of wear and tear (*Residential service for the severely disabled child within the Oltenița Community Services Center*); ● inappropriate hygiene of the dining room (*Găești Social Services Complex*);

Regarding health care: ●deficiency of doctors (*Emergency and Evaluation Center within the Community Services Complex No. 3 Buzau*, did not have a full-time physician, there was a collaboration with a medical doctor family; *Dacia placement centre, Brasov county*, where there is no doctor, the post of doctor being vacant); ●there is no collaboration contract with the specialized paediatric psychiatrist to provide the specialized medical assistance to the beneficiaries (*Dacia Placement Center, Braşov county*, the doctor works with this centre but there is no collaboration agreement concluded with either centre or DGASPC Braşov, as well as psychiatric evaluation and psychiatric treatment in the case of a group of eight children transferred to the centre were made, respectively prescribed by specialized paediatric psychiatric doctors who did not have a collaboration contract with DGASPC Braşov or the Center Dacia placement, not complying with Standard 12 (1) point 12.1 of Order 21/2004 which provides that the health of the child is the responsibility of the family doctor or, in the absence of a well-documented lack thereof, of the hired physician by the service provider, in accordance with the provisions of the Labor Code, as well as Standard 12.1.1 of the Labor Code the same order, which establishes that specialized medical assessment of children is made on the basis of recommendations / notes from the PIS specific intervention program of the physician responsible for the PIS health / family doctor and based on the recommendation of the psychologist ("*Cristina*" *Community Services Complex*); ●according to the director, there was an initiative to conclude collaboration contracts with psychiatric specialists, neurology, neuropsychiatry, but none of the doctors expressed their readiness to come to the centre; thus, at the date of the visit, the children were divided into six doctors, the practice being that the beneficiaries were present at the doctors' offices in the city, which meant, according to the head of the centre, "a lot of hassle" - each nurse assisted 10 children and the nature

of their affections, the frequency of travel with the beneficiaries to the specialist doctor was high; ●the medical assistance was not permanently assured (*Family House Piticot - Zalău Children's Facilities Complex*, where at night and from Friday 16:00 until Monday 08:00 there is no medical assistant in centre, emergency medical assistance being provided through the 112 service; *Dacia Placement Center, Braşov county*, where only one nurse was employed, so that at the end of the work program and on Saturdays and Sundays, the medicines were administered by the centre's educators); ●the medicines were not properly preserved (*Dacia Placement Center, Braşov County*, the locker where the medicines were kept was not closed with the key); ●expired medical materials (*Emergency and Assessment Center of Community Emergency No. 3 Buzau* the emergency medical kit contained expired medical devices); ●deficiencies regarding the medical records (*Dacia Placement Center, Braşov County*, there were no special registers for the neuroleptic treatment at the medical office); ●administering injectable treatment with psychiatric specificity in emergency situations without strict control (*Găeşti Social Services Complex*); ●events such as excoriations, cuts, burns repeatedly mentioned in the consultation register (*the Social Services Association of Găeşti*);

●the isolation room was inadequate or inadequately equipped (*Emergency and Assessment Center within the Community Services Complex No. 3 Buzau*, the insulator did not have a sanitary group, *the Cristina Community Services Complex*: room for this purpose contained the nurses' changing rooms on the left side and on the right side a sofa, there was no bed, according to the head of the centre being prepared a report for his purchase; regarding the approach of the situations that imposed the isolation there was only one case of a girl who had phenylketonuria, who was accommodated in the living room); ●prevention and dental treatments were not provided (*Family House Maria Satu Mare*, where, if needed, the doctors were willing to provide dental services on a voluntary basis; *St. Elisabeth Home-school Orăştie, Hunedoara County Brânduşa Placement Center within the Brădet School Rehabilitation Complex*);

Concerning the application of restrictive measures: ●the organization and functioning methodology did not detail the contentious procedure (*Family Houses Sf. Mihail - Caracal*); ●applying the contention procedure and completing the register improperly (*Cristina Constanta Community Services Complex Constanta*: the contention register was a student notebook, with the hand-filled entries and a single scoring, the medical record of the contented beneficiary was found a single recommendation from the psychiatrist specialist on the application of this measure but there were several recommendations to be permanently supervised but not sufficient to ensure permanent supervision, a special protective device was frequently applied to the recipient - a hockey helmet - a measure that does not apply to the written recommendation of a specialist physician, with only verbal talks with him, according to a staff member, the beneficiary has also been put some staffed staff in the elbow area in order not to could bend it in order to reduce the risk of self-mutilation; *Găeşti Social Services Center*, where a 18-year-old beneficiary was contented daily, although the last neuropsychiatric assessment was made in November 2015 and does not recommend contentions;

Regarding psychological counselling: ●psychologists deficit (*Family house Maria Satu Mare* that operated without a psychologist); ●assessment, counselling and psychological assistance activities were carried out by a psychologist who had a certificate of free practice in the field of Clinical Psychology, the degree of specialization practicing, the form of attestation Supervision - according to the

provisions of the legislation in force, the supervising psychologist can to exercise their professional competencies on condition that the professional supervision contract is concluded and executed with a certified supervisor in the field of Clinical Psychology (*Maternal Center Sfânta Ecaterina Craiova*); ●the persons assigned to psychological and psycho-pedagogical functions were not members of the College of Psychologists in Romania, as stipulated in art. 6 par. (1) and (2) of Law no. 213/2004, updated regarding the exercise of the profession of free-practice psychologist, the establishment, organization and functioning of the College of Psychologists in Romania (*Brândușa Placement Center within the Brădet School Rehabilitation Complex*); ●lack of adequate space for the psychological cabinet (*Emergency reception centre "Prince and beggar" St. Gheorghe*, a room equipped for psychological activities, but small for performing group counselling interventions; *Placement Center Dacia, county Brasov*, where the conditions regarding the confidentiality of the professional act and the emotional security of the beneficiaries were not met, according to the provisions of Article 32 paragraphs (1) and (2) of the Decision No. 1/2006 of the Steering Committee of the College of Psychologists in Romania); ● the program of the psychological cabinet was inadequate for the beneficiaries' school program (Emergency Reception Center "Prince and beggar" St. George, where the work schedule of the psychologist: 08: 00-16: 00 overlaps only for a short interval two hours with the attendance of the school beneficiaries in the centre, before the meal, being in classes until 14: 00-15: 00); ● lack of a daily schedule of the psychologist (*Emergency and Evaluation Center within the Community Services Complex No. 3 Buzău*); ●lack of adequate methodological endowments (*Brândușa Placement Center within the Brădet School Rehabilitation Complex* lacked licensed and accredited work instruments such as psychological tests, psychological questionnaires, etc., *Dacia Placement Center, Braşov County*); ●lack of specific interventions towards the beneficiaries' behaviour (*Ana Râmnicu Vâlcea Placement Center*); ●the psychologist of the centre was the case manager of the beneficiary (according to media reports, which were the object of the official complaint of the People's Advocate Institution in this case, the beneficiary was sexually abused by several persons, including beneficiaries of the *Placement Center St. Ana*), as well as a case manager of all children in the centre, being a conflict of roles and not in compliance with standard 4.2 of the Order no. 21/2004 on the approval of minimum standards for child protection services of a residential type; ●there were no reports or individual plans or specific objectives for each meeting or child (*Family House Maria Satu Mare*); ●the papers drawn up by the psychologist were not initialled and were registered only in the centre's register, not in the Register of professional documents (*Emergency reception centre Prince and Beggar St. Gheorghe*); ●the psychologist of the centre was the case manager of the beneficiary (according to media reports, which were the object of the official complaint of the People's Advocate Institution in this case, the beneficiary was sexually abused by several persons, including beneficiaries of the *Placement Center St. Ana*), as well as a case manager of all children in the centre, being a conflict of roles and not in compliance with standard 4.2 of the Order no. 21/2004 on the approval of minimum standards for child protection services of a residential type; ● there were no reports or individual plans or specific objectives for each meeting or child (*Family House Maria Satu Mare*); ●the papers drawn up by the psychologist were not initialled and were registered only in the centre's register, not in the Register of professional documents (*Emergency reception centre Prince and Beggar St. George*);

- there is no clear correlation between the medical, specialist and intervention recommendations and psychological assistance (*Dacia Placement Center, Braşov County*, where the psychologist of the centre did not have an institutional professional relationship with the specialists from the child psychiatric services / which children were highlighted in order to monitor their development as well as to exchange data and information on children as efficiently as possible);
- the lack of psychological training of children prior to the transfer from a centre to another placement centre (*Dacia Placement Center, Braşov County*, where eight children who were transferred to the centre did not benefit from psychological counselling regarding the transfer, before its production *The Social Services Complex "Floare de Colţ: Târgovişte*, the beneficiaries were transferred from other centres to the Residential Behavioural Rehabilitation Center without being pre-prepared psychologically, from the discussions with the beneficiaries, none understood why he reached that centre, perceiving this as a punishment);
- lack of a program of accommodation for the beneficiaries who came from a transfer centre from other centres (*Dacia Placement Center, Braşov County*, the staff explanation being that they did not expect the employees or the respective beneficiaries, that they remain in the centre in the long run);
- there were dysfunctions in psychological-coordinator relations centres and beneficiaries-psychologist (*Social Services Complex "Floare de Colţ" Targoviste*, which prevented the registration of significant changes in the education and improvement of beneficiary's behaviours);

Regarding the activities carried out by the beneficiaries within the residential centres (maintenance and recovery of physical and intellectual, social, educational, recreational capacities):

- lack of specialized personnel for specific therapies (*Emergency and Evaluation Center within the framework of the Of the Community Services Complex No. 3 Buzau*, did not have any employees: kinetoterapeut, logopaedics or other specialist for specific therapies; there is no possibility to offer specific therapies for the multidisciplinary beneficiary);
- involvement of beneficiaries in recovery activities, inappropriate to their needs (*Community Services Complex "Cristina"*: at the logopaedics offices, which were within the Day and Recovery Center, the program was established for a therapeutic year, with priority being children from the community accepted in the Day and Recovery Center, after accepting the children from the community, the children in the care of the foster parents were accepted, thus the number of 30 places was exceeded, the children of the Placement Center being strewed among the other children to the speech therapy activities; the three Physiotherapists at the Day Care and Recovery Center, who also served the Placement Center for lack of time - helped manage the food at noon, because there were only two people on the way, as revealed in the discussions with staff - focused on Module 1 of immobilized, with every resident child working usually once a week, a little more often with the potential, to help them switch to another module, which, they thought, was not enough; in other modules they only worked with 2-3 children, and with adults they did not no activity);

- deficiency of social assistants and / or educators (*Family type house Maria Satu Mare, Maternus Maternity Center Iasi Family house Piticot - Complex for community services for children with disabilities Zalau; Emergency Prince and beggar" St. George*, the social worker was vacant, the social activities being provided by the case manager from DGASPC Covasna; *Cristina Community Services Complex Constanta*);
- the organizational chart did not provide for social assistants (*Community Service Complex Cristina Constanta*, where the social assistant came once a week);
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the social worker was not enrolled in the National College of Social Workers and did not have an opinion on the exercise of the profession (*Emergency Reception Center Bistrița Street Children, Dacia Placement Center, Brașov County*); ●lack of specialized personnel (vacant position of social worker at *Ana Râmnicu Vâlcea Placement Center, St. Catherine Maternity Center Craiova; Brândușa Placement Center within the Brădet School Rehabilitation Complex*); ●the social activities were provided by a person with a higher education degree in psycho-pedagogy and a training course in the field of social assistance (*St. Elisabeta Home, Hunedoara County*); ●the social worker was a case manager for all the children in the complex, without any provision for this purpose by the DGASPC (*Family House Piticot - The Complex for community services for children with disabilities Zalau*, where due to the high workload revaluation was performed every 6 months); ●lack of continuity in the provision of the service by the same case manager, responsible for the case (*Dacia Placement Center, Brașov County*);

●unjustified delegation of the tasks of the case manager to the case manager in the centre (*Dacia Placement Center, Brașov County*); ●deficiencies in the elaboration of the specialized documents, the individual plan of the beneficiaries and the implementation of this plan (*Family House Mari" Satu Mare*, where the plan was not signed by the specialists involved in personalized intervention of each child, signed only by the head of the SMCDPC and the case adviser / manager, *the Dacia Placement Center, Brașov County*, where the specialized papers were elaborate and did not always take into account the changes in the everyday life of the children, the Intervention Plans were similar although two of the children were in the care of the public system several stages of growth and development, *the "Floare de Colț" Social Services Complex Targoviste*, where some specific intervention programs did not contain information on the duration of the activities, the material and financial resources allocated to the activities, or monitor modes evaluation and reassessment of these programs; Găești Social Services Complex, the specific intervention plans did not contain short and long-term objectives);

●there is no program that includes functional / rehabilitation services / activities, social / recreational integration / reintegration (*Târgoviște Social Services Complex*, at the time of the visit there was no activity program displayed and was not present no beneficiary at the workshops within the complex, at the Behavioural Rehabilitation Center, the main activity of the beneficiaries was to watch television programs, which is one of the reasons for their aggressive behaviour, according to the staff of the centre); ●reduced involvement or lack of involvement of beneficiaries in various educational, recreational activities (*Ana Râmnicu Vâlcea Placement Center*, children did not spend time in any kind of pleasant and constructive activities; *Cristina Community Services Complex Constanta*, the number of activities in which the children, individually or in groups, were actually educated by the educators, a fact acknowledged by the staff members, who mentioned that there is not much time for educational activities, go more on the skills side, there were no cultural and sports activities, the reason given is the same, insufficient staff); ●lack of the Specific Intervention Program (PSI), elementary instrument in the implementation of the Personalized Intervention Plan (PIP) (*Ana Placement Center Râmnicu Vâlcea*); ●lack of swings, children's playgrounds, walkways in the courtyard of the centre (*maternity centre Maternus Iasi*);

Regarding the staff: ● lack of continuous professional training and periodical staff evaluation (*Mihai Caracal Family Houses, Ana Placement Center Râmnicu Vâlcea; Family House Piticot - The Community Services Complex for disabled children*

Zalau; family house Maria Satu Mare); •insufficient staff for care, supervision (*maternity centre Maternus Iasi*, where there is no security and protection service, *Emergency reception centre Prince and beggar St. Gheorghe*, where during night was a single supervisor, as there are no security personnel and no external and internal video surveillance system; *Găești Social Services Complex*);

Regarding registers and procedures: •admission to the centre does not comply with the provisions of art. 65 of the Law no. 272/2004 on the protection and promotion of the rights of the child republished (*St. Elisabeta Home-school, Hunedoara County*, 22 beneficiaries were housed with a residence contract); • the application of inadequate sanctions (the "Cristina" Community Services Complex, where the beneficiaries called on the visiting team to use the state at the corner with their hands upside down); •failure to inform the beneficiaries of their rights as well as the existence of the Register of complaints and complaints (*Cristina Community Services Complex*); •the register of cases of abuse, neglect or discrimination identified, the register of complaints and complaints, the register of special incidents and the counselling register were not properly or legally required (*St. Michael's Family Houses, Caracal, Ana Placement Center Râmnicu Vâlcea, Maternal Center Sfânta Ecaterina Craiova; the Social Services Complex at the Residential Center for Children and Young People with Disabilities Viișoara* was missing the Register of complaints and complaints); • Incidents were not recorded in the Special Event Notification Register (*Mihai Caracal Family Houses, Ana Râmnicu Vâlcea Placement Center*); •there is no Registry on the sanctioning of beneficiaries' behaviour according to Standard 19 - Child Behaviour Control of Order no. 21/2004 (*Placement Center Ana Râmnicu Vâlcea*); •the organization and operation methodology of the centre was not signed by the head of the centre and was not stamped, did not contain the behavioural control procedure (Standard 19), nor the formal, non-formal and informal learning procedure, included only references to formal education related to the school (*Ana Placement Center Râmnicu Vâlcea*);

•the organization and operation methodology of the centre was not signed by the head of the centre and was not stamped, did not contain the behavioural control procedure (Standard 19), nor the formal, non-formal and informal learning procedure, included only references to formal education linked to the school) (*Ana Placement Center Râmnicu Vâlcea*); •deficiencies regarding the organization and registration of the visits (*Family House Maria Satu Mare*, the visits were not signed by the staff of the centre to mark the responsibility in case of further incidents or illnesses; *Emergency and Evaluation within the Community Services Complex No. 3 Buzau*, the identity of the visitor was not specifically specified; *Cristina Constanta Community Services Complex* was not organized a private space with a well-established destination and an intimate ambience for the visits conducted by children important to children); • there were no conditions for the short-term accommodation of the visitors (*Găești Social Services Complex*); •the register of suggestions and complaints was not placed in a place easily accessible to the beneficiaries (*maternity centre "Maternus" Iasi*, where the confidentiality of consultation and completion was not ensured; *Emergency reception centre "Prince and Beggar" Sf. Gheorghe*, the registry was held in the head of the centre, the beneficiaries being unaware of this register); •the monthly table drawn up by the social worker and endorsed by the head of the centre where the sums of money (pocket money) received by the beneficiaries who could use them or by the person managing them, for the other beneficiaries, did not contain a heading for the signature

the person who received the money (*Brândușa Placement Center within the Brădet School Rehabilitation Complex*); ●deficiencies regarding the procedure of granting, giving tickets and informing the beneficiaries (*Social Services Complex Floare de Colț*, the beneficiaries were not familiar with this procedure, were dissatisfied with the fact that the agreements were granted very rarely, more freedom is granted); ●lack of concrete means of contacting and communicating children with the family and other persons important to them, appropriate to the type of disability or disability level (*Găești Social Services Complex*, the access of the beneficiaries to the phone was limited and they were forbidden to own mobile phones);

Concerning other aspects: ●existence of a conflict situation between the head of the complex and the employees (*Family Houses St. Michael Caracal*); ●inappropriate transportation of the beneficiaries (*Emergency reception centre "Bistrița Street Children*, had a single car, Dacia Solenza, which could not solve the problem of transporting children to kindergarten and school, as well as the children's journeys for longer periods; *Family house "Piticot" - The complex for community services for children with disabilities Zalau*, in the situation where a single minibus served all five houses within the complex; *Maternus Center in Iasi* lacked a car equipped properly for transporting the mother and the child); ●poor supervision of the centre (*Child Emergency and Assessment Center within the Community Services Complex No. 3 Buzau*, there was a video surveillance system, but no contract was concluded with a company specialized in security activities; *Maternity centre Maternus Iasi*, where there is no guarding and protection service); ● the existence of a low degree of tolerance towards the minors in the placement centres by the teachers (*Dacia Placement Center, Brașov county*: according to the DGASPC Brașov, the mayor of the commune Jibert, where the centre was located, claimed that it would no longer ensure the transport children from the centre to Jibert Gymnasium School than under the condition of paying the transport service, as well as accompanying children during transport - the Jibert school unit accused the children of having cut off a few minibuses from the minibuses, facts denied by children - and has submitted to the Prefect Institution and the Brasov County Council a petition in which the problems encountered by the teachers of the Jibert Gymnasium School, where the children transferred from “various orphanages” were registered; ●some of the beneficiaries were performing lucrative activities at the request of some neighbours from the village for a fee or no money (*Social Services Complex 2Floare de Colț Targoviste, Residential Center for Children and Young People*, where two beneficiaries, aged over 18 years of age, carried out activities such as sweeping, arranging shoes, at the request of some neighbours from the village, for money or just for recreation, according to the staff of the centre).

Compared to things found during the visits, the People's Advocate issued a series of Recommendations addressed to the management of the visited units, among which:

Regarding the operation and organization of the centre: ●review and observance of the Regulation of organization and operation of the centre; the analysis of the opportunity for the transfer of the persons over 18 years in a location for admitting persons with severe disabilities (*Cristina Community Services Complex Constanta; Piticot Family House - Zalău Community Services Center for Children with Disabilities; Family type Maria Satu Mare; Emergency reception centre Prince and beggar St. George*); ● observance of the legal provisions regarding the admission of the beneficiaries to the placement centre, respectively their transfer from one centre to

another; clearly establishing the criteria for admission and transfer of children (*Dacia Placement Center, Braşov County, Residential Service for the Highly Disabled Child from the Community Services Center Oltenița, Floare de Colt Social Services Complex Târgoviște, St. Elizabeth home, Orăștie*); •initiating the necessary steps to establish a clear procedure for: transferring beneficiaries from other centres to the residential behavioural rehabilitation centre and the proper management of these cases; consistently informing beneficiaries of the measure and their psychological counselling; the establishment of the maximum placement period in this centre and the observance of the term (*Târgoviște Floare de Colt Social Services Complex*); •continuation of steps to transfer beneficiaries of 18 years of age to adult residential centres where they will be effectively involved in rehabilitation and rehabilitation programs, which will also help to reduce the overcrowding (*Cristina Community Services Complex Constanta*); •clear definition of the criteria for admission and transfer of children, given that the centre accommodated beneficiaries with a degree of disability from medium to severe, some of them also having behavioural disorders (*Găești Social Services Complex*);

Regarding accommodation conditions: •placing the placement centre in a rehabilitation, sanitation, cleaning and furniture program (*Cristina Constanta Community Services Complex*); •distribution of children in bedrooms with respect to the space / child needs, through efficient use of all available spaces (*Emergency Reception Center Children of Bistrita Street*); •ensuring natural light and proper ventilation (*Emergency reception centre Children of Bistrita Street, Piticot Family House - Community Service for Children with Disabilities Zalau, Cristina Community Services Complex Constanta, Complex of Social Services Flower of the Corner Târgoviște*); •rehabilitation works for the electrical installation and the sanitary installation (*Râmnicu Vâlcea Ana Placement Center, St. Ecaterina Maternity Center Craiova, Emergency and Assessment Center of the Community Services Complex no. 3 Buzău*); •personalization of the premises for the beneficiaries and avoidance of monotony (*Maternus Maternity Center, Iasi, Emergency and Evaluation Center within the Community Services Complex No. 3 Buzau, Brândușa Placement Center within the School Rehabilitation Complex Brădet; Floare de Colt Social Services Complex Targoviste; "Cristina" Community Services Complex Constanta*); •personalization of clothing, regardless of the degree of dependence (*Găești Social Services Complex*); •ensuring the possibility for all beneficiaries to keep their own personal assets (*Târgoviște Social Services Complex Flower of the Corner*); •replacing beds that limit the possibility of moving the beneficiaries and their arrangement so as to limit the risk of accidents (*Cristina Community Services Complex*); •the purchase of wheelchairs for the mobility of the beneficiaries (*Family House Piticot" - Zalău Community Services Center for Children with Disabilities*); •replacement of damaged furniture (*Ana Râmnicu Vâlcea Placement Center*); •paying greater attention to the safety measures of beneficiaries and staff; removing sources of danger by securing windows, sockets, beds with metal bars; Providing easy and safe access to the upstream beneficiaries (*Targoviste Social Services Complex Floare de Colt Târgoviște; Emergency and Evaluation Child Emergency and Evaluation Center within the Community Services Complex No. 3 Buzau The Community Services Complex Cristina Constanta*); •maintenance of the appliances in functional condition and replacement of the used ones (*Residential service for the severely disabled child within the Community Services Center Oltenita*); •maintaining the lift in a permanent state of operation (*Residential service for the severely disabled child within the Community Services Center Oltenita*);

With regard to food: ●nutritionist or dietician is preparing and reviewing menus to ensure that each child has the amount of food and nutrients (*Family House Maria Satu Mare*); ● appropriate storage of food products (*Emergency and Assessment Center within the Community Services Complex No. 3 Buzau*); ●daily distribution of snacks to the beneficiaries so as to ensure the daily nutritional needs and keeping the perishable products under the proper conditions (*Târgoviște Floare de Colț Social Services Complex*); ●increased attention to hygiene and maintenance of food preparation and serving facilities (*Găești Social Services Complex*);

Concerning health care: ●hiring a permanent contract physician to ensure the continuity of health care of the beneficiaries (*Center for Emergency and Evaluation Child in the Community Services Complex No. 3 Buzau*); ●ensuring the necessary staff to carry out in good conditions the care and medical care (*Dacia Placement Center, Brasov County; Piticot Family House*); ●providing medical assistance to the beneficiaries only by doctors employed at the placement centre or by doctors with whom collaboration contracts are concluded (*Dacia Placement Center, Braşov County*); ●completion of emergency medical kit with materials falling within the validity term (*Emergency and Assessment Center of the Community Services Complex No. 3 Buzau*); ●stricter monitoring of injectable psychiatric treatment in emergency situations, which should be the last resort, with emphasis on preventive measures to avoid abuse; injecting therapy should only be performed at the recommendation of the NPI specialist and be recorded in the Consultation Register (*Găești Social Services Complex*); ●enhanced supervision of beneficiaries in view of the increased frequency of medical records on cuts, burns, excisions (*Găești Social Services Complex*); ●appropriate endowment of the room with the purpose of insulator and the strict use for this purpose (*Community Service Complex "Cristina" Constanta; Emergency and Evaluation Child Emergency and Evaluation Center within the Community Services Complex No. 3 Buzau*); ●the conclusion of a service contract with a dentist (*Family House Maria Satu Mare; St. Elisabeta Home-school Orăștie; Brândușa Placement Center within the Brădet School Rehabilitation Complex*);

Regarding restrictive measures: ●modification of the Methodology regarding the organization and functioning of the placement centre, by detailing with concrete measures the contentious procedure (*Family Houses Sf. Mihail Caracal*); ●the application of special protection devices to the recommendation of a specialist psychiatrist, for as short a time as possible and without any shortage of staff (*Cristina Community Services Complex Constanta, Găești Social Services Complex*); ●training the personnel on the contentious procedure and preparing the confidentiality register according to the legal provisions (*Community Services Complex Cristina Constanta*);

Regarding psychological counselling: ●obtaining the opinion of exercising the profession of psychologist with the right of free practice by persons employed as a psychologist or psycho-pedagogue (*Brândușa Placement Center within the Brădet School Rehabilitation Complex*); ●providing a suitable workplace for the psychologist, appropriately equipped (technically and methodologically) for the psychological activity, observing the confidentiality of the professional act, the emotional security of the beneficiaries (*Emergency reception centre Prince and beggar St. George, Center Dacia Placement, Braşov County; Brândușa Placement Center within the Brădet School Rehabilitation Complex*); ●adapting the psychologist's work schedule to the children's program (*Emergency Receiving Center Prince and Beggar St. George*); ●writing by the psychologist of the daily activities (*Emergency and Evaluation Center*

within the Community Services Complex No. 3 Buzau); ●making individual reports or plans and specific objectives for each therapy session and implicitly for each child (Family House "Maria" Satu Mare); ●signing and initiating the psychosocial report by the psychologist and the social assistant (*Emergency reception centre Prince and beggar St. George*); ●improvement of the psychologist-centre relationship and psychologist-beneficiaries in order to ensure quality services in the interest of the beneficiaries (*Târgoviște Floare de Colț Social Services Complex*); ●maintaining a permanent relationship between the psychologist of the unit and the specialists from the child psychiatry services / offices where the children in the placement centres are in evidence (*Dacia Placement Center, Brașov County*); ●management of the behaviours of the beneficiaries through psychological counselling aiming at compliance with the neuropsychiatric treatment (in the case of the beneficiaries who refused treatment), as well as elements specific to the psycho-emotional development; ●periodic evaluation of risk situations and beneficiaries' needs, according to which specific measures for psychosocial intervention (*Ana Râmnicu Vâlcea Placement Center*) will be adopted; ●Concluding a professional supervision contract with a certified supervisor in the field of clinical psychology (*St. Catherine's Maternity Center Craiova*); ●ensuring adequate psychological training in case of transfer of children to other placement centres (*Dacia Placement Center, Brașov County; Floare de Colț Social Services Complex Târgoviște*);

Regarding social, recovery, educational (social worker, speech and language therapist etc.): ●filling vacancies in residential centres (social assistants, educators, logopaedics specialist, kinetotherapists, carers) (*Maria family house Satu Mare, Maternus Iasi Family House Piticot - Community Service for Children with Disabilities Zalau; Emergency Reception Center Prince and Beggar Sf. Gheorghe; Cristina Community Services Complex Constanta*); ●supplementing the number of staff (educators, speech therapists, physiotherapists); the rethinking of the personnel scheme should be considered and a possible shift program of the specialized staff (logopaedics, kinetotherapists), so that all beneficiaries can be included in this type of activity, regardless of whether they have reached the age of 18 years a form of education and can participate in activities after 15:00 hours (*Community Services Complex Cristina Constanta*); ●examining the possibility of employing specialists in specific therapies and adopting effective measures to provide specialized recovery services and respecting the right to best health for the multidisciplinary beneficiary (*Emergency Child Support Center and evaluation within the Community Services Complex No. 3 Buzău*); ●employment of a social worker with a labour contract, enrolled in the Social Assistance College (*Emergency Reception Center Children of Baia Mare Street; Dacia Placement Center, Brașov County*); ●introducing a social worker's position in the centre of the centre (*Cristina Community Services Complex Constanta*); ●improving the social assistance activity by employing specialized personnel in social assistance, filling vacancies and ensuring continuity in the provision of social assistance services (*St. Elisabeta, Hunedoara County*); ●improvement of the case management organization for children and appointment of a case manager according to the legal provisions (*Family House Piticot - Zalău Community Services Center for Disabled Children Dacia Placement Center, Brașov County*); ●improving the organization of case management for children and appointing another case manager (*Ana Râmnicu Vâlcea Placement Center*); ●initial and periodic evaluation of the beneficiaries of the Center and the implementation of the Specific Intervention Programs in compliance with the legal

deadlines; ●to prepare the Individual Intervention Plan properly, based on the beneficiary's needs assessment and consultation; establishing a case manager for coordinating and monitoring the plan (*Family House Maria Satu Mare, Dacia Placement Center, Braşov County, Târgovişte Floare de Colţ Social Services Complex*); ●signing the Individualized Protection Plan by all team members or responsible persons and making each member informed by signing the implementation of the specialized services and the envisaged objectives (*Family House Maria Satu Mare*); ●completion of specific intervention programs with short-term (up to one month) and long-term objectives (up to one year), duration of activities and modalities for monitoring and evaluation / reassessment of these programs (*Găeşti Social Services Complex*); ●development of the activities of the placement centres and involvement of the beneficiaries in activities beneficial to their development (*Ana Placement Center Râmnicu Vâlcea; Cristina Community Services Complex Constanta*); ●setting up the courtyard with swings, benches, children's playgrounds, walkways (maternal centre *Maternus Iasi*); ●involvement of beneficiaries in recovery / rehabilitation activities appropriate to their needs (*Cristina Community Services Complex Constanta; Floare de Colt Social Services Complex Targoviste*);

Regarding registers and procedures: ● informing beneficiaries about their rights as beneficiaries of the placement centre (*Cristina Community Services Complex Constanta*); ● registration of registers according to the legal regulations (*Family Houses St. Michael Caracal, Placement Center Ana Râmnicu Vâlcea, Maternal Center Sf. Ecaterina" Craiova*); ●forming and making available to the beneficiaries of standardized reports of complaints and complaints, as well as opinions and suggestions (*Târgovişte Social Services Complex - Cristina Social Services Complex Constanta*); ●accurate recordings by visiting centre staff of the persons visiting the centre (name, time of entry, exit time, signature) (*family type house Maria Satu Mare, Emergency and Evaluation Center within the Complex of community services No 3 Buzau*); ●arranging a private space for the visits (*Cristina Community Services Complex Constanta*); ●placing complaints in an accessible place that can ensure confidentiality if the beneficiaries so wish; informing the beneficiaries about the existence and purpose of the condition as well as encouraging them to use this tool by which they can make suggestions for improvement of the activity or conditions in the centre or may notice any non-functional aspect (*Maternity centre Maternus Iasi; Emergency Prince and beggar St. George*); ●inclusion of a heading in the table for receiving pocket money intended for the signature of the beneficiary or the person who raises the money and manages the (reference person) (*Brânduşa Placement Center within the Brădet School Rehabilitation Complex*); ●clear establishment of the arrangements for giving / giving tickets and informing the beneficiaries, so that leaving the centres, delaying the return to the centre, running away from school, school absenteeism gradually diminishing among the beneficiaries (*Social Services Complex Flower of the Corner Târgovişte*); ●ensuring the concrete means of contacting and communicating the children with the family and other persons important to them, appropriate to the type of disability or handicap (*Găeşti Social Services Complex*); ●ensuring the conditions for short-term temporary accommodation of visitors and completing the operational procedure for keeping in touch with the family with restrictions on this restriction (*Găeşti Social Services Complex*); ●ensuring the concrete means of contacting and communicating the children with the family and other persons important to them, appropriate to the type of disability or handicap (*Găeşti Social Services Complex*); ●educational, constructive

sanctioning of the unacceptable behaviours of children (*Cristina Community Services Complex Constanta*);

Regarding staff: ●continuous professional training and regular staff assessment by rigorous selection of continuing vocational training courses, requiring training providers, their content, objectives and skills to meet the training needs identified and / or required by minimum standards (*family houses St. Mihail Caracal, Ana Placement Center Râmnicu Valcea Family house Piticot - Complex for community services for disabled children Zalău Family house Maria Satu Mare*) ●preparing the personnel for the management of the behavioural rehabilitation methods of the beneficiaries (*Târgoviște Floare de Colț Social Services Complex*); ●the participation of staff in training courses on the problem of a residential child with disabilities and its regular training on operational procedures, paying special attention to the procedure of abuse, pocket money management, safety and security of children and staff from any injury; staff supervision by the management of the centre regarding compliance with these procedures (*Cristina Constanta Community Services Complex*);

Concerning other aspects: ●the involvement of the management of the placement centre of the educational institutions and the community in the activities of the beneficiaries of the centre (musical and sports activities, cultural events and local celebrations etc.), in order to eliminate any forms of discrimination; also in the partnership with the school, the management of the placement centre will make the necessary efforts to adopt a positive, encouraging, improving school climate in support of the integration of the foster parents' children in a way similar to other children of their age, to avoid their marginalization and to ensure the right to education (*Dacia Placement Center, Brașov County*); ●acquisition of a suitable means of transport (*Emergency reception centre Children of Bistrita Street; Family house type Piticot - Complex for community services for disabled children Zalău; Maternity centre Maternus Iasi*); ●improvement of security and protection services by hiring a security agent or by concluding a security service contract, as well as the establishment of a video surveillance system (*Emergency and Assessment Center of the Community Service Complex no. 3 Buzău, Maternus Maternus Center, Iași*); ●monitoring by D.G.A.S.P.C.C. conflict situations in placement centres, in order to prevent possible inhuman or degrading treatment of the beneficiaries, as well as failure of employees to fill the tasks of the job descriptions (*St. Michael's Caracal Family Houses*); ●identifying solutions to ensure the participation of beneficiaries in lucrative activities under conditions that prevent the risk of abuse, given that some of the beneficiaries carried out such activities for a sum of money or without receiving money (*Complex of Social Services Flower of the Corner Targoviste*).

Following the recommendations of the People's Advocate, the units visited took the following measures:

► **Related to the operation and organization of the centre:** ●the Regulation for organization and operation of the centre (*Family type house Piticot - Complex for community services for disabled children Zalău*) was revised; ●since the Center hosts children with serious behavioural problems and there are no specialized personnel enough to manage their behaviour, the decision was taken to abolish the Center (*Social Services Complex Floare de Colț Târgoviște - DGASPC Dâmbovița's answer to the recommendations formulated to improve the conditions of detention and treatment applied to the beneficiaries of the Behavioural Rehabilitation Center as the transfer*

criteria of the beneficiaries between the residential centres as well as the units where the beneficiaries of the residential centre were or were to be transferred behavioural rehabilitation and transfer criteria are to be notified to the higher hierarchical authority.

► **According to the accommodation conditions:** • hygiene and repair activities were carried out, and for the repair of the used furniture in some rooms, the procedures for purchasing the materials necessary for the repair of the furniture (*the Ana Râmnicu Valcea Placement Center*); • the storage facilities will be decommissioned, sanitized and used as bedrooms for the beneficiaries of the centre (*Emergency reception centre Children's Children Bistrita*); • steps have been taken to ensure that all beneficiaries keep their assets under lock; lockers were purchased and installed, each beneficiary having a key (*Găești Social Services Complex*)

► **Regarding food:** • was taken from C.I.A.S. Satu Mare the "prescription" model prepared by doctors, referring to the amount of food and nutrients needed by an adult / young person / child every day (*Family House Maria Satu Mare*); • The tastes of the beneficiaries are kept under proper conditions (*Târgoviște Floare de Colț Social Services Complex*); • a chart of sanitation activities and maintenance of food preparation and serving facilities (*the Găești Social Services Complex*)

► **Responding to healthcare:** • the staff structure with 3 nurses was completed so that continuous medical assistance is ensured (*Family House Piticot - Zalău Community Services Center for Children with Disabilities*); • a dental office was opened at C.I.A.S. Satu Mare that serves all the beneficiaries in the system (*Family House Maria Satu Mare*); • Injection treatment with neuropsychiatric specificity is administered only on the basis of the recommendations of the specialized doctor and recorded in the consultation register (*Găești Social Services Complex*); • the beneficiaries are consulted by the dentist; At present, the necessary steps are being taken to conclude a document with this dentist (*Social Services Complex Găești*);

► **Concerning restrictive measures:** • the Methodology regarding the organization and functioning of the centre has detailed the contentious procedure (*Sf. Mihail Caracal family type houses*);

► **Reporting to psychological counselling:** • the psychological assessment sheet is signed by the psychologist (*Family House Maria Satu Mare*); • the psychological counselling program for all beneficiaries has been revised, according to each child's school schedule; in the case of beneficiaries who refused treatment, they were advised about the need to administer the treatment prescribed by the specialist doctor (*Ana Râmnicu Vâlcea Placement Center*); • Collaboration between psychologist and centre coordinators has improved through regular meetings of the multidisciplinary team and efforts are being made in this regard; a collaboration protocol has been concluded with two individual psychological cabinets to outsource services; there is a psychological evaluation report that includes the occupational interests as well as the recommendations addressed to each beneficiary in the personal file of each beneficiary - the CAS ++ psychological test battles, the occupational interests tests (*the Floare de Colț Social Services Complex Targoviste*); • counselling the beneficiaries and maintaining good communication with them, contacting the persons to whom the major beneficiaries provide occasional activities in order to obtain assurances that they do not subject them to any abuses or risks (*Social Services Complex "Flower de Colt" Târgoviște*); • psychological counselling, occupational therapy, recreational activities - sports, games, trips, camps, joining the Găești Children's Club for children with moderate retardation - (*Găești Social Services Complex*) were organized; • the

psychologist of the centre has filed the file with the necessary documents for enrolment in the Psychologists' College (*Găești Social Services Complex*); ●the psychological cabinet was equipped with the necessary materials for carrying out the activity (*Găești Social Services Complex*);

► **Reporting to social, recovery, educational (social worker, speech and language therapists etc.):** ● re-evaluation of all beneficiaries from a medical and social point of view (*Family House "Piticot" - Complex for community services for children with handicap Zalau*) ; The individual protection plan is signed by the social assistant / manager / case manager and the coordinator of the SMCD / Residential Coordinator (*Family House "Maria" Satu Mare*); ●the circumstances underlying the establishment of the special protection measure were reassessed, which led to the revision of the objectives of the Individualized Protection Plans, aiming at reintegration into the natural family and the socio-professional integration (*Ana Râmnicu Vâlcea Placement Center* - in between July and September 2016, for a number of 3 beneficiaries the Vâlcea Tribunal ordered the cessation of the special protection measure and the integration into the natural family, for 3 young people it was proposed to replace the special protection measure from the Placement Center to the Service of family type for life skills and socio-professional integration of young people from the Rm.Vâlcea protection system and for a beneficiary - the proposal for family placement, the files being submitted to the court to be solved); ●during the summer holidays, part of the children went to the family and attended community activities with the family and the children left in the centre participated in various extracurricular activities (*Ana Râmnicu Vâlcea Placement Center*);

●during the implementation of the "Educ-Plus" project, there were social activities in which the children were involved, through which they were able to express their opinions, opportunities and recommendations on integration both in school and in the community; there will also be discussions with the school counsellors within the educational establishments where the Centre's beneficiaries are enrolled to propose within the "Other Week" program activities such as: how to understand the concept of community, to know the representative institutions in the community (*Placement Center Ana Râmnicu Vâlcea*); ●at the level of D.G.A.S.P.C. Valcea was and will continue to work with the leadership of the Rm Valcea Municipality Police, the Valcea County Anti-Drug Prevention, Evaluation and Counselling Center (*Ana Râmnicu Vâlcea Placement Center*); : ●the case manager will periodically assess the situation of each child by proposing services appropriate to his or her needs to prevent risk situations; the Plan of Measures on the Prevention of Criminal Offenses and Contravention in the Residential Services and their Adjacent Area in Rm.Valcea was also revised. (*Placement Center Ana Râmnicu Vâlcea*); ●another case manager from the D.G.A.S.P.C.C. Vâlcea (*Placement Center Ana*); ●the individualized protection plan and personalized service plan will be drafted for each beneficiary under the law: every 3 months or whenever an important situation occurs (*Social Services Complex Floare de Colt Târgoviște*); ●a program of activities was developed during the holidays, and at the beginning of the school and the reception of the school timetable another recreation program will be developed that will not affect their school activity in any way (*Social Services Complex Floare de Col" Târgoviște*); : ●in the Methodologies for organization and functioning of the social services within the centre, the criteria for admission of the beneficiaries are established. Specialized intervention programs have been reviewed and have short, medium and long-term objectives (*Găești Social Services*

Complex); ●beneficiaries' safety measures have been set up to allow their closest contact with the environment through the Operational procedure "Free time arrangements/community involvement"; : ●recreation and socialization activities are organized (*Găești Social Services Complex*); ●the age of the child, its degree of maturity, development potential and type of disability and / or degree of disability shall be taken into account in setting the objectives of the SIP; Specialized intervention programs have been reviewed and contain short, medium and long-term objectives (*Găești Social Services Complex*); ●the Operational Procedures "The Way of Agreeing for Leisure / Community Involvement" and "Keeping and developing the child's ties with parents, extended family, community and other important people for the child" were reviewed, where the concrete means of contact and communication the children with the family and other important persons for them, appropriate to the type of disability or the degree of disability (*Găești Social Services Complex*); ●the Children's Council was established. There is a register of suggestions and opinions completed by the beneficiaries (*Găești Social Services Complex*); ●leisure activities will be organized - 20-26 July 2016 children were to be accompanied in Găești to participate in Găești City Days; children will be accompanied weekly in the city park; this year the children will go to the camp at the sea - (*Găești Social Services Complex*);

► *Registers and procedures*: ●the registers required for the operation of the centre were numbered, registered, stamped and completed, according to minimum mandatory standards ("*Ana*" *Râmnicu Vâlcea Placement Center, Sfântul Mihai - Caracal Family Houses*); ● sessions are organized to inform the beneficiaries of their rights as well as of how to report any form of abuse, neglect or degrading treatment they may be subjected to, and information activities are recorded in the Register of Evidence for informing the beneficiaries (*Placement Center Ana Râmnicu-Vâlcea*); ●the revision of the working procedures expressing the conditions under which the beneficiaries are given the ticket but also when they are suspended, as well as the display of the internal rules and their processing, both with the beneficiaries and with the employees (*the Social Services Complex Târgoviște*); ●registers of complaints and complaints, opinions and suggestions have been prepared, the beneficiaries explaining their role and completed by the beneficiaries (*Târgoviște Social Services Complex* "); ●in the centre there is a properly completed visiting register (*Family House Maria Satu Mare*); ●the Control Commission was established, on the basis of the Provision no. 431 / 04.03.2016 of the Director General of DGASPC Dâmbovița, in order to detect the situations of abuse, neglect and exploitation of the beneficiaries from the residential services (*Găești Social Services Complex*);

●the Operational Procedure "Maintaining and developing the child's ties with parents, extended family, community and other important people for the child" (*Găești Social Services Complex*) was reviewed; ●on the first floor of the centre building was arranged a dormitory for the temporary accommodation of the visitors (*Găești Social Services Complex*); ●the Operational Procedure "Positive Control of Behaviours" (*Găești Social Services Complex*) was revised.

► *regarding the staff*: ●Vacancies were filled in to fill vacancies and to fill the staff scheme (*Ana Râmnicu-Vâlcea Placement Center; Maria Family House Satu Mare*); ●funds will be identified regarding the professional training of the staff and working groups will be created on specific themes (*Family House Piticot - Zalău Children's Facilities Complex; Family House Maria Satu Mare*) ●training plan was restored and the staff and beneficiaries present at the centre were trained by police

officers at the Bureau of Crime Prevention and Analysis on the program to prevent juvenile delinquency and trafficking in human beings (*Ana Placement Center Râmnicu Vâlcea*); ● staff of the *Family Houses Sf.Mihail Caracal* participated in continuous professional training courses, organized by D.G.A.S.P.C.C. Olt. Which had the following theme: “Positive Communication and Control in the Relationship with Children, Prevention of Child Abuse, Neglect and Exploitation, Formation and Control of Children's Conformance with Age Particulars and Their Individual Needs, Conflict, Conflict Management, Stress - Fighting stress in children and adolescents”; starting with July 1, 2016, they were transferred to the *Social Services Complex Floare de Colț Târgoviște* two employees, and in other cases additional personnel will be redistributed employees from other residential services (*Găești Social Services Complex*); ● the Human Resources Department has been sent to the staff of the proposed Center for Training (*Găești Social Services Complex*); ● an exchange of experience was organized between the employees of the *Găești Social Services Complex* and *Cara Bella Foundation (Găești Social Services Complex)*;

► **Related to other aspects:** ● proposals have been made for approval by the chief credit officer of the purchase of a means of transport for the beneficiaries; ● a means of transport was transferred, the unit benefiting from two means of transport (*Family House Piticot - Zalău Community Service for Children with Disabilities*); ● the transportation is provided by SC CARPATMONTANA SERV SA for the beneficiaries of the *Casa Viișoara* family type module; for the other beneficiaries, monthly travel subscriptions are purchased (*Târgoviște Floare de Colț Social Services Complex*).

PROPOSALS:

● **Adaptation of the procedure for the application of restrictive measures to the Norm of 15 April 2016 on the Application of the Law on mental health and the protection of persons with mental disorders no. 487/2002;**

● Revision of the Regulations for organization and functioning according to the Government Decision no. 867/2015 for the approval of the social services nomenclature and the framework regulations for the organization and functioning of social services;

● Establishing clear procedures (specifying the criteria to be taken into account when deciding on the allocation of beneficiaries to their admissions (especially in the case of residential centres for children with disabilities - depending on the degree and type of disability - and residential centres for children who have committed criminal offenses and are not criminally liable) to prevent arbitrariness in making such decisions; ● establishing clear procedures (specifying the criteria to be considered for decision-making) regarding the transfer of beneficiaries between the DGASPC placement centres; ● undertaking the necessary steps to transfer beneficiaries who have reached the age of 18 with neuropsychiatric disabilities in adult recovery and rehabilitation centres, where they are effectively involved in recovery and rehabilitation activities, the measure that will prevent / reduce the overcrowding (where there is) ● supplementing budgetary resources for: rehabilitation, sanitation, cleaning and furnishing, as appropriate, in order to ensure accommodation conditions for all beneficiaries; carrying out the restoration works of the electrical installation and of the sanitary installation, accessibility of the space for people with disabilities; ● creating a familiar, comfortable psychic environment by personalizing the spaces used by the beneficiaries, by actively involving all staff and beneficiaries, even in the absence of financial resources; ●

Increasing the safety of beneficiaries and staff by removing potential sources of danger (securing windows and sockets, replacing all broken windows, fixing galleries to the wall, leaving the user's beds with sharp or contoured edges, and placing them away from radiators etc.); ● Providing specialized medical assistance to beneficiaries only on the basis of collaboration contracts concluded by the centre or DGASPC; ● to carry out the legal steps required for mandatory provision in the organization of residential centres for children of the positions of doctors and social workers; ● taking all the necessary steps to hire a social worker, strictly a social worker (staff with higher education in social assistance), enrolled in the National College of Social Assistants and in the National Register of Social Workers; ● hiring a psychologist with a free practice certificate and enrolled in the Psychology College of Romania; ● making legal steps to supplement medical staff (nurses) so that healthcare is provided on a permanent basis (given that in some residential centres for minors after the end of daily work and from Friday, 16 : 00 until 08:00 hours, no nurses work) as well as care staff (to avoid situations such as: applying contentious measures as a solution to alleviating lack of staff, involving specialized staff on specific therapies in daily care of beneficiaries); ● to carry out the legal steps required for vacant positions to be taken into consideration; In this respect, given that there were situations when no candidate was presented in the competitions for the occupation of the vacant doctors' positions (not considered attractive), we consider that it is necessary to analyse the existing situation by all the decision-makers in order to establish conditions work, motivating payroll.

By the end of 2016, by Government Decision no. 798/2016 approved the Program of national interest in the field of protection and promotion of the rights of persons with disabilities "Establishment of social services such as day-care centres, respiration centres / crisis centres and protected dwellings with a view to deinstitutionalization of persons with disabilities in institutions of type old and for the prevention of institutionalization of people with disabilities in the community ", elaborated by the Ministry of Labor, Family, Social Protection and Protection of the Elderly (currently the Ministry of Labor and Social Justice). The program aims to increase the quality of life for people with institutionalized disabilities, to de-institutionalize and prevent the institutionalization of people with disabilities while developing alternative support services for independent living and community integration in order to develop social services that lead to full participation of people with disabilities in society.

We mention in this way the fact that we took note with interest and appreciate the efforts of the Ministry of Labor and Social Justice - National Authority for People with Disabilities, in order to improve the quality of life of people with disabilities in residential centres and to develop social services that allow for the full participation of people with disabilities in society.

CASE STUDY: The unannounced visit to the “Ana” Placement Center Râmnicu Valcea, Vâlcea County.

It had as objectives the monitoring of the applied treatment and the supervision of the beneficiaries, the management of the situations of abuse against minors, the observance of the provisions of the Order of the National Authority for Child Protection and Adoption no. 21/2004 on the approval of mandatory minimum standards for residential child protection services and the verification of accommodation conditions. The visit was carried out following an ex officio notification of the People's Advocate

Institution about the situation of an institutionalized young woman at the "Ana" Placement Center in Râmnicu Vâlcea who would have been sexually abused on 14.01.2016, according to the information presented in the mass- mediate.

The "Ana" Placement Center was established on the basis of the Decision of the Vâlcea County Council and is subordinated to the General Direction for Social Assistance and Child Protection Valcea. The Center provides children with access to shelter, care, education and training services for re-integration or family and socio-professional integration. The beneficiaries of the centre are children and young people, aged between 10-18 years, temporarily or permanently separated from their parents as a result of the legal establishment of the placement measure in this centre

At the date of the visit, the capacity of the Ana Placement Center was 60 seats, with the services of the centre benefiting 31 children and young people aged between 13 and 18 for whom the residential investment measure was available. There were only 17 children in the centre, 10 were away on vacation to their families, **one beneficiary was left with her sister without a ticket, another beneficiary was gone to her grandmother without a ticket and two girls had left the centre, the disappearance they were notified to the police (one of whom was the young man whose situation was the subject of the ex officio notification that had left without a ticket for more than two weeks).**

"Ana" Placement Center had a total of 63 approved positions, of which 38 vacancies were vacant. **The Standard on Continuing Training of Staff was not met,** and during the discussions with the Executive Director, he rejected the idea of organizing internal trainings and argued that he did not have the funds for continuing professional training of staff.

The placement centre was in a three-story building and had an indoor courtyard surrounded by a high concrete fence. The bedrooms were equipped with 3-4 beds each; with cabinets for storing personal items, bedside tables, tables, chairs and TVs.

Part of the furniture needs repairs. The walls of the rooms were dirty and with the documents of the beneficiaries (e.g. room 1, floor 1), the walls were scratched on the hallways. According to the headmaster's statement, repairs were to be made during the holiday. The sanitary-sanitary spaces were organized by gender and were equipped with a sufficient number of sinks, showers, WCs, **but the sanitary facilities were damaged and non-functional, some of them lacking components (on the first floor - eight WC cabins had unpainted metal doors; seven shower cabins, of which only four showers were functional and only two had separating curtains, the second-floor washer with 16 sinks out of which seven did not work).**

The centre had a well-equipped kitchen, freshly painted. The food serving area had a capacity of 60 seats, was properly equipped, the day's menu being displayed in a visible place. The food storage area was clean, kept in optimal conditions and was within the shelf life.

The centre had a well-equipped medical cabinet. Surveillance of children's health was done according to P.I.S. (Specialized Intervention Plan). In the "Ana" Placement Center there were a paediatrician and three nurses, the beneficiaries were enrolled in two family doctors from Râmnicu Vâlcea, who provided medical assistance in the centre at the request of the staff and were vaccinating the children in their own offices. of the medical cabinet 11 beneficiaries with neuropsychiatric treatment indication, **of which six refused treatment.**

Regarding the behaviour and education of the beneficiaries, according to the documents and discussions with the staff, **some of the beneficiaries of the centre had inappropriate behaviour, often conflicting, with both the staff and the other colleagues, and did not respect the charter program.** Also, there was a lack of specific interventions towards the beneficiaries' behaviour. There were deficiencies in their education, education programs lacking in formal coherence. **The children did not spend their time in any kind of pleasant and constructive activities**, as evidenced by the documents presented by D.G.A.S.P.C. Valcea.

After checking the registers of the centre, **it was found that none of the registers was stamped and registered with D.G.A.S.P.C. Vâlcea and some of them did not have numbered tabs (e.g. Entry-Exit Register, Tours Exchange Register and Visitors Register).** There were no special events arriving as special events and there was no Registry on the sanctioning of beneficiaries' behaviour.

The absence without a ticket was an ordinary practice among the centre's beneficiaries, as evidenced by the records of the Register of absence records without permission.

There is no abbreviated form, accessible to beneficiaries, of procedures provided by quality standards, nor for Standard 17 - Child Protection Against Abuse (Indicator 17.2.2.)

The methodology for the organization and operation of the centre was not signed by the head of the centre and was not stamped, it did not contain the behavioural control procedure (Standard 19 of the Minimum Mandatory Standards for Residential Child Protection Services) nor the formal, non-informal, included only references to formal education (linked to school).

During the visit, **the issues reported in the press**, which were the subject of an ex officio referral on the sexual abuse of an institutionalized young woman at the "Ana" Placement Center, were also checked. The findings regarding the case of the young are presented below.

At the time of the visit, the young woman was not in the centre, missing from 12.06.2016, according to the Head of Centre's statements and checking the Register of Evidence of leaving the Center without permission; he only returned for very short periods of time, to eat or to wash, without remaining at night in the centre. **The psychologist of the centre recommended the development of a counselling program and a specialized neuropsychiatric examination. According to the documents provided by the D.G.A.S.P.C. Vâlcea, the minor, was included in a psychological counselling program, which she did not respect (not present at the date and time set), and the neuropsychiatric examination was refused, according to the medical record of the young woman.**

The young woman was neuropsychiatric and was declared to have dropped out of school at the end of the second semester of the school year 2015-2016.

At the time of the incident reported in the press, the minor left the centre free of charge, together with another minor and returned around the 23rd. In the presence of the police, the head of the centre and the psychologist of the centre, the minor gave details about her activities during the departures from the centre. Minor reported to the police that she had sex with several people on the day of the incident.

The police officers were self-indicted on the commission of the offenses of sexual intercourse with a minor, as provided by art. 220, paragraph (1) of the Criminal Code and punitive, provided by art. 213, paragraphs (1) and (3), Criminal Code, for

which a criminal case has been drawn up. The prosecution of several persons, some of them minors, some of them beneficiaries of the "Ana" Placement Center, which supposedly caused the minor to have sexual relations, thus gaining patrimonial benefits, began to be prosecuted. Minor was heard at the police headquarters and the Prosecutor's Office attached to the Râmnicu Vâlcea County Court issued the order for the judicial control. The offense of rape has not been proved, the police have identified several persons with whom the minor has maintained sexual acts against material benefits, their criminal classification being the offense of sexual intercourse with a minor, provided by art.220 paragraph (1)), Criminal Code, and pimping, provided by art. 213, paragraph (1) and (3) of the Criminal Code. In the course of this investigation, the juvenile was forensic psychiatric expert, the findings and conclusions being recorded in the Psychiatric Forensic Expert Report.

The situation of the minor in January 2016 was brought to the attention of the Pitesti Regional Center of the National Agency Against Trafficking in Persons, D.G.A.S.P.C.C. Vâlcea, requesting support to include the young person in a personalized intervention program. The Pitesti Regional Center of the National Agency against Trafficking in Persons informed that the information related to the case of the minor was directed to the Vâlcea Organized Crime Prevention Service and that, if the elements of trafficking in human beings are confirmed, the young person is to be registered on behalf of the Pitesti Regional Center, in order to evaluate and inform on the assistance it can benefit from and the rights it has as a victim of trafficking in human beings.

A psychological counselling program was developed for young people, the general and specific objectives being set by the psychologist of the Ana Center Placement Center.

During February 2016, the representatives of D.G.A.S.P.C.C. Vâlcea facilitated a meeting between the juvenile and a professional maternal assistant compatible with the child's needs in order to identify a protection measure, namely placement to a professional maternal assistant. After this meeting, the minor said she refused to place herself in the foster parent's family.

The Head of D.G.A.S.P.C. Vâlcea carried out a disciplinary research, as a result of which it was ascertained that all the duties stipulated in the job description **were not fulfilled by some employees who were directly involved in the education process, applying disciplinary sanctions.**

From the verification of the documents made available to the team, the management of the centre **found that nine months after the re-entry of the young woman under the protection of D.G.A.S.P.C.C. Valcea and half a year after the case reported in the press, the youngster's file did not include any Specific Intervention Program (PSI), an elementary tool in the implementation of the Personalized Intervention Plan (PI). At D.G.A.S.P.C. Vâlcea there were deficiencies in organizing the case management for the children from the "Ana" Placement Center (DGASPC Vâlcea was experiencing a shortage of social workers and the post of social worker at the centre was vacant). The psychologist of the centre was the case manager of the beneficiary as well as a case manager of all the children admitted to the "Ana" Placement Center, thus there was "a conflict of roles"** with repercussions on the beneficiaries, as the case manager has responsibilities for the coordination of certain services provided to the beneficiaries, maintaining relationships with different institutions and organizations with which the child comes

in contact, and the psychologist has the task of psychological assessment of children and providing psycho-emotional support and counselling to children.

The People's Advocate recommended to the management of the Ana-Placement Center, Râmnicu Vâlcea, to undertake the necessary legal measures to: • identify ways to manage and prevent risk cases in order to protect the beneficiaries • initially and periodically evaluate the beneficiaries of the Center and the implementation of the Programs of the Intervention Specifies the legal deadlines, given that at the date of the visit (9 months after entry into the centre) the youngster's file did not include any SICs, • improving the organization of case management for children and designating another case manager at the Center Placement of "Ana" placement, • managing the behaviour of the beneficiaries through psychological counselling aimed at compliance with the neuropsychiatric treatment (in the case of the beneficiaries who refused treatment), as well as specific elements of the psycho-emotional development, • rigorous selection of the continuous professional staffing, which corresponds to the training needs identified and / or provided by the minimum quality standards and according to the needs of the staff; • Participation of beneficiaries in community activities and their involvement in community life; • Improving the psychosocial assistance programs in which the beneficiaries are involved; • registration and completion of the registers required for the operation of the Center; • Occupation of vacancies within the "Ana" Placement Center, including the social assistant; • performing hygienic operations in the Center for the placement and repair of used furniture in some rooms; • Periodic assessment of risk situations and beneficiaries' needs, depending on which specific psychosocial intervention measures are taken, to prevent the occurrence of other incidents.

Following the recommendations of the People's Advocate Institution, the visited unit took the following measures: • the beneficiaries were informed of the ways in which they can report any suspicions about the situations of abuse or the situations of non-observance of the child's rights and their recording in the Register of complaints; complaints; in order to prevent the emergence of risk situations, the protection of the beneficiaries, periodic meetings with representatives of the local community took place: I.P.J. Vâlcea, I.S.J. Vâlcea, D.S.P. Valcea at the same time, meetings of the beneficiaries will be organized with the staff of the centre whenever the situation will impose it; • Regarding the initial and periodic evaluation of the beneficiaries of the Center, the circumstances underlying the establishment of the special protection measure were reassessed, which led to the revision of the objectives of the Individualized Protection Plans, which aim at reintegration into the natural family and socio-professional integration ; Thus, between July and September 2016, for 3 beneficiaries, the Vâlcea Tribunal ordered the termination of the special protection measure and the integration into the natural family, for 3 young people it was proposed to replace the special protection measure from the centre Placement at the family type service for life skills and socio-professional integration of young people from Rm.Vâlcea protection system and for a beneficiary of the family placement proposal, the files to be submitted to the court to be solved; • the appointment of another case manager at the "Ana" Placement Center as of 01.08.2016, appointing a person from the D.G.A.S.P.C. Valcea • At the centre level, the psychological counselling program was reviewed for all beneficiaries, depending on each child's school schedule; in the case of beneficiaries who refused to receive treatment, they were advised of the need to administer the treatment prescribed by the specialist doctor. • The Vocational Training Plan has been restored; some of the

educators participated in the EDUC-Plus Training Program; On 12.07.2016, the Association for Health and Family delivered a course on "Prevention of stress at the workplace", attended by all the staff at the placement centre present at work; on 13.08.2016 and on 23.09.2016, both staff and beneficiaries present in the centre were trained by police officers of the Bureau of Crime Prevention and Analysis on the program to prevent juvenile delinquency and trafficking people; ● During the summer holidays, part of the children went to the family and attended community activities with the family, and the children left in the centre also participated in various extracurricular activities, namely the Polovragi camp - 18 July 26; trip to Băile Olanesti - July 16; excursions to the monasteries in Valcea county, organized by the Christian Women League - August 7; on August 22-27, 8 children from the centre went to a camp at sea in "2 Mai" resort, a camp organized in partnership with the Youth and Sports Directorate of Vâlcea; ● During the implementation of the "Educ-Plus" project, there were social activities in which the children were involved, through which they were able to express their opinions, opportunities and recommendations on integration both in school and in the community; will wear and discussions with school counsellors in the schools where beneficiaries of the centre are enrolled to propose within the "week or" activities such as the understanding of the concept of community, knowledge of the institutions representing the community; ● the registers required for the operation of the centre have been numbered, registered, stamped and completed, according to Order no. 21/2004 for the approval of minimum standards for child protection services of a residential type; ● Two contests were organized; the posts in the contest were not occupied; regarding the employment of the social worker at the "Ana" Placement Center, the procedures for its employment should be started, at present, the position of social worker is filled by a posting order, by the social assistant of the Placement Center " Andreea " ● the centre has been sanitized with its own resources and for the repair of the used furniture in some rooms of the placement centre, the procedures for purchasing the materials necessary for the repair of the furniture are to be started; ● at the level of D.G.A.S.P.C. Valcea were and will continue to work with the leadership of the Rm Vâlcea Municipality Police, of the Vâlcea County Anti-Drug Prevention, Evaluation and Counselling Center; the case manager will periodically assess the situation of each child by proposing services appropriate to his or her needs to prevent risk situations; the Action Plan on the prevention of criminal and contravention deeds in the residential services and their adjacent area in Rm.Valcea was reviewed; in collaboration with the representatives of the Police of Rm.Valcea, several control actions have already taken place, this measure being also in the attention of the D.G.A.S.P.C. Valcea the children had meetings with both representatives of the Bureau of Analysis and Crime Prevention, as well as those of the Proximity Police

6. Houses for the elderly

Under the provisions of Art. 29² par. (3) lit. j) of Law no. 35/1997 on the organization and functioning of the People's Advocate Institution, republished, as amended and supplemented, the People's Advocate monitors the social assistance system, in this case the homes for the elderly.

Legal rules applicable to the situation of the elderly in the home:

- Law no. 292/2011 of social assistance;
- Law no. 17/2000 on social assistance for elderly people, republished;
- Order no. 2126/2014 on the approval of minimum quality standards for the accreditation of social services for the elderly, the homeless, young people who have left the child protection system and other categories of adult people in difficulty, as well as for the services rendered in the community, in an integrated system and social canteens;
- Government Decision no. 867/2015 for the approval of the Social Services Nomenclature and of the framework regulations for the organization and operation of social services;
- Government Decision no. 978/2015 on the approval of minimum cost standards for social services and the level of monthly income per family member on the basis of which the monthly maintenance contribution due by legal supporters of elderly people in residential centres is established;
- Government Decision no. 1826/2005 for the approval of the National Strategy for the Development of Social Services;
- Law no. 515/2003 for the approval of the Government Ordinance no. 68/2003 on social services;
- Government Ordinance no. 68/2003 on social services.

According to Law no. 17/2000 on social assistance for the elderly, respite care or permanent homes for the elderly is done with their consent and entering into a contract to supply services (accompanied by an agreement to pay, depending on the contract) between the centre and the customer or, as the case may be, by its legal representative. If the health of the elderly cannot give consent shall be taken of the social service of the local council or the direction of social workers in the departments of Labor, Social Solidarity and Family county and Bucharest on social inquiry and the medical recommendations made by the family doctor, by consulting the specialist physician, with the acceptance of the first-degree relatives of that person or, in their absence, with the consent of another family member.

According to the same law, home for the elderly comprises sections for employees in various degrees of dependence and ensure appropriate conditions of accommodation and food, medical care, recovery and rehabilitation activities, occupational therapy and leisure, social and psychological.

By Law no. 74/1999, Romania ratified the European Social Charter, revised, adopted in Strasbourg on May 3, 1996, which pledges to promote appropriate measures for the elderly to enable them to remain full members of society. According to art. 23 lit. (b) of the Charter, States Parties must ensure that elderly people living in institutions have adequate assistance in respect of privacy and participation in the determination of living conditions in the institution

In this context, Law no. 17/2000 on social assistance for the elderly, regulates as the main objectives of a home for elderly people: ensuring the maximum possible autonomy and safety, care conditions that respect the identity, integrity and dignity of the elderly, maintenance or improvement of the physical and intellectual capacities of elderly people, their participation in social life, facilitation and encouragement of inter-human ties, including the families of elderly people, the necessary supervision and care as well as the prevention and treatment of the consequences of the aging process.

Aspects monitored in the Field of Torture Prevention visits in places of detention refer to accommodation and hygiene conditions, food and water quality, treatment for beneficiaries, health care, psychological and social assistance, placement procedure, adaptation home to beneficiaries 'needs, beneficiaries' knowledge of their rights, internal complaints procedure, access to legal aid, stimulation of older people's participation in activities.

In 2016, the Field of prevention of torture carried out **13 visits to centres for elderly people**

A number of positive aspects were identified during the visits, of which:

Regarding the accommodation conditions: ●the home provides each person with a personal accommodation, according to their own needs; the halls of the fireplace were freshly painted, clean and pleasantly decorated, the floor was made of special linoleum for sanitary units; the living rooms were furnished with furniture suitable for dining and personal belongings, sofas, armchairs, TV, air conditioning, refrigerator; the bedrooms were equipped with beds with relaxed mattresses, with clean linen, where appropriate, covered with absorbent sheets, bedside tables, wardrobes; the sanitary facilities were clean and well-equipped, including special amenities for people with disabilities (*Strehaia Elderly Home*); ●the buildings were new, clean, well-maintained, equipped with modern and spacious elevators, windows and doors of insulating windows, ceramic tiles, faience; the spaces were wide and bright; there is no overcrowding; the rooms were clean and equipped with beds, private bathroom and TV; the sanitary facilities functioned properly, the furniture was in good condition; cold water and electricity were distributed without interruption in a centralized system; the warmth in winter and warm water were provided by a centre (*Pietricica Social Center*); ●the hygiene status of the sanitary groups was good, these being relatively new, having tiles and faience; provision of specific facilities, namely special seats for the hygiene of people with locomotor deficiencies, walking frames and roller shutters, wheelchairs (*House for the elderly in Targoviste*); ●in order to increase the level of comfort for the beneficiaries, an ample process of modernization of the pavilions was started by installing linoleum on the pavement and plating walls with sanitary wallpaper; some toilets of the dorm were fitted to allow wheelchair access for disabled people. There were also raised toilet bowls, special showers with seating and showers (with floor drainage) for disabled recipients, as well as supporting bars mounted on the hallways and on the bathroom walls (*Periş Elderly Home*).

With regard to food: ●the food preparation and storage areas were properly sized, properly partitioned, clean and hygienic; the daily menu and meal program were displayed, the weekly menus were diversified, respecting the number of calories and fitting into the daily food allowance (16.6 lei / day) and were set by a commission within the complex, including a doctor (*Elderly Home Strehaia*) ●food for people requiring diet to be prepared separately, at the recommendation of the physician. In this regard, there is a diet for diabetes and gastric diseases, a diet for people with heart disease. At the same time, people eaten or having difficulty in ingesting solid foods enjoyed dietary food. Menus were also provided for Muslims and vegetarians (*Periş Elderly House*) ●the kitchen of the centre was clean and structured with respect to the circuits, being modern equipped with furniture and equipment. The dining room was equipped with

recently purchased furniture and furniture. The state of sanitation of the kitchen and dining room was very good (*St. Mary's Residential Center*).

Concerning healthcare: ●permanent medical assistance is provided through medical offices and nursing homes; the elderly received medical and specialist consultations as well as free analysis at the centre of the social centre, as there is a contract with a private clinic (*Social Center Pietricica*); ●the medical cabinet was equipped according to the standards and there is a medical recovery cabinet equipped with electrotherapy equipment and ECG; the health care of the beneficiaries in the hostel was permanently insured; there is a collaboration contract with a psychiatrist, a medical recovery physician and a physical therapist; bedridden patients did not suffer from decubitus, which means they had the right mobilization and care; psychiatric medications were not administered to recipients unless recommended by the psychiatrist (*Strehaia Elderly Home*); ●the existence of a permanently employed physician (full-time retired physician (*Periş Elderly Home*)).

Regarding staff: ●the staff met the requirements and were familiar with the working procedures (admission to the hostel, PSI, drug administration, identification, reporting and resolution of cases of abuse and negligence among beneficiaries, etc.) (*Pietricica Social Center*).

With regard to socializing and leisure activities: ●the Centre's beneficiaries frequently participated in domestic social activities, to which were added contests and fun games, the organization of excursions and outdoor walks, the anniversary of birthdays (*Pietricica social Center*); ●beneficiaries kept in touch with families, received visits and walked out in the Center or Church courtyard (*Center for Assistance and Support for Elderly Persons, Vrancea County*).

In relation to the activities carried out in the home, for the maintenance or rehabilitation of the physical or intellectual capacities of the beneficiaries: ●the social services complex where the Strehaia Old People's Home function also had a recovery centre, benefited by the residents of the visited unit, checking the record of recovery activities.

A number of deficiencies have emerged from the visits, of which we note:

Regarding the accommodation conditions: ●inappropriate provision of kitchen and food storage facilities with the necessary utilities and lack of hygiene of these spaces; (*Elderly House in Bacau*) ●the presence of dampness in the sanitary groups of some bedrooms, due to faults in sanitary installations; Provision of hot water twice a week (*Elderly House Strehaia*); ●relatively new furniture and equipment; lingerie, pillows and blankets were not hygienic (*to the Elderly Homes House St. Helena Targoviste*); ●the lack of air-conditioning appliances (*Elderly Homes House St. Helena Targoviste*); ●some of the bathrooms did not have enough space to allow wheelchair access for disabled people. There were no raised toilet bowls, special showers with a seat and showers without floor (for floor drainage) for disabled assistants and no supporting rails mounted on the hallways and bathrooms (*Residential Center for elderly dependent persons St. Mary*); ●narrow and undersized access ramp to the standard dimensions of a wheelchair. Also, the sleeping thresholds, dining rooms and sanitary groups could pose problems traveling to people with locomotor deficiencies (*Elderly Homes House St. Helena Targoviste*); ●the rooms were not equipped with panic buttons (*Residential Center for Old People Dependent St. Mary com. Talpa*)

- the beneficiaries with locomotor problems were also accommodated upstairs, which limits their possibility of traveling; although the outside temperature was low, the rooms of the beneficiaries were not heated, the heating station being in repair (*Residential Center for Old Dependent St. Mary*);
- the existence of degraded ramps, which was not provided with a support bar; there was a small library (which had some old and used books), located in the former club, where a dining room (*the Periș Elderly Home*) functioned;
- unpredictable spaces requiring cleaning, sanitation, renovation and changing of furniture; all the living quarters were equipped with insufficient furniture, old and in degraded condition, with wooden carpentry doors and windows, the parquet floor was in some worn-out rooms, while in others there was carpet, dirty and torn in some places; artificial lighting was not adequately provided in all rooms and bathrooms; the conditions of accommodation in all the rooms were unsatisfactory: the rooms were not renovated, hygiene conditions, cleaning and maintenance were precarious; there was no cleaning and hygiene program, making it hard to say when these operations were last done; the sanitary units were not renovated, they had the used tiles and faience, the ceilings were dirty, the sanitary facilities were faulty and the renovated ones were unhealthy;
- disinfestation, disinfection and pest control have never been carried out, the management of the hostel being unable to present documents proving the existence of a service contract and the carrying out of these operations (*the Home of the Seniors, Săcelu*).

With regard to food:

- people who were preparing food did not have the current health booklets; there is no specially prepared menu for diabetes patients (*Strehaia Elderly Home*);
- there were no supplements or snacks distributed between meals as well as between 18:00 and 8:00. According to the international guidelines in the field, for the reduction of the maximum interval of 12 hours between 2 meals, in the case of the elderly who may have metabolic problems and are slightly unbalanced, one or two snacks should be offered to them (*Residential Center for Old People*);
- meals were served in the rooms, there was no dining room, hot water was only available once a week, and the food stored in the freezer was found to contain food with expired shelf life;
- prepared food samples not kept in the refrigerator for 48 hours); the daily menu was set by the cook according to the food they had at his disposal, there was no evidence of food and no supply was established
- the diet was not adapted to the needs of the recipients and no dietary food was prepared based on medical recommendations (there were insulin dependent diabetes beneficiaries);
- the food was not prepared and served in the proper hygienic-sanitary conditions (*The Seniors' Home in Săcelu*).

Medical assistance:

- lack of a dental office equipped according to the needs (*Social Center Pietricica Piatra Neamt*);
- in the medical cabinet there were psychotropic drugs and quite large amounts of anxiolytics, neuroleptics and benzodiazepines, unsecured in a special cabinet. There is no register from which it is clear that their prescription or release (*the St. Elena Targoviste House for Elderly Persons*);
- there were cooperation agreements last for one year with a geriatrician, gerontology and a dietician, but they have not been renewed (*Home for the Elderly Peris*);
- there was no medical visit to the hospitalization and no periodic medical checks of the beneficiaries; there is no space for the provision of medical care and the proper keeping of medicines; documents certifying the provenance and management of medicines (*the Senior Home Săcelu*) could not be presented.

Psychological assistance:

- psychological support for the elderly was achieved, but not in an exclusive and specially designed area for professional activities, which

had serious negative consequences on the preservation of confidentiality and professional secrecy, but also on the status and professional independence of the psychologist; the professional records were not recorded and their performance could not be proved or verified because the psychologist did not have a Register of professional records, mandatory evidence under the conditions established by the College of Psychologists in Romania through Government Decision no. 3/2013 on professional records of free-practice psychologists; evaluations and psychological interventions were not accompanied by documents stating that the beneficiary had given his / her prior written consent, freely and knowingly for the performance of these services, which violates the provisions of the Code of Ethics of the profession of free-practice psychologist ; the technical and methodological endowment (tests, questionnaires, etc.) were limited to a single psychological test, insufficient for a professional psychological evaluation of the resident persons; psychological evaluation activities not completed by an assessment report / or clinical expert psychological opinion (*Home for the Elderly "St. Elena" Targoviste*);

- the confusion about the psychology activity was highlighted by the duties provided in the record of the specialized inspector - psychologist at “grant primary social services, not psychological”; “Respect the recommendations of the DAS Director, Deputy Director, in accordance with the legal provisions **of social assistance**” and not in accordance with the legal provisions relating to the exercise of the **profession of psychologist**; “He is responsible for maintaining the confidentiality of the data and information he holds in compliance with the provisions of the Code of Ethics” and not with the Code of Ethics of the profession of free-practice psychologist (*St. Helena's Homes for Elderly Persons*)

Regarding the staff: ●lack of personnel needed to carry out the activities of the Center, physician, nurse, masseur, unskilled worker, psychologist, physiotherapist, dentist (*Pietricica Piatra Neamt Social Center Bacau*). ●the number of nurses was insufficient to carry out proper care activities for the beneficiaries (*Elderly Hostel Strehaia*); ●the lack of a Social Assistant's chapel for the 16 nurses in the hostel at the time of the visit were employed by 6 nursing assistants (*St. Elena Targoviste*). ●the lack of permanent physician and nurses, health care being provided by: a doctor (based on a collaboration contract) who was working in Talpa and who came to the Center one day a week to consult with the beneficiaries; a nurse operating under a volunteer contract a few days a week (*Residential Center for Older Dependent People St. Mary*) ●absence of an employed psychologist or psychologist with whom a contract has been concluded collaboration, which is why the beneficiaries have never been given psychological counselling (*the Home of Seniors Săcelu*).

With regard to the activities carried out in the hostel, for maintaining or rehabilitating the physical or intellectual capacities of the beneficiaries: ●there were no spaces for social integration / social reintegration / social rehabilitation / rehabilitation the day chambers of the residential modules were not designed for this purpose; the intervention plan does not detail the recommended functional rehabilitation / rehabilitation services / rehabilitation therapies; the lack of a program of activities for maintaining an active lifestyle, displayed at the Hostel (*Elderly House Strehaia*); ●there was no allocated space for the club, so the assistants did not have a leisure area (*Elderly House for Elderly People in Târgoviște*); ●regarding the development of recovery activities, there were few organized activities (*the Periș Elderly People's Hostel*); ●lack of outdoor spaces for resting and / or outdoor activities (small and uncovered outdoor

courtyards); the lack of a properly resting and socializing room (armchairs, sofa, tv, radio, etc); provision of sanitary groups with support bars and special sanitary equipment for the beneficiaries with locomotor problems; installing a panic button in each room; repairs and commissioning of the thermal power plant, distribution of the heating agent and heating of the rooms of the beneficiaries in view of the low outdoor temperatures (Residential Center for elderly dependents "St. Maria"); ●establishing a Daily / Weekly / Monthly Schedule on Recipient Recovery Activities (*Periş Elderly Home*).

Concerning other aspects: ●lack of legal personality of the Pietricica Social Center in order to carry out the various activities of the Center in a timely manner ●lack of a means of transportation corresponding to the specific needs (*Elderly House in Bacău*) ●most of the registers did not have the numbered pages, none of the registers was stamped by DGASPC and the date of opening and number of pages was not specified (*Elderly Hostel in Strehaia*) ●lack of registries: the Psychotropic Drug Management Registry, the Consultation Registry, the Personal Evidence Registry of the Beneficiaries, the Register of Traumatic / and self-complaints, complaints register. Beneficiaries did not sign the receipt of treatment because there was no register to do so (*Residential Center for Older Dependent People St. Mary*); the lack of own self-care (Home for the elderly Periş); ●there were no registers provided by the standards, not even a registry of the beneficiaries; the lack of some Rules for the organization and functioning of the Hostel; lack of clearly defined eligibility criteria for carers (*Home of Seniors*);

Recommendations sent to visited units:

Regarding the accommodation conditions: ●analysing the possibility of daily hot water insurance; repairing faults in sanitary plumbing in some bedrooms, and sanitizing portions affected by damp (*Strehaia Elderly Home*); ●endowment of day-care chambers corresponding to social integration / social reintegration / social rehabilitation activities (leisure activities, occupational therapy) or the setting up of a special space (*Strehaia Elderly Home*); ●installing support bars in colour and sanitary groups and restoring the access ramp; examining the possibility of purchasing air conditioners in rooms; provision of hygienically appropriate casings (underwear, pillows, blankets); examining the possibility of adapting the sanitary groups for wheelchair access, given that the sanitary groups did not have enough space to allow wheelchair access for locomotor deficient assistants; (*Elderly Homes House St. Helena Targoviste*); ●examining the possibility of permanent employment, of a doctor and of average health professionals; preparation of the following registers in the medical cabinet: psychotropic drug administration register, consultation register, register of the personal medicines of the beneficiaries, register of traumatic / hetero tracing marks and self-aggressions, complaints register (*Residential Center for dependent elderly persons St. Mary*); ●speeding up the repair of the degraded ramp and endowing it with supporting rods (current hand), to facilitate the movement of the beneficiaries (*Periş old people's home with disabilities / disabilities*)

Regarding the medical and psychological assistance: ●to inform the hierarchically superior authorities about the need to employ the necessary staff to carry out the activities of the Center, namely physician, medical assistant, masseur, unskilled worker, psychologist, physiotherapist, dentist (*Elderly Home for Bacău, Pietricica Piatra Neamt*); ●informing the hierarchically superior authorities regarding the

establishment and endowment of a dental office (*Pietricica Piatra Neamț Social Center*); ● compilation of records of records (stamping of records, page numbering, date of opening and number of pages); completing the scheme with at least two nurses to meet the quality standards provided by the law (Hostel for the elderly Strehaia); ● preserving psychotropic drugs in a separate and secure cabinet; administration only at the strict indication of a specialist; the clear record of the administration, mentioning the date, time, name and diagnosis of the assistant receiving it, as well as the name of the doctor who prescribed them, recorded in a register; observance of the legal regulations in force regarding the exercise of the profession of psychologist with the right of free practice; ● reserving an exclusive space intended for the conduct of psychology activities according to the attestation norms developed by the applicative committees of the College of Psychologists in Romania; technical and methodological endowment of the cabinet in accordance with the legal provisions in the field; Obtaining an operating approval from the Romanian Psychologists' College for the provision of psychological services; changing the job description so that it meets the requirements of the profession of free-practice psychologist and provides the framework for ensuring the psychological independence of the psychologist, respecting the confidentiality of the psychological act and the quality psychological services provided to the beneficiaries (*The Elderly Home St. Helena Târgoviște*); ● examining the possibility of resuming collaboration with a geriatric-gerontologist and a nutritionist; identifying the possibility of endowing the Periș Elderly Home with self-care, in order to ensure the transport of the beneficiaries to consultations and / or admissions to other hospital units (*Periș Elderly Home*); ● provision of medical services, functional rehabilitation / rehabilitation services / therapies, social and psychological assistance services for each beneficiary; the evaluation of the functional psychological status of the residents, the state of health and the degree of autonomy preserved, the communication capacity, the special needs of treatment and recovery, the possible risks and the drawing up of the medical documents for all the beneficiaries, registry of treatments, etc. (*The Seniors' Home in Săcelu*).

Regarding the hygienic and sanitary conditions: ● sanitation and endowment of the kitchen and food storage facilities with the necessary utilities (Elderly House for Bacău); performing the renovation, sanitation and disinfection-disinsection works of all the premises (the Hall of Senior Children);

With regard to food: ● daily provision of the appropriate menu for beneficiaries diagnosed with diabetes; ● rigorous checking of the health status of the staff working in the food business and recording of the results of the checks in the health cards (*the Old House for the elderly in Strehaia*); ● examining the possibility of offering one or two snacks to the beneficiaries in order to reduce the time interval between two meals to less than 12 hours, according to international standards (*Residential Center for Older Dependent People St. Mary*); ● improving the conditions for preparing and serving the food for the beneficiaries by properly arranging and equipping the kitchen, keeping a record of the purchase of food, their shelf life and ensuring their storage under appropriate conditions; making dietary menus for the beneficiaries of a particular diet, based on the recommendations of a nutritionist or a dietician assistant and keeping the samples from the prepared food (*Hall of the Seniors*);

Concerning other aspects: ● the analysis of the opportunity of rendering the legal personality for the purpose of performing various activities (*Social Center Pietricica*); ● resuming the efforts to the hierarchically superior authorities, regarding

the necessity of purchasing a means of transportation corresponding to the specific needs (*Bacău Elderly Home, Social Center Pietricica*); ●preparing and displaying in a place accessible to the beneficiaries a program of activities to maintain an active lifestyle; Revision of Individualized Assistance and Care Plans, Intervention Plans and Service Monitoring Sheets for Beneficiaries by detailing the recommended recovery and rehabilitation therapies followed by the beneficiaries; ●examining the possibility of rearrangement and endowment of the club in order to offer the assistants more opportunities for leisure; the introduction of a social assistant in the dormitory's organization chart considering that the unit did not have an employed social worker (*Elderly House St. Helena Targoviste*); ●identifying the possibility of allocating a separate library space and its proper endowment (*Periş Elderly Home*); ●compliance with the provisions of Order no. 2126 of 05.11.2014 regarding the approval of the Minimum Quality Standards for the accreditation of social services for the elderly in the Săcelu Home **and the relocation of the beneficiaries**; ●notifying beneficiaries / legal representatives / petitioners about the renewal of contracts and the necessity of appointing a legal representative where appropriate; providing a staff structure capable of providing the beneficiaries of the Senior Home the social activities and services according to the contractual obligations, in accordance with the purpose of the home; beneficiaries' needs; the development of the documents, registers and procedures set out in the Minimum Quality Standards for social services with accommodation organized as residential centres for the elderly; Improvement and adaptation of the environment in the Home of the Seniors by means of: proper arrangement, endowment and proper maintenance of the courtyards; the purchase and installation of air conditioning systems; provision of permanent hot water; daily cleaning and hygiene program; special facilities for locomotor handicapped persons (access ramps, special toilets and showers, supporting bars); encouraging the beneficiaries of the Senior Home to participate in the activities carried out in the community; stimulating individual beneficiaries' initiatives in recreational activities and occupational therapy; installation of means of communication with the outside, taking into account the fact that in the House of Seniors in Săcelu were accommodated and beneficiaries whose relatives were leaving in other countries (*the Seniors' Home in Săcelu* in another residential / residential centre for elderly people).

Measures ordered by the visited institutions as a result of the Recommendations issued by Domain visiting teams regarding the prevention of torture in places of detention:

Regarding the accommodation conditions: ●following the report prepared by the head of the complex and addressed to D.G.A.S.P.C. Mehedinti, the management of the institution decided to ensure the daily supply of hot water to all beneficiaries; faults in the sanitary facilities of some bedrooms have been repaired and the areas affected by dampness (*Strehaia Services Complex*) have been sanitized; ●necessary repair works were carried out at the access ramps to facilitate the movement of beneficiaries and staff. Supporting bars were installed and ramps with anti-skid carpet (*Periş old people's home*)

Regarding the sanitary conditions: ●in the budget of 2017, there were provided amounts for the sanitation and endowment of the kitchen and food storage facilities with the necessary utilities for this purpose (*the House for Elderly Bacău*)

With regard to food: ● the daily diet for diabetic beneficiaries will be provided based on the advice of the specialist doctor and the will of the beneficiary concerned (*Strehaia Elderly Home*)

Regarding the medical and psychological assistance: ●the Social Assistance Directorate of Piatra Neamț reported that he had been employed as a physical therapist on 12.07.2016, and for a psychologist there is a contract concluded with SC TOPMED SRL Piatra Neamț, which includes services counselling, psychotherapy and psychological support for preventing or aggravating depressive syndrome (*Pietricica Social Center*); ●the Daily / Weekly / Monthly Schedule on Recipient Rehabilitation Activities (*Periş Elderly Home*) was prepared; the state of health of the personnel was verified on 01.10.2016 by the specialized unit S.C. SOCMED CLINIC INVEST Drobeta Turnu Severin. Specific analyses of each post were conducted (especially at the food block); (*Elderly Home Strehaia*); ●functional rehabilitation and rehabilitation therapies recommended by the Physician Therapist and followed by the beneficiaries are found in the individualized care and assistance plans, intervention plans and monitoring files in the Beneficiary's personal file (*Recovery Center within the Complex of Strehaia Services*); ●in the budget proposal for 2017, the necessary funds were provided for the provision of services for carrying out some complementary medical activities, namely the collaboration with a geriatric-gerontologist, nutritionist (*Periş Elderly Home*)

Regarding other aspects: ●the unit made vacancies on the vacancies within the approved budget and in the budget of the year 2017, in the personnel expenditures chapter, the necessary amounts were provided for the employment of the staff (*the House for Elderly Bacău*) ●the opportunity analysis the publication of the legal personality of the *Pietricica Social Center* in order to carry out the various activities of the Center on a regular basis, states that the social services granted and administered by the local public administration authorities are established by a decision of the local council and can be organized as structures with or without legal personality, this decision being at the discretion of the territorial administrative unit (*Pietricica Social Center*); ●as regards the necessity to purchase a means of transportation corresponding to specific needs, such means of transport (*Bacau Elderly House*) were purchased; ●the program of activities for maintaining an active lifestyle was drawn up and displayed at the headquarters in a place accessible to the beneficiaries; the registers provided by Order no. 2126/2014 were numbered, stamped and recorded at D.G.A.S.P.C. Mehedinti: On the first floor was set up a space corresponding to social integration / social reintegration / socialization activities / therapies. Thus, leisure time activities and therapies can be carried out; the space was equipped with TV, two tables for chess and tables, chairs. The endowment will be completed in the next period; the head of the Strehaia complex submitted to the D.G.A.S.P.C. Mehedinti, a request for the filling in of the staff scheme (*Strehaia Elderly Home*); ●as far as the relaxation area is concerned, it is built from funds allocated to investments from the Ilfov County Council, a recovery and relaxation room, a library that will be in use by the end of 2016 (*Periş Elderly Home*);

PROPOSALS:

●obligation to obtain a certificate of free practice from the Romanian Psychologists' Collegium for the provision of psychological services at the Chambers

for elderly people ●ensuring the necessary personnel to carry out the activities of the Centres ●acquisition of transport means corresponding to the specific needs of the Hostel; ●supplementing budgetary resources to ensure adequate accommodation conditions; ●sanitation and endowment of kitchens and food storage facilities with the necessary utilities; ●repairs of sanitary installations; ●acquisition and installation of air conditioning systems; the provision of permanent hot water and the operation of the thermal plant, for distributing the heating medium and heating the rooms of the beneficiaries; special equipment for locomotor handicapped persons (access ramps, toilets and special showers, support bars), ●health check of the staff working in the food block and recording of the results of checks in the health cards; ●compilation of records of records (stamping of records, page numbering, date of opening and number of pages); ●keeping separate and secure psychotropic drugs; administration only at the strict indication of a specialist; ●the clear record of the administration, mentioning the date, time, name and diagnosis of the assistant receiving it, as well as the name of the doctor who prescribed them, recorded in a separate register; ●assigning to the rooms on the ground floor of the Center the beneficiaries with locomotor problems; ●providing psychological, social assistance and social care facilities; ●assembling dormitory chambers for elderly people with panic buttons; ●encouraging the beneficiaries of the home to participate in community activities; stimulating individual beneficiaries' initiatives in recreational activities and occupational therapy; ●elaboration of the norms for the enforcement of Law no. 292/2011 on social assistance and Law no. 17/2000 on social assistance for the elderly.

CASE STUDY: visit to the of Seniors' Home, Gorj County

In the visit report drawn up following the visit to the Seniors' Home, **serious deficiencies** were noted regarding the observance of the provisions of the Order of the Minister of Labor, Family, Social Protection and the Elderly no. 2126/2014 on the approval of minimum quality standards for the accreditation of social services for the elderly. So:

Regarding the accommodation conditions: ●the dormitories of the Săcelu Hall were not maintained, requiring cleaning, sanitation, renovation and changing of the furniture; ● all living quarters were equipped with insufficient furniture, old and degraded, wooden windows and doors made of wood, parquet flooring was in some worn-out rooms, while in others the carpet was dirty and torn on sometimes; Artificial lighting was not adequately provided in all rooms and bathrooms; ●the conditions of accommodation in all rooms were unsatisfactory: the rooms were not renovated, the hygiene conditions, cleanliness and maintenance were precarious; there is no cleaning and hygiene program, making it difficult to tell when these operations were last done; ●the sanitary units that were not renovated had the used tiles and faience, the ceilings were dirty, the sanitary facilities were faulty and the renovated ones were unpainted; ●disinfestation, disinfection and pest contron have never been carried out, the management of the Seniors' Home could not submit documents proving the existence of a service contract and the carrying out of these operations.

In order to ensure the beneficiaries' meals: ●meals were served in the rooms, there was no dining room; hot water was available only once a week; ●when checking the food stored in the freezer, it was found that food with expired shelf life was kept; ●prepared food samples were not kept in the refrigerator for 48 hours; ●the daily menu

was set by the cook according to the food they had at his disposal, there was no records of the food and no supply was established; ●the diet was not adapted to the needs of the beneficiaries, there was no diet, prepared on the basis of medical recommendations (there were beneficiaries with diabetes insulin dependent); ●the food was not prepared and served in proper hygienic and sanitary conditions.

Concerning the provision of medical and psychological assistance: ●there was no medical visit to the hospitalization at the Săcelu Seniors' Home and no regular medical checks of the beneficiaries; ● there is no space for the provision of medical care and the proper keeping of medicines; ●documents proving the provenance and management of medicines could not be provided; ●the dormitory of Săcelu has never hired a psychologist or concluded a collaboration contract, which is why the beneficiaries have never been given psychological counselling.

Regarding the activities carried out in the dormitory, for maintaining or rehabilitating the physical or intellectual capacities of the beneficiaries: ●the sanatorium's dormitory did not have external spaces intended for resting and / or outdoor activities (small and unobserved exterior courtyards); ●the dormitory's dormitory did not have a well-equipped day-rest and social room (armchairs, sofa, TV, radio, etc.).

Other serious deficiencies were ascertained: ●there were no registers provided by the standards, not even a register of the beneficiaries; ●there was not elaborated a proper Regulation for the organization and functioning of the Săcelu Senior Home and no manual of its own procedures; ●the eligibility criteria of carers in the Senior Children's Home were not clearly defined.

In conclusion, the Home of Senior Săcelu did not meet most of the Minimum Quality Standards for social services with accommodation, organized as residential centres for the elderly, stipulated in Annex 1 of the Order of M.M.F.P.S.P.V. no. 2126 of 05.11.2014.

Following the visit, the People's Advocate formulated recommendations for all the deficiencies found and addressed to the County Agency for Payments and Social Inspection Gorj for carrying out the legal steps that were required and the subsequent communication of the results of the undertaken actions was requested.

Recommendations addressed to the management of the Pro Satul Foundation, which manages the Săcelu Seniors' Home: ●observance of the provisions of Order no. 2126 of 05.11.2014 regarding the approval of minimum quality standards for the accreditation of social services for the elderly; ●**emergency relocation of beneficiaries in another residential / residential centre for elderly people;** ●performing renovation, sanitation and disinfection-disinsection works of all the premises of the Hall of Seniors' Home; ●notification to beneficiaries / legal representatives / petitioners of the renewal of contracts and the need to appoint a legal representative where appropriate; ●providing a staff structure able to provide beneficiaries with social activities and services according to contractual obligations, in accordance with the purpose of the home and the needs of the beneficiaries; ●elaboration of the documents, registers and procedures provided by the Minimum Quality Standards for social services with accommodation organized as residential centres for the elderly; ●provision of medical services, functional rehabilitation / rehabilitation services / therapies, social and psychological assistance services for each beneficiary; ●assessment of the functional psychological status of residents, health status and degree of autonomy preserved, communication capacity, special treatment

and recovery needs, possible risks and preparation of medical documents for all beneficiaries (medical records, consultation register, registry of treatments, etc.); ●the proper arrangement and endowment of a medical clinic, a storage room for medicines, a dining room, a room for recreational and social activities, a storage area for the linen and personal belongings of the beneficiaries, a laundry and dryers; ●improving the conditions for preparing and serving the food for the beneficiaries by properly arranging and equipping the kitchen, keeping a record of the purchase of food, their shelf life and ensuring their storage under appropriate conditions; ●making dietary menus for the beneficiaries of a particular diet, based on the recommendations of a nutritionist or dietary assistant, and keeping the samples from prepared meals; ●improvement and adaptation of the environment in the home by: proper arrangement, endowment and proper maintenance of the courtyards; the purchase and installation of air conditioning systems; provision of permanent hot water; daily cleaning and hygiene program; special facilities for locomotor handicapped persons (access ramps, special toilets and showers, supporting bars); ●encouraging beneficiaries to participate in community activities; stimulating individual beneficiaries' initiatives in recreational activities and occupational therapy; ●the installation of external means of communication, taking into account the fact that in the dormitory were also accommodated beneficiaries whose relatives were leaving in other countries.

In the reply received from the County Agency for Payments and Social Inspection Gorj, it was stated that control actions were carried out and that it was found that in the Săcelu Senior House owned by “Pro Satul” Foundation **there were activities that could pose a risk to the health of the beneficiaries** and it was requested to carry out the checks and legal measures required in such situations both by the Gorj County Public Health Directorate and the Gorj County Veterinary and Food Safety Directorate.

The Sanitary Veterinary and Food Safety Directorate of Gorj carried out the control for the elderly in accordance with its competencies and applied sanctions for minor offenses, fines of 4000 lei, and **the Gorj Public Health Directorate following the control carried out dismantled the Home of the Seniors Săcelu and the seniors were moved to two locations in Târgu Jiu.**

V. The role of lawyer within the Field for the prevention of torture in places of detention

Lon Luvois Fuller, a well-known philosopher of law, argued that a lawyer is an "architect of social structures." To develop and evaluate problem-solving strategies and achievement of Domain goals, a lawyer must:

- Identify a problem and find solutions and strategies to solve it;
- identify the rights and freedoms that have been violated in places of detention;
- to legally enforce the acts and acts of the public administration authorities that violated the rights and freedoms of persons deprived of their liberty;
- Address petitions addressed to the People's Advocate Institution concerning torture and other cruel, inhuman or degrading treatment or punishment in the places of detention that have been assigned to him;
- make ex officio referral proposals when finding out in any way about the existence of a torture or cruel, inhuman or degrading treatment in places of detention;
- Identify and know how to develop legal theories;
- to show fairness and accuracy in the preparation of the documents drawn up;
- Develop an action plan, implement it and, if necessary, revise it, if later, new ideas and information emerged;
- study internal and international jurisprudence on the prevention of torture and ill-treatment

In addition, in order to establish a legal and analytical issue in an effective and complete way, it is necessary:

- knowledge of the nature of legal norms and institutions;
- knowledge and ability to use fundamental legal instruments;
- Knowledge of national and international legislation applicable in the field.

In order to plan, coordinate and, where appropriate, participate in the investigation of the facts, it is necessary:

- planning the investigation of the facts and implementing an investigative strategy;
- organizing and classifying information in an accessible form;
- the decision to close the process of gathering evidence and assessing the information gathered.

For visits to places of detention:

- Prepares the visit (prepares mandates, travel orders, service contracts with external specialists, etc.);
- sets the objectives to be followed during the visit and the composition of the team, depending on the specificity of the place to be visited;
- coordinates the visiting team during the visit;
- if necessary, prepare the negotiations in a litigating context and lead the negotiation session;
- draw up the final visit report based on all the information and documents obtained on the occasion of the visit and the findings contained in the reports drawn up separately by the other members of the visiting team (NGO, physician, social worker or / and psychologist);
- follows the steps taken by the visited units, follows the implementation by the management of the visited units of the recommendations made after the visits.

VI. The contribution of specialists (physicians, psychologists and social workers) to the activity of the Field on the prevention of torture in places of detention



a) The role of doctors in visiting places of detention with a view to preventing torture and ill-treatment in accordance with the international law in force

“Human health is the ultimate goal of medical action. The duty of a physician is to protect the physical and mental health of man in relieving suffering, respecting the life and dignity of the human person, without discrimination based on age, gender, race, ethnicity, religion, nationality, social condition, political ideology, or any another reason ... “- The Code of Medical Deontology of the Romanian College of Physicians, art. (3).

The idea of visits made by medical experts in places of detention has been imposed as one of the most effective methods of preventing torture and ill-treatment.

An analysis of the operation of a place of detention necessarily involves examining compliance with international and national rules as well as compliance with standards on detention conditions. In this context, physicians can provide a specific and substantial contribution to the content and application of rules and standards, both with regard to the provision of healthcare and access to healthcare, and on codes of ethical conduct applicable to staff employed in places of detention.

The medical point of view is vital in all issues concerning the prevention of torture and the improvement of the system and conditions of detention, including any comments on legislative issues.

It is also important for a physician to be part of the National Mechanism visiting team, in order to discuss relevant medical issues with national health authorities (e.g. medical services in penitentiaries, the Ministry of Health, etc.) as well as with international bodies.

Persons in detention facilities have the right to physical and mental health, just like the rest of the population. In some cases, they may have special needs. Deprivation of liberty itself and sometimes even the type of medical services offered may be risk or ill-treatment factors.

The specific role of physicians during visits: the physician's role means more than simply identifying and documenting alleged cases of torture. It includes the analysis of all aspects of the detention facility that could have an impact on the health of persons deprived of their liberty, as well as documenting their access to healthcare services. The visiting physician must also evaluate and disseminate information on the ethical standards of health practices to professionals working in detention facilities.

Analysing all conditions of detention that may have an impact on health: General conditions of detention may have direct and indirect effects on the health of the population in detention and, under certain circumstances, may constitute ill-treatment or even torture. Therefore, **during the visit, the physician should consider all aspects of healthcare in the place of detention, including environmental factors (protection against extreme climatic phenomena, ventilation and lighting, access to open air, etc.) as well as overcrowding, water and sewage, general hygiene issues, food quality and nutrition - as well as possible outbreaks of epidemic potential.**

In assessing aspects of health care in the institutional framework of the detention system, **the doctor can provide a valuable insight into a range of issues that have an important “health” component. These include: assessing measures taken to prevent suicides, evaluating the penalty system in place (including the use of isolation and containment methods), and rehabilitation programs for pre-release inmates.**

In view of potential psychological impact as well as possible abuses resulting from certain aspects of life in a place of detention, **a doctor may also contribute to the assessment of the procedures specific to the place of detention, such as; admission and search procedures, incident handling procedures (for example, riots and attacks) as well as those governing intervention on violent or troubled persons.**

Identifying and documenting cases of torture and ill-treatment: in these cases, the presence of a doctor is indispensable; only physicians have the legitimate authority to evaluate and assess whether documented physical and / or psychic sequelae are compatible with allegations of torture or ill-treatment.

In addition, it is often easier for the affected person to speak to a doctor because there is an element of trust and confidentiality in talking with someone who is also able to provide professional counselling and moral support.

In the case of allegations of torture or ill-treatment, the team doctor may carry out a medical examination of the detainee, especially for the purpose of assessing whether documented physical and / or psychological sequelae are compatible with allegations of torture or ill-treatment.

The Istanbul Protocol - The Manual of Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment is a reference tool that details the medical and legal aspects of investigating and documenting allegations of torture and ill-treatment.

Overall assessment of medical services: due to their profession, **visiting physicians are especially qualified to provide a credible assessment of the overall functioning of health care services in the places visited, in addition to assessing standards and individual care levels.**

In addition to the provision of general healthcare, evaluation should include the availability of facilities or programs available to people with drug / alcohol addiction, the elderly and those with any form of disability / handicap. As psychosocial problems are often frequent in places of detention, particular attention should be paid to the management of people with such problems.

This assessment should therefore address both individual medical care for people in the visited places, and the general organization of health services

Health system evaluation Evaluating individual care standards



Individual care

- Access to health services (including mental health services)
- Quality of services offered

- Transmissible diseases (HIV, tuberculosis, hepatitis, sexually transmitted diseases, etc.): algorithms for managing people with infectious-contagious diseases
- Drug / alcohol addiction
- Persons with psychosocial problems
- Vulnerable persons (minors, women, etc.)
- Emergency procedures

Assessment of the general organization of health services



General organization of health services

- Health facilities and equipment
- Medical staff (number, skills)
- Medical consultation and prescription of treatments
- Management of medical records
- Management of medicines
- Prevention strategies (suicide, communicable diseases)
- Access to sanitary facilities of the community
- Degree of integration into national health policies

Examination of medical records: An assessment of general health services requires the examination of medical records of either individual patients, or a representative sample of records used for general analysis. It is essential for a physician to take part in this process, not only to have access to records and data, but also because he is best placed to analyse and understand their technical content.

In the context of the OPCAT, legislation should ensure that NPM teams have access to all medical records, in accordance with Article 20 (b) of the OPCAT - but also in accordance with national data protection rules.

Interview with a visiting physician: An important reason for including a doctor in visiting teams is that he can professionally relate to doctors in the place of detention and thus obtain pertinent information, inaccessible to the rest of the team. Dialogue in this case takes place on the same level, among professionals, and can be a very valuable source of information (the existence of ill-treatment, inadequate medical care, difficulties encountered by the medical team in the place of detention).

Standards of ethical practice in places of detention: The ultimate role of the visiting physician is to assess standards of ethical practice among medical staff working in detention, as it often faces seemingly contradictory responsibilities. These include the **role and involvement of doctors in terms of disciplinary sanctions (in particular, use of isolation in any form and use of contentions), body searches (intimate searches), refusal of treatment and hunger strike / food refusal**. Visiting team physicians should pay special attention to the way these delicate situations are dealt with in the place of detention, and to find out whether international ethical standards are being respected.

Conclusion: Preventive visits to all places of detention, as provided for in the Optional Protocol to the UN Convention against Torture, are an effective way of preventing torture and ill-treatment, and clearly contribute to improved conditions of detention.

The contribution of physicians and other health professionals goes beyond the visits themselves, as they are able to provide both a different perspective and the expertise needed for a general approach to problems, and specific recommendations on preventing torture and improving detention conditions. Therefore, the current international trend is to encourage all states to include doctors in NPM teams.

The rationale for this approach is based on a proactive attitude, and on the understanding that effective prevention requires communication and coordination, in order to establish a system that will provide the best possible protection for a wider category of people deprived of their liberty.

Places of detention visited in 2016



Places of detention visited in 2016 by NPM teams, with medical participation

In 2016 the Field on the Prevention of Torture in places of detention made **85 visits to places of detention under the incidence of NPM – OPCAT provisions.**

Medical doctors were included in the visiting teams, in accordance with legal international provisions.

Legislative standards observed during visits

The visits were conducted in compliance with the international legislation in force - **Principles of medical ethics adopted by Resolution no. 37/194 of 18 December 1982; The Istanbul Protocol, adopted by resolution 55/89 of 4 December 2000; The resolution adopted by the O.N.U General Assembly on 17 December 2015 on the United Nations Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules);**

Details of the visits – positive aspects, negative aspects, recommendations

A. Positive aspects noted during visits

• Assessing the health care system in visited places:

Access to health services - was generally easy.

The quality of the services offered - in places where physicians and nursing medical staff were employed in sufficient numbers, the quality of the services provided was generally good.

Mechanisms for managing people with infectious and contagious diseases were effective and they were done in compliance with the provisions of the sanitary legislation in force.

Drug / alcohol / substance dependence was effectively managed in all places visited.

Vulnerable persons (minors, women, LGBTI minority individuals) received medical assistance in line with current international standards.

- ***The overall organization of health services***

Medical staff - number, competences - where there were enough doctors and nurses employed, they acted efficiently, within the legal limits of their competence, according to specialization / qualification, and offered high quality medical care.

Health facilities and equipment - with some exceptions, medical practices were generally well-equipped, with all the equipment and medical supplies needed to provide primary health care.

Medical consultations and prescription of treatments - in most places visited, the number of medical consultations was very high, due to the shortage of doctors and other health care personnel, which led to their overstressing and implicitly to the decrease of the quality of the medical act.

The management of medical records - was correctly done in most places visited, with some exceptions.

Medication management - was done correctly in most places visited, with some exceptions.

Prevention strategies (suicide, transmissible diseases) were effectively implemented in the visited places, with some exceptions.

- ***Folders and medical records*** - were correctly updated and annotated, where they existed.

- ***Discussions with physicians in visited places of detention*** - were a valuable source of information, these being key people in implementing healthcare recommendations made by visiting teams.

- ***Standards of ethical practice*** have been fully respected in all places visited

B. Negative issues encountered during visits

On-remand arrest and detention centres

► ***According to medical considerations:*** • The structure that provides health care in the ORDCs was not subordinated to ORDC, but to the Medical Directorate of the Ministry of the Interior - SIRAP; • in some medical offices there were no obvious records of the management and administration of psychotropic drugs (see the management of medical records); • lack of rapid medical tests for the detection of infectious-contagious diseases (HIV, hepatitis B and C); • some medical offices lacked ECG devices and defibrillators; • some medical offices did not record the answers and the conclusions of the Legal Medicine / Forensic Medicine consultations, in the cases of detainees who had presented traumatic marks at incarceration.

► ***Recommendations for remedying medical deficiencies:*** • the need for a ORDCs to have their own medical structure; • establishing registers for evidence of the management and administration of psychotropic drugs; • endowment of medical practices with ECG devices, monitors and defibrillators; • correct recording, in the medical office files, of answers and conclusions of forensic medical examinations, in

the cases of detainees presenting traumatic marks at imprisonment; •acquisition of rapid tests to detect infectious-contagious diseases.

► ***Measures ordered by the authorities to remedy the deficiencies:*** In most cases the authorities have accepted the recommendations and acted to address the issues raised during the visits.

Thus: •measures were taken to acquire necessary medical equipment for the optimal operation of medical practices, within the limits of the existing funds; •funds have been earmarked for the acquisition of rapid tests to detect infectious-contagious diseases; •the procedure for recording the answers and the conclusions of forensic examinations in the records of the medical cabinets was applied in the case of detainees who presented traumatic marks at incarceration.

Penitentiaries

► ***According to medical considerations:*** •shortage of medical staff; •lack of registers for recording signs of traumatic marks, in accordance with the international legislation in force; •some medical practices in penitentiaries did not have multichannel ECG devices, defibrillators or pulse oximeters; •algorithms for programming detainees for medical consultations, and for accessing the medical nucleus whenever needed, could have been improved in some prisons; •the response algorithm for medical or surgical emergencies, focusing on possible vulnerable points and periods of time not covered by the daily schedule of medical staff, needed to be re-examined and improved in some penitentiaries; •lack of means of transport, which would provide easier access to healthcare facilities outside the penitentiary, for inmates with serious medical problems; •insufficient accommodation capacity of protection areas for people with disabilities and / or psychiatric pathology; •the existence of cases of persons deprived of their liberty diagnosed with serious psychiatric conditions but accommodated in common cell blocks, as well as the absence of sufficient numbers of employed psychiatrists; •lack of dental care in some prisons; •difficulties in obtaining health insurance certificates for persons in detention, necessary for the provision of free medical services according to the basic package of the Framework National Contract, in medical units of the public health network.

► ***Recommendations for remedying medical deficiencies:*** •hiring medical staff in sufficient numbers needed to carry out health activities in penitentiaries; •creating registers for recording the existence of traumatic marks; •endowment of medical cabinets with ECG devices and pulse oximeters; •re-examining the programming algorithms for medical consultations and accessing the medical nucleus whenever needed; •examining, restructuring and improving the response algorithm for the management of medical and surgical emergencies, focusing on possible vulnerable points and periods of time not covered by the daily schedule of medical staff; •continuing the process of construction and endowment of accommodation and protection areas for people with different disabilities and / or psychiatric pathology; •the purchase of means of transport, in order to ensure easier access to healthcare facilities outside the penitentiary, for inmates with serious medical problems; •submitting proposals for inter-ministerial discussions regarding the release of health insurance certificates for persons in detention; •employing psychiatric specialists in all penitentiary units; •unrestrained access of all detainees involved in incidents to specialized medical assistance, without fear of reprisals, both within the penitentiary healthcare system and in hospitals belonging to the Ministry of Health network.

► **Measures ordered by the authorities to remedy the deficiencies:** •competitions for filling vacant positions in the medical field; •inclusion of psychiatric doctors in the personnel state of functions; •arranging special rooms for people with mental illness; •taking steps to purchase medical supplies and equipment for medical practices; •reviewing, restructuring and improving response algorithms for the management of medical and surgical emergencies, focusing on possible vulnerable points and periods of time not covered by the daily schedule of medical staff; •examining the possibility of purchasing means of transport, which will ensure easier access of the persons deprived of their liberty to medical assistance.

Accommodation centres and procedures for asylum seekers, centres for foreigners taken in custody

► **According to medical considerations:** •shortage of medical staff; •although the public authority that administers the centres for asylum seekers (General Inspectorate for Immigration) has its own medical network, it does not fully provide medical assistance for persons in its subordinate centres; •correct epidemiological triage and screening procedures were not implemented by qualified medical staff specialized in detecting infectious and contagious pathology specific to the areas where asylum seekers came from; •the medical records and documents of the asylum seekers were not kept under security and confidentiality, in accordance with legislation in force about the confidentiality of medical data and access to a person's medical file - the case of the Regional Center of accommodation and procedures for asylum seekers - Giurgiu, where the medical records of the migrants were managed by people without medical qualification (lawyers belonging to a Jesuit charity association); •asylum seekers were not included in the National Health Insurance system and had to pay for medical services; •psychotropic drugs were not kept separate and secured, and were not administered only on the strict indication of a psychiatrist specialist (these findings refer in particular to the Regional Center of accommodation and procedures for asylum seekers - Giurgiu, where several persons diagnosed with PTSS due to traumatic situations of torture, ill-treatment or abuse in their countries of origin lived. Three of the assisted persons in the centre were classified as *vulnerable in accordance with the Istanbul Protocol*. All of them presented a complex array of complicated psychosomatic suffering, for which psychotropic drugs were administered daily, but which would clearly benefit from extended monitoring and psychological / psychiatric assistance); •some medical offices were not equipped with pulse oximeters, ECGs and other medical diagnostic and treatment equipment.

► **Recommendations for remedying medical deficiencies:** •examine the possibility that doctors subordinated to the General Inspectorate for Immigration could provide healthcare for people in these centres; •inclusion of asylum seekers in the National Health Insurance system, so that they will no longer have to pay for medical services; •implementation of clear epidemiological screening procedures at admission, conducted by qualified medical personnel specialized in detecting infectious and contagious pathology specific to areas where asylum seekers come from; •keeping records and medical files of asylum seekers under security and confidentiality, in accordance with legislation in force about the confidentiality of medical data and access to a person's medical file; •keeping psychotropic drugs in separate and secure places, and administering them only on the strict indications of a specialist; •equipping medical

cabinets with pulse oximeters, ECGs and other medical diagnostic and treatment equipment - within the limits of existing funds.

► ***Measures ordered by the authorities to remedy the deficiencies:*** In most cases the authorities have accepted the recommendations and acted to remedy the problems raised during the visits; •a doctor was hired at the Regional Center of accommodation and procedures for asylum seekers - Giurgiu; •measures have been taken to implement correct epidemiological triage procedures; •the procedure for securely storing psychotropic drugs in compliance with the legislation in force was implemented in several centres; •procedures have been started to endow medical practices with the necessary equipment and instruments, depending on the existing / allocated funds.

Psychiatric hospitals, neuropsychiatric recovery centres and rehabilitation centres

► ***According to medical considerations:*** •shortage of medical staff; •in some places visited, isolation atraumatic rooms were not arranged according to the provisions of the Order 488/2016 for the approval of the Norms for the application of the Law no. 487/2002 on mental health and the protection of persons with mental disorders; •algorithms for programming medical consultations and access to medical practices whenever needed could have been improved; •procedural algorithms for applying containment and / or restraining measures required a more efficient implementation, in line with European standards; •inappropriate quantity and quality of food; •food was inappropriate for the needs of patients with deglutition problems.

► ***Recommendations for remedying medical deficiencies:*** • hiring medical staff necessary for optimal medical performance •fitting of isolation atraumatic rooms in accordance with the provisions of the Order 488/2016 for the approval of the Norms for the application of the Law no. 487/2002 on mental health and the protection of persons with mental disorders; • improving programming algorithms for access to medical consultations and to the medical cabinet whenever needed; •improving procedural algorithms for containment and isolation measures, and their harmonization with European regulations; •improving the quality and quantity of food; • adapting food to the needs of patients with deglutition problems (use of blenders, liquid enteral feeds, semi-solid meals)

► ***Measures ordered by the authorities to remedy the deficiencies:*** In most cases the authorities have accepted the recommendations and acted to address the issues raised during the visits.

Thus: •legal procedures for the organization of competitions have been started, in order to fill vacant medical positions; •the atraumatic isolation rooms have been rearranged in some locations; •measures have been taken to improve the quality of food in some locations

Residential centres for children and young people, maternity centres

► ***According to medical considerations:*** •shortage of medical staff; •algorithms for programming children to medical consultations and access to medical practices whenever needed could have been improved; •lack of properly equipped passenger cars for transporting mothers and children to the doctor whenever necessary;

•inappropriate food in terms of quantity and quality; •food inappropriate to the nutritional needs of children and adolescents;

► **Recommendations for remedying medical deficiencies:** •hiring the necessary numbers of medical staff for the optimal development of medical activity; •improving programming algorithms for access to medical consultations and access to the medical cabinet whenever needed; •taking legal steps to purchase appropriately equipped vehicles for transporting mothers and children to hospitals in case of need; •improving the quality and quantity of food; •adapting food to the nutritional needs of assisted children and adolescents.

► **Measures ordered by the authorities to remedy the deficiencies.** In most cases the authorities have accepted the recommendations and acted to remedy the problems raised during the visits: • legal procedures for organizing competitions to fill vacancies have been started; •some locations have acted and taken steps to improve food quality and adapt it to the nutritional needs of assisted children and adolescents.

Centres for the elderly, residential centres for dependent persons, social centres for the elderly:

► **According to medical considerations** •deficiency of medical doctors, superior and auxiliary medical staff; •some centres lacked permanently employed doctors or nurses; •in some visited places there were no registers for psychotropic drug administration, consultation registers, registers for recording personal medicines of the beneficiaries, recording traumatic marks and signs of aggressions, and complaints registers; •not all visited places have an appropriate medical emergency apparatus, fitted according to sanitary regulations in force; •some visited places did not have refrigerators for the storage of medicines kept at low temperatures; •some visited places did not have means of transport adapted to the needs of the beneficiaries; •no dental surgeries in some visited places; •no food for edentate persons or persons with deglutition problems was offered; •the time interval between meals was over 12 hours, which contravened to international regulations and norms recommending a maximum of 12 hours between 2 meals in the case of elderly people, who may have metabolic problems and are fragile.

► **Recommendations for remedying medical deficiencies** •examining the possibility of employing sufficient numbers of physicians and other health professionals; •drawing up: psychotropic drug administration registers; consultation registers; registries for the registration of personal medicines of the beneficiaries; registers for recording traumatic marks and signs of aggressions, and complaints registers; •taking measures to purchase means of transport adapted to the needs of the beneficiaries; •examining the opportunity of setting up and endowing dental surgeries; •adapting the food to the needs of edentate recipients / persons with swallowing problems (use of blenders, liquid enteral feeds, semi-solid meals); •examining the possibility of offering one or two snacks in order to reduce the time interval between two meals to less than 12 hours, in accordance with international standards.

► **Measures ordered by the authorities to remedy the deficiencies:** in most cases the authorities have accepted the recommendations and acted to remedy the problems raised during the visits. Some of the places visited reported that they are acting to: •organize competitions to fill vacancies for both medical (senior and medium) and auxiliary staff; •correct compilation and use of medical records and files (with the proviso that this is only possible if the respective locations have / will have an employed

physician and other medical staff members); •adapting food to the special needs of elderly, edentate or deglutition - impaired beneficiaries; •supplementing snack foods, in order to reduce the time between 2 meals to less than 12 hours.

PROPOSALS:

► **creating a proprietary medical structure for ORDCs**, considering that the structure providing healthcare in the framework of ORDCs is not subordinated to ORDC but to the Medical Directorate of the Ministry of the Interior;

► **legal regulation for the accommodation of people suffering** from serious psychiatric disorders in Penitentiary Hospitals with Psychiatry wards;

► **allowing disabled people in detention who do not have funds to benefit from free medical procedures in order to obtain pensions and other social rights** – as per Order No.429 / C-125 of 7 February 2012 on the provision of medical assistance to persons deprived of their liberty under the custody of the National Penitentiary Administration.

► **examining the possibility that General Inspectorate for Immigration doctors could provide medical assistance to migrants in asylum centres;**

► **examination of the situation of asylum seekers**, taking into account the provisions of Law no. 122/2006 on asylum in Romania, according to which “foreigners have the right to receive, free of charge, primary medical care and appropriate treatment, emergency hospital medical assistance, as well as free medical care and treatment in cases of acute or chronic illness which puts their life in imminent danger, through the national emergency health care system and qualified first aid. These services shall be provided, where appropriate, through the medical service of accommodation establishments and / or other health establishments accredited and authorized under the law”, **provisions which do not, however, include the situation where the assisted person may present chronic, non-life-threatening diseases but with symptoms that may affect its long-term quality.**

► **the creation of hospice palliative care units for pre-terminal elderly people who require special care, pain therapy, specialized nursing.**

Thus, preterminal elderly patients were generally accommodated in elderly homes without receiving the full set of palliative care, thus violating each person's right to receive the best treatment available and to live a pain-free life.

As such, “hospice” centres, specialized in the care of terminally ill patients, could be created and endowed with medical personnel specialized and qualified in the delivery of special healthcare, pain therapy, specialized nursing, psychological assistance in the preterminal and terminal phase, religious assistance.

b) The role of the psychologist in visiting places of detention, in order to prevent torture and ill-treatment in accordance with the law international law in force

In the framework of the task of monitoring the detention sites by the Domain for the prevention of torture in the places of detention, the visiting teams may also have a psychologist, together with the legal specialists, the physician, and a representative of the non-governmental organizations. Penitentiaries, hospital penitentiaries, detention centres, educational centres, detention centres and pre-trial detention facilities, residential facilities for juveniles who have committed criminal offenses and are not criminally liable, psychiatric hospitals and security measures, transit centres, accommodation centres for detained aliens, special reception and accommodation centres for asylum seekers, centres providing assistance services for drug users, closed.

We meet people who have committed criminal offenses, people with mental disorders, the elderly, disadvantaged children, people who need to respect the right to mental health, the right to psychological integrity and psychological counselling or psychotherapy services. The World Health Organization has proposed the following definition since 1946: "Health is a fully-favoured state both physically, mentally and socially, and not just the absence of disease or infirmity." It's never enough to give you a home, a bed, food, etc., you always need proper care of your psyche already "cracked" before coming into what we call place of detention or even the conditions and the livelihood offered here.

The specific role of the psychologist during visits: is to observe carefully, correctly, objectively, scientifically, what is more or less easily revealed, in the happiest case. There is also the case that, as a psychologist, you have to defeat resistances, make the man in front of you trust in you, feel close to you, and so get the courage to tell you about his everyday life in these places. For never studying the papers is enough to have the correct and complete image of the place of detention, ***the risk of neglect, ill-treatment, inhuman and degrading treatment or even torture is high in places of detention.***

Next, the puzzle is shrouded and the overall image (from the documents, meetings, findings) of the place, with the positive and negative aspects identified.

Finally, the stage in which the psychologist, both scientifically and legally, identifies pertinent, achievable proposals that, in a report with his colleagues who have accompanied him in a visit, do them to those who are in charge of the place so that, when they come back to visit, progress will be visible, living conditions will be better, different activities, respecting human dignity and harnessing the potential of each individual.

Places of detention visited in 2016 by the Domain of Prevention of Torture in Places of Detention with the participation of psychologists. Details of the visits made - Positive, negative aspects, recommendations.

Preventive Retention and Prevention Centres

• Positive feedback during visits: • The psychological assistance could be requested by the preventive arrested person by requesting the surveillance staff and was

given by a psychologist with a free practice certificate • Some people benefited from psychological counselling once a week for several months (CRAP Dâmbovița)

• **Weaknesses:** • The arrested persons did not benefit from other activities besides the daily walk in the arrest yard (CRAP Mehedinți) • The declaration signed by the detainees at the arrest did not include information on their right to request psychological assistance. • Providing psychological assistance in a poorly equipped area (CRAP Vâlcea, CRAP Mehedinți) • Only two of the 11 custodial minors during 2016 were counselled by the psychologist of the unit, the records being recorded in the Register of Psychological Assistance and (CRAP Mehedinți) • **no person received psychological assistance in 2016, although 8 minors were detained (CRAP Vâlcea);**

► **Recommendations for addressing deficiencies:** • informing arrested persons about the right to receive psychological assistance in custody; • Providing psychological assistance to custodial minors • Providing adequate space for conducting psychological activities with the necessary technical and methodological endowments • Encouraging the access of psychological services by persons deprived of their liberty; (O.R.D.C. Mehedinți)

► **Measures ordered by authorities to address deficiencies.** • The Registry of Psychological Activity Registry was established with the persons deprived of their liberty registered under number 696 of 30.11.2016; an office space for the psychological care office was identified in the centre of the centre, which was fully hygienic and equipped with a work desk, library furniture and appropriate artificial lighting systems; with the involvement of the psychologist within the inspectorate, in the first quarter of 2017, the specific facilities of this space should be completed according to the allocated financial resources; for minor custodians in the centre, the centre's administration will inform in writing for each case the psychologist within the Inspectorate (O.R.D.C.Valcea); • on release to custody deprived persons of liberty are informed by signature, through a standardized process, the model of which was issued by IGPR-O.R.D.C, regarding the right to receive psychological assistance, especially minors, with the consent of the parents; The space in which psychological assistance is provided at O.R.D.C Mehedinți (graft chamber), meets the minimum comfort, ensuring confidentiality; The staff promotes and stimulates access to these services by all incarcerated persons and is daily considering any maladaptive behaviour, and the physician records any suspicion of this kind on the medical record and orders the conduct to be followed, as the case may be (O.R.D.C Mehedinți).

Prisons:

► **Visual points posed during the visits:** • All psychologists working in the penitentiary system had attested practice of practicing the profession of psychologist • Some visited penitentiaries carried out many activities and programs of psychological assistance, education programs for rehabilitation and psychosocial insertion, they had concluded collaborative protocols and activities with external collaborators mainly with non-governmental organizations as well as with public institutions involving civil society in the process of rehabilitation of persons deprived of their liberty (*Târgșor Penitentiary, Giurgiu Penitentiary, Margineni Penitentiary*). Some penitentiaries have concluded partnerships with educational establishments in order to ensure the training of persons in execution of punishments in conditions similar to those in the community. • According to the Craiova Penitentiary's response, this was the only penitentiary in the

country to have a psychiatrist who can diagnose and recommend hospitalization of prisoners with psychiatric disorders in a hospital penitentiary. The Craiova Penitentiary itself had a high number of detainees with psychiatric disorders in the medical cabinet (181).

► **Psychologically observed problems:** • the most frequent problems identified during the visits to places of detention were the insufficient number of specialists compared to the needs of the detention facility, the number of persons deprived of their liberty and the amount of work (Rahova Penitentiary); • the reduced number of specialists determined a reduced psychological activity characterized in some places visited through the absence of psychological group counselling programs (Margineni Penitentiary), complaints signalled and during meetings with persons deprived of their liberty who wanted to participate in these activities (Penitentiary Giurgiu); • failure to provide psychological counselling and non-psychiatric consultation for patients with oncological diseases (Timisoara Penitentiary); • Inadequate endowment of the psychological cabinet (*Târgu Ocna Reeducation Center, Bucharest-Jilava Hospital Penitentiary*).

► **Recommendations to remedy the deficiencies:** • to carry out legal steps to the hierarchically superior authorities in order to supplement the state of functions according to the real needs of the visited place, the contest and vacancy and the employment of the specialized personnel necessary for the activity (Giurgiu Penitentiary, Margineni Penitentiary, Rahova Penitentiary, The Penitentiary for Minors and Young People Craiova); • Assessing the need for psychological counselling and psychiatric consultation for the oncologist in the context of medical conditions (*Timisoara Penitentiary*) • Appropriate endowment of the psychological cabinet with tests and materials necessary for psychological assessment and counselling (Reeducation Center Târgu Ocna - Bacău, Bucharest-Jilava Hospital Penitentiary) • better identification / assessment of educational needs, psychological and psychotherapeutic assistance (Bucharest-Jilava Hospital Penitentiary).

► **Measures ordered by authorities to address deficiencies.** • Tests were acquired for the psychological assessment and counselling of the interns in the centre (KID-SCID-purchased from ANP funds, Mac Test, Millon's personal inventory purchased from the unit's funds) (*Târgu Ocna rehabilitation centre*;) • The detainee was evaluated from a psychological point of view as from the penitentiary. There were no identified risks on the evaluated domains. Subsequently, on the occasion of the psychological evaluations carried out in the course of time, there were no significant changes compared to the initial evaluation (Timisoara Penitentiary); • newly filed detainees are assessed to identify and establish educational needs and psychosocial assistance. As a result of these evaluations, they are assigned to educational and psychological assistance programs as well as to semi-structured activities (*Bucharest-Jilava Hospital Penitentiary*); • In other situations, the task of the penitentiaries visited was to send requests to the higher authority about the needs of the place visited. What has happened in cases where the recommendations of our team aimed at decisions that could be taken by the higher hierarchical institution such as staff shortages or training. For example: • For the year 2016, competitions for filling vacancies such as the psychologist, along with a nurse and a social worker (*Young and Young Penitentiary Craiova*) were completed or underway; • on the involvement of beneficiaries in activities carried out by specialists with the addition of specialists and the offer of programs increased. Regarding the recommendation to increase the number of

programs and activities of psychological assistance, we mention that starting with August 2016, three specialists were included in the Psychosocial Assistance Service. In this respect, starting with the IV quarter of 2016, the offer of programs and activities to detainees will be updated and enriched with specific and general psychological assistance programs with a special focus on the following categories of people: aggressive management difficulties, suicide and a history of addictions (*Margineni Penitentiary*).

Accommodation centres and procedures for asylum seekers, centres for aliens in custody

► ***Positive aspects encountered during the visits:*** • The psychological assistance was done by the psychologist of the centre and was recorded in the register of the counsellors of the counsellor and in the individual observation sheets (Center for the Acquisition of Aliens Taken in Public Custody Arad) • Correct and professional staff from the centre's staff and the fact that no cases of ill-treatment or torture have been identified (Regional Center of Procedures and Accommodation for today's Rădăuți applicants);

► ***Psychologically impaired:*** • Persons belonging to a vulnerable group of people who have been tortured and traumatized in their countries of origin with psychiatric diagnosis with recommendations for status monitoring did not benefit from any structured psychotherapy or counselling program psychological centre. At the same time, the centre did not employ a psychologist (Regional Center for Accommodation and Procedures for Today's Applicants Giurgiu, Regional Center of Procedures and Accommodation for today's applicants Rădăuți) • The Center collaborated with a psychologist who suspended the right of free practice (Regional Accommodation Center and procedures for asylum seekers Șomcuța Mare, Maramureș)

► ***Recommendations to remedy the deficiencies:*** • Introduce a psychologist's staffing plan, initiate initial assessments of new people entering the centre and establish a set of psychological measures and interventions in case of identifying signs of mental disorders, needs or risks for the life and mental health (Regional Center for Accommodation and Procedures for Today's Applicants Giurgiu, Regional Center for Procedures and Accommodation for today's applicants Rădăuți); • regulating the obtaining of the psychologist's opinion of free practice (Regional Center for Accommodation and Procedures for Asylum Seekers Șomcuța Mare, Maramureș).

► ***Measures ordered by authorities to address deficiencies.*** • The Regional Accommodation and Procedures Center for Asylum Seekers Giurgiu responded to the People's Advocate Institution by specifying that during the year 2016 a psychologist position was placed in the staff scheme, a job open to competition, unoccupied until December 2016. Regarding the re-evaluation psychiatric treatment and treatment, the answer points out that the psychiatric re-evaluations of persons who already have a psychiatric diagnosis and have been subjected to torture, will be made by sending and consulting the persons concerned by the psychiatrist. • on 22.07.2016 came into force the new State of Organization of the Regional Center for Procedures and Accommodation for Asylum Seekers Rădăuți, including, among others, a specialist officer II (psychologist), cancelled contest, in the immediate aftermath of resuming -the selection procedure for the vacant vacancy (Regional Center for Procedures and Accommodation for Asylum Seekers Rădăuți).

Psychiatric hospitals, neuropsychiatric recovery centres and rehabilitation centres

► ***Positive points raised during the visits:*** • In some psychiatric institutions there was continuous training, the use of standardized psychological investigative tools and the fact that each psychologist had his own cabinet. (Poiana Mare Psychiatric Hospital, Dolj).

► ***Psychologically impaired findings*** • In the case of persons with mental health problems posing a risk to their own health and safety, other persons deprived of their liberty and prison staff, more effective management of mental health is required, and of their behaviour through efficient collaboration between system specialists. Thus, deficiencies were found both at the level of specialized training, material endowment with specific psychological evaluation instruments and inadequate management of beneficiaries' risk behaviours (Center for Neuro-Psychiatric Rehabilitation and Rehabilitation for Adults with Disabilities, Călinești , Prahova) • Psychological offices with poor technical endowment (Poiana Mare Psychiatric Hospital, Dolj County) • Insufficient staff (Psychiatric Hospital and Safety Measures Pădureni Grajduri, Iași)

► ***Recommendations for remedying the deficiencies:*** • endowment according to the standards of the cabinets for the provision of psychological assistance and replacement of the old and used furniture • the elaboration for each patient of an individual therapeutic program that includes, besides the medicinal therapy and complementary activities (occupational therapy, social rehabilitation, etc.) • identifying groups of vulnerable persons from the hospital (persons at risk of suicide, high risk of aggression, victims of trauma, etc.) and giving priority to specific psychological intervention (Poiana Mare Psychiatric Hospital, Dolj) steps to provide the necessary staff for the care and treatment of the patients (Psychiatric Hospital and Safety Measures Pădureni Grajduri, Iași)

► ***Measures ordered by the authorities to remedy the deficiencies:*** • It has been established that an Individual Recovery Plan is attached to the Observation Sheet, being a complement that is passed as therapy into the Observation Sheet; • psychological care offices will be upgraded in the 2nd quarter of 2017; • people at risk of suicide and other at-risk categories are priorities for psychologists and the rest of health and care workers; (*The Poiana Mare Psychiatric Hospital, Dolj*) • regarding the legal steps taken to provide the necessary staff for the care and treatment of the patients, the management of the unit has decided, within the available budget, to take the competition in order to occupy the positions in the deficient areas Psychiatry and Safety Measures Pădureni Grajduri, Iași).

Residential centres for children and young people, maternity centres

► Positive points raised during the visits: • The psychologist's activity significantly contributed to the reduction of negative behaviours (Emergency Receiving Center "Prince and Beggar" St. George); • centres that pay special attention to the occupational workshops and are organized by various activities: tailor workshops (equipped with electric sewing machines), pottery workshop and modelling workshop (for woodworking) ("Floare de Colț" Social Services Complex Târgoviște). • The evaluation procedures and methods involved the use of standardized tests. Positive

aspects are found about good practices of psychological intervention. For example: Following the primary assessment at the entrance of the child into the centre, an appraisal file and a two-week child adoption program were prepared, during which the child was observed by the members of the multidisciplinary team and helped to accommodate the new living conditions. At the end of these two weeks the individual intervention program (SIP) was established. The therapeutic approach was cognitive-behavioural, a quarterly report was prepared with a multidisciplinary general assessment of the child setting new goals and a plan of interventions, and an annual profile (*Cristina Community Services Complex, Constanta*) • The psychological evaluation of the beneficiaries was carried out on a half-year basis and the psychological counselling services were provided weekly or whenever it was needed (Maternal Center "Sfânta Ecaterina" Craiova) • The children were satisfied with the relationship with the centre's staff and the treatment they benefited. The psychologist drew up a Personalized Counselling Program (PPC) that was re-evaluated at 3 months and included planning for family interventions; within 72 hours of each child's case a Personal Protection Plan was created (Emergency and Assessment Center, Buzău) • The professional relationship of the psychologist with the beneficiaries was based on empathy, trust and unconditional acceptance from his / her children. The psychologist pays special attention to maintaining the children's relationship with the family of origin by counselling their parents ("Saint Elisabeth" Home-school, Hunedoara)

► **Deficiencies found from a psychological point of view:** • Visits from children's centres have revealed the superficial treatment of problematic cases from a multidisciplinary perspective. In some cases, complaints about abuses, violence, ill-treatment by the management of the centres, police notification and investigation (Buzoești Protected Housing Complex, Argeș) or the inability of staff to manage the behaviour of degenerate beneficiaries causing incidents such as suspicions of sexual abuse, sexual intercourse with minors ("Ana" Râmnicu Vâlcea Placement Center). An effective multidisciplinary approach is therefore required with risk monitoring, psychiatric / psychological re-evaluations, and focusing on risk counselling or psychotherapy. Personnel in contact with minors require specialized training to acquire professional skills in managing problematic cases.

Thus: • within the social service complexes, the DGASPC management said that among psychologists there was an increased fluctuation in labour relations mainly due to the low salary level; • In some visited centres, specialists found initial, periodic and final evaluations of beneficiaries written using general, nonspecific formulations without concrete, individualized, result-oriented, or short-, medium- and long-term goals. The beneficiaries' individual intervention plans were not drawn up on the basis of assessments of the needs of the beneficiaries, nor with their consultation, were not endorsed by the coordinators of the centres and were not monitored in their application (Buzoești Protected Housing Complex, 2016). • In some visited centres psychologists still did not have a certificate of free practice developed by the College of Psychologists in Romania (Brândușa Placement Center, Brașov County); the documents of the psychologist were not initialled (Emergency Receiving Center "Prince and Beggar" St. George); • inefficient management of problematic cases and inadequacy of psychological counselling and psychotherapeutic rehabilitation programs, the situation degenerating to anti-social behaviours (leaving centres) and the need for intervention by state authorities (Găești Social Services Complex, Dâmbovița); • files that did not include Specific Intervention Programs 9 months from the centre of the beneficiary

suspected of sexual abuse ("Ana" Râmnicu Vâlcea Placement Center); • the space did not correspond to the confidentiality of the professional act, there was no clear correlation between the medical recommendations and the intervention activities and the psychological assistance and the beneficiaries were not psychologically trained to transfer to the new centre (Dacia Braşov Placement Center) • there is no schedule of specialist, the objectives of the specialist's documents were drafted in general formulations, a minor with multiple diagnosis did not benefit from specialized recovery therapies (Emergency and Assessment Center, Buzău)

► **Recommendations to address deficiencies:** • Employees often recognize that in some situations they need to support their continuing vocational training through personal training from their personal resources. A recommendation to the management of the centres visited was the involvement in the professional training of the Centre's employees, especially through special needs training courses, necessary for the activities in the centre (Social Services Complex, Găeşti, Dâmboviţa); • The beneficiaries were encouraged to participate in personal development exercises and social integration and reintegration programs (Buzoeşti Protected Housing Complex); • Managing the behaviour of the beneficiaries through psychological counselling aiming at compliance with the neuropsychiatric treatment (in the case of the beneficiaries who refused treatment) and carrying out the initial and periodical evaluation of the beneficiaries of the centre and the implementation of the Specific Intervention Programs ("Ana" Râmnicu Vâlcea Placement Center); • Ensuring adequate psychological training in case of transfer of children to other placement centres, adequate space for the psychological activity, observing the confidentiality of the professional act ("Dacia" Brasov Placement Center). • to pay more attention to the monitoring of the evolution of beneficiaries and the implementation of PIP and PIS (Houses of the family type Sf Mihail Caracal Olt) • to draw up the psychologist's schedule, to complete the documents through clear, specific formulations and to re-analyse the psychological situation and to adopt effective measures for the multiple- (Center for Emergency and Evaluation Child, Buzău)

► **Measures ordered by the authorities to remedy the deficiencies:** • The psychological counselling program for all beneficiaries was revised, according to the school schedule of each child. In the case of beneficiaries who refused treatment, they were advised about the need to administer the treatment prescribed by the specialist doctor ("Ana" Râmnicu Vâlcea Placement Center); • regarding the vocational training was sent to the Human Resources service, the list of the proposed employees for participation in the training courses, attach the table (Social Services Complex, Găeşti, Dâmboviţa); • specific programs were developed to promote the social integration / reintegration of beneficiaries as well as leisure time adequately, which are implemented under the guidance and coordination of the specialized personnel within the complex. The Center organizes activities to inform beneficiaries about their rights as well as on how to report any form of abuse, neglect or degrading treatment to which they may be subjected, sessions recorded in the Register of Evidence to inform beneficiaries. Beneficiaries are involved in personal development activities and exercises to improve relationships with others and non-violent communication (DGASPC Argeş for visiting the Buzoeşti Protected Housing Complex); • all beneficiaries were reassessed from a medical point of view (Houses of the family type Sf Mihail Caracal Olt) • The guideline on daily psychological activities was produced and displayed, the documents drawn up by the psychologist, educator are endorsed by the head of the complex, observing the

recommendations, constantly trying to improve and make more efficient the work at the centre, in favour of the beneficiaries; compared to the minor, a single case at the centre level, the psychological approach considered mental procurements and provided psychological and educational services according to the child's diagnosis, making psychological progress and verbal acquisitions. Currently, CJRAE Buzau is considering the case, the transfer of the child to a specialized centre will be carried out in accordance with the legislation in force (Emergency and Assessment Center, Buzau)

Houses for the elderly, residential centres for dependent persons, social centres for the elderly:

► **Positive points raised during the visits:** • Residents received on-demand counselling, which was registered in the Psychological Assistance Register (Elderly People's Hostel Strehaia, Mehedinti); • The beneficiaries discussed were satisfied with the accommodation conditions, the staff of the centre (Center for assistance and support for elderly people Fitionești, Vrancea, Residential Center for the elderly dependent persons Sf Maria, Talpa, Teleorman) • Beneficiaries were evaluated from the functional and psychological status point of view (the House for the elderly Periș, Ilfov).

► **Psychologically found from a psychological point of view:** • The home for the elderly who have never engaged a psychologist or concluded a collaboration contract, the beneficiaries have never been given psychological counselling (The Senior House Hall, Gorj); • there were no psychological evaluations, the intervention plans were standardized, not individualized, the psychological counselling was poor (Center for Assistance and Support for Elderly People Fitionești, Vrancea) • There was not only a psychological counselling room, the psychologist had no initials, ., there were no psychological assessment reports. There is only one psychological test (The Old People's Home "Sf Elena" Targoviste); • few recovery activities at the time of the visit; there is no daily / weekly / monthly program (Periș Elderly Home, Ilfov County); • the rooms were not adequately equipped with integrative and reintegration therapies, occupational therapy or were not personalized, with the empty walls, bringing more the idea of hospital unit (Elderly Home in Strehaia, Mehedinti, the Support and Support Center for People Elder Fitionești, Vrancea).

► **Recommendations for remedying the deficiencies:** • Setting up a daily / weekly / monthly program on the beneficiaries' recovery activities (Periș Elderly Home, Ilfov County); • endowment of the day chambers corresponding to integration / reintegration / reintegration / occupational therapies, occupational therapy (the hostel for elderly people Strehaia, Mehedinti); • hiring the necessary staff to carry out activities from the centre, including a psychologist (Social Center "Pietricica" Piatra-Neamt); • Providing psychological services, assessing the functional psychological status, arranging and endowing a psychological cabinet, periodic preparation of the psychological evaluation of the beneficiaries and psychological counselling according to the personalized intervention plan (Center for assistance and support for elderly people Fitionești, Vrancea); • reservation of a space exclusively for the psychologist, the technical and methodological endowment of the cabinet, modification of the job description in accordance with the requirements of the psychologist profession ("Elena" Targoviste House for Elderly People)

► *Measures ordered by authorities to address deficiencies.* • the daily / weekly / monthly program on the beneficiaries' recovery activities (Periş Elderly Home, Ilfov County) was drawn up; • on the first floor a space corresponding to integration / reintegration / occupational therapies / occupational therapies (Elderly Home for Strehaia, Mehedinti) was arranged; • DGASPC Neamţ has concluded a contract with a company that also includes counselling, psychotherapy and psychological support services (DGASPC Neamţ regarding the "Pietricica" Piatra-Neamţ Social Center).

PROPOSALS

► obligativeness of providing psychological assistance to persons prevented arrested, in the conditions in which preventive arrest and detention centres are not compulsory and according to art. 111 par. (2) of the Law no. 254/2013 on the execution of sentences and detention measures ordered by the judicial bodies during the criminal proceedings, the persons in the detention and pre-trial detention centres are usually accommodated in common and can be offered on request in the interest of the centre and who can benefit from psychological and moral-religious assistance, within the centre, under guard and supervision, under the conditions established by the regulation for the application of this law. It is worth mentioning that placing persons in custody of detention and pre-trial detention centres is an emotionally critical period that requires psychological support to avoid possible suicide events and self-aggression actions. Therefore, **a legislative proposal would be to introduce the obligation to carry out the initial and periodic assessment of each person in custody**, in order to identify possible psychological suffering and to provide psychological support to help prevent mental illness and minimize the shock of deposition. In the case of custody for a period of at least 3 months, I consider a psychological re-evaluation useful.

During the years 2015-2016 there were attempts of suicide and suicide of detainees detained in detention and pre-trial detention centres (CRAP Mehedinţi, CRAP Sibiu). Shock affects the mental health and psycho-emotional balance of any person. In the legislative framework, preventive restraint and detention centres are subject to legal provisions that do not impose the obligation to carry out psychological assessments when depositing in centres. Although, with a written request, each person can request psychological counselling, the team found serious deficiencies, namely centres that did not provide any psychological counselling during 2016.

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► setting up, at the level of each county, in the public and / or private portfolio, **residential centres for children and young people, maternity centres** of a minimum number of places, residential services, children with or without handicap, adults with or without disabilities, elderly people, homeless people, relative to the population of that county.

► The licensing of social services should take into account the observance of the legal provisions in force regarding the exercise of the profession of psychologist, so that only psychologists with a free practice opinion on the exercise of the profession of

psychologist can work within these services in accordance with the provisions of art. 6 lit. a, b and art. 8 paragraph 1 of the Law no. 213/2004 (updated) regarding the exercise of the profession of psychologist with the right of free practice, the establishment, organization and functioning of the College of Psychologists in Romania.

c) The role of social workers in visiting places of detention, in order to prevent torture and ill-treatment, in accordance with the international law in force

The establishment of the National Mechanism for the prevention of torture and other cruel, inhuman or degrading treatment or punishment within the People's Advocate Institution has determined the necessity of multidisciplinary approach of places of detention and the condition of persons deprived of liberty within the meaning of Law no. 35/1997 regarding the organization and functioning of the People's Advocate Institution, requiring, among other things, the co-operation of collaborators of other specialties than those permanently employed, namely social assistants, doctors, psychologists, sociologists or any other professions necessary for carrying out the specific activity .

The role of the social assistants in the teams of visiting places of detention is highlighted on the one hand by the general objective of social assistance, namely to support those in difficulty, as well as the fact that the social worker works especially with persons from disadvantaged, marginal and deviant categories, with risk groups and individuals in crisis.

Considering that the typology of places of detention within the scope of Law no. 35/1997 is varied, namely, penitentiaries, residential centres for children, old people's homes, psychiatric hospitals, transit centres, special reception and accommodation centres for asylum seekers, pre-trial detention and detention centres, and others of freedom have as a defining feature the finding that it is impossible to exercise all the bio-psycho-social functions freely and unhindered, it is imperative that the National Mechanism of Prevention performs a synergistic approach that takes into account all the developmental and manifestation of human nature.

Since the implied disadvantages of detention in a broad sense and the particular caring environment identified are: deterioration of physical and mental health, demoralizing inactivity and even depersonalization, moral contamination, rupture of social contact, it is necessary to counterbalance these malfunctions by measures prevention of torture and cruel, inhuman or degrading treatment. When visiting places of detention, the social assistant may consider a multitude of aspects and factors that determine the quality of life of a person deprived of liberty, such as: food, sleep, leisure, vital space, hygiene, keeping in touch with family or other relevant persons, involvement in activities, treatment received by the authorities, social rehabilitation programs, relationships with other persons deprived of their liberty, schooling, work, health, etc. The purpose of the intervention is to improve the living conditions of the person deprived of liberty, to prevent possible torture or ill-treatment, and to avoid as much as possible the risk of social exclusion of the person after leaving the place of detention. For example, with regard to the penitentiary system, the literature highlights the fact that, although conviction and detention are justified, the actual circumstances of execution would not lead to positive or negative changes either at the level of the behaviour or the source of general delinquency. In order to emphasize the importance

of social assistance and programs in the penitentiary system, we will here especially refer to the breaking of social ties as a reproach for the punitive system, and which refers to two aspects; first, incarceration leads to the termination of the employment contract (when it exists), creating prerequisites for a very serious difficulty in restoring after the punishment, usually accompanied by the deceased's family, the disorganization of it, all of which lead to a - socialization of the detainee. On the other hand, criminal institutionalization leads to a state of abdication and passivity, to a lack of will and initiative that will make it difficult to reintegrate the detainee into social life. The fact that in some cases there is no specialized social assistance service worsens this situation even more.

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Legislative standards observed during visits: Visits were conducted in compliance with applicable international law - **Medical Ethics Principles adopted by Resolution no. 37/194 of 18 December 1982; The Istanbul Protocol, adopted by resolution 55/89 of 4 December 2000; The resolution adopted by the O.N.U General Assembly on 17 December 2015 on the United Nations Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules);**

Details of the visits made - Positive, negative aspects, recommendations

On-remand arrest and Prevention Centres

► **Positive points raised during visits:** • The detainees' rights can be consulted by detainees, which are displayed in rooms or places where they have access (O.R.D.C. Vaslui, O.R.D.C. Neamț, O.R.D.C. Dâmbovița); • In a place accessible to detainees, information was displayed on the possibility to notify the People's Advocate Institution, by the custodial persons (C.R.A. Dâmbovița); • in certain situations, detained prisoners in the centre may also receive visits outside the visiting hours (e.g. from lawyers), even at 21-22 (O.R.D.C. Neamț); • In all the visited centres, the custodians had access to the telephone by law three times a week for 30 minutes and minor detainees were given the right to access the telephone station 5 times a week for 30 minutes; • Ensuring envelopes and paper for those who did not have the financial possibility to purchase them, and the correspondence was erected by a representative of the Romanian Post Office every day (O.R.D.C. Neamț). • the minor persons were accommodated separately from the major persons, the separated women from the men, the sick persons separated from the other prisoners (O.R.D.C. Vaslui, O.R.D.C. Timiș, O.R.D.C. Neamț).

► **Negative points:** • The shorter duration of the TV viewing program, so that the persons deprived of their liberty did not have access to the club several times a week and for a period longer than 30 minutes (CRAP Vaslui) • The absence of the special register suggestions and complaints, as well as its placement in a place that ensures confidentiality, if the applicant wants it (CRAP Vaslui), - the impossibility of accessing permanently to the sanitary groups (CRAP Neamț); • the existence of TV sets in just a few holding rooms in the visited units, mostly belonging to former detainees. (O.R.D.C. Timis, O.R.D.C. Neamț, O.R.D.C. Vaslui).

Recommendations to remedy the deficiencies: • Modify the TV viewing program so that the detainees have access to the club several times a week for more than 30 minutes (CRAP Vaslui) • Setting up a register especially suggestions and complaints, informing detainees about its existence and placing it in a place to ensure confidentiality, if the applicant wants it (CRAP Vaslui) • identify solutions to ensure permanent access to sanitary groups although the structure of the Center permits only the access to the common toilets, the rooms being not equipped with a sanitary group, if the presence of the buckets in the rooms leads to the idea that the persons detained in the Center did not have permanent access to toilets (CRAP Neamț); • making legal efforts to hierarchically superior authorities for hiring the personnel needed to carry out activities in the Centres, as well as promoting the existing ones, according to the legal provisions (O.R.D.C. Iași, O.R.D.C. Vaslui); • Providing all the rooms in the centres with TV sets (O.R.D.C. Timiș).

► **Measures ordered by the authorities to remedy the deficiencies:** • With regard to the modification of the TV viewing program, it was set so that the persons deprived of liberty have access to the club several times a week and for a period of more than 30 minutes (CRAP Vaslui); • Measures have also been taken to establish a special register of suggestions and complaints, to inform detainees of its existence and to place it in a place that ensures confidentiality, if the applicant wants it (CRAP Vaslui); • regarding the visit to O.R.D.C. Neamț, the dossier is at work; • the visiting institutions informed us that legal steps have been taken to the hierarchically superior authorities to hiring the personnel necessary for carrying out the activities of the arrest, in accordance with the legal provisions; informed us that steps have been taken to supplement the

scheme and to fill vacancies by transfer or employment from an external source (O.R.D.C. Iași, O.R.D.C. Vaslui).

Prisons

► ***Positive points raised during the visits:*** • Educational programs, qualification courses and leisure activities were carried out in all units visited • The existence of a material basis supporting the socio-professional recovery and reintegration activities as well as the leisure time activities free-workshops, sports halls, multifunctional halls, clubs, cabinets, etc. (Târgu-Ocna Reeducation Center, Vaslui Penitentiary); • the existence of a children's play area in the delimited to the guest room, equipped with toys and television (Târgu-Jiu Penitentiary); • Persons deprived of their liberty were supported by the management of the penitentiary unit and its staff in order to obtain the diploma certificate (Târgu-Jiu Penitentiary); • the existence of collaboration protocols concluded with educational establishments, in order to ensure the education of persons in custody in similar conditions to the community (Margineni Penitentiary); • Minor detainees were motivated to participate and get involved in activities through a credit system, and credits could be transferred into rewards (Târgu-Ocna Reeducation Center, Bacau County) • The existence of Protocols for collaboration with various public institutions and with different organizations to promote mediation among persons deprived of their liberty and to facilitate their social reintegration of their integration or reintegration into the labour market after their release (Margineni Penitentiary, Vaslui Penitentiary), • educational offer consisting of programs and activities that offered to the different minors learning opportunities, was complemented by open-air activities: trips, hiking, camps, sightseeing tours, spectacle watching, sports competitions, participation in religious services, greening activities, debates on adolescent teenagers Reeducation Târgu Ocna)

► ***Deficiencies:*** • Staff working in the Social Reintegration Sector were inadequate; in most of the units visited, the vacancy procedures (social worker, psychologist, educator) were in progress (at the time of the visits); • Persons deprived of liberty who had obvious physical and psychological deficiencies were not assessed and classified into a degree of disability (Vaslui Penitentiary); • Non-assurance of the right to information of the persons deprived of their liberty by not updating information from info kiosks (Vaslui Penitentiary); • failure to carry out the social assessment of persons serving custodial sentences due to the lack of social assistance staff. (Bucharest-Jilava Hospital Penitentiary, Giurgiu Penitentiary, Poarta Albă Penitentiary) • the detainees' complaints about the reduced number of education, psychological and social programs and activities carried out in penitentiaries, related to the large number of persons deprived of their liberty who want to participate (Vaslui Penitentiary, Giurgiu Penitentiary).

► ***Recommendations to remedy the deficiencies:*** • to carry out legal steps to the superior hierarchical authorities to supplement the state of functions according to the real needs of the penitentiary units and to employ the necessary staff (psychologists, social workers, educators) to carry out activities within the Social Reintegration Sectors (Vaslui Penitentiary) to undertake steps to establish the degree of disability of persons deprived of their liberty who have various physical or mental disorders (Vaslui Penitentiary); • Taking the necessary measures to ensure the right to information of the persons deprived of their liberty (endowment of the chambers with televisions, updating

the legislation at Info kiosks etc.); • Making arrangements for partnerships with institutions and NGOs for the purpose of organizing periodic training / retraining courses for persons deprived of their liberty (Vaslui Penitentiary).

► **Measures ordered by the authorities to remedy the deficiencies:** • Most of the penitentiary units have taken steps to the ANP, requesting the supplementation of the unit functions of the units and the organization of the competitions for filling vacant posts, during which 2016 several competitions were held for employment vacancies; • As regards the steps taken to determine the degree of disability of persons deprived of their liberty who have various physical or mental disorders, the penitentiary informed us that all persons with deficiencies have been identified since the penitentiary, but the preparation of the evaluation file implies certain costs (medical checks, investigations, analyses) to be paid out of the prisoners' own funds, but there are people who do not have financial resources. The penitentiary unit does not have funds for these investigations because the law requires them to be made from the prisoners' own funds. To remedy these issues, the Vaslui Penitentiary made several complaints to A.N.P. requesting optimization / clarification of legislation on disabled prisoners. Permanently, efforts are made to obtain disability qualification certificates and to provide a support person or personal assistant - for persons in the first degree of disability, based on the specific legislation (Vaslui Penitentiary); • As regards the right to information of custodians, we have been informed that there are no budgeted funds for the purchase of televisions for each room, and with regard to updating information from info kiosk, we were informed that there were situations when the information was not updated the negligence of SEAP / IT officials and the fact that some inmates are dissatisfied because they want access to information that is not of public interest (Vaslui Penitentiary); • Regular check of documents and updating of the virtual library within the info kiosks with the new regulations, depending on their occurrence (the Vaslui Penitentiary); • We have been justified that lack of staff is a reason why there are not many partnerships with institutions or NGOs, but also the restrictive conditions for participation / enrolment in qualification / retraining courses that do not allow all detainees to participate in them (Vaslui Penitentiary).

Accommodation centres and procedures for asylum seekers, centres for aliens in custody

► **Positive aspects raised during the visits:** • Extending the capacity of the Center with 26 places for accommodating special cases, women, minors, single-parent families by taking over a building from the Suceava County Police Inspectorate, being rearranged by the project on "Strengthening the capacity of the Romanian Immigration Office - Asylum Issues", carried out in partnership by the General Inspectorate for Immigration and the Swiss Authorities (Regional Center for Procedures and Accommodation for Asylum Seekers in Rădăuți, Suceava County) • The informative materials are edited in several languages (Regional Center for Procedures and Accommodation for Asylum Seekers in Rădăuți, Suceava County, Accommodation and Procedures Center for Asylum Seekers Giurgiu); • persons who have acquired refugee status or subsidiary protection were financially supported, so they were entitled to a monthly allowance for six months. Following an investigation of whether or not they had material assets, the County Agency for Payments and Social Inspection (AJPIS) offered them a non-reimbursable social aid, which could be extended for another three months. Also, the grant of the financial aid established by the law takes place twice a

month. They received financial support of 16 lei per day, 10 lei for food and 6 lei for other expenses. Pregnant people received a food supplement depending on the age of pregnancy, and according to Government Decision no. 1251/2006 updated, received 100 lei / person / winter and 67 lei / person / summer for clothing (*Regional Center for Procedures and Accommodation for Asylum Seekers Rădăuți, Suceava County, Accommodation Center and Procedures for Asylum Seekers in Giurgiu*); • at the level of the Center were created leisure facilities for asylum seekers, the spaces for this purpose being equipped with television and sports articles (table tennis, chess, tables, power apparatuses, etc.) and a specially landscaped carpet area for football and handball. The child's room was arranged for the children. The Center provided at its disposal a gymnasium, a prayer room, a school room, a children's playroom and a legal counselling room (*Regional Center for Procedures and Accommodation for Asylum Seekers Rădăuți, Suceava County*); • In addition to the weekly activities of the Center within the club (acquisition of Romanian language, discussions on the cultural specificity of the countries in which they come from, videos and audio clips), various cultural accommodation activities took place outside the Center (the *Regional Center for Procedures and Accommodation for Asylum-seekers Rădăuți, Suceava County*) • Existing displays had numerous leaflets containing information in several languages on the rights and obligations of the Centre's beneficiaries, the evacuation scheme, the internal regulations, various internal programs, etc. (*Regional Center for Procedures and Accommodation for Asylum Seekers Rădăuți, Suceava County, Accommodation and Procedures Center for Giurgiu Asylum Seekers*); • there were partnerships and collaborations with non-governmental organizations (*Regional Center for Procedures and Accommodation for Asylum-seekers Rădăuți, Suceava County, Center for the Acquisition of Aliens Taken Public Arad*); there is a box-like box in the Center whereby asylum seekers can address their dissatisfaction or suggestions to management, but according to the Centre's employees, they prefer to discuss the issues directly during the audience program with the Centre's Director (*Regional Center for Procedures and Accommodation for Asylum Seekers Rădăuți, Suceava County*).

► **Deficiencies:** • The centre has a spacious, vegetation-free courtyard. There were no facilities for walking or recreation, and there were no specific facilities for people with motor disabilities at the time of the visit. There is no access ramp for persons with disabilities or disabled in the wheelchair (*Accommodation and Procedures Center for Asylum Seekers in Giurgiu*) • The living quarters and the courtyard of the centre were not personalized and did not have any elements to provide psychological comfort (*Regional Center Procedures and Accommodation for Rădăuți asylum seekers, Suceava County*).

► **Recommendations for remedying the deficiencies:** • General cleaning of the Centre's premises and arranging a leisure and recreation area in the Centre's courtyard. Construction of an access ramp as well as the installation of supporting and moving bars in colour and sanitary groups, observing the rules in force for persons with disabilities (*Regional Accommodation and Procedures Center for Asylum Seekers in Giurgiu*) • Enhancement and adaptation of the environment from the Center by arranging and equipping the rooms and the courtyard of the Center with elements that provide psychological comfort in an inviting space, similar to the atmosphere and conditions of a family (paintings, children's playground, gazebo, etc.); (*Regional Center for Procedures and Accommodation for Asylum Seekers Rădăuți, Suceava County*)

► ***Measures ordered by the authorities to remedy the deficiencies:*** • on 19.08.2016 and 25.11.2016, respectively, disinsection and pest control in the Center was carried out by a specialized company, these activities being carried out periodically. At the same time, auxiliary personnel, who is involved in the sanitation and maintenance of the premises, was employed to ensure cleanliness in the centre. Regarding the setting up of a recreation area, the Centre's leadership included in the proposals for the Annual Technical and Material Technical Assurance Plan for 2017, the financing of this activity (Regional Accommodation and Procedures Center for Asylum Seekers in Giurgiu) • regarding the construction of the access ramp and the mounting of supporting bars, the Accommodation and Procedures Center for Asylum Seekers Giurgiu and the General Inspectorate for Immigration informed us that these investments were included in the proposals regarding the Annual Technical Assistance Plan and Financial Year 2017 (Accommodation and Procedures Center for Asylum Seekers in Giurgiu); • regarding the improvement of the environment in the centre, this is taken into account, being included in the strategy of developing the infrastructure of the centres by carrying out investments with European / Swiss funds or in partnership with O.N.G. (Regional Center for Accommodation and Procedures for Asylum Seekers in Giurgiu).

Residential centres for children and young people, maternity centres

► ***Positive aspects seen during visits:*** • A family planning office established and funded with the support of Sera Romania Foundation, which provides mothers with specialized advice, contraceptives and condoms ("Maternus" Iasi Center), works on the ground floor of the building; • According to the opinion of the psychologist of the visiting team, the staff with whom he discussed proved to be friendly, professionally trained, willing to cooperate, interested in ensuring an affective environment favourable to the harmonious development of the personality of the beneficiaries (Maternus Maternal Center Iasi).

► ***Deficiencies:*** • lack or insufficiency of social assistance staff ("Dacia" Braşov Placement Center, "Maternus" Maternus Maternity Center in Iaşi, "Prince and Beggar" Placement Center Sfântu Gheorghe, "St. Elisabeta" Home-school); • the environment in the Center does not provide psychological comfort, the accommodation spaces are not personalized (C.S.S. "Flower Corner" Targoviste, maternal centre "Maternus" Iasi); • lack of swings, banks, children's playgrounds, walkways in the courtyard of the Center. (Maternity centre "Maternus" Iasi); • Placing complaints in an inaccessible place that did not ensure confidentiality in the situation where the beneficiaries wanted it (Maternus Maternity Center Iasi); • non-observance of the legal provisions regarding the elaboration of the individual protection plan (PIP), the personalized service plan and the specific intervention programs (SIS) according to the Order 21/2004 and the Order 27/2004 issued by the National Authority for the Protection of Child's Rights (CSS) Târgovişte corner flower) • non-observance of the legal provisions regarding the admission or transfer of juveniles from one centre to another - minors who were transferred on the basis of a transfer note without a decision of the Child Protection Commission or the court Placement Center "Dacia" Braşov).

► ***Recommendations for remedying the deficiencies:*** • Improving the social assistance activity by hiring the staff specialized in social assistance (Maternus Maternity Center Iasi, "Dacia" Placement Center Braşov, "Prince and Beggar"

Placement Center Sfântu Gheorghe, "St. Elisabeth's Residence" "Orăștie"); • Ensuring appropriate accommodation conditions by refurbishing / renovating the environment so as to ensure a similar climate to the family (maternal centre "Maternus" Iasi); • setting up the court with swings, benches, children's playgrounds, walkways, etc. (Maternity centre "Maternus" Iasi); • Placing complaints in an accessible place that can ensure confidentiality if the beneficiaries so wish; informing the beneficiaries about the existence and purpose of the condition as well as encouraging young mothers to use this tool to make suggestions for improvement of the activity or conditions in the centre or to notice any inappropriate aspect of the Center (Maternus Maternity Center Iasi); • elaboration of personalized service plans, individualized protection plans and specific intervention programs according to the normative acts in the field of child protection (CSS "Floare de colț" Targoviste, • observance of legal provisions on admission, transfer of children from a placement centre to (Placement Center "Dacia" Braşov).

► **Measures ordered by the authorities to remedy the deficiencies:** • The visits to the Maternus Maternity Center in Iasi, the Dacia Placement Center in Brasov, the "Elisabeta" Town Hall and the "Prince and Beggar" Placement Center Sfântu Gheorghe are in work • Referring to the recommendation on the preparation of specific CSS documentation "Târgoviște Flower Corner" told us that there are young people in the centre with serious behavioural problems and there are not enough staff to manage their behaviour, and consequently the measure of the abolition of the centre is taken.

Psychiatric hospitals, neuropsychiatric recovery centres and rehabilitation centres

► **Positive aspects encountered during the visits:** • In comparison with the visit of the People's Advocate Institution's visit to the Psychiatric Hospital and Safety Barracks Hospital in Iasi County in 2015, during the visit made in 2016, there were many improvements of the accommodation and treatment conditions of the institution's beneficiaries.

► **Deficiencies:** • Lack of staff needed for patient care and treatment - Hiring of clinical psychologists, doctors, nurses, social assistants, caregivers, supervisors - (Poiana Mare Psychiatric Hospital, Dolj County, Psychiatric Hospital and Stables Safety Measures, Iași County) • insufficient professional training of the care and supervision personnel; exercising the profession of social worker without specialized studies and without a license to practice the profession (Psychiatric Hospital Poiana Mare, Dolj County)

► **Recommendations to address the deficiencies:** • Take steps to provide the staff needed for patient care and treatment (hiring clinic psychologists, doctors, nurses, social workers, carers, supervisors); • completing the studies of the staff who are employed as social worker or employing social assistants with a bachelor's degree and a license to practice the profession, according to the provisions of Law no. 466/2004; continuing professional training of care and supervision staff.

► **Measures ordered by the authorities to remedy the deficiencies:** • Regarding the legal steps to provide the staff needed for the care and treatment of the patients, the management of the unit has decided, within the available budget, to take the competition to fill the positions in the staff shortage sectors of Psychiatry and Safety Barriers, Iasi County); • Regarding the completion of the studies of the social assistant,

the management of the Poiana Mare Psychiatric Hospital in Dolj County informed us that we will analyse the variants through which these completions can be made. Regarding the continuation of the professional training of the care and supervision staff, the management of the Psychiatric Hospital and of the Securing Safety Measures, Iasi County, informed us that this aspect will be a main point of reference in its vision of improving the quality of the act medical service offered to the population served, and the Poiana Mare Psychiatric Hospital, Dolj county, told us that the problems will be discussed at the meeting of the Board of Directors, and the necessary measures will be taken.

Houses for the elderly, residential centres for dependent persons, social centres for the elderly:

► **Positive aspects during the visits:** • very good accommodation conditions, modern facilities, offer of diverse activities, kind and interested staff (Pietricica Social Center Piatra Neamt, Neamt County)

► **Deficiencies:** • As regards the provision of social assistance services, the visiting team was able to see that they were provided by the social worker at the Municipality Town Hall, who does not have a stable program in the Center, intervening only when requested (the Support Center and Support for Elderly People, Vrancea County); • the registers provided by Order no. 2126/2014 regarding the approval of the Minimum Quality Standards for the accreditation of social services for the elderly (Center for Assistance and Support for Elderly Persons, Vrancea County) • Visited Unit did not have an employed social worker (Elderly House "Saint Helena" Târgoviște) . • there is no free time (club). (Elderly House "Saint Helena" Targoviste)

► **Recommendations for remedying the deficiencies:** • Legal steps to be taken by the hierarchically superior authorities for hiring the personnel necessary to ensure the social and medical activities and services according to the contractual obligations in accordance with the purpose of the home and the needs of the physician, and Support for Elderly People, Vrancea County); the establishment of the registers provided by Order no. 2126/2014 on the approval of minimum quality standards for the accreditation of social services for the elderly; (Center for Support and Support for Elderly Persons, Vrancea County). the introduction of a social assistant in the Home Scheme, considering that on the date of the visit the unit did not have an employed social worker (Elderly House "Saint Helena" Târgoviște) • Examining the possibility of rearrangement and endowment of the club in order to offer the assisted persons more possibilities for spending your free time. (Elderly House "Saint Helena" Targoviste).

► **Measures ordered by the authorities to remedy the deficiencies:** The files on the visits to the Center for Assistance and Support for Elderly Persons, Vrancea County and the Elderly House "Saint Helena" Targoviste are in progress.

PROPOSALS

► Providing disabled persons with physical / psychological deficiencies to be handicapped: Allocation of funds for disability-related procedures to imprisoned persons without financial means, especially those requiring personal assistance.

► The establishment of the obligation to select social assistants by the authorities that have subordinate places of detention with the support of the National College of Social Assistants

► Change of Law no. 292/2011 of the social assistance for the outsourcing of social assistance services in the children's centres and the centres for the elderly, in case, for objective reasons, no social workers can be employed or they can acquire their services.

VII. Legislative and administrative proposals

1. On remand arrest and detention centres

Legislative proposals:

► **elaboration of the Regulation** on the organization and functioning of the places of detention and preventive arrest in the police units of the Ministry of Administration and Interior, according to art. 107 of the Law no. 254/2013 regarding the execution of the punishments and deprivation measures ordered by the judicial bodies during the criminal proceedings, considering that the Regulation approved by the Order no. 988/2015 of the Minister of Administration and Interior.

► **creation of an own medical structure for O.R.D.C.**, ensuring the medical permanence through its own medical staff, employed in the detention centres and preventive arrest.

► obligativeness of providing psychological assistance to persons prevented arrested, in the conditions in which preventive arrest and detention centres are not compulsory and according to art. 111 par. (2) of the Law no. 254/2013 on the execution of sentences and detention measures ordered by the judicial bodies during the criminal proceedings, the persons in the detention and pre-trial detention centres are usually accommodated in common and can be offered on request in the interest of the centre and **who can benefit from psychological and moral-religious assistance**, within the centre, under guard and supervision, under the conditions established by the regulation for the application of this law. It is worth mentioning that placing persons in custody of detention and pre-trial detention centres is an emotionally critical period that requires psychological support to avoid possible suicide events and self-aggression actions. Therefore, a legislative proposal would be to introduce the obligation to carry out the initial and periodic assessment of each person in custody, in order to identify possible psychological suffering and to provide psychological support to help prevent mental illness and minimize the shock of deposition. In the case of custody for a period of at least 3 months, I consider a psychological re-evaluation useful.

► The licensing of social services should take into account the observance of the legal provisions in force regarding the exercise of the profession of psychologist, so that only psychologists with a free practice opinion on the exercise of the profession of psychologist can work within these services in accordance with the provisions of art. 6 lit. a, b and art. 8 paragraph 1 of the Law no. 213/2004 (updated) regarding the exercise of the profession of psychologist with the right of free practice, the

establishment, organization and functioning of the College of Psychologists in Romania.

Administrative proposals:

► the orientation of budget allocations to improve the accommodation conditions in pre-trial detention and detention centres, ensuring adequate food supply:
● the need to update the Indoor Order Regulations of all CRAPs in order to be in line with the new legislative changes (GD no.157 / 2016 for the approval of the Law on Enforcement of Law no. 254/2013).

2. Penitentiaries

Legislative proposals:

► regulating an optimal way of providing health care to prisoners with mental illness. Taking into account that of the 6 hospital penitentiaries in Romania, only in 4 of them there are psychiatric wards, we consider it appropriate to take some measures to improve the current legislation, applicable in this case. One solution could be the establishment of Penitentiary Psychiatric Hospital where people with mental illnesses requiring special medical care are incarcerated and on the other hand ensure continuity of care and cover the diversity of assessment, treatment, rehabilitation and reintegration needs in society.

► identifying a legislative solution to clarify the situation of **people with disabilities requiring disability-grade qualifications who cannot afford the cost of investigations / medical care in order to obtain pensions** and other social rights in order to be in line with the provisions art. 10 of Order no. 429 / C / 2012 on medical assistance to persons deprived of their liberty under the custody of the National Penitentiary Administration, according to which the medical staff is obliged to take all the necessary measures for the elaboration of: the medical documentation necessary for the presentation of the persons deprived of their liberty to the capacity examination commission or to review a decision of that committee; medical documentation required to be presented to the Disability Evaluation Board for the purposes of categorizing disabled persons or reassessing the degree of disability.

Administrative proposals:

► Providing the phenomenon of overcrowding, according to the NAP statistics on January 3, 2017, the penitentiary units were 27,457, ● the identification of the penitentiaries in which the accommodation conditions impose budget allocations for their improvement (Iași, Botoșani, Colibași Penitentiaries) ● Completing vacancies with medical staff, psychologists, social workers; ● drawing up registers for recording traumatic marks or signs of ill-treatment; ● intensification of social, educational and training activities at the level of penitentiary units; ● management of incidents through mediation, given the existence of penitentiary units where a large number of incident reports had been cancelled / classified (Colibași, Minors and Young Craiova Penitentiaries);

3. Centres for asylum seekers/migrants

Legislative proposals:

► adopting coherent legal provisions on the provision of healthcare by public authorities in custody of asylum seekers (either by hiring a doctor or by appointing a doctor by the General Immigration Inspectorate to provide medical assistance in the centre, or by concluding a service contract with a doctor) so that their medical problems are not resolved to non-governmental organizations, a procedure that may raise suspicions regarding the confidentiality of medical data and the access of unauthorized persons to the medical records of applicants of asylum.

► **examination of the situation of asylum seekers, taking into account the provisions of Law no. 122/2006** on asylum in Romania, according to which "aliens have the right to receive free of charge primary medical care and appropriate treatment, emergency hospital medical care, as well as free medical care and treatment in cases of acute or chronic illness which puts their life in Imminent danger through the national emergency health care system and qualified first aid. These services shall be provided, where appropriate, through the medical service of accommodation establishments and / or other health establishments accredited and authorized by law ", **provisions which do not, however, include the situation in which assistants may present chronic, non-life-threatening conditions but with a symptom that may affect its long-term quality.**

Administrative proposals:

- ensuring a sufficient number of staff in relation to the capacity of the centre;
- ensuring adequate accommodation conditions by performing cleaning and sanitation and sanitary repairs, replacing waste facilities, purchasing furniture and equipment for rooms, cleaning the mattresses;
- Preserving psychotropic drugs in a separate and secure cabinet; administration only at the strict indication of a specialist; the clear record of the administration, mentioning the date, time, name and diagnosis of the assistant receiving it as well as the name of the doctor who prescribed them, recorded in a separate register.

4. Psychiatric hospitals

Administrative proposals

► Providing the Norm of April 15, 2016, implementing Law no. 487/2002 on mental health and the protection of persons with mental disorders, republished, taking into account the fact that during the process of involuntary admission and the application of restrictive measures (isolation, confinement), the risk of abuse is increased;

- accommodating people with mental disorders in small rooms and providing sufficient space for each patient / beneficiary (including bedside and wardrobe), as the failure to ensure proper living conditions can be assimilated to inhuman and degrading treatment, as found by the European Committee for the Prevention of Torture;
- accessibility of premises to mobilize people with disabilities;
- undertaking the legal steps required to launch all vacancies and supplement them if it proves necessary;
- giving more attention to recovery / rehabilitation activities and occupational activities;
- Continuous professional training of staff on adult neuropsychiatric disorders;
- the use of positive educational methods for educating, caring for and supervising the

beneficiaries of neuropsychiatric recovery and rehabilitation centres, which does not involve aggression but motivation and accountability.

5. *Children's residential centres*

Legislative proposals

► Change of Law no. 292/2011 of social assistance in the sense of outsourcing social assistance services to children's centres, where, for objective reasons, social workers cannot be employed or acquire their services.

► the statutory establishment of a compulsory, at the level of each county, in the public and / or private portfolio, for Residential Centres for children and youth, maternity centres of a minimum number of places, in residential services for children with or without handicap, adults with or without handicap, elderly people, homeless people, relative to the population of that county.

Administrative proposals

► **Adaptation of the procedure for the application of restrictive measures to the Norm of 15 April 2016 on the Application of the Law on mental health and the protection of persons with mental disorders no. •** Revision of the Regulations for organization and functioning according to the Government Decision no. 867/2015 for the approval of the social services nomenclature as well as the framework regulations for the organization and functioning of social services; • establishing clear procedures (specifying the criteria that will be taken into consideration in the decision making) regarding the distribution of the beneficiaries upon their admission (especially the case of residential centres for children with disabilities - depending on the degree and type of disability - and residential centres for children who have committed criminal offenses and are not criminally liable) to prevent arbitrariness in making such decisions; • establishing clear procedures (specifying the criteria to be considered for decision-making) regarding the transfer of beneficiaries between the DGASPC placement centres; • undertaking the necessary steps to transfer beneficiaries who have reached the age of 18 with neuropsychiatric disabilities in adult recovery and rehabilitation centres, where they are effectively involved in recovery and rehabilitation activities, the measure that will prevent / reduce the overcrowding (where there is).

• **supplementing budgetary resources for:** rehabilitation, sanitation, cleaning and furnishing, as appropriate, in order to ensure accommodation conditions for all beneficiaries; carrying out the restoration works of the electrical installation and of the sanitary installation, accessibility of the space for people with disabilities; • **creating a familiar, comfortable psychic environment by personalizing the spaces used by the beneficiaries**, by actively involving all staff and beneficiaries even in the absence of financial resources; • Increasing the safety of beneficiaries and staff by removing potential sources of danger (securing windows and sockets, replacing all broken windows, fixing galleries to the wall, leaving the user's beds with sharp or contoured edges and being placed away from radiators etc.); • **Providing specialized medical assistance to beneficiaries** only on the basis of collaboration contracts concluded by the centre or DGASPC; • to carry out the legal steps required for mandatory provision

in the organization of residential centres for children of the positions of doctors and social workers; • taking all the necessary steps to hire a social worker, strictly a social worker (staff with higher education in social assistance), enrolled in the National College of Social Assistants and in the National Register of Social Workers; • **hiring a psychologist with a free practice certificate and enrolled in the Psychology College of Romania**; • making legal steps to supplement medical staff (nurses) so that healthcare is provided on a permanent basis (given that in some residential centres for minors after the end of the daily work schedule and starting on Friday, 16 : 00 until 08:00 hours, no nurses work) as well as care staff (to avoid situations such as: applying contentious measures as a solution to alleviating lack of staff, involving specialized staff on specific therapies in daily care of beneficiaries); • to carry out the **legal steps required for vacant positions to be taken into consideration**; In this respect, given that there were situations when no candidate was presented in the competitions for the occupation of the vacant doctors' positions (not considered attractive), we consider that it is necessary to analyse the existing situation by all decision-makers in order to establish conditions work, motivating payroll.

6. Houses for the elderly

Legislative proposals

► Developing the norms for the enforcement of Law no. 292/2011 on social assistance and Law no. 17/2000 on social assistance for the elderly.

► Change of Law no. 292/2011 of the social assistance for the outsourcing of social assistance services in the children's centres and the centres for the elderly, in case, for objective reasons, no social workers can be employed or they can acquire their services.

► **The creation of hospice palliative care units for pre-terminated elderly carers who require special care, pain therapy, specialized nursing.**

Thus, terminal patients were accommodated in elderly homes without receiving the full set of palliative care, violating each person's right to receive the best treatment. As such, "hospice" centres specialized in the care of terminally ill patients could be created at county level with specialized and qualified personnel in the delivery of special care, pain therapy, specialized nursing, psychological assistance in the preterminal and terminal phase, assistance religious.

Administrative proposals

► **The obligation of obtaining a certificate of free practice from the College of Psychologists in Romania for the provision of psychological services at the Chambers for elderly people.** • Ensuring the necessary staff to carry out the activities of the Centres; • Acquisition of transport means corresponding to the specific needs of the Hostel; • supplementing budgetary resources to ensure adequate accommodation conditions; • sanitation and endowment of kitchens and food storage facilities with the necessary utilities; • repairs of sanitary installations; • **Acquisition and installation of air conditioning systems; the provision of permanent hot water and the operation of the thermal plant, for distributing the heating medium and heating the rooms of the beneficiaries; special facilities for locomotor handicapped persons (access**

ramps, special toilets and showers, supporting bars); • compilation of records of records (stamping of records, page numbering, date of opening and number of pages);
• **keeping separate and secure psychotropic drugs; administration only at the strict indication of a specialist;** • Clear record of the administration, mentioning the date, time, name and diagnosis of the assistant receiving it and the name of the prescribing physician, recorded in a separate register; • Assembling dormitory chambers for elderly people with panic buttons • Encouraging the beneficiaries of the home to participate in community-based activities; stimulating individual beneficiaries' initiatives in recreational activities and occupational therapy.

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