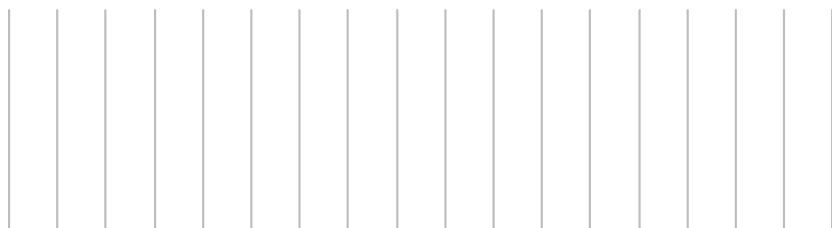


REPORT

OF THE COMMISSIONER
FOR HUMAN RIGHTS
(OMBUDSMAN)

on the Activities
of the National Preventive
Mechanism in Poland

in **2015**
(Synthesis)



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**Report of the Commissioner for Human Rights (Ombudsman)
on the Activities of the National Preventive Mechanism in Poland in 2015
(Synthesis)**

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Abbreviations

APT	– Association for the Prevention of Torture
PTDC	– Pre-Trial Detention Centre
PIB	– Public Information Bulletin
OCHR	– Office of the Commissioner for Human Rights
CAT	– Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Dz.U. of 1989, No 63, item 378, annex)
CPT	– European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
CBPS	– Central Board of the Prison Service
SCC	– Social Care Centre
EAW	– European Arrest Warrant
EPR	– Recommendations Rec(2006)2 of the Committee of Ministers to the Member States of the Council of Europe on the European Prison Rules
ECHR	– European Court of Human Rights in Strasbourg
HFHR	– Helsinki Foundation for Human Rights
SS	– Sobering-up Station
EPC	– Act of 6 June 1997 – Executive Penal Code (Dz.U. No 90, item 557, as amended)
FGC	– Act of 25 February 1964 – Family and Guardianship Code (Dz.U. of 2015, item 2082)
NPM	– National Preventive Mechanism
MNE	– Ministry of National Education
YCC	– Youth Care Centre
MJ	– Ministry of Justice
MI	– Ministry of the Interior
MIA	– Ministry of the Interior and Administration
NHF	– National Health Fund
UN	– United Nations
OPCAT	– Optional Protocol to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Dz.U. of 2007, No 30, item 192)
PDRs	– Rooms for detained persons or persons brought to sober up within Police organisational units
BGDRs	– Border Guard rooms for detained persons or persons brought to sober up
PECC	– Police Emergency Centre for Children
JS	– Juvenile Shelter
SPT	– UN Subcommittee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (Subcommittee for Prevention)

PS	- Prison Service
CMs	- coercive measures
OC	- Ombudsman for Children
CHR	- Commissioner for Human Rights
EU	- European Union
APDD	- Act of 5 December 1996 on the professions of doctor and dentist (Dz.U. of 2015, item 1375, as amended)
APMH	- Act of 19 August 1994 on the protection of mental health (Dz.U. of 2011, No 231, item 1375, as amended)
AJDP	- Act of 26 October 1982 on juvenile delinquency proceedings (Dz.U. of 2014, item 382)
ACMF	- Act of 24 May 2013 on coercive measures and firearms (Dz.U. item 628, as amended)
Pr	- Prison
JDC	- Juvenile Detention Centre
JDC and JS	- Juvenile Detention Centre and Juvenile Shelter



Introduction

1. Organisation of the activities of the National Preventive Mechanism

Pursuant to the Statute of the Office of the Commissioner for Human Rights, one of the Departments of the Office of the Commissioner for Human Rights constitutes the National Preventive Mechanism¹.

The NPM Department is also supported by the personnel of the Offices of Local Representatives of the CHR in Gdańsk, Wrocław and Katowice.

Appropriate assessment of the treatment of persons deprived of their liberty requires information from various sources which, in many cases, is impossible without the support and knowledge of experts. Therefore, visits are carried out together with external experts – doctors: psychiatrists, geriatricians and representatives of foundations auditing the adjustment of space to the needs of persons with disabilities².

2. Financing

Expenditures on the activities of the National Preventive Mechanism are covered by the budget received by the Commissioner for Human Rights. In accordance with the Annual Report on the Implementation of Expenditures of the State Budget and the Budget of European Funds Broken Down by Task, the Office of the Commissioner for Human Rights disbursed PLN 3,049,507.05 in 2015 for implementing the measure of Performing the Function of the National Preventive Mechanism, including PLN 233,425.42 for capital expenditures and PLN 2,816,081.63 for other expenditures.

In 2015, the tasks of the National Preventive Mechanism were carried out by 12 professional personnel members of whom two were on long-term leave. In the year concerned, the visiting team included actually 8-9 persons. The Commissioner for Human Rights repeatedly stressed that the Department's staffing prevents the CHR from having its obligations under the Optional Protocol to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment fully implemented.

¹ § 6 of the Annex to Order No 45/2014 of the Commissioner for Human Rights of 19 November 2015 on the Statute of the Office of the Commissioner for Human Rights.

² List of experts: cf. Part II.



3. Structure of the Report

The structure of the Report has been organised so as to reflect the results of work of the NPM Team in 2015 to the best possible extent. This year and in previous years, the following places of detention were visited (Article 4(1) of the OPCAT³):

- pre-trial detention centres/prisons,
- juvenile shelters/juvenile detention centres,
- rooms for detained persons within Police organisational units,
- Police emergency centres for children,
- youth care centres,
- Border Guard rooms for detained persons,
- Military Gendarmerie rooms for detained persons,
- psychiatric hospitals,
- sobering-up stations,
- social care centres.

All these places were visited so as to check whether no torture or inhuman, degrading treatment or punishment is applied there. The NPM examined the following issues: treatment, living conditions, the right to health protection, the right to information, the right to contact with the outside world, the right to religious practices, the personnel's training. This Report describes, among others, irregularities related to the implementation of the rights and freedoms of citizens. As not all places of detention were detected by the NPM with irregularities in all the areas referred to above, individual parts may differ from each other. If any issue (e.g. the right to religious practices) is not described, it indicates that the NPM did not find any violations in a certain type of establishments in this area. Each place of detention was described separately and it can be said that issues referred to collectively as systemic problems, which usually require legislative amendments and less often law enforcement practice, were given particular attention. During preventive visits, the NPM is also trying to pay attention to good sides of establishments which is reflected in the Report in Section: "Strengths" or "Good practices". Part I of the Report describes the conclusions of visits to places of detention, while Part II of the Report – the other activities of the NPM, such as national and international cooperation, as well as certain problems that arise out of the implementation of the NPM mandate.

³ Any place under the jurisdiction and control of a given State where persons are or may be deprived of their liberty, either by virtue of an order given by a public authority or at its instigation, with its consent or acquiescence.



PART I





1. Methodology

In all the establishments visited, the National Preventive Mechanism operates based on the same methodology. The first stage is to establish the composition of the visiting group. In accordance with the OPCAT, experts of national preventive mechanisms should have the required capabilities and expertise.

The visiting team usually consists of several persons, with one person performing the role of a group coordinator. Two persons, including the team coordinator responsible for drawing up a visit report, inspect the premises and buildings of an establishment, while others conduct individual conversations with persons deprived of their liberty. In order for groups to be interdisciplinary, the visits are also performed by experts in general medicine, psychiatry and geriatrics as well as representatives of foundations auditing the adjustment of space to the needs of persons with disabilities. They draw up an expert opinion which is incorporated in the visit report. The duration of a visit depends on both the size of a visited establishment and problems encountered there. It usually lasts 1 to 3 days.

Visits of the NPM comprise the following stages:

- conversation with the management;
- inspection of all rooms used by persons deprived of their liberty;
- individual and group conversations with detainees;
- conversations with the personnel;
- analysis of documents;
- formulation of post-visit recommendations during the conversation summing up the visit, and receiving explanations from the management.

During the visits, the representatives of the National Preventive Mechanism use the following measuring and recording devices: a CEM DT-8820 multimeter, a Makita LD060P laser distance meter and a camera.

If a person deprived of his/her liberty reports an unlawful event during the visit, he/she has the opportunity to lodge an official complaint which is referred to a competent complaint department of the OCHR. If the complainant does not consent to addressing the issue officially, visitors consider the information as a report to be investigated in a way that prevents identifying the source. If the unlawful event is confirmed, the members of the visiting team report their findings to an establishment's director and the complainant remains anonymous. If the visitors are unable to confirm the complainant's charges, these are reported to the establishment's management during the summarising conversation as unverified reports, and it is the duty of the establishment's director to investigate them.

When the visit is completed, a report is drawn up which describes all the findings and conclusions as well as recommendations for the body managing the visited establishment and for its supervisory bodies. If the establishment's management does not agree with the recommendations, the representatives of the NPM request the supervisory bodies to issue



their opinion and position on the matter. A dialogue is conducted to indicate the merits of the recommendations made.

If torture or inhuman, degrading treatment or punishment is revealed, the visitors file a notification of a suspicion of a crime following the visit. In each case, the victim must, however, consent to having his/her personal data revealed and to referring the case to law enforcement bodies. Only drastic cases justify deviations from the rule. If so, the decision is made personally by the Commissioner for Human Rights who signs the notifications of a suspicion of a crime.

If the victim does not consent to report the case to the law enforcement bodies and, in the opinion of the visitors, the possible inappropriate behaviour is not drastic, the visitors treat the information obtained as reports which may point to inappropriate treatment of detainees and request the establishments' directors to explain the situation and present their conclusions.

The situation is different when information about torture, inhuman or degrading treatment or punishment is derived from documents or CCTV footage, rather than directly from the victims. In such case, the visitors do not have to request the victim for consent to refer the case to law enforcement bodies and each time file a notification of a suspicion of a crime.

2. Prisons and pre-trial detention centres

2.1 Introduction

According to the annual schedule, a total of 20 penitentiary establishments were visited in 2015, including 9 prisons⁴ and 11 pre-trial detention centres⁵. Thematic visits to 5 prisons and 7 pre-trial detention centres were made to examine the observance of the rights of persons with disabilities (physical, visual, hearing disability) detained there⁶. As numerous problems specific to this category of persons deprived of their liberty were identified, the conclusions of thematic visits were discussed in a separate section of this chapter as systemic problems.

⁴ Prs in: Koronowo, Hrubieszów, Gębarzewo, Przytuły Stare, Nowy Sącz, Włocławek, Wrocław (No 2), Sieraków Śląski, Włodawa.

⁵ PTDCs in: Grójec, Warsaw-Mokotów, Warsaw-Grochów, Radom, Kraków, Starogard Gdański, Hajnówka, Opole, Szczecin, Nisko, Suwałki.

⁶ Prs in: Koronowo, Hrubieszów, Gębarzewo, Przytuły Stare, Włocławek; PTDCs in: Grójec, Warsaw-Mokotów, Warsaw-Grochów, Radom, Kraków, Szczecin, Suwałki.



The representatives of the National Preventive Mechanism also took part in 3 *ad hoc* visits⁷. Their aim was to check the status of persons with intellectual disabilities or mental illnesses serving a prison sentence and staying in diagnostic centres⁸.

2.2 Systemic problems

The visits allowed for identifying general problems resulting from imperfections of the law that regulates the rights and obligations of persons deprived of their liberty which, compared to 2014, are still valid. The major imperfections are as follows:

1) Dealing with persons with physical disabilities in penitentiary establishments

The problem of adjustment of prisons and pre-trial detention centres for persons with physical disabilities has been reported by the representatives of the National Preventive Mechanism for several years⁹.

As announced in the Report of the NPM of 2014, more than half of the visits in 2015 were made to check the extent to which places of detention were adjusted to the needs of persons with disabilities. The establishments visited were selected based on the content of the Annex to Order No 30/15 of the Director General of the Prison Service of 1 July 2015 on determining the intended purpose of prisons and pre-trial detention centres¹⁰ and preceding Order No 55/13 of the Director General of the Prison Service of 20 December 2013 on determining the intended purpose of prisons and pre-trial detention centres. Some controls were performed with the participation of representatives of the “Polska Bez Barrier” Foundation¹¹ and the “Integracja” Foundation¹² whose everyday responsibilities involve verifying the adjustment of building structures to the needs of persons with disabilities.

It is worth recalling and indicating that, in accordance with the Charter of the Rights of Persons with Disabilities adopted on 1 August 1997 by the Sejm of the Republic of Poland, persons with disabilities have the right to live in an environment free of functional barriers.

⁷ Diagnostic wards of PTDCs in: Warsaw-Białoleka, Łódź, Kraków.

⁸ Visits to diagnostic centres were made in order to find detained persons who, due to their intellectual disabilities, are unable to behave properly and thus to understand why they are in penitentiary isolation. The visits were held by the Deputy Commissioner for Human Rights and the OCHR's Sentence Execution Team, and the representatives of the NPM attended them to assist members of the Team in accomplishing tasks which included: inspection of all residential cells in a centre, group conversations in cells, individual conversations with selected persons so as to ensure that no third parties are present and an analysis of their personal background records in terms of considering the fact of their intellectual disabilities by the court as a condition for the obligatory participation of a defence attorney in pending proceedings. The results of the analyses performed were made public on 2 March 2016. Cf. <https://www.rpo.gov.pl/pl/content/wiezniowie-o-umyslowo%C5%9Bci-dzieci-chorzy-psychicznie-rpo-opowiada-o-wynikach-badan-w-wi%C4%99zieniach>

⁹ Cf. Report of the CHR on the Activities of the NPM in Poland in 2011, p. 50, <https://www.rpo.gov.pl/pl/content/raport-rpo-z-dzia%C5%82alno%C5%9Bci-w-polsce-kmp-w-roku-2011-0>

¹⁰ http://www.bip.sw.gov.pl/SiteCollectionDocuments/CZSW/aktyprawne/zal_do_zarz_30_15.pdf

¹¹ PTDCs in: Warsaw-Mokotów, Kraków, Suwałki; Prs in: Włocławek, Gębarzewo.

¹² PTDC in Szczecin, Pr in Hrubieszów.



Furthermore, the Convention on the Rights of Persons with Disabilities¹³ adopted by the General Assembly of the United Nations on 13 December 2006 was ratified by Poland on 6 September 2012. In accordance with the Convention, persons with disabilities should be enabled to live their life independently and fully participate in all its spheres.

The visits made support the general conclusion that, despite designating certain pre-trial detention centres and prisons as appropriate for the imprisonment of inmates in wheelchairs, solutions applied in these pre-trial detention centres and prisons fail to fully remove architectural barriers, thus making these facilities only partially available for this category of inmates.

During thematic visits, the representatives of the National Preventive Mechanism also pointed out that the personnel of penitentiary establishments do not know what special needs persons with disabilities have. In her general letter of 21 May 2015¹⁴, the Commissioner for Human Rights raised this issue, noting that the adequate performance of official duties by Prison Service officers in relation to such persons in penitentiary isolation is possible by having their needs properly recognised. Such knowledge should be acquired by providing appropriate training to the penitentiary personnel.

The employees of the OCHR also considered that the way of performing personal controls of persons with disabilities should be legally regulated in the form of an appropriate procedure. Such a need was brought to the attention of the Director General of the Prison Service by the Commissioner in the letter referred to above. Unfortunately, the Director did not agree with the CHR's position and informed that PS officers respect limitations of persons due to their disabilities and thus he does not see the need to develop a separate procedure for performing personal controls of such persons with disabilities.

The need for recognising the way of dealing with prisoners with disabilities during the evacuation of prisoners from penitentiary establishments in case of emergency was recognised by the Commissioner in general letters of 28 July 2015 and 26 October 2015 to the Commander-in-Chief of the State Fire Service¹⁵ and the Director General of the Prison Service¹⁶, respectively.

The Commander-in-Chief of the State Fire Service stated that he finds no obstacles to make the way of dealing with such a category of prisoners during evacuation more precise. He added, however, that the initiative in this matter is in the hands of directors of individual penitentiary facilities (reply of 20 August 2015). In turn, the Director General of the Prison Service believes that evacuation procedures, although not indicating specific rules for dealing with such persons in case of emergency, are sufficient, as they duly ensure security.

¹³ Dz.U. of 2012, item 1169.

¹⁴ KMP.571.1.2015.DK, <https://www.rpo.gov.pl/sites/default/files/Wystapienie%20Generalne%20do%20Dyrektora%20Generalnego%20SW%20z%2021.05.2015%20r.pdf>

¹⁵ KMP.571.1.2015.DK, <https://www.rpo.gov.pl/pl/content/wyst%C4%85pienie-generalne-z-dnia-28072015-r-do-komendanta-g%C5%82%C3%B3wnego-stra%C5%BCy-po%C5%BCarnej-w-sprawie>

¹⁶ KMP.571.1.2015.DK, <https://www.rpo.gov.pl/pl/content/wyst%C4%85pienie-generalne-z-dnia-26102015-r-do-dyrektora-generalnego-sw-w-sprawie-zasad-ewakuacji-z-os%C3%B3b>



Therefore, the Director General of the Prison Service takes the view that the evacuation procedure does not need to be made more precise in terms of dealing with this category of inmates (reply of 16 November 2015).

The representatives of the NPM recommended that the personnel in direct contact with inmates in establishments, which were subject to thematic visits, be provided with training in dealing with and recognising the needs of persons with disabilities.

2) Personal controls

In accordance with the announcement of measures to establish a mechanism for the legal control of legitimacy of personal controls of prisoners (*Report of the CHR on the Activities of the NPM in 2014*¹⁷), the Commissioner for Human Rights filed an application with the Constitutional Court¹⁸ on 21 January 2016. In the opinion of the CHR, the constitutionality of Article 116(6) of the EPC in conjunction with Article 7(1) of the EPC, which allows for performing such activities without issuing decisions that could be subject to judicial verification, needs to be examined, because it directly affects the right to bodily integrity and privacy of persons deprived of their liberty. In the opinion of the CHR, the adoption of relevant regulations will be the implementation of the ECHR's rulings: *Milka v. Poland* (Judgment of 15 September 2015, Application No 14322/12); *Świderski v. Poland* (Judgment of 16 February 2016, Application No 5532/10).

In connection with the judgment in the case of *Milka v. Poland*, the Commissioner for Human Rights requested the Director General of the Prison Service in his letter¹⁹ of 22 September 2015 to inform subordinate Regional Directors of the Prison Service of the judgment of the European Court of Human Rights and the resulting need for changing the practice of performing personal controls in Polish penitentiary establishments, which should be performed only on those whose attitude or behaviour poses a real threat to safety or order. In his reply of 23 February 2016, the Deputy Director General of the PS stated that the conclusions of the aforesaid judgment for the Prison Service will be discussed in detail during a briefing of the management of the Central Board of the Prison Service with Regional Directors of the Prison Service and directors of penitentiary establishments, which was held on 1-3 March 2016.

Some penitentiary establishments implemented a two-stage personal control which is a good practice. It is recommended that this practice becomes widespread. The representatives of the NPM indicate that an inmate should not be required to take off all clothes at the same time, but he/she should undress partially and dress up after a control of a specific part of his/her body is completed. It is important to bear in mind the CPT's position in this respect, included in a report on the visit made in Poland on 5-17 June 2013, which indicated

¹⁷ Cf. *Report of the Commissioner for Human Rights on the Activities of the National Preventive Mechanism in Poland in 2014*, pp. 22-23.

¹⁸ KMP.571.83.2014.MMa, <https://www.rpo.gov.pl/pl/content/wniosek-do-trybuna%C5%82u-konstytucyjnego-w-sprawie-kontroli-osobistych-skazanych-przebywaj%C4%85cych-w>

¹⁹ II.517.1910.2015.JM, <http://www.sprawny-generalne.brpo.gov.pl/szczegoly.php?pismo=527581>



that a personal control is a very invasive and potentially humiliating measure. For this reason, the performance of a personal control should be based on an individual risk assessment and be subject to rigorous criteria and supervision. All reasonable efforts to minimise the feeling of embarrassment should be undertaken; inmates undergoing a personal control should not normally be required to take off all clothes at the same time, e.g. they should have the right to undress the upper part of their body and to dress up before taking off the remaining clothes.

It should also be pointed out that the Deputy Director General of the Prison Service undertook to develop and implement an appropriate procedure according to which inmates will be given personal control decisions.

3) Access of prisoners to public information

After many years of efforts of the CHR to ensure access to public information for prisoners through the Public Information Bulletin (hereinafter referred to as the “PIB”)²⁰, convicts serving a prison sentence were given, to a limited extent, such an opportunity in 2014. However, it should be noted that the solution adopted in this respect cannot be regarded as satisfactory, as the scope of information made available to prisoners is limited.

Currently, convicts have access only to the PIB of the Prison Service, the Ministry of Justice, the Commissioner for Human Rights and websites of the Government Legislation Centre.

In the opinion of the Commissioner, such an actual limitation may lead to a breach of Article 61(1) of the Constitution which provides that *a citizen shall have the right to obtain information on the activities of organs of public authority as well as persons discharging public functions. Such right shall also include receipt of information on the activities of self-governing economic or professional organs and other persons or organisational units relating to the field in which they perform the duties of public authorities and manage communal assets or property of the State Treasury.*

The right of persons deprived of their liberty to public information should cover access to all PIB websites or should be ensured in other – specified by statute – way. In the opinion of the representatives of the National Preventive Mechanism, amending Article 102 of the EPC to include the right of a convict to access public information published in the Bulletin would be an optimal solution.

In his general letter of 8 February 2016, the Commissioner for Human Rights requested the Minister of Justice to take a legislative initiative aimed at amending Article 102 of the EPC to enable persons deprived of their liberty to access materials published in the PIB²¹. In the letter, the Commissioner also pointed to the ECHR’s Judgment of 19 January 2016 in the case of *Kalda v. Estonia* (Application No 17429/10) in which the Court found a breach of Ar-

²⁰ Cf. Report of the CHR on the Activities of the NPM in 2012 [hereinafter referred to as the “Report of 2012”], pp. 33-34, Report of the CHR on the Activities of the NPM in 2013 [hereinafter referred to as the “Report of 2013”], pp. 42-43.

²¹ KMP.571.4.2016.MMa, <https://www.rpo.gov.pl/pl/content/wyst%C4%85piecie-generalne-z-dnia-8022016-r-do-ministra-sprawiedliwi%C5%9Bci-w-sprawie-dost%C4%99pu-os%C3%B3b>



Article 10 of the Convention on the Protection of Human Rights and Fundamental Freedoms²² concerning freedom of expression²³. The case concerned a prisoner's complaint against refusal to grant him access to three websites with legal information²⁴. In his reply of 8 March 2016, the Secretary of State of the Ministry of Justice indicated that the demand to amend Article 102 of the EPC is legitimate and will be implemented as part of the nearest amendment to the EPC.²⁵

4) Absence or a poor offer of cultural and educational activities for remand prisoners and convicts

The issue of organisation and diversification of this type of activities and access to them by remand prisoners has not improved substantially. Visits carried out by the representatives of the National Preventive Mechanism in 2015 proved that day rooms provided with table tennis and televisions are a fundamental base of cultural and educational activities. Besides the foregoing, there are actually no other activities that would be offered for remand prisoners outside their residential cells. The demands contained in the thematic report of the representatives of the NPM on the situation of persons deprived of their liberty placed in wards for remand prisoners and in therapeutic wards continue to be valid²⁶. Given the fact that these persons have no opportunity for employment (according to CBPS data, as at 31 December 2015, 7 of 4 162 remand prisoners from among 9 850 employed inmates in total were employed) and education, the problem is to rationally organise the time of persons in penitentiary isolation. Bearing in mind the constitutional principle of the presumption of innocence, the representatives of the National Preventive Mechanism stress that the opportunity to participate in activities and organised forms of spending time outside cells is a factor counteracting penitentiary isolation effects.

It should be noted that an interesting solution for expanding the base of sports, cultural and educational activities was presented by the Deputy Director General of the Prison Service²⁷ during the meeting of the Sejm Committee for Justice and Human Rights on 24 June

²² Dz.U. of 1993, No 61, item 284.

²³ Article 10 of the Convention provides that everyone has the right to freedom of expression. This right shall include freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers. This Article shall not prevent States from requiring the licensing of broadcasting, television or cinema enterprises. The exercise of these freedoms, since it carries with it duties and responsibilities, may be subject to such formalities, conditions, restrictions or penalties as are prescribed by law and are necessary in a democratic society, in the interests of national security, territorial integrity or public safety, for the prevention of disorder or crime, for the protection of health or morals, for the protection of the reputation or rights of others, for preventing the disclosure of information received in confidence, or for maintaining the authority and impartiality of the judiciary.

²⁴ The Imprisonment Act applicable in Estonia restricts the Internet access of prisoners only to official legislative databases and a database of judicial rulings. Such a restriction is supposed to protect the rights of others and to prevent order violations and crimes.

²⁵ <https://www.rpo.gov.pl/sites/default/files/Odpowiedz%20na%20Sekretarza%20Stanu%20w%20MS%20z%20dnia%2008.03.2016.pdf>

²⁶ The implementation of the rights of remand prisoners is addressed in more detail in the thematic report of the NPM. Cf. <https://www.rpo.gov.pl/content/wizytacje-krajowego-mechanizmu-prewencji-oddzia%C5%82%C3%B3w-terapeutycznych-dla-os%C3%B3b-z>

²⁷ For the full statement, cf. <http://orka.sejm.gov.pl/zapisy7.nsf/0/3798A243BA6DD1B4C1257D0E003652CE/%24File/0340207.pdf>, pp. 7-9.

2014. He indicated that the owner of penitentiary establishments, i.e. the State Treasury, might sell land in city centres, which is currently occupied by some establishments²⁸, and allocate obtained funds for the construction of modern and spacious penitentiary establishments with a decent sports and recreation base. Operating a modern establishment would cost less than maintaining worn-out old buildings. The National Preventive Mechanism assumes that authorities should thoroughly consider this solution both from an economical point of view and in terms of ensuring that prisoners have proper conditions for their rehabilitation or appropriate social and living conditions.

5) Living conditions

The Commissioner for Human Rights considers insufficient space per person deprived of liberty (3 m² of living space) as the main problem related to living conditions and recommends to increase it to at least 4 m² per person. The direction of the proposed changes is due to standards and international obligations assumed by Poland, CPT and CAT recommendations as well as the case law of the ECHR. The proposed space is also a common standard in most European countries. Cell living space per prisoner in France varies from 4.7 to 9 m², in the UK – from 4.5 to 7 m², Spain – from 9 to 10 m², while in Italy – from 7 to 9 m².

The CPT recommendation addressed to national authorities, setting 4 m² as a minimum standard of living space per prisoner has already been included in a report on the visit made by the Committee to Poland between 30 June and 12 July 1996²⁹. The CPT formulated this recommendation in every subsequent report and indicated that the standard of 3 m² applicable in Poland does not provide satisfactory living space, in particular in relatively small cells. The Committee called on authorities to respect the minimum standard³⁰ referred to above. Also the Committee Against Torture (CAT), in considering the 5th and 6th periodic report of Poland on the implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, pointed out that the standard of 3 m² per person applicable under Polish law is inconsistent with the European standard of at least 4 m² per person.

A report of the CPT, entitled *Living space per prisoner in prison establishments*, published on 15 December 2015, recommends that the Polish authorities apply the standard of 4 m² of residential cell space per prisoner which is the minimum standard to be ensured by a State for persons deprived of their liberty in terms of social conditions of imprisonment.

The CHR's attention was also drawn by the Judgment of the Court of Justice of the European Union in Luxembourg of 5 April 2016, which was rendered in the joined cases of Pál Aranyosi and Robert Căldăraru³¹, in connection with a preliminary ruling of a German

²⁸ *Ibid.*, p. 8. Most penitentiary establishments are worn out. A large part of them are historical, constructed even in the 19th, rather than 20th century. Three new penitentiary establishments were constructed in the post-war history of Poland.

²⁹ Cf. § 70 of the report [CPT/Inf (98) 13].

³⁰ Cf. § 61 of the report [CPT/Inf (2002) 9]; § 46, 64, 87, 101, 111 and 154 of the report [CPT/Inf (2006) 11]; § 82, 83, 99, 103 and 106 of the report [CPT/Inf (2011) 20].

³¹ Cf. judgment in the joint cases of C-404/15 and C-659/15 PPU.



court concerning the possibility of refusing to execute European arrest warrants (EAWs) or making them conditional upon obtaining, from an issuing Member State, information enabling the verification of whether detention conditions are consistent with fundamental rights, because the German court took the view that living conditions in penitentiary establishments of issuing States (Hungary and Romania) violate fundamental rights, in particular the provisions of the Charter of Fundamental Rights of the European Union prohibiting inhuman or degrading treatment or punishment. The German court also noted that the ECHR held in its judgments of 10 June 2014 and 10 March 2015 that Romania and Hungary violated fundamental rights due to overpopulation which is typical of their prisons³².

In the present case, the European Court of Justice in Luxembourg ruled that *the execution of the European Arrest Warrant (EAW) should be postponed if there is a real risk of inhuman or degrading treatment by virtue of conditions of detention of the person concerned in the issuing Member State. If the existence of that risk cannot be discounted within a reasonable time, the executing judicial authority must decide whether the surrender procedure should be brought to an end.*

This ruling may have a direct impact on the effectiveness of the execution of European arrest warrants issued by Polish courts. A State seized of a European Arrest Warrant will be able to verify what living conditions in Polish penitentiary establishments look like, to take into account, among others, small living space per prisoner, the case law of the ECHR or CPT and CAT recommendations issued for the Polish authorities. In the opinion of the NPM, an analysis of the findings of fact may lead to finding by a Polish court, which is seized of a EAW application, that the prohibition of torture and inhuman or degrading treatment was violated or result in postponing its application or even bringing the surrender procedure to an end.

When making their preventive visits, the employees of the OCHR pay particular attention to living conditions in multi-occupational residential cells.

Although the national legislation does not regulate the maximum capacity of residential cells in penitentiary establishments, general principles arising primarily out of international recommendations support the conclusion that sanitary and hygienic conditions in residential cells with over a dozen persons do not comply with minimum standards necessary to respect the rights and dignity of persons locked up there.

Such a position was also shared by the CPT in its Eleventh General Report³³: *In a number of countries visited by the CPT, particularly in central and eastern Europe, inmate accommodation often consists of large capacity dormitories which contain all or most of the facilities used by prisoners on a daily basis, such as sleeping and living areas as well as sanitary facilities.*

³² Cf. judgments in the following cases: *Vociu against Romania*, Application No 22015/10; *Bujorean against Romania*, Application No 13054/12; *Mihai Laurențiu Marin against Romania*, Application No 79857/12; *Constantin Aurelian Burlacu against Romania*, Application No 51318/12; *Varga and others against Hungary*, Applications Nos 14097/12, 45135/12, 73712/12, 34001/13, 44055/13 and 64586/13.

³³ CPT/Inf (2001)16.



The CPT has objections to the very principle of such accommodation arrangements in closed prisons and those objections are reinforced when, as is frequently the case, the dormitories in question are found to hold prisoners under extremely cramped and insalubrious conditions. No doubt, various factors – including those of a cultural nature – can make it preferable in certain countries to provide multi-occupancy accommodation for prisoners rather than individual cells. However, there is little to be said in favour of – and a lot to be said against – arrangements under which tens of prisoners live and sleep together in the same dormitory. Large-capacity dormitories inevitably imply a lack of privacy for prisoners in their everyday lives. Moreover, the risk of intimidation and violence is high.

Such accommodation arrangements are prone to foster the development of offender sub-cultures and to facilitate the maintenance of the cohesion of criminal organisations. They can also render proper staff control extremely difficult, if not impossible; more specifically, in case of prison disturbances, outside interventions involving the use of considerable force are difficult to avoid. With such accommodation, the appropriate allocation of individual prisoners, based on a case by case risk and needs assessment, also becomes an almost impossible exercise.

All these problems are exacerbated when the numbers held go beyond a reasonable occupancy level; further, in such a situation the excessive burden on communal facilities such as washbasins or lavatories and the insufficient ventilation for so many persons will often lead to deplorable conditions.

Also, in accordance with Rule 19.3 of the EPR, *prisoners shall have ready access to sanitary facilities that are hygienic and respect privacy.* Rule 15 of Mandela Rules is similar and states that *the sanitary installations shall be adequate to enable every prisoner to comply with the needs of nature when necessary and in a clean and decent manner.* The international standards referred to above are considered as a certain minimum of conditions deemed acceptable by the Member States of the Council of Europe and the United Nations.

The representatives of the NPM fully share the position expressed by the CPT and stress the need for ensuring appropriate sanitary and hygienic conditions in residential cells with over a dozen persons. In the opinion of the representatives of the Mechanism, one lavatory per 9-16 persons prevents a person deprived of liberty from satisfying physiological needs at all times and can also be a source of conflicts between inmates. It is also difficult to agree with the statement that all inmates in the establishment are provided with the equal right of access to sanitation, as there is one cell with one lavatory per 2 persons and another one with one lavatory per 11-12 inmates. Sanitary facilities are significantly overloaded primarily in the morning and thus some inmates always have to wait long for the lavatory.

However, the employees of the OCHR did not identify any progress in the implementation of the recommendation of 2014 on covering sanitary areas in single cells. In her letter to the Director General of the Prison Service³⁴, the CHR wrote that sanitary facilities in single cells should be covered to at least make it impossible to see an inmate performing

³⁴ Cf. general letter of 25 March 2013, RPO-700317-II-702/12/MK.



physiological functions in a sanitary area or directly by persons entering a cell or through a door peephole. When Prison Service officers, including those of the opposite sex, can see a sanitary area through a peephole and can watch an inmate performing physiological and hygienic functions, the condition of ensuring privacy when using sanitary facilities is not complied with. In his reply of 17 April 2013, the Director General of the Prison Service shared the Commissioner for Human Rights's view, stating that the criterion of ensuring intimacy in penitentiary isolation depends not only on the physical absence of others, but also on limiting (except as provided in the applicable legislation) the possibility of seeing such an inmate. A relevant recommendation was issued in relation to 11 establishments³⁵.

With respect to 8 establishments, the visitors recommended that shower spaces in baths be separated³⁶.

It needs to be pointed out that living conditions, including sanitary and hygienic conditions, to be ensured by penitentiary establishments for prisoners must respect the right to privacy which is partially limited by the very fact of imprisonment. The right to privacy of persons deprived of their liberty, which stems from their inherent dignity, must put a particularly strong emphasis, however, on ensuring appropriate conditions for prisoners so that they can perform their hygienic and sanitary functions.

6) Situation of persons with disabilities in penitentiary establishments

Besides systemic problems related to the broad treatment of persons with disabilities by the penitentiary personnel, as described at the beginning of this chapter, thematic visits made it possible to identify weaknesses in places of detention whose occurrence makes it difficult and sometimes even impossible for them to enjoy all their rights. The revealed shortcomings related primarily to living conditions. As most visits were attended by representatives of foundations, whose daily responsibilities involve verifying the adjustment of building structures to the needs of persons with disabilities, the representatives of the Mechanism subjected the establishments visited to some kind of an audit whose analysis was presented each time in visit reports.

Adjustment of the infrastructure of the establishments visited

The representatives of the NPM checked whether architectural barriers in individual establishments were removed so that a person with disabilities can go out for a walk, visit a doctor, a psychologist, an educator, use a day room, a chapel, a dining room, a canteen, a storeroom, a visiting room and access the PIB.

Penitentiary establishments are already provided with residential cells for persons in wheelchairs. Nevertheless, measurements revealed numerous construction and assembly defects made either at the design or construction phase as well as those due to insufficient

³⁵ PTDCs in: Starogard Gdański, Grójec, Opole, Radom, Warsaw-Mokotów; Prs in: Hrubieszów, Sieraków Śląski, Przytuły Stare, Koronowo, Włodawa, Włocławek.

³⁶ PTDCs in: Starogard Gdański, Hajnówka, Opole, Grójec, Szczecin; Prs in: Przytuły Stare, Hrubieszów, Wrocław (No 2).



awareness of the needs and limitations of persons with disabilities. The representatives of the National Preventive Mechanism, together with experts from foundations, recommended that corrections inside and outside residential cells be introduced.

In order to enable persons with disabilities to exercise their rights and powers during penitentiary isolation, changes must be introduced outside residential cells as well. These changes involve providing, among others: adequately wide corridors, pay telephones placed at an appropriate height or an elevator, stair lifts or lifts. Furthermore, it is essential to eliminate the difference in height on roads leading from a residential building to a prison yard by using the so-called lowered curbs, while walking areas should be equipped with benches with their seat at a height of 45-55 cm, provided with a backrest and armrests to make it easier to move from a wheelchair to a bench.

Polish penitentiary establishments house not only persons deprived of their liberty in wheelchairs, but also inmates with impaired sight and hearing. The establishments should also be adjusted to the needs of such persons by using: contrast markings of changes in surface and stair height, non-slip stair strips, portable induction loops, audio books or an assisting computer programme which “reads” content displayed on a monitor.

In conclusion, the representatives of the NPM remind that the obligation to take all reasonable steps to ensure that prisoners with disabilities have full and effective access to prison life on an equitable basis rests with administrators of individual penitentiary establishments pursuant to both Rule 5(2) of Mandela Rules and the Convention on the Rights of Persons with Disabilities.

In order to meet the specified requirements, the Prison Service held training, entitled “Breaking barriers in dealing with persons with disabilities in penitentiary isolation”, on 23 September 2015 in the Warsaw-Białołęka Pre-Trial Detention Centre. The training was conducted by representatives of the “Polska bez barier” Foundation. It was a pilot meeting aimed at conveying knowledge on persons with disabilities, indicating normal patterns of behaviour and attitudes towards them. In 2015, 10 training courses of this type were held in Poland.

Situation of persons with intellectual disabilities

On 2 November 2015, the CHR took up an ex-officio case of placing persons with intellectual or mental disabilities in penitentiary establishments. The employees of the OCHR undertook to analyse personal records held by the Prison Service and court records of persons with intellectual or mental disabilities to investigate whether they were guaranteed the right to defence in jurisdiction and enforcement proceedings and whether the degree of their disability makes the execution of their prison sentence inexpedient.

Personal interviews with 100 persons with intellectual or mental disabilities in 36 establishments were held. Furthermore, 7 diagnostic centres were visited and all convicts staying there were met.



In his letter³⁷ of 21 December 2015 to the Director General of the PS, the CHR presented preliminary conclusions of visits to diagnostic centres. The Commissioner indicated there that there are no systemic solutions for procedures in case of doubt whether an inmate, due to the degree of intellectual or mental disabilities, should remain in penitentiary isolation. Moreover, the Commissioner argued that the centres' premises make it difficult to perform psychological and psychiatric examination, and that the number of specialists working there is insufficient. The Commissioner also noted that places in diagnostic centres are insufficiently used and pointed out that it is desirable to provide training for officers in early diagnosis of an inmate's personality and the method of dealing with persons with intellectual or mental disabilities.

In his reply of 28 January 2016, the Deputy Director General of the PS declared openness and readiness for further cooperation in this regard. At the same time, he indicated that directors of penitentiary establishments are aware of the need and necessity to inform penitentiary and adjudicating courts of inmates in penitentiary isolation whose further stay in prison/custody is doubtful. The Deputy Director General of the PS also stated that directors of penitentiary establishments were required to analyse the possibility of dividing residential cells in diagnostic centres into smaller ones to eliminate cells with as many as 6-9 persons. Directors of penitentiary establishments, within which diagnostic centres operate, were also required to analyse dates of admissions, monitor and supervise the observance of timely examination. Directors of penitentiary establishments were also reminded that, when there are any vacancies in an establishment, convicts not subject to examination must not be placed in cells of a diagnostic centre, except in exceptional situations where it is justified on educational grounds, i.e. by the need to ensure proper imprisonment conditions for convicts who are subject to examination. Furthermore, directors of penitentiary establishments were required to hold training for educators of penitentiary departments and diagnostic centres in dealing with persons with personality disorders and mental disabilities.

With regard to the reply to the Commissioner, the CHR sent another letter³⁸ to the Director General of the PS on 19 February 2016. The Commissioner indicated in the letter that no statement was made on the modification of the method of conducting preliminary interviews with newcomers to a penitentiary establishment which would make it more possible to preliminarily determine possible deficits of an inmate and specify a procedure to be followed if there are justified doubts about the possibility of the inmate's further stay in penitentiary isolation. The Commissioner also argued that directors of penitentiary establishments and the prison personnel verbalise their fear that the interest of a penitentiary judge in the situation of a convict might be considered as a violation of the principle of judicial independence. Therefore, actions taken with respect to persons with serious adaptation difficulties are aimed solely at ensuring their personal safety. In his letter, the Com-

³⁷ IX.517.2.2015, <http://www.sprawy-generalne.brpo.gov.pl/szczegoly.php?pismo=611006>

³⁸ IX.517.2.2015, <http://www.sprawy-generalne.brpo.gov.pl/szczegoly.php?pismo=663681>



missioner pointed out the need to develop and come forward with a special rehabilitation offer (for those who do not yet have a psychological penitentiary diagnosis and a treatment or rehabilitation procedure specified in such a diagnosis or those who are not referred to psychological and psychiatric examination performed in diagnostic centres due to a short sentence served in a regular system or a programmed rehabilitation system) adequately adjusted to psychophysical properties of persons with intellectual or mental disabilities and implement it in a way that would be acceptable to the population. The last aspect noted by the Commissioner concerned the scope of training, arguing that it is insufficient and that the methodology of work is not fit for purpose. The CHR pointed out that, in his opinion, all employees of prisons and pre-trial detention centres, who are in direct contact with inmates, including the medical personnel, need to be provided with training.

In his reply of 6 April 2016, the Deputy Director General of the Prison Service stressed that officers are in direct contact with inmates with intellectual or mental disabilities on a daily basis. This group of inmates requires great skill in individualising the execution of a prison sentence. In his reply, the Deputy Director General of the PS informed about a programme of vocational training for PS officers indicating that the issue of mental disabilities is discussed during training as part of psychological workshops. As regards penitentiary specialisation in officers' training, the issue is addressed as a separate subject during "Elements of psychopathology" classes. The Deputy Director General of the PS also stated that the Central Training Centre of Prison Service in Kalisz is currently working on new programmes of vocational training. The project is to address the issue of mental disabilities as part of both the general programme and penitentiary specialisation. Training will be conducted also in the form of workshops by using methods such as role plays and a case study. With reference to the issue of responding to cases of persons with intellectual disabilities or mental illnesses placed in penitentiary establishments, the Deputy Director General of the PS indicated that the personnel were repeatedly informed about the need to notify a penitentiary judge of such situations. This order is still valid and will be reminded during controls, training and briefings. It was also stressed in the reply that actions taken by the personnel with respect to inmates with intellectual or physical disabilities must focus on both ensuring their safety and trying to eliminate problems due to their deficits. These activities are conducted based on individual and group educational methods as well as psychological methods.

7) Access of prisoners to medical care

It should be noted that the Commissioner for Human Rights was particularly interested in the situation of persons with mental disorders. Therefore, in his letter³⁹ of 10 March 2016 to the Director General of the PS, he expressed his concern over the wording of the Ordinance of the Minister of Justice of 23 June 2015 on administrative activities related to

³⁹ <http://www.sprawy-generalne.brpo.gov.pl/szczegoly.php?pismo=678183>



the execution of pre-trial detention as well as penalties and coercive measures resulting in the deprivation of liberty and on documenting these activities⁴⁰. In accordance with these provisions in force since 1 July 2015, the prison administration is required to admit a person, who requires psychiatric hospitalisation due to acute psychosis, to a Pre-Trial Detention Centre or a Prison. In accordance with these provisions, every detained or convicted person, even if being in an immediate life-threatening condition, must first be admitted to a penitentiary establishment to later be provided with appropriate medical care (§ 35 of the Ordinance). The current wording of the Ordinance does not provide for a situation which would be an obstacle to the imprisonment of persons with even the most serious physical illness. The previously applicable regulations⁴¹ rendered it impossible that persons, who required hospital treatment due to acute psychosis or immediate hospital treatment due to an immediate threat to life or health, be first admitted to a penitentiary establishment. In view of the foregoing, the Commissioner was interested whether the Prison Service had reported any remarks on the draft Ordinance with respect to the legal amendments presented and, if not, what is the position of the Director General of the PS on the matter. In his reply of 5 April 2016, the Deputy Director General of the PS informed the Commissioner that, in correspondence with the Legislative Department of the Ministry of Justice, it was indicated that § 35 of the Ordinance as such, if in force, will result in hardly predictable staffing, organisational problems and increased financial costs for penitentiary establishments, associated with the need to secure funds for additional hospitalisations in non-prison medical entities, sanitary transport to often distant prison hospitals or libertarian hospitals and – if any negative consequences of failure to provide appropriate medical assistance on time occur – for any damages payable as a result of appeal proceedings and court judgments. As stressed in the reply, undertaken actions were not enough to defend legal solutions for following proper procedures when bringing persons who require hospital treatment⁴².

Moreover, the CHR asked Professor J. Heitzman – the Vice President of the Polish Psychiatric Association, for an opinion on the matter. In his reply of 12 April 2016, Professor J. Heitzman stressed that the only appropriate place for a mentally ill person in the state of acute psychosis is a medical facility, not a Prison. Only a psychiatric hospital can provide an ill person with appropriate and necessary care, without putting his/her life or health at risk. Leaving such a person in prison (in custody), without providing him/her with 24-hour and immediate psychiatric care, may constitute inhuman and degrading treatment. It may therefore violate standards under the Constitution and international conventions. Introducing the provision requiring that persons in a life-threatening condition be first admitted to a

⁴⁰ Dz.U. item 927.

⁴¹ Ordinance of the Minister of Justice of 2 October 2012 on administrative activities related to the execution of pre-trial detention as well as penalties and coercive measures resulting in the deprivation of liberty and on documenting these activities.

⁴² As pointed out in an interview by Colonel Jerzy Kopeć – the Deputy Director General of the Prison Service, transports of prisoners to civilian healthcare establishments are among factors resulting in overtime of PS officers: “one of significant factors resulting in overtime is treatment of inmates in civilian healthcare establishments and related convoys. These situations are usually difficult to predict. In this way, a small unit can work many overtime hours from day to day”. Cf. Penitentiary Forum 2015, No 5, p. 12.

Prison or a Pre-Trial Detention Centre (Article § 35 of the Ordinance) shifts the obligation to provide a mentally ill person in the state of acute psychosis with immediate appropriate medical care to the Prison Service at the time of inefficient healthcare in penitentiary facilities. At the same time, repealing the previously applicable provision prohibiting to admit persons in the state of acute psychosis or requiring immediate hospital treatment due to an immediate threat to life or health to a Pre-Trial Detention Centre was supposed to eliminate the risk of leaving a person in the state of acute psychosis without necessary immediate medical assistance. At the same time, the Vice-President of the Polish Psychiatric Association indicated the primary role of Article 260 of the Code of Criminal Procedure, as in force since 15 July 2015, which provides that, if the state of mental health so requires, the only place of pre-trial detention is a psychiatric hospital, rather than any hospital. It was stressed in the reply that the number of beds in psychiatric wards of pre-trial detention centres is insufficient, despite a huge demand. Moreover, there are not enough systemic solutions for admitting remand prisoners to a public hospital psychiatric wards. Another very important issue is the insufficient number of psychiatrists employed in penitentiary healthcare. As a result, ill prisoners are waiting for necessary assistance longer than the minimum allowed.

2.3 Strengths and good practices

Actions undertaken by administrators of the visited prisons and pre-trial detention centres which, in the opinion of the representatives of the National Preventive Mechanism, are worthy of recommendation and distinction as good practices are as follows:

- the so-called Internet kiosks located in residential wards of the Pr in Sieraków Śląski, equipped with accessories (a video camera, a microphone, a headset) necessary to enable video chats via SKYPE – an instant messenger, by persons deprived of their liberty. By equipping all wards with the kiosks, this form of contact with the outside world is generally available in the establishment;
- regular supervision of all psychologists and educators in the Pre-Trial Detention Centre in Warsaw-Grochów. As a result, penitentiary employees can get rid of negative emotions related to direct work with persons deprived of their liberty. They can also develop solutions for bringing a higher quality to the performance of their official duties;
- providing convicts on admission to a penitentiary establishment with a statement that they have read Article 139(1) of the Code of Criminal Procedure, Article 48a(1) of the EPC and Article 65a(1) of the EPC. Pursuant to the last two regulations, a court may suspend the execution of a substitute prison sentence if a convict declares in writing that he will take up community service (Article 48a(1) of the EPC) or will serve a sentence of restriction of liberty (Article 65a(1) of the EPC) and will submit oneself to their rigors.



3. Youth care centres

3.1 Introduction

In 2015, the representatives of the NPM visited 5 youth care centres⁴³.

3.2 Systemic problems

1) Necessity to draw up a new Act on juvenile delinquency proceedings

The representatives of the NPM uphold their position on the necessity to draw up a new Act on juvenile delinquency proceedings. The problem was described in *Reports of 2013 and 2014*, indicating issues that need to be urgently regulated in a legal act of statutory rank, i.e. access of juveniles to medical care (including access to specialist care as regards pregnant juveniles), their contact with parents/legal guardians and an attorney (including telephone contact), using CCTV surveillance in places of detention for juveniles or testing for the presence of alcohol and narcotic drugs in the organism.

According to information provided to the Commissioner for Human Rights by the Undersecretary of State of the Ministry of Justice, “it was decided to discontinue works on *draft assumptions of a draft Act amending the Act on juvenile delinquency proceedings and certain other acts* (List of Legislative Works of the Council of Ministers – ZD 85), while legislative works on *a draft Act amending the Act on juvenile delinquency proceedings and certain other acts*, covering, among others, the issues identified by the Commissioner for Human Rights, were initiated⁴⁴. It must be pointed out that works on *draft assumptions of a draft Act amending the Act on juvenile delinquency proceedings and certain other acts* have been carried out since 2013 and the draft has never left the phase of interministerial consultations.

2) Lack of systemic solutions for the situation of pregnant juveniles as well as juveniles and their children after birth⁴⁵

The issue has been signalled by the NPM Team in successive Annual reports since 2012, but the problem remains unresolved on a legislative basis. This omission must be attributed primarily to the Minister of Justice who, in accordance with the division of works, is responsible for legislative amendments to the Act on juvenile delinquency proceedings. Having found that the Ministry failed to develop draft legislative amendments, the CHR requested the Chairman of the Legislative Committee of the Senate of the Republic of Poland in her general letter of 11 March 2015⁴⁶ to develop adequate legislative amendments. As no reply

⁴³ YCCs in: Warsaw, Radzionków, Kwidzyn, Podciernie, Czaplonek.

⁴⁴ Reply of the Undersecretary of State of the Ministry of Justice of 19 February 2016 (DL-III-072-34/15).

⁴⁵ This systemic problem is also present in juvenile detention centres and juvenile shelters.

⁴⁶ KMP.573.52.2014.MMa, <https://www.rpo.gov.pl/sites/default/files/Wyst%C4%85pienie%20Generalne%20z%20dnia%2011.03.2015%20r.%20do%20Komisji%20Ustawodawczej%20Senatu.pdf>



was received, the Commissioner repeated the request⁴⁷. By the end of the 8th term of the Senate of the Republic of Poland, no reply was received.

The situation of juveniles in the signalled area will remain in the interest of the Commissioner until adequate legal regulations are developed.

3) Implementation of the right of juveniles deprived of their liberty to file complaints⁴⁸

Findings of the representatives of the National Preventive Mechanism cast doubts on whether there is an effective mechanism for filing complaints by juveniles staying in juvenile detention centres and juvenile shelters, Police emergency centres for children and youth care centres. Current procedures do not provide protection against any negative consequences of filing a complaint or protection against further harm from a perpetrator. On 10 December 2015⁴⁹, the Commissioner for Human Rights asked the Ombudsman for Children for cooperation in developing standards for filing complaints by children deprived of their liberty.

The CHR indicated that the Convention on the Rights of the Child⁵⁰ and the Recommendations of the UN Committee on the Rights of the Child issued on 2 October 2015 during the 2052nd session (CRC/C/SR.2052) and related to the third and fourth periodic report of Poland on the implementation of the Convention (CRC/C/POL/CO/3-4), i.e. the execution of Committee Recommendation No 25b, need to be complied with in Poland. In accordance with the recommendation indicated, it is necessary to review existing complaint mechanisms and make sure that all children deprived of their liberty have access to a safe and child-friendly mechanism for filing complaints related to their deprivation of liberty, detention/internment and treatment conditions.

4) Right to health protection

The visitors were informed that charges, as a rule, are not examined by a doctor upon their admission to a centre, unless documentation or an interview with a juvenile makes it necessary⁵¹. The representatives of the NPM point out that this practice is contrary to recommendations of the Committee of Ministers to Member States on the European rules for juvenile offenders subject to sanctions or alternative measures [hereinafter referred to as “Recommendations CM/Rec(2008)11”] which provide that, *as soon as possible after admission, the juvenile shall be medically examined, a medical record shall be opened and treatment of any illness or injury shall be initiated* (Rule 62.5). The employees of the OCHR

⁴⁷ Letter of 31 August 2015.

⁴⁸ This systemic problem is also present in juvenile detention centres and juvenile shelters.

⁴⁹ KMP.573.42.2014.DK, <https://www.rpo.gov.pl/sites/default/files/WYST%C4%84PIENIE%20GENERALNE%20%20DO%20RZECZNIKA%20PRAW%20DZIECKA%20Z%2010.12.2015.pdf>

⁵⁰ Dz.U. of 1991, No 120, item 526.

⁵¹ YCCs in: Podciernie, Czaplonek, Radzionków.



recommended that the medical examination of each newcomer to a centre be immediately organised.

3.3 Strengths of establishments and good practices

The following activities in the YCC in Radzionków deserve special recognition:

- independent living programme for charges which is implemented in educational groups in several dimensions. The basic pillar involves learning independence and responsibility. The second pillar of the programme covers learning self-care skills related to everyday life – using household appliances correctly, cleaning rooms, washing clothes, doing minor renovation works – painting, wallpapering. The third pillar involves learning social skills in an open environment by carrying out various tasks (e.g. voluntary work, handling of affairs in offices),
- independent living group. According to the assumptions accepted, only charges who are at least 17 years old, who are lower or higher secondary school students, have predispositions to function in the environment and who are motivated and declare their willingness to change may be directed to this group. The group was set up to gradually prepare juveniles to live independently in an open environment,
- supervision of the pedagogical personnel to defuse tensions which arose when performing official duties. It also helps improve relations between personnel members which, in turn, has a direct impact on the quality of their work and the level of care of charges,
- procedure for *dealing with a pregnant charge* which specifies how to deal with an expecting juvenile.

In the opinion of the representatives of the National Preventive Mechanism, the following examples of good practices in the YCC in Kwidzyn deserve recognition:

- implementation of the “Good mom” training and therapeutic programme which is aimed at preparing juveniles to be a mother by making them understand the world of a baby. As part of the programme, juveniles identify dangers that a baby may encounter at home,
- participation in the “Youth Tribune” project. The Tribune is very active in the life of the centre and frequently acts as a mediator between charges. The Tribune of this establishment built close relationships with charges and cooperated with employees to improve educational atmosphere in the centre,
- development of a practical “Guidebook for a charge” which is provided to each charge. It contains information on the establishment, a daily schedule, how to maintain contact with loved ones, it discusses assessment principles and presents expectations with regard to a juvenile,
- setting-up of an independent living group which makes it possible for charges to prepare themselves to leave the establishment with discreet support of its employees.



In two visited establishments⁵², the representatives of the NPM decided that it would be advisable for the centres to employ a nurse who would coordinate all matters related to medical care, perform preliminary assessments, cooperate with a family doctor, manage medicines, prepare appropriate medicine dosages, etc.

The visitors voiced reservations⁵³ about the fact that legal guardians may, when making their statements, consent to treatment in general terms, not being familiar with a particular case. Given the legislation in force, the representatives of the National Preventive Mechanism recommend that legal guardians of charges consent to examination presenting an increased risk and authorise a medical act proposed in a particular health situation on each occasion.

At this point, the representatives of the Mechanism, despite understanding that the need to contact a legal guardian of a juvenile on each occasion may be difficult, point out that the so-called *blanket consent* is invalid. A doctor may perform examination or provide other health services with the consent of a patient (Article 32(1) of the Act of 5 December 1996 on the professions of doctor and dentist⁵⁴, hereinafter referred to as the “APDD”). The consent of a patient must be given before a doctor performs any medical act (*ex ante*). It should be noted that, before a patient gives his/her consent, he/she must be provided with understandable information on such examination and treatment and their possible consequences or on other possible methods of action⁵⁵.

The representatives of the National Preventive Mechanism also note that a charge, who attained the age of 16, must consent to examination and a medical act (Article 32(5) of the APDD) as well. If, however, a juvenile patient needs only examination, the consent may also be given by an actual guardian, i.e. an employee of an establishment as well (Article 32(3) of the APDD). If, in the case of examination presenting an increased risk or a medical act, no agreement with a legal guardian of a child can be reached, this case should be referred to a custody court in whose jurisdiction the medical acts are to be performed (Article 32(2) of the APDD). There is no need for such action only if a patient requires immediate medical assistance or there is an imminent danger of death, serious injury or serious health disorder of a patient (cf. Article 33(1) and Article 34(7) of the APDD).

⁵² YCCs in: Czaplonek, Radzionków.

⁵³ YCCs in: Kwidzyn, Radzionków.

⁵⁴ Dz.U. of 2015, item 464, as amended.

⁵⁵ Cf. Judgment of the Supreme Court of 16 May 2012, file ref. No III CSK 227/11, Bull. of the SC 2012/7/13, LEX No 1211885.



4. Juvenile detention centres and juvenile shelters

4.1 Introduction

In 2015, the representatives of the National Preventive Mechanism visited 5 juvenile detention centres and 5 juvenile shelters⁵⁶. One visit was a revisit⁵⁷.

4.2 Systemic problems

1) Necessity to draw up a new Act on juvenile delinquency proceedings

The Act on juvenile delinquency proceedings governs the implementation of educational, corrective measures and other issues. The representatives of the NPM agree that there are many issues relating to the implementation of a corrective measure which must be included in the Act. Therefore, it was proposed to start working on a new Act on juvenile delinquency proceedings. As previously indicated, legislative works on a *draft Act amending the Act on juvenile delinquency proceedings*, covering, among others, the issues identified by the Commissioner for Human Rights, were initiated⁵⁸.

2) Juvenile isolation system

Being of particular interest to the Commissioner for Human Rights, a juvenile isolation system for maintaining security and order in a Juvenile Detention Centre or a Juvenile Shelter should be considered as a still unresolved issue.

For years, the Commissioner has noted that directors of juvenile institutions abuse a provision under which they may isolate juveniles to maintain security and order in a Juvenile Detention Centre or a Juvenile Shelter. However, they do not apply disciplinary liability provisions or provisions under which they may apply coercive measures.

Therefore, the Commissioner for Human Rights applied to the Constitutional Tribunal on 22 July 2013 for declaring these provisions of the Ordinance of the Minister of Justice of 17 October 2001 on juvenile detention centres and juvenile shelters⁵⁹ inconsistent with the Constitution of the Republic of Poland.

The case is still pending, despite the fact that the Minister of Justice amended these provisions on 6 November 2015 (they now read as follows: “A *director of a facility may place a juvenile in a transition room for a fixed term, but no longer than 14 days to ensure safety and order in the establishment*”). The CHR still considers them as unconstitutional and the Public Prosecutor General admitted in his statement of 11 February 2016 (ref. No

⁵⁶ JDC in Ostrowiec Świętokrzyski, JS in Warsaw-Okęcie, JDC and JS in Warsaw-Falenica, JDC and JS in Głogów, JDC and JS in Laskowice, JDC and JS in Mrozy.

⁵⁷ JDC and JS in Warsaw-Falenica.

⁵⁸ Reply of the Undersecretary of State of the Ministry of Justice of 19 February 2016 (DL-III-072-34/15).

⁵⁹ Dz.U. of 2014, item 1054, as amended.



PG VIII TK 87/13) that they are affected by the same defects as before the amendment”⁶⁰. The Commissioner for Human Rights also pointed out that the case needs to be resolved by the Tribunal and the amendment to the provision does not change the CHR’s opinion.

3) Performance of personal controls by the personnel

Personal controls of charges are performed by the personnel in all the visited juvenile detention centres and juvenile shelters to check whether they do not carry prohibited and potentially dangerous items. Such controls happened to be so thorough that they consisted in taking off underwear⁶¹ and doing sit-ups to check whether charges do not carry drugs or other prohibited items in intimate parts of their bodies⁶². Controls of charges in one establishment were procedurally defined in rules of visits⁶³.

It should be stressed at this point that a personal control is one of the most serious interferences with the right to privacy and intimacy and thus authority to perform it must not be presumed. Furthermore, it must not arise out of a legal act of lower rank than a statute. In this context, it is worth pointing out the Judgment of the Constitutional Tribunal of 29 October 2013 (file ref. No U 7/12), which was rendered upon application by the Commissioner for Human Rights, challenging provisions governing a personal control of foreigners held in guarded centres or in custody for the purpose of expulsion. In its judgment, the Constitutional Tribunal stressed that conditions for the admissibility of a personal control of a person deprived of personal liberty can never be left to a secondary legislator. They always must take the form of a statute.

At present, however, personal controls in juvenile detention centres and juvenile shelters are performed pursuant to the Ordinance of the Minister of Justice of 17 October 2001 *on juvenile detention centres and juvenile shelters*⁶⁴, rather than a statute. Moreover, the Ordinance does not indicate persons authorised to perform personal controls, conditions for their application and a measure of appeal against a decision in this respect. Terminological inconsistency in the Ordinance, which first defines the term “personal control” and later refers to it as a “personal search”⁶⁵, is also noticeable.

The Commissioner for Human Rights requested the Minister of Justice to take legislative action on the matter⁶⁶. The Minister of Justice replied on 25 April 2014 that the Ministry is working on draft assumptions of the Act on juvenile delinquency proceedings. Relevant regulations have not been adopted to this day, although the representatives of the NPM believe that this issue requires urgent regulation.

⁶⁰ For both opinions, cf. <https://www.rpo.gov.pl/pl/content/wniosek-do-trybuna%C5%82u-konstytucyjnego-w-sprawie-systemu-izolacji-nieletnich-ze-wzgl%C4%99du-na>

⁶¹ JDC and JS in Głogów.

⁶² JDC in Ostrowiec Świętokrzyski.

⁶³ JDC and JS in Mrozy.

⁶⁴ Dz.U. of 2014, item 1054, as amended.

⁶⁵ Cf. § 2(20) and § 10515(6) of the Ordinance.

⁶⁶ KMP.573.24.2014.AI. General letter of 8 April 2014, <https://www.rpo.gov.pl/pl/content/wyst%C4%85pienie-generalne-do-ministra-sprawiedliwo%C5%9Bci-z-08042014-r-w-sprawie-kontroli-osobistych>



4) Testing for the presence of alcohol and narcotic drugs in the organism

Another systemic problem detected in the visited establishments and signalled in the *Report on the Activities of the NPM in 2014* is testing charges for the presence of alcohol or narcotic drugs.

Interviews with juveniles revealed that it is a constant practice in most visited establishments⁶⁷. It should be emphasised that, as in the case of youth care centres, the AJDP does not allow for requiring a juvenile to undergo such testing also as regards juvenile detention centres and juvenile shelters.

In her general letter of 30 March 2015⁶⁸ to the Minister of Justice, the Commissioner for Human Rights indicated that no testing, regardless of its complexity, should not, however, be performed without explicit statutory authority for persons who perform it. In turn, implementing provisions should provide for a method of documenting such testing and allow for verifying its results which constitute a legal guarantee for the protection of interests of a juvenile. In the letter, the Commissioner requested the Minister to take a legislative initiative to indicate, by statute, entities authorised to perform testing: for the presence of alcohol, narcotic drugs and psychoactive substances in the organism of juveniles in juvenile detention centres and juvenile shelters, as well as specify, in implementing acts, conditions for and a method of performing, documenting and verifying such testing. In his reply of 21 April of 2015⁶⁹, the Secretary of State of the Ministry of Justice admitted that such provisions must be included in a legal act of statutory rank to ensure that the issue of testing for the presence of drugs, narcotic drugs and psychoactive substances is regulated in line with the Constitution.

5) CCTV surveillance in places of detention

CCTV surveillance in the visited establishments covers, among others, passageways, corridors, transition, isolation rooms and infirmaries, workshop premises, isolation rooms for patients, lavatory vestibules. Two establishments⁷⁰ did not archive CCTV footage for the period laid down in implementing provisions⁷¹.

It should be pointed out here that video surveillance used in the establishments results in limiting the right to privacy (Article 47 of the Constitution) and is applied only pursuant to an implementing act, not a statute. As a matter of fact, no provision of the Act on juvenile

⁶⁷ JDC and JS in Mrozy, JS in Warsaw-Okęcie, JDC and JS in Głogów; JDC in Ostrowiec Świętokrzyski, JDC and JS in Laskowicz; JDC and JS in Warsaw-Falenica.

⁶⁸ KMP.573.42.2014.DK, <http://rpo.gov.pl/pl/content/wyst%C4%85pienie-generalne-z-dnia-30032015-r-do-ministra-sprawiedliw%C5%9Bci-dotycz%C4%85ce-podj%C4%99cia>

⁶⁹ Cf. DWOiPIII 0727/15/6, <https://www.rpo.gov.pl/sites/default/files/Odpowied%C5%BA%20Sekretarza%20Stanu%20w%20Ministerstwie%20Sprawiedliw%C5%9Bci%20z%20dnia%2021.04.2015%20r.pdf>

⁷⁰ JDC and JS in Laskowicz; JDC and JS in Warsaw-Falenica.

⁷¹ The regulation currently in force introduced by the Ordinance of the Minister of Justice of 29 October 2015 amending the Ordinance on juvenile detention centres and juvenile shelters (Dz.U. of 2015, item 1809) requires that CCTV data be archived for 90 days (residential, transition, isolation rooms, infirmaries) and 60 days with respect to other premises. The previous provision provided that digital CCTV footage from residential, transition, isolation rooms and infirmaries be archived until juveniles placed there leave a centre or a shelter.

delinquency proceedings provides for using CCTV surveillance in juvenile detention centres and juvenile shelters.

Therefore, it violates the requirement of Article 31(3) and Article 41(1) of the Constitution of the Republic of Poland that any limitation of the freedoms and rights of an individual may be imposed only by statute. Having this issue regulated in the Ordinance is contrary to constitutional standards and must be eliminated⁷².

4.3 Strengths

Just as in 2014, the following strengths of juvenile detention centres and juvenile shelters should be mentioned: workshop and school facilities (rooms provided with necessary educational materials, equipment, machinery, multimedia devices), libraries with an extensive collection of books, sports facilities (including playgrounds and gyms), a wide range of extracurricular activities, including special interest groups (e.g. sports, IT, artistic, culinary, computer graphics and printing groups), rehabilitation programmes (e.g. training of social skills against aggression, programmes addressing addiction issues, HIV/AIDS prevention and sexually transmitted diseases, programmes of creative and self-esteem building activities).

The following good practices were identified by the representatives of the NPM in visit reports in 2015:

- A brochure for parents developed by a psychologist and a pedagogue as part of regular meetings, entitled *Threats of adolescence*, with information on how to prevent children escapes, how to react, not only when a child escaped from home, but also how to behave after his/her return⁷³. The aim of brochures is to help parents of children for whom children escapes are also a difficult situation and who do not always know how to react to it.
- An instructional video for newcomers to prepare them to live in an establishment⁷⁴. The video aims at presenting situations that may occur when staying in an establishment and what rights and obligations a juvenile has.
- The “*School differently*” education project implemented in a lower secondary school and a vocational school, which belong to the JDC and the JS in Laskowiec, where lessons are divided into thematic blocks and where groups do not exceed 10 persons. Charges chose on their own in which blocks they want to participate on a given day.

⁷² In its Judgment of 19 May 1988, the Constitutional Tribunal pointed out that failure to regulate limitations of the freedoms of an individual by statute must lead to the disqualification of a given regulation as being unconstitutional (OTK 1988, No 4, item 46). The legal doctrine also criticises the lack of the statute. In the opinion of Lech Garlicki, all the conditions referred to in the indicated Article of the Basic Law must be met to limit the rights and freedoms of an individual. The exclusion of these general principles should be considered as unjustified impoverishment of the constitutional protection of the rights of an individual (L. Garlicki, *Constitution of the Republic of Poland. Commentary*, Vol. III, Warsaw, p. 17).

⁷³ JDC and JS in Głogów.

⁷⁴ JDC and JS in Głogów.



During the classes, each student performed tasks tailored to his/her abilities and arrears which, by definition, are closely related to everyday life.

- Monitoring the fate of charges after leaving a Juvenile Detention Centre or a Juvenile Shelter. Undoubtedly, both the idea itself and the range of support offered as part of this *extended care* makes the establishment visited stand out from other establishments visited by the representatives of the National Preventive Mechanism. When leaving the establishment, charges know that they can ask the director for support (being material support, a talk with a psychologist or other support related to the present life situation) anytime. In the opinion of the employees of the OCHR, the described practice is an excellent example of values which should be pursued as part of juvenile rehabilitation – the need for it does not cease when a charge leaves the establishment⁷⁵.

5. Rooms for detained persons (PDRs)

5.1 Introduction

In 2015, the representatives of the National Preventive Mechanism visited 15 rooms for detained persons or persons brought to sober up within Police organisational units.

5.2 Systemic problems

1) Delegating the responsibility for care of intoxicated persons to the Police

2015 is another year in which the problem of delegating the responsibility for care of intoxicated persons to the Police remains topical. In the absence of the obligation to employ any medical personnel in rooms for detained persons or persons brought to sober up, these establishments are not adequately prepared to care for intoxicated persons. Despite general letters of the Commissioner for Human Rights⁷⁶, representatives of the Ministry of the Interior and the Ministry of Health failed to develop any solution to this issue.

2) Medical examination of detained persons

The situation of medical examination of PDR detainees remains the same. As in previous years, medical services were provided to persons brought to sober up who had visible bodily injuries and those who requested such examination.

Compared to the previous year, a greater number of the establishments visited⁷⁷ examined intoxicated persons who were detained in connection with a case. In other rooms

⁷⁵ JDC and JS in Warsaw-Falenica.

⁷⁶ RPO-738421-VII-720.7/13/MMa, KMP.574.14.2014.MMa.

⁷⁷ PDRs in: Strzelce Krajeńskie, Łomża, Klodzko, Jarocin, Włodawa, Brzesko, Kwidzyn, Chodzież, Syców.



covered by the activities of the National Preventive Mechanism, however, detained and, at the same time, intoxicated persons did not have to be compulsorily examined.

This means that persons, who are in the same situation (one person needs to sober up to allow for performing procedural actions with respect to him/her, another needs to sober up to be released), are treated differently under law, although the purpose of examination in both cases should be to determine whether a person can stay in a PDR, not e.g. in a hospital where he/she would have specialist care ensured.

The situation in the field postulated by the NPM, i.e. to subject all persons detained by the Police and placed in PDRs to medical examination, remains the same. Based on CPT recommendations, General Assembly Resolutions and conclusions made by the representatives of the National Preventive Mechanism as a result of visits, examining all detainees would play a very important function. On the one hand, it would make it possible to early detect medical contraindications to being placed in PDRs, while on the other hand, a detailed description of detainees' health condition would effectively protect Police officers on duty in PDRs from any charges. If a person detained in connection with a case bears marks of beating and documentation kept by a PDR (a duty log book, a protocol of detention) lacks any annotations on causes of these injuries, there is a serious doubt as to the treatment of the detainee in the PDR.

In its judgments, the European Court of Human Rights reiterates that the first sentence of Article 2(1) of the European Convention on Human Rights and Fundamental Freedoms⁷⁸ ("Everyone's right to life shall be protected by law") requires a State not only to refrain from the intentional and unlawful deprivation of life, but also to take appropriate steps to protect the life of those within its jurisdiction (*Olszewscy v. Poland* No 99/12, Judgment of 3 November 2015). The Court also held that, for a positive obligation to arise, it must be established that the authorities knew or ought to have known at the time of the existence of a real and immediate risk to the life of an identified individual from a third party or himself and that they failed to take measures within the scope of their powers which, judged reasonably, might have been expected to avoid that risk (*Keller v. Russia* No 26824/04, Judgment of 17 October 2013).

Furthermore, sudden deterioration of health of a detainee results in specific obligations on the side of public authorities: Consequently, if an individual is arrested and his/her health condition at the time of the arrest is good and if such an individual is released in a worse condition, a State is responsible for identifying causes of such health problems (*Dzieciak v. Poland* No 77766/01, Judgment of 9 December 2008).

Therefore, the Commissioner for Human Rights requested the Minister of the Interior in his general letter⁷⁹ of 28 October 2015 to provide explanations on a document developed by the Ministry of the Interior in cooperation with the Chief Police Headquarters, entitled

⁷⁸ Dz.U. of 1993, No 61, item 284, as amended.

⁷⁹ <https://www.rpo.gov.pl/pl/content/wyst%C4%85pienie-generalne-z-dnia-28102015-r-do-ministraspraw-wewn%C4%99trznnych-w-sprawie-realizacji-programu>



Strategy of actions to prevent human rights violations by Police officers and, more precisely, to explain how a section of the document, entitled *Adaptation of standards for disciplinary proceedings and investigations to ECHR standards*, will be implemented.

The Commissioner pointed out that, in accordance with applicable provisions, only selected groups of persons undergo mandatory medical examination: pregnant women, breastfeeding women, persons with mental disorders, persons with infectious diseases and juveniles after the consumption of alcohol or another similarly acting substance, or if a detained person states that he/she suffers from diseases that require continuous or periodic treatment whose interruption would endanger life or health, requests that examination be performed or has visible bodily injuries. The group of persons subject to examination is thus quite narrow.

In the context of the obligation to adapt disciplinary proceedings and investigations to ECHR standards (cf. Judgment of 12 April 2007 in the case of *Dzwonkowski v. Poland*, Application No 46702/99; Judgment of 12 May 2009 in the case of *Artur Mrozowski v. Poland*, Application No 9258/04), the question is how Police officers will identify the mechanism and cause of suffering injuries by a person being under their supervision, since there is no obligation to subject every detained person to medical examination and thus to document the health condition of a person placed under the supervision of the Police. Therefore, if any bodily injuries are found when releasing such a person, they will be presumed to be suffered at the time of his/her detention. In accordance with both the recommendations of the CPT and the UN Committee against Torture (CAT), States are recommended to properly document bodily injuries of detainees and to correctly explain their causes. The Commissioner stressed that the provisions of the Ordinance of the Minister of the Interior on the medical examination of persons detained by the Police are not in line with recommendations issued by international bodies or standards developed by the ECHR.

In his reply, the Secretary of State of the Ministry of the Interior pointed out that the document includes various actions to prevent human rights violations. With regard to the adaptation of standards for disciplinary proceedings and investigations to ECHR standards, the Ministry of the Interior asked the Public Prosecutor General's Office for cooperation in conducting parallel criminal and disciplinary proceedings in cases of crimes related to the deprivation of life and inhuman or degrading treatment or punishment committed by Police officers. At the same time, the Secretary of State of the Ministry of the Interior stressed that works on draft assumptions of a draft Act on the Police, which are to define the scope and method of legal regulation of issues related to video and audio recording as part of administrative and law enforcement activities, are in progress. One of primary objectives of the draft regulations would be improving the protection of persons with respect to whom Police officers perform their official tasks and third persons present where the tasks are performed.

The reply also stated that, in the opinion of the Ministry of the Interior, legal regulations ensure persons detained by the Police with broad access to medical care and the

implementation of the standard indicated by the CPT that each detainee can select a doctor, who will examine him/her, would entail far-reaching organisational complications.

In his next general letter, the Commissioner for Human Rights requested the Minister of the Interior to provide additional information on the *Strategy*... At the same time, he stressed that the already presented information did not fully meet a ECHR standard. The proposals for cooperation with the Public Prosecutor General or video and audio recording as part of administrative and law enforcement activities, as mechanisms for preventing torture or ill-treatment or punishment, should be, in the opinion of the Commissioner, reinforced with properly kept medical records of each detainee's medical examinations. Otherwise, the problem of the clear explanation of the mechanism and causes of suffering bodily injuries by persons being under the supervision of Police officers will remain unresolved. If any bodily injuries are found when releasing such a person from a PDR, they will still be presumed to be suffered at the time of his/her detention or confinement.

A new problem, which was detected in 2015, involves examining persons with mental disorders (e.g. after a suicide attempt) by doctors other than psychiatrists. In the opinion of the employees of the NPM, this practice may endanger detainees' health and even life if they are misdiagnosed. Furthermore, if a person with mental disorders, who may pose a threat to oneself or others, is placed in a Police unit, officers are vested with a particularly difficult task whose fulfilment requires specialist medical knowledge. Therefore, the Deputy Commissioner for Human Rights requested the Police Commander-in-Chief in his general letter of 7 January 2016 to take appropriate actions to eliminate this practice⁸⁰. In his reply of 9 February 2016, the Deputy Police Commander-in-Chief pointed out that "the legislator admittedly did not specify the specialisation of a doctor who is to examine persons prior to their admission, however, the accepted practice, according to which examination is usually performed by the so-called general practitioners, seems to be the most optimal solution. These are general practitioners who have general medical knowledge based on which they may order additional specialist consultation e.g. psychiatric consultation".

The Deputy Police Commander-in-Chief also takes the view that introducing solutions, according to which examinations will be performed directly by a specialist doctor, may raise doubts as to an entity that will decide on their legitimacy.

It seems that the issue needs to be further monitored by the National Preventive Mechanism. Nevertheless, the Police should be more involved in signalling to a general practitioner that additional examination needs to be performed by a specialist doctor prior to admission to a PDR, especially when a detainee shows signs of irrational behaviour or behaviour that significantly deviates from the canon of socially acceptable behaviour.

To a further extent, provisions governing medical examinations of persons detained within Police units are contained in the Regulation. In the opinion of the Commissioner for Human Rights, provisions limiting the constitutional right to privacy of an individual and

⁸⁰ KMP.570.25.2015.WS.



interfering with medical confidentiality (in the presence of a Police officer when providing health services) should be included in a legal act of statutory rank pursuant to Article 31(3) of the Constitution of the Republic of Poland.

3) Insufficient staffing of PDRs

In 2015, § 2(2) of Order No 130 of the Police Commander-in-Chief of 7 August 2012 *on methods and forms of performing tasks in a room for detained persons or persons brought to sober up*, which stipulates that *the unit's director organises service in such a way that there is always a Police officer in the PDR* (hereinafter referred to as "Order of the PCC No 130"), was not amended.

As in previous years, the representatives of the National Preventive Mechanism find that there are instances, where one Police officer is on duty in a PDR, and, being also a deputy duty officer at Police headquarters, he/she has to perform certain duties ordered by his/her superior. Cases, where Police officers serve their duty outside a PDR⁸¹, should be considered as particularly dangerous. In such a situation, it may take too long to react to an adverse event. Moreover, it is impossible for one Police officer to effectively ensure safety and control in PDRs. Due to his official duties, such as e.g. admittance of a detainee, he/she will not be able to physically exercise the rights of another detainee or person brought to sober up.

Materials collected during visits reveal that one person is not able to take care of the safety of inmates and to enable them to exercise their rights at the same time. When performing the duty to control the behaviour of inmates, completing mandatory documentation or admitting, delivering, transferring or releasing persons held in PDRs, it is not feasible to simultaneously handle other inmates who wish to exercise their rights as PDR inmates at that time (e.g. to use a sanitary facility, to use a Police patrol for purchase purposes, etc.).

Of course, an increase in the staffing of PDRs would not guarantee that extraordinary events are eliminated, but could reduce their number. Risks related to instances, where one Police officer is on duty in a PDR, were brought to the attention of the visitors also by Police officers themselves who serve their duty in the establishments visited.

Nevertheless, it should be firmly stressed that, if there are persons held in a PDR who require special supervision, it is the responsibility of the unit's director to increase the staffing of Police officers on duty in the PDR. While recognising staffing problems which occur in this formation, it should be noted that, in the opinion of the CHR, the ultimate goal will be to introduce two-person service in PDRs, but at present, such service should be used in all the necessary situations referred to above.

The Commissioner for Human Rights will further monitor the issue indicated to pay even more attention to the situation of persons on duty in PDRs.

⁸¹ PDRs in: Brzesko, Kwidzyn.

4) Personal controls of detainees

The representatives of the NPM further face situations in which Police officers understand detailed examination – provided for in the Ordinance of the Minister of the Interior of 4 June 2012 *on rooms for detained persons or persons brought to sober up, transition rooms, temporary transition premises and Police emergency centres for children, the rules of stay in these premises, rooms and centres, and the method of handling video recordings from these premises, rooms and centres*⁸² (hereinafter referred to as the “Ordinance on PDRs and PECCs”) – as a personal control⁸³.

In accordance with § 5(2) of Annex No 1 to the Ordinance on PDRs and PECCs, a person admitted to and held in a PDR is subjected to detailed examination to collect the items referred to in paragraph 1(2) (i.e. dangerous or prohibited items). The person and his/her clothes are examined, if possible, by a Police officer of the same sex so as to ensure that his/her intimacy is respected.

The quoted provision makes it clear that the examination is performed on a dressed detainee, while the Police require detainees to strip naked to control them. The CHR understands the need to ensure the safety of both detained persons and Police officers on duty in PDRs, however, such extensive interference with the right to privacy must not take place without legal regulations which are relevant in the light of the Constitution of the Republic of Poland.

Therefore, the Commissioner for Human Rights pointed in her another general letter of 10 July 2015 to the Minister of the Interior to, among others, the urgent need to regulate the issue of personal controls in a legal act of statutory rank⁸⁴.

In his reply of 12 August 2015, the Undersecretary of State stated that works on draft assumptions of a draft Act on the Police, whose scope is to cover, among others, statutory regulations of the issue of personal controls, are in progress. Progress in developing the regulations in question remains in the interest of the Commissioner for Human Rights.

5) Situation of persons with disabilities

The issue of ensuring appropriate conditions in PDRs for persons with disabilities remains unresolved.

The issue of adjusting PDRs to the needs of persons with disabilities was one of points of the meeting between the representatives of the National Preventive Mechanism and representatives of the Chief Police Headquarters on 13 October 2014. It was established then to designate premises meeting standards for adjustment to the needs of persons with disabilities to which persons requiring special conditions of stay will be transported.

⁸² Dz.U. of 2012, item 638, as amended.

⁸³ PDRs in: Brzeg, Śrem, Strzelce Krajeńskie, Łomża, Klodzko, Jarocin, Kwidzyn, Ostrołęka, Chodzież, Starachowice.

⁸⁴ <https://www.rpo.gov.pl/sites/default/files/Wyst%C4%85pienie%20generalne%20do%20Ministra%20Spraw%20Wewn-trznych%20z%20dnia%2010.07.2015%20r.pdf>



In the letter of 24 July 2015⁸⁵ to the Police Commander-in-Chief, the Deputy Commissioner for Human Rights requested to predict when the premises indicated by the Police will be fully adjusted to the needs of persons with disabilities and point out premises, which will be adjusted to enable the stay of persons with disabilities, within all voivodeship headquarters. In accordance with the reply of 17 August 2015, the Deputy Police Commander-in-Chief instructed commanders of voivodeship Police headquarters and the Commander of the Warsaw Police Headquarters on 10 August 2015 to, if possible, gradually adjust PDRs so that there is at least one PDR within each Police garrison in which persons with physical disabilities or in wheelchairs can be placed.

In another general letter of 17 December 2015 to the Deputy Police Commander-in-Chief, the Deputy CHR indicated the need to ensure adequate technical conditions for persons with disabilities, which should include the entire infrastructure (from the entrance to headquarters or a Police station, rooms for detainees, toilets), so that detainees and persons brought to sober up will be ensured with conditions allowing for full freedom of movement and self-care. In the letter, the Deputy Commissioner for Human Rights recalled at the same time that the disabled are not only persons in wheelchairs or on crutches. These are also persons with sensory dysfunctions who require appropriate conditions of stay.

The Deputy Commissioner for Human Rights once again requested⁸⁶ the Police Commander-in-Chief to provide information on solutions in voivodeships in which PDR adjustment has been scheduled for 2016-2019 or no time limit has been provided. In his reply of 4 February 2016, the Deputy Police Commander-in-Chief indicated that garrisons, which have not specified any time limit for executing the investments in question or which have only defined a time interval for modernising PDRs, are at the stage of planning the investment of constructing new headquarters of their unit or drafting project documentation for the investments referred to above. Therefore, there are still Police garrisons which lack units adjusted to the needs of persons with disabilities.

5.3 Good practices

A valuable initiative observed by the visitors and worth repeating in all Police units is to include issues related to dealing with persons with disabilities in a personnel training offer⁸⁷. The NPM assumes that dealing with persons with disabilities requires a specific approach which takes into account a specific disability on the one hand, while on the other hand, putting emphasis on ensuring the independence of such persons in performing any actions required at a place of detention.

⁸⁵ <https://www.rpo.gov.pl/pl/content/wyst%C4%85pienie-generalne-z-dnia-24072015-r-do-komendanta-g%C5%82%C3%B3wnego-policji-w-sprawie>

⁸⁶ KMP.570.1.2014 of 17 December 2015.

⁸⁷ PDRs in: Łomża, Włodawa.

6. Police emergency centres for children

6.1 Introduction

In 2015, the representatives of the NPM visited four Police emergency centres for children⁸⁸. The PECC in Szczecin was closed during the visit due to major refurbishment.

6.2 Systemic problems

1) Detailed examination/Personal control

The problem of detailed examination, which actually should be treated as a personal control of juveniles, was raised already in the *Report of the NPM of 2013*. In the letter of 2 April 2015⁸⁹, the Minister of the Interior shared the position taken by the Commissioner on the need to include provisions defining detailed examination during the admission and stay of a juvenile, among others, in a PECC, in a legal act of statutory rank. It should also be noted that any security measures (in this case – undressing), which interfere that much with human freedom and privacy, should be limited to the necessary minimum and exceptional situations.

A letter on the matter and a reply of the Minister of the Interior were addressed in the chapter on PDRs.

2) Access to an attorney

On 30 November 2015, the Commissioner for Human Rights sent a general letter to the Minister of the Interior and Administration⁹⁰ on ensuring juveniles held in Police emergency centres for children with access to an attorney.

In its report of 2 October 2015 (CRC/C/POL/CO/3-4) containing recommendations for the implementation of the *Convention on the Rights of the Child* by Poland, the UN Committee on the Rights of the Child expressed its concern that children in conflict with law are interviewed or have to make statements or sign documents in the absence of an attorney or another trusted companion.

Having analysed the provisions in force by the Office of the Commissioner for Human Rights, it was concluded that juveniles' right to defence may not be exercised in full. As a matter of fact, the rules of stay in Police emergency centres for children (PECCs) provide for the possibility of visits by parents, a defence attorney or a guardian only with the consent of a court, a PECC's director or a Police officer responsible for a case. Access to an attorney is

⁸⁸ PECCs in: Kielce, Opole, Szczecin, Olsztyn.

⁸⁹ DKS1WZPC07902/2014; <https://www.rpo.gov.pl/sites/default/files/OdpowiedzC5%BA%20Podsekretarza%20Stanu%20w%20MSW%20z%20dnia%202.04.2015%20r.%20na%20Raport%20RPO%20z%20dzia%C5%82alno%C5%9Bci%20KMP%20w%202013%20r..pdf>

⁹⁰ KMP.573.20.2015; <https://www.rpo.gov.pl/sites/default/files/wyst%C4%85pienie%20gen.%20do%20MSWiA%2030.11.2015.pdf>



therefore dependent not on the will of a detainee, but on other persons which is contrary to the Constitution of the Republic of Poland (Article 42(2)), the Act on juvenile delinquency proceedings and international standards e.g. the Convention on the Protection of Human Rights and Fundamental Freedoms or the International Covenant on Civil and Political Rights. Furthermore, the case law of the European Court of Human Rights in Strasbourg indicates that access of a detained person to an attorney, including allowing for arranging for and pursuing his/her defence in the course of proceedings, is very important from the point of view of the right to a fair trial and should be guaranteed from the outset of detention. If refusal of access to an attorney is justified by exceptional circumstances of a case, the limitation to use his/her services must not undermine the rights guaranteed in Article 6 of the Convention on the Protection of Human Rights and Fundamental Freedoms.

In the letter of 8 January 2016, the Secretary of State of the MIA⁹¹ pointed out that the Minister of the Interior and Administration endorses the Commissioner's arguments. He also noted that the provision conditioning a defence attorney's visit on obtaining the consent of a court, a PECC's director or a Police officer responsible for a case is not justified in the context of a juvenile's procedural guarantees with regard to the right to defence. In the opinion of the Secretary of State, it appears advisable to maintain arrangements ensuring required organisational order in Police emergency centres for children and, on the other hand, there is the need to introduce regulations to prevent defence attorneys from requesting contact with a juvenile when it collides with a PECC's applicable daily schedule (i.e. e.g. at night, at mealtimes, etc.) or when the juvenile is not in the PECC for various reasons (e.g. due to appearance before an authority conducting proceedings).

At the same time, the Secretary of State pointed out that *"in view of putting an amendment to an implementing act on a faster legislative track, I would like to inform that the Ministry of the Interior and Administration declares that actions to amend § 8(1) (9) of the Rules be initiated"*.

3) Right to contact with the outside world

It is extremely important from the point of view of placing a juvenile in a PECC properly to allow him/her to both be visited and to contact the outside world.

It often happens that visits to a juvenile are performed in the presence of Police officers. Allowing for a visit in the presence of a Police officer infringes the right to protection of communication secrecy. Police officers should be present during visits of parents or guardians of a juvenile only in justified exceptional cases in which the security of an establishment, a juvenile or visitors may be undermined or when a court orders in writing that a visit is allowed in the presence of the PECC personnel. It should be noted that limitations

⁹¹ <https://www.rpo.gov.pl/sites/default/files/OdpowiedzC5%BC%20Sekretarza%20Stanu%20w%20MSWiA%20z%20dnia%208.01.2016%20r.pdf>



to the exercise of this right should be accurate and should provide for situations and entities entitled to impose them. This regulation should be included in the AJDP.

In accordance with information provided by the PECC personnel, juveniles exercise the right to receive visits from their parents, guardians or an attorney. Visits are held in a room designated for this purpose in the presence of a Police officer⁹² or in a waiting room which is open space next to a PECC duty room under the supervision of a PECC officer on duty⁹³.

Each time, the representatives of the NPM stress that stay in a PECC may be a difficult experience for a juvenile, thus the awareness of having and maintaining close contact with loved ones is extremely needed and may have a positive impact on his/her further functioning. Therefore, the employees of the OCHR take the view that efforts should be taken to ensure that the contact takes place so as to guarantee privacy and free exchange of views as well as that it can be made by telephone. It should be noted that the CPT, in its report to the Polish Government on the visit to Poland in 2004, recommended that the *Polish authorities take the following steps in Police emergency centres for children: improve the possibilities for children to maintain contact with their families; in particular, save in exceptional and duly motivated circumstances, they should be allowed to receive regular visits from their families. Further, they should be allowed to make and receive telephone calls* (paragraph 44)⁹⁴.

Minors placed in PECCs are not allowed to make telephone calls⁹⁵. If such a need is reported, Police officers contact an indicated person. In one of the PECCs visited⁹⁶, the representatives of the NPM determined that telephone calls of juveniles are made in a duty room in the presence of a PECC employee. In the opinion of the employees of the NPM, the AJDP must specify situations in which telephone calls should be made without any limitations related to the presence of third persons and when such limitation is recommended.

4) Right to health protection

The representatives of the NPM take the view that each newcomer should undergo medical examination. In its report to the Polish Government on the visit to Poland in 2004, the CPT expressed a similar view. The applicable provisions of the Ordinance of the Minister of the Interior of 13 September 2012 on medical examination of persons detained by the Police⁹⁷ concerning the total number of detainees apply to juveniles as well. In particular, juveniles are explicitly referred to in § 1(3) (2) (e) of the Ordinance under which it is necessary to perform medical examinations of a juvenile after the consumption of alcohol or another similarly acting substance.

⁹² PECCs in: Kielce, Olsztyn.

⁹³ PECC in Opole.

⁹⁴ (Council of Europe, Strasbourg, 11 April 2005); CPT (2005)3.

⁹⁵ PECCs in: Kielce, Olsztyn.

⁹⁶ PECC in Opole.

⁹⁷ Dz.U. item 1102.



In accordance with information provided to the visitors, pre-admission medical examinations are performed on juveniles with visible bodily injuries, being under the influence of alcohol or other narcotic drugs and juveniles who require such examination⁹⁸.

If such examination is performed, a medical certificate stating whether there are any contraindications to being placed in a Police Emergency Centre for Children is included in a juvenile's records⁹⁹. In one of the establishments visited¹⁰⁰, some protocols of detention lacked information on whether a juvenile was examined by a doctor. The employees of the OCHR recommended that Police officers be obliged to record the fact of medical examinations in protocols of detention and, if performed, include medical records.

7. Border Guard rooms for detained persons

7.1 Introduction

In 2015, the representatives of the Mechanism visited 5 Border Guard rooms for detained persons¹⁰¹ (hereinafter referred to as the “BGDR”, the “centre”).

7.2 Systemic problems

1) Personal control of detained persons

Most visited BGDRs followed the principle of controlling a detainee before placing him/her in the centre which involved not only his/her cursory check, but also requiring him/her to undress to underwear or even to strip naked. This problem was raised in the *Report of the NPM of 2014*¹⁰². It should be recalled that, in accordance with § 5(2) of the rules of stay of detained persons in rooms of Border Guard organisational units for such persons (hereinafter referred to as the “BGDR rules”) annexed to the Ordinance of the Minister of the Interior and Administration of 20 June 2011 on conditions to be met by rooms in Border Guard organisational units for detained persons and the rules of stay in these rooms¹⁰³, *a detained person is subject to detailed examination*. The representatives of the NPM repeatedly stressed that this activity related to the limitation of the constitutional rights of an individual should be regulated in a legal act of statutory rank. The CHR understands the need to ensure the safety of both detained persons and Border Guard officers on duty in BGDRs, however, such

⁹⁸ PECCs in: Kielce, Olsztyn, Szczecin, Opole.

⁹⁹ PECCs in: Kielce, Olsztyn, Szczecin.

¹⁰⁰ PECC in Opole.

¹⁰¹ BGDRs in: Braniewo, Krosno Odrzańskie, Augustów, Włodawa and Medyka.

¹⁰² https://www.rpo.gov.pl/sites/default/files/BIULETYN%20RZECZNIKA%20PRAW%20OBYWATELSKICH%202015%2C%20nr%204%20%20C5%B9R%C3%93D%C5%81A_0.pdf, p. 70.

¹⁰³ Dz.U. No 143, item 843, as amended.

extensive interference with the right to privacy must not take place without legal regulations which are relevant in the light of the Constitution of the Republic of Poland.

In his general letter¹⁰⁴ of 24 September 2015, the Commissioner for Human Rights challenged the possibility of carrying out a personal control pursuant to a legal act of lower rank than a statute. It should be noted that a regulation limiting the rights and freedoms of a citizen may only be laid down by statute and in certain situations. The requirement of Article 31(3) and the second sentence of Article 41(1) of the Constitution of the Republic of Poland that any limitation upon the exercise of constitutional freedoms and rights may be imposed only by statute is thus infringed.

In his reply of 27 October 2015, the Secretary of State of the Ministry of the Interior pointed out that, in accordance with Article 396(2) of the Act of 12 December 2013 *on foreigners*¹⁰⁵, persons detained in BGDRs are subject to the provisions of Chapter 2: *Foreigners' stay at a guarded centre or at a detention centre for foreigners* (Articles 410-427 of the Act referred to above), insofar as they relate to stay in a detention centre for foreigners. Article 412 of the Act on *foreigners*, which falls within Chapter 2 of the aforesaid Act, thus applies to Border Guard rooms for detained persons as well and constitutes a statutory normative basis provided by statute for checking foreigners placed in such rooms.

In another letter of 21 January 2016, the Commissioner for Human Rights stressed that the provision referred to by the Secretary of State of the Ministry of the Interior refers to a foreigner who is transported to a detention centre for foreigners. However, given the rights of the Border Guard under the Act on the Border Guard, foreigners transported to a detention centre for foreigners are not the only group of persons who could be placed in BGDRs. Therefore, the problem of a lacking legal basis for performing checks in the form of personal controls in BGDRs on persons other than those referred to in Article 396(2) of the Act on foreigners remains unresolved.

Echoing the position of the Commissioner for Human Rights, the Secretary of State of the Ministry of the Interior and Administration informed in his letter of 19 February 2016 that necessary amendments in the area discussed will be introduced to the Act on foreigners and the Act on the Border Guard as part of legislative works.

2) Medical examination of detained persons

The problem of having provisions on medical examinations of persons detained by Border Guard officers included in the Ordinance of the Minister of the Interior and Administration of 27 June 2002 on the course of examining persons detained by officers of the Border Guard¹⁰⁶ and § 3 and 4 of the BGDR rules was described in the *Report of the NPM of 2014*. It needs to be reminded that the issue of performing medical examinations

¹⁰⁴ KMP.570.10.2015.WS; <https://www.rpo.gov.pl/content/wyst%C4%85pienie-generalne-z-dnia-24092015-r-do-ministra-spraw-wewn%C4%99trznnych-w-sprawie-kontroli-osobistych>

¹⁰⁵ Dz.U. item 1650, as amended.

¹⁰⁶ Dz.U. No 98, item 893.



(mandatory for certain persons), as an activity deeply interfering with the right to privacy, should be regulated by statute to comply with the Constitution of the Republic of Poland.

8. Detention centres of Military Gendarmerie

8.1 Introduction

In 2015, the representatives of the Mechanism visited 3 detention centres (hereinafter referred to as the “DCMG”, the “centre”)¹⁰⁷.

8.2 Systemic problems

1) Personal control of persons placed in the centre

As indicated in the *Report of 2014*¹⁰⁸, personal controls of persons placed in DCMGs (of both their clothing and body) are performed pursuant to § 28 of the Ordinance of the Minister of National Defence of 10 September 2014 on detention centres¹⁰⁹ (hereinafter referred to as the “DCMG Ordinance”) which is a legal act of lower rank than a statute. It should be emphasised that this activity, as interfering with the right to personal inviolability and liberty protected by Article 41(1) of the Constitution of the Republic of Poland should be regulated in a legal act of statutory rank. In accordance with Article 31(3) of the Constitution of the Republic of Poland, any limitation upon the exercise of constitutional freedoms and rights may be imposed only by statute, and only when necessary in a democratic State for the protection of its security or public order, or to protect the natural environment, health or public morals, or the freedoms and rights of other persons.

Given the foregoing, the Commissioner for Human Rights requested the Minister of National Defence in her letter of 4 March 2015¹¹⁰ to take a legislative initiative aimed at regulating a personal control of persons placed in detention centres of Military Gendarmerie in a legal act of statutory rank. In his reply of 30 March 2015, the Minister pointed out that personal controls in detention centres are performed pursuant to Article 17(1) (10) of the Act of 24 August 2001 on the Military Gendarmerie and military law enforcement authorities¹¹¹. At the same time, he decided that works on amending the provisions should be deferred until the Constitutional Tribunal rules on the Commissioner for Human Rights’s applica-

¹⁰⁷ DCMGs in: Kraków, Szczecin and Elbląg.

¹⁰⁸ https://www.rpo.gov.pl/sites/default/files/BIULETYN%20RZECZNIKA%20PRAW%20OBYWATELSKICH%202015%2C%20nr%204%20C5%B9%C3%93D%C5%81A_0.pdf

¹⁰⁹ Dz.U. of 2014, item 1358.

¹¹⁰ KMP.570.40.2014.DK; <https://www.rpo.gov.pl/pl/content/wyst%C4%85piecie-generalne-z-dnia-04032015-r-do-ministra-obrony-narodowej-w-sprawie-kontroli>

¹¹¹ Dz.U. of 2013, item 568, as amended.

tion¹¹² on the regulation of issues of searching persons, performing a personal control and searching vehicles by public officials.

2) Medical examination of detained persons

This issue was signalled in the *Report of 2014*. It should be noted that the legal framework in this case has not changed and the amendments signalled in the Report still need to be introduced.

8.3 Good practices

It is worth mentioning that one centre¹¹³ allows everyone at the time of detention to notify their loved ones of having been detained. Inmates can use an official telephone to contact their family or attorney on their own.

9. Social care centres

9.1 Introduction

In 2015, the representatives of the National Preventive Mechanism visited 36 social care centres¹¹⁴ (hereinafter referred to as the “SCC”, the “centre”).

9.2 Systemic problems

1) Contact with the outside world

During their visits in 2015, the representatives of the Mechanism continued to point out the issue of residents’ limited leaves from SCCs. Limitations in this respect were imposed

¹¹² II.519.344.2014.ST of 29 August 2014; <http://www.sprawwygeneralne.brpo.gov.pl/pdf/2014/8/II.519.344.2014/207742.pdf>

¹¹³ DCMG in Elbląg.

¹¹⁴ Fr. Piotr Skarga SCC in Grójec (hereinafter referred to as the “SCC in Grójec”), SCC in Warsaw (7 Parkowa St, hereinafter referred to as the “SCC in Warsaw”), *Słoneczko* SCC in Bydgoszcz (hereinafter referred to as the “SCC in Bydgoszcz”), SCC in Nakło nad Notecią, SCC in Wrocław, *Kombatant* SCC in Warsaw (125 *Stermicza* St, hereinafter referred to as the “*Kombatant* SCC in Warsaw”), SCC in Wierzbica, SCC in Ostrowiec Świętokrzyski, Cardinal Stefan Wyszyński, Primate of the Millennium, SCC in Ostrołęka (27 Rolna St, hereinafter referred to as the “Cardinal Stefan Wyszyński, Primate of the Millennium, SCC in Ostrołęka”), *Wrzos* PRC SCC in Ostrołęka (32 I Armii WP St, hereinafter referred to as the “*Wrzos* SCC in Ostrołęka”), SCC for War Veterans in Zielona Góra (hereinafter referred to as the “SCC in Zielona Góra”), SCC in Psarskie, SCC in Jarogniewice, SCC in Śrem, Brother Albert Foundation SCC in Łódź (7 Helenówek St, hereinafter referred to as the “Brother Albert Foundation SCC in Łódź»), SCC in Łódź (65 Sierakowskiego St, hereinafter referred to as the “SCC in Łódź”), SCC in Pelplin, SCC in Bystrzyca Kłodzka, *Pod Modrzewiami* SCC in Szczebrzeszyn (hereinafter referred to as the “SCC in Szczebrzeszyn”), SCC in Września, *Przytulisko* SCC in Białogard (hereinafter referred to as the “SCC in Białogard”), SCC in Darskowo, SCC in Białystok, SCC in Jaromin, SCC in Gryfice (35 Kościuski St and its branch at 71 Kościuski St, hereinafter referred to as the “SCC in Gryfice”), SCC in Opole, SCC in Braniewo, SCC in Skwierzyna, SCC in Gżycko, SCC in Tolkmicko, SCC in Siemianowice Śląskie, SCC in Rzeszów, SCC in Bielawki, SCC in Ząbkowice Śląskie, SCC in Gródek nad Dunajcem, SCC in Milanówek.



particularly on incapacitated persons who needed the consent of their legal guardian¹¹⁵ or who needed to be accompanied by a personnel member¹¹⁶ to leave an establishment. In two visited centres¹¹⁷, incapacitated persons could leave only when accompanied as a result of which, given the establishments' understaffing, residents left them very rarely in practice. However, incapacitated residents of the SCC in Białogard claimed that they can only move within the centre. Leaves from the SCC in Braniewo were allowed only together with a guardian. This regards not only incapacitated persons, but also those placed in the establishment pursuant to a court ruling. In the SCC in Ostrowiec as well, residents placed in the centre pursuant to a court ruling were allowed to leave it only when accompanied by an employee.

Given the above considerations, the representatives of the Mechanism indicate that the institution of incapacitation imposes only legal limitations on an incapacitated person and leaves his/her personal liberty unimpaired. Therefore, any limitation imposed on an incapacitated person, which is not related to his/her participation in legal transactions, should be considered, in the light of the provisions in force, as unauthorised. In the opinion of the representatives of the NPM, incapacitated persons should be treated by the SCC personnel on an equal footing with other residents in every aspect of their lives unrelated to these legal limitations, particularly as regards the ability to decide on leaves from an establishment on one's own. Also with respect to persons staying in SCCs pursuant to a court ruling, the legal framework currently in force lacks bases for imposing limitations on their leaves. The arrangements introduced in the centres visited must therefore be regarded as unduly limiting the personal liberty of residents. Given the need to ensure the safety of SCC residents, however, the representatives of the NPM recognise the need to have this problem regulated by statute. It seems right to let residents leave on their own if their cognitive abilities and health so permit. The foregoing should be confirmed by a psychiatrist's or a psychologist's opinion¹¹⁸.

2) Employees of the centre acting as legal guardians

It must be noted that employees of certain visited centres¹¹⁹ act as legal guardians of incapacitated persons. This practice raises doubts of the representatives of the NPM, as one of the tasks of a legal guardian should be monitoring whether a charge is provided with adequate care in an establishment and whether conditions he/she is held in do not offend his/her dignity and rights. However, SCC employees may happen not to be objective in assessing the centre's care offer and living conditions provided to residents.

¹¹⁵ SCCs in: Bydgoszcz, Jaromin, Milanówek, Skwierzyna, Śrem.

¹¹⁶ SCC in Psarskie, Cardinal Stefan Wyszyński, Primate of the Millennium, SCC in Ostrołęka, SCC in Gryfice, SCC in Szczeczin, SCC in Bystrzyca Kłodzka.

¹¹⁷ SCCs in: Zielona Góra and Ząbkowice Śląskie.

¹¹⁸ Also the Undersecretary of State of the Ministry of Labour and Social Policy indicated in her letter of 30 June 2015 that *leaves from an establishment may be limited only pursuant to a court decision and should be supported by a resident's mental and physical health assessment obtained after consulting a doctor or a psychologist.*

¹¹⁹ SCCs in: Gryfice, Śrem, Braniewo, Bielawki, Września.



The concerns above may be illustrated by a situation revealed by the representatives of the Mechanism in the SCC in Darskowo. During their visit, one of the establishment's incapacitated residents, whose legal guardian was the centre's director, provided information on the number of purchases made at his request by the guardian. Having analysed bills of the purchases, it was concluded that the resident, through his legal guardian, purchased massage rehabilitation equipment that is part of a rehabilitation room's equipment. The resident did not know about it. After analysing other bills kept in the resident's files, it was also revealed that the man spent PLN 2 319.29 in total to acquire construction materials which were used to complete bathroom renovation in his room. After being asked to explain the purchases, the centre's director informed the representatives of the NPM that they were made at the request of the resident. She also added that, despite the contribution made to improve living conditions, it cannot be guaranteed that he will stay in the renovated room as long as he lives. The employees of the OCHR take the view that the situation described is an example of grossly egregious action of the legal guardian protecting the interests of the institution in which she is employed, rather than acting in the interest and for the benefit of her charge.

The representatives of the NPM recognise that an establishment's director is often in a difficult situation, particularly when a court, which has to rule on the appointment of a guardian for an incapacitated person, requests to designate that guardian from among SCC employees.

In accordance with the NPM, when the centre's employee is appointed a guardian, the establishment's director should control how he/she fulfils the entrusted task; however, when a SCC director is appointed a guardian, it would be appropriate that a court performs an in-depth control in this regard.

3) Lack of centres for persons with alcohol problems

As in previous years, the representatives of the NPM revealed problems in the functioning of SCCs caused by residents who abuse alcohol or drink hazardously¹²⁰. Their behaviour not only disturbs order and disorganises life in the centre, but also distorts interpersonal relationships, causes conflicts and discomfort of residents and employees. Their aggression is a threat to other residents and primarily female personnel¹²¹.

Under the amendment of 22 February 2013 to Article 56 of the Act of 12 March 2004 *on social assistance*¹²², item 7, which stipulated a new type of a centre for persons addicted to alcohol, was inserted. In turn, Article 59(6) and (7) of the Act on social assistance provided for a mode of referring to and a maximum duration of stay in such a centre. To date, however, implementing provisions, which would clarify basic issues related to the functioning

¹²⁰ SCCs in: Jaromin, Września, Tolkmicko, Ostrowiec Świętokrzyski, Wrocław, Jarogniewice, Giżycko, Śrem.

¹²¹ In the SCC in Września, a resident with alcohol abuse history beat a nurse in 2015.

¹²² Dz.U. of 2015, item 163, as amended.



of centres for persons addicted to alcohol¹²³, have not been adopted. Given the above, there are only two centres of this type¹²⁴ in the country. It should be noted that both these establishments were established before the entry into force of the indicated amendment within existing social care centres for the chronically mentally ill. Therefore, the mere amendment to the Act on social assistance in no respect contributed to improving the existing situation.

To solve the problem under analysis, SCC directors use not only constructive¹²⁵ and lawful solutions, but also take actions that infringe the rights of residents. Last year, the representatives of the Mechanism voiced reservations with regard to the way of dealing with persons, who consume or bring in alcohol to an establishment, which consisted in confiscating¹²⁶, confiscating and disposing of alcohol¹²⁷, confiscating alcohol and requiring a resident to pour it out after sobering up¹²⁸, prohibiting smoking day after drinking alcohol¹²⁹, requiring to start withdrawal treatment¹³⁰, and – as regards rules of procedure – with respect to controlling residents in a porter's lodge when being suspected of bringing in alcohol, entering a resident's room when abusing alcoholic beverages and using coercive measures when a resident under the influence of alcohol threatens the life of others¹³¹. Residents of the SCC in Zielona Góra are controlled when being suspected of bringing in alcohol to the establishment. Furthermore, the employees of the OCHR voiced reservations with regard to entries in a log book of leaves in the SCC in Ostrowiec Świętokrzyski kept by the establishment's security guards which concerned interventions undertaken towards persons who behaved aggressively after consuming alcohol. As a matter of fact, their content – *I put him in order, I set him right* – suggests that the bodily integrity of residents was violated.

The Act of 26 October 1986 on upbringing in sobriety and counteracting alcoholism¹³² does not help solve the problem of abusing alcohol by SCC residents, because they usually do not consent to voluntary treatment, while the problem with respect to the obligation to start treatment imposed under a court ruling is the length of the procedure provided for in this respect. Therefore, the SCC personnel may only conduct information and education classes on alcohol-related harm, motivate to start treatment, organise AA group meetings.

It should be noted that the presented forms of supervision interfere with personal liberty protected under Article 31 of the Constitution of the Republic of Poland. In accordance with the standard of Article 31(3), any limitation upon the exercise of constitutional freedoms and rights may be imposed only by statute.

¹²³ In her letter of 30 June 2015, the Undersecretary of State of the Ministry of Labour noted that there are plans concerning works on an Ordinance governing standards for the functioning of centres for persons addicted to alcohol.

¹²⁴ The Social Care Centre in Kraków at 1 Rozrywki St and a subdivision for persons addicted to alcohol in the Social Care Centre in Pleszew.

¹²⁵ This is discussed in more detail in the section on disciplining SCC residents.

¹²⁶ SCC in Darskowo.

¹²⁷ SCC in Gryfice, SCC in Ostrowiec Świętokrzyski, Wrzos SCC in Ostrołęka, SCC in Ząbkowice Śląskie.

¹²⁸ SCC in Jarogniewice.

¹²⁹ SCC in Darskowo.

¹³⁰ SCCs in: Zielona Góra, Szczepieszyn.

¹³¹ SCC in Wrocław.

¹³² Dz.U. of 2015, item 1286, as amended.

The presented ways of preventing alcohol abuse in social care centres are also associated with limiting the right to private life referred to in Article 47 of the Constitution of the Republic of Poland and Article 8 of the Convention on the Protection of Human Rights and Fundamental Freedoms, while the confiscation and disposal of alcohol in the presence of a commission raise questions in the context of the constitutional protection of the right to ownership (Article 64(1) and (3) of the Constitution of the Republic of Poland). Moreover, searching personal belongings and rooms of residents is contrary to the principle of the inviolability of the home referred to in the Basic Law and the Convention mentioned above (Article 50 of the Constitution of the Republic of Poland and Article 8 of the Convention on the Protection of Human Rights and Fundamental Freedoms). In turn, anyone who caused bodily injury may be rendered liable under Article 217 of the Penal Code.

4) Psychological and psychiatric care

Psychological and psychiatric care provided to SCC residents remains a matter of concern for the representatives of the Mechanism. In accordance with § 6(2) (2) of the Ordinance of the Minister of Labour and Social Policy of 23 August 2012 *on social care centres*¹³³, residents must be enabled to contact a psychologist and persons staying in a centre for the chronically mentally ill – to contact a psychiatrist as well. Therefore, this regulation establishes a very general standard which can be formally fulfilled by, among others, enabling residents to contact a psychiatrist or a psychologist only incidentally, although the actual needs of persons staying in SCCs will not be satisfied in this regard. Furthermore, the Ordinance of the Minister of Labour and Social Policy of 14 January 2014 *on social rehabilitation in social care centres for persons with mental disorders*¹³⁴ does not contribute to improving the situation in this area, as the requirement to organise activities with a psychologist referred to in the Act applies only to social care centres for persons with mental disorders, i.e. the chronically mentally ill, children and adolescents with intellectual disabilities, and adults with intellectual disabilities¹³⁵, excluding the elderly, persons with physical disabilities and the chronically somatically ill.

An analysis of these provisions also reflects the legislator's inconsistency in ensuring psychological and psychiatric care for SCC residents. In accordance with the regulations in force, increased psychological care is provided to persons with mental disorders (§ 3(2) and § 4(2) of the Ordinance *on social rehabilitation in social care centres for persons with mental disorders*), while contact with a psychiatrist is guaranteed only to the chronically mentally ill (§ 6(2) (2) of the Ordinance *on social care centres* in conjunction with Article 56(3) of the Act *on social assistance*). In the opinion of the representatives of the NPM, the discrepancies presented can be considered discriminatory against residents with intellectual

¹³³ Dz.U. item 964.

¹³⁴ Dz.U. item 250.

¹³⁵ Article 3(1) of the APMH defines persons with mental disorders as persons with mental illnesses (with psychotic disorders), mental disabilities and other disorders of mental functions which, in accordance with the current state of medical knowledge, are classified as mental disorders.



disabilities in terms of access to psychiatric treatment and also infringe Article 2(1) (2) of the APMH which provides that persons with mental disorders are provided with multilateral and universally accessible health care and other forms of care and assistance necessary for living in a family and social environment.

Additionally, according to the said regulation of § 6(2) (2) of the Ordinance *on social care centres*, there is currently no obligation to provide contact with a psychiatrist to residents of centres for the elderly and the chronically somatically ill, although – as NPM experts note – mental changes progressing over years, disorders of cognitive functions require consulting a psychiatrist or starting continuous treatment in their case as well.

These reservations confirm observations made by the representatives of the NPM in the course of their visits. Difficulties in providing residents with psychiatric assistance were detected in the SCC in Tolkmicko and the Cardinal Stefan Wyszyński, Primate of the Millennium, SCC in Ostrołęka¹³⁶. The SCC in Grójec organised paid psychiatric visits when necessary. Their cost was borne by the residents themselves.

In turn, the problem of insufficient psychological care was observed in the SCC in Opole (*ad hoc* consultations carried out by a psychologist from a mental health clinic), the SCC in Psarskie (*ad hoc* consultations carried out by a volunteer psychologist), the SCC in Bielawki (a psychologist employed on a 1/3-time basis), the SCC in Ostrołęka (a psychologist employed under a civil law contract, providing services only in even-numbered quarters of the year), the SCC in Darskowo (visits to external psychologists initiated by the residents themselves) and the SCC in Tolkmicko (*ad hoc* consultations carried out by a psychologist employed under a civil law contract).

The representatives of the NPM take the view that a SCC psychologist's working time should be fixed so as to allow him/her to conduct both individual activities, i.e. in the form of support conversations or therapy, and group activities, e.g. in the form of cognitive or relaxation training. The scope of tasks of a psychologist cannot focus solely on clinical work or crisis intervention, but it must also take into account prevention which improves the quality of life of the centre's residents. The representatives of the Mechanism believe that the constant presence of a psychologist would also help integrate the community of residents and could help encourage them to participate in activities offered by the establishment.

5) Installing a CCTV system in SCCs

Two visited establishments¹³⁷ are equipped with cameras which cover passageways, building entrances and the main gate. The current legal framework lacks provisions governing the CCTV surveillance of social care centres and works on draft assumptions of the Act on CCTV surveillance, which could regulate this matter, take longer than expected.

¹³⁶ These issues are discussed in more detail in Section: *Right to health protection*.

¹³⁷ SCCs in: Śrem, Gryfice.

9.3 Strengths and good practices

In 2015, as in previous years, the representatives of the Mechanism recognised the atmosphere of kindness and understanding for the needs of residents prevailing in most visited establishments, the personnel's commitment to care for them as well as a cultural and educational and therapeutic offer¹³⁸. Specific centres implemented numerous noteworthy projects and practices.

The SCC in Nakło nad Notecią cooperates with a neuro-speech therapist who visits residents once a quarter, diagnoses their needs and selects exercises to be carried out under the guidance of occupational therapists.

In turn, the Cardinal Stefan Wyszyński, Primate of the Millennium, SCC in Ostrołęka offers as many as 14 occupational therapy workshops (artistic carpentry, arts, applied arts, handicrafts, ornamentation and decoration, ceramics, catering, tailoring, gardening, music, IT, wickerwork, decoupage, sculpture) and a multimedia room for experiencing the world.

Due to the growing problem of alcoholism among residents of the SCC in Jaromin, a consultation point was established in 2013. Group therapy is carried out by a qualified therapist and activities are held 3 times a week. Furthermore, particular therapeutic care is provided to residents of the SCC in Opole who abuse alcohol, while residents of the SCC in Białystok are proposed to start their anti-alcohol therapy.

The SCC in Jarogniewice pursues the *Primary rehabilitation programme for the blind, the visually impaired and the partially sighted* which covers primarily learning how to move on one's own (spatial orientation), perform basic activities of daily living (self-care) and communicate (Braille, computer).

In order to maintain contact with loved ones, the SCC in Szczeczeszyn organises visits of its residents to their family homes. In turn, the SCC in Gryfice is equipped with two computer workstations which enable contact via Skype.

However, hospitalised residents of the SCC in Łódź and the SCC in Milanówek are visited and provided with care every day or even several times a day by the centre's personnel throughout their stay in a hospital.

As reported by residents, the personnel of the SCC in Jaromin verbally present and remind provisions of legal acts as well as provide announcements at meetings of residents in individual buildings held 1-2 times a month. In turn, the SCC in Ząbkowice Śląskie organises meetings with a legal counsel.

¹³⁸ The following SCCs were recognised as outstanding in this regard: SCC in Wrocław, Brother Albert Foundation SCC in Łódź, SCC in Opole, SCC in Rzeszów, SCC in Nakło nad Notecią.



10. Psychiatric hospitals

10.1 Introduction

In 2015 the representatives of the NPM visited 13 psychiatric hospitals and wards¹³⁹. The visiting team paid particular attention to respecting the rights of persons placed there against their will, that is:

- perpetrators of forbidden acts, which are placed in a psychiatric institution as a preventive measure (standard and enhanced preventive measure);
- persons placed in hospitals pursuant to Article 23(1), Article 2(1), Article 28 and Article 29(1) of APMH, i.e. persons admitted without their consent and the persons that agreed to being admitted, but withdrew their consent during their stay at the institution.

10.2 Systemic problems

1) Insufficient funding of psychiatric wards

The problem of insufficient funding provided by the National Health Fund (hereinafter: NHF) to finance the psychiatric hospital treatment had already been discussed in the *Report* for 2012¹⁴⁰ and raised again in the subsequent years, but no response of the Ministry of Health was issued.

This insufficient funding is particularly visible in psychogeriatric wards, i.e. those that are dedicated to seniors. According to the information provided by the doctors from the Małopolska region, the actual costs of treating patients are higher by approx. PLN 50 than the NHF rate (approx. PLN 192). It seems that the financial provisions do not consider the fact that the hospital must provide somatic treatment on top of the psychiatric treatment (and the need of the former is high in the case of seniors) as well as medication (drugs, insulin for diabetics, etc.) and transportation for the necessary consults.

¹³⁹ Dolnośląskie Mental Health Centre (hereinafter: Hospital in Wrocław), Forensic Psychiatry Wards at the Klodzko Health Care Centre (hereinafter: Hospital in Klodzko), Institute of Psychiatry and Neurology in Warsaw (hereinafter: Hospital in Warsaw), Independent Public Specialist Psychiatrist Health Care Centre in Frombork (hereinafter: Hospital in Frombork), Mental Health Centre at the Ludwik Rydygier Specialist Hospital in Kraków (hereinafter: Hospital in Kraków), Voivodship Psychiatric Hospital in Andrychów (hereinafter: Hospital in Andrychów), Independent Public Voivodship Hospital in Gorzów Wielkopolski (hereinafter: Hospital in Gorzów), Voivodship Podkarpaćie Psychiatric Hospital in Zurawica (hereinafter: Hospital in Zurawica), Psychiatrist Ward at the Clinical Voivodship Hospital No. 1 in Rzeszów (hereinafter: Hospital in Rzeszów), Psychiatric Ward at the Poviast Hospital in Aleksandrów Kujawski (hereinafter: Hospital in Aleksandrów Kujawski), Specialist Psychiatric Independent Public Health Care Centre in Suwałki (hereinafter: Hospital in Suwałki), Psychiatric Wards at the Poviast Hospital in Sochaczew (hereinafter: Hospital in Sochaczew), Psychiatric Ward at the J. Śniadecki Specialist Hospital in Nowy Sącz (hereinafter: Hospital in Nowy Sącz).

¹⁴⁰ See *Report of 2012*, p. 92-97.

2) Insufficient number of beds at hospital facilities

There is a clear tendency to reduce the capacity of the facilities in order to meet the basic standards in terms of living standards of patients, i.e. accessibility to beds from three sides and free access to them by the patients. This leads to a lowering of the total number of beds at psychiatric treatment facilities in the given region. Let us take the situation in the Małopolska region for example. J. Babiński Psychiatric Hospital in Kraków lowered the number of beds. The Psychiatric Hospital in Andrychów (after the on-going general renovations) will need to do the same, in order to ensure the appropriate living standards for the patients. Meanwhile, there is nowhere to direct the patients in this area. The second psychiatric hospital in Kraków is overcrowded. No new facilities are established, and the community care is practically non-existent, which is another general problem that is reported by doctors working for psychiatric hospitals and wards.

3) CCTV monitoring at psychiatric hospitals

No act that regulates the treatment of the patient in a psychiatric hospital contains a provision that would regulate the issue of CCTV monitoring at such facilities as well as the issue of collecting, processing, and storing recordings from CCTV monitoring. Certain issues concerning the CCTV monitoring in the rooms used to isolate patients and rooms for detained patients in the hospitals with enhanced security, were regulated in ordinances¹⁴¹. It must be noted that the existing statutory authorizations to issue executive regulations do not provide for an authorization to regulate the issue of the internal CCTV system in psychiatric hospitals in any ordinance. Therefore it must be noted that the current provisions that regulate the use of CCTV (monitoring) at psychiatric hospitals have been introduced into the legal system contrary to the provision of Article 92(1) of the Polish Constitution.

As a result, it must be stated that the vestigial provisions of the current ordinances collide with the contents of the provisions of Article 47 in conjunction with Article 31(3) of the Polish Constitution and Article 8 of the Convention for the Protection of Human Rights and Fundamental Freedoms and Article 17(1) of the International Covenant on Civil and Political Rights¹⁴².

The competent ministers (Minister of Health or the Minister of Health in cooperation with the Minister of Justice) therefore exceeded the scopes of their mandate while regulating in an ordinance the issues whose regulation is reserved at the statutory level, and without a statutory authorization to regulate the issue. Next to the arguments presented above that are related to proper legislation principles, the issues of monitoring persons are of fundamental significance from the viewpoint of human rights. Paying particular attention to the situation

¹⁴¹ Ordinance on coercive measures, Ordinance of the Minister of Health of 10 August 2004 on the list of psychiatric centres and detoxification institutions designated for enforcing coercive measures and the composition, mode of establishment and the tasks of a psychiatric commission for coercive measures (Dz. U. of 2014 item 599 as amended), Ordinance of the Minister of Health of 26 June 2012 on detailed requirements that must be met by the rooms and devices employed by the entity that renders treatment services (Dz. U. item 739).

¹⁴² Dz. U. of 1977 No. 38 item 167.



of psychiatric hospitals patients are also related to a higher risk of social exclusion than in the case of other social groups. There is no doubt that the lack of the proper protection of rights of these patients, their personal details, and the image, poses a risk of improper use of the information. Therefore, the Commissioner for Human Rights in their letter¹⁴³ of 05 January 2016 turned to the Minister of Health and signalled the subject issue. In response¹⁴⁴ dated 05 February 2016 the Secretary of State at the Minister of Health shared the arguments presented by the Commissioner in the letter. The Secretary of State indicated that the proposed amendment of the Act on the protection of mental health will directly regulate in the act the fundamental issues as regards monitoring the rooms where the coercive measure of isolation is executed. Also, the provisions of the binding implementing provisions that do not raise doubts as regards the protection of fundamental rights and adhering to the legislative technique provisions will remain. The recording of the video and audio will be subject to protection specified in the provisions of the Act on personal data protection.

4) Lack of regulations on escorting persons subjected to coercive measures outside the institution

According to the representatives of NPM, it seems necessary to undertake legislative actions by indicating the terms and conditions for conducting the convoys, i.e. in which cases the convoys may be conducted, who should conduct them, who the convoy personnel should be composed of, what the means of transport should be, what should the rules of action should be to prevent aggression or unauthorized walking away of the patient. At the moment, the issue of organising transportation and ensuring security if it is necessary to hold an important medical consult, research, or procedure for the patient outside the psychiatric hospital rests exclusively with the discretion of the psychiatric hospital. Directors of such facilities justly raise that in the cases of particularly dangerous patients, it would be reasonable to require professional assistance of the Police. This issue was signalled in the *NPM Report of 2013*. In response dated 26 May 2015 to the *NPM Report of 2013*, the Secretary of State at the Ministry of Health indicated that the rules concerning the imposing of coercive measures are regulated by the Executive Penal Code. Therefore, it seems reasonable to introduce provisions on organising convoys for persons subjected to a preventive measure under that legal act, and the competence in the area of legislative initiative to amend the Penal Code is vested with the Minister of Justice. The case is pending.

¹⁴³ <https://www.rpo.gov.pl/sites/default/files/wyst%C4%85pienie%20gen.%20do%20ministra%20zdrowia%2005.01.2016.pdf>

¹⁴⁴ <https://www.rpo.gov.pl/sites/default/files/Odpowied%C5%BA%20Sekretarza%20Stanu%20w%20Ministerstwie%20Zdrowia%20z%20dnia%2005.02.2016%20r.pdf>

5) Direct coercive measures

Like in the previous years, the visiting staff observed irregularities in using direct coercive measures. It must be emphasized that, like last year, problems in this area were observed in practically all visited institutions¹⁴⁵.

Many hospitals do not use isolation as a direct coercive measure, they reach for a more acute coercive measure, by immobilizing with belts. There is no doubt that there are multiple cases where it is justified, yet attention must be drawn to the fact that the lack of rooms for isolation is very common, which clearly affects the discussed practice. Moreover, in the significant number of facilities patients are bound to their beds on the eyes of other persons in general rooms, on the corridors, and even at the canteen¹⁴⁶, frequently without obscuring them with screens even for hygienic purposes¹⁴⁷. The representatives of the NPM emphasize that coercive measure of immobilization should, as a rule, be imposed in a one-patient room, which is indicated in Article 7(1) of the Ordinance on direct coercive measures. In line with (2) of the specified article, *if it is not possible to place a person with mental disorders in a one-patient room, the coercive measure of immobilization shall be applied in the manner that allows for separating that person from other persons staying in the same room and for respecting their dignity and intimacy, in particular by performing care routine without the presence of other people.*

Also, other irregularities in the area of imposing direct coercive measures: failure to partially mobilize the patient after 4 hours since applying the measure, if the behaviour of the patient allowed it, failure to allow the patients to use the bathroom (frequently persons who wanted to use the bathroom were provided with a urinal or nappies)¹⁴⁸, using another patient (instead of hospital staff member) to help with an immobilized patient¹⁴⁹, applying excessive physical force¹⁵⁰, failure to check on the patient¹⁵¹, using extensions in improper time periods¹⁵².

Several visited facilities apply immobilization for extended periods of time, e.g. 20 hours or several days¹⁵³. It is doubtful whether such extended immobilization periods are actually necessary not only compared with the practice of other facilities but also compared with the laconic or general reasons for applying or extending them (e.g. *active aggression* or *the reasons did not cease*). It is difficult to believe in aggression behaviour that lasts 8 days, if the patient is able to access their medical records and draws up written requests while being mobilized¹⁵⁴.

¹⁴⁵ The commendable exception in this area is the Hospital in Kłodzko.

¹⁴⁶ Hospital in Gorzów Wlkp.

¹⁴⁷ Hospital in: Kraków, warsaw, Andrychów, Sochaczew, Rzeszów, Żurawica, Nowy Sącz, Wrocław.

¹⁴⁸ Hospital in: Sochaczew, Warszawa, Andrychów, Gorzów Wlkp., Rzeszów, Kraków, Suwałki, Żurawica.

¹⁴⁹ Hospital in: Gorzów Wlkp., Frombork, Aleksandrów Kujawski.

¹⁵⁰ Hospital in Warsaw.

¹⁵¹ Hospital in Rzeszów.

¹⁵² Hospital in Warsaw.

¹⁵³ Hospital in: Gorzów Wlkp., Rzeszów, Kraków.

¹⁵⁴ Hospital in Kraków.



While analysing the documentation, the representatives of NPM noticed negligence in documenting the application of direct coercive measures¹⁵⁵. It happened that the drawn up documentation did not reflect the actual course of events, the documentation failed to indicate the persons taking part in applying the immobilization, the time of applying the coercive measure and releasing the patient, the names of patients were provided incorrectly, immobilization cards were not filled in chronologically, etc. Moreover, the formal defects concerned: failure of a doctor to confirm the application of the coercive measure, failure to confirm the extension of the immobilization after 16 hours by another doctor, and failure to notify the chief of the ward after 24 hours of immobilization¹⁵⁶. In the case of one hospital¹⁵⁷, coercive measure in the form of forcing the drugs on a patient was not registered, despite the fact that the nature of such action is beyond any doubt (Article 3(6) of APMH).

11. Reinspections

In 2015, the representatives of KPM revisited 6 facilities: Sobering-up station in Zielona Góra, Sobering-up station in Rzeszów, Division responsible for Caring for Intoxicated and Homeless persons at the Emergency Intervention Centre in Nowy Sącz, psychiatric wards at the General Voivodship Hospital in Gorzów Wielkopolski, National Centre for Preventing Dissocial Behaviours in Gostynin, and Social Care Centre in Węgorzew.

a. Sobering-up stations

During reinspection of the Sobering-up station in Zielona Góra, the representatives of NPM noted that the majority of the recommendations was implemented. As regards the recommendations concerning the annual training of the of the staff members as provided for in Article 8(5) of the ordinance of the Minister of Health dated 08 December 2014 *on sobering-up stations and facilities indicated or established by a local government unit*¹⁵⁸ (hereinafter: *ordinance on sobering-up stations*) it was determined that the staff was trained in first aid, applying direct coercive measures, and prevention treating alcohol abuse problems. Moreover, the patients of the station are currently changing in a place covered by a screen, which ensures privacy by separating the person getting changed from bystanders and the camera placed in the changing room. In connection with an earlier recommendation provided by the representatives of NPM, only female staff members participated in caring for women brought to the sobering-up station. The walls in the rooms were also renovated in order to eliminate dampness. However, the sanitary room was still not adjusted to the requirements listed in Article 6 of the *ordinance on sobering-up stations*, which determines

¹⁵⁵ Hospital in: Sochaczew, Rzeszów, Gorzów Wlkp. Żurawica, Wrocław, Warsaw, Aleksandrów Kujawski, Suwałki.

¹⁵⁶ Hospital in: Kraków, Aleksandrów Kujawski.

¹⁵⁷ Hospital in Sochaczew.

¹⁵⁸ Dz.U. item 1850.

the conditions that must be met by the rooms and devices in sobering-up stations. The patients of the station had only one bathroom with a toilet, one shower, and one sink at their disposal. Moreover, the said room is not adapted to the needs of persons with disabilities. Additionally, in line with the explanations provided by the staff members, all intoxicated persons are obliged to change into substitute clothing. Therefore, the sobering-up station continues to require the persons brought to sober up to change into substitute clothing when they do not consent to it, and their sanitary-hygienic condition does not require it. It must also be emphasized that some of the belts used in the sobering-up station was damaged or destroyed, and required replacement.

During the reinspection at the Sobering-up station in Rzeszów, the representatives of NPM recognized that some of the recommendations were implemented fully or partially. The cases of rendering healthcare services in the presence of persons other than the necessary medical personnel. The substitute clothing was also replaced with clothing that fully covers the private body parts. The rooms of the sobering-up station provided for persons brought to sober up were equipped with devices for persons with mobility disabilities. The document “*Rights of persons brought to the Sobering-up Station in Rzeszów*” was placed at a place accessible to persons brought to the station so that they could read it during they stay at the station. Patient examinations were taking place in a medical room in the conditions that ensured privacy. However, the representatives of NPM recommended during the reinspection that doors should be installed in the medical room in order to keep the medical information confidential, as separating the medical room from the corridor with a curtain does not guarantee it. In order to determine the degree of implementation of the recommendations for equipping the rooms in the sobering-up station for persons brought to sober up with the equipment for persons with mobility disabilities, the representatives examined the station. The conclusions derived from the inspection show that the rooms are partially adapted to the needs of persons with disabilities, yet the audit of certain parameters in this respect raised doubts. The width of the entrances and exits was less than 90 cm, there was not enough manoeuvring space in the bathroom, the height of the shower base in the bathroom for men was as much as 7.5 cm, the hoisting installation in one of the bathrooms was placed to high, which made it impossible for a person on a wheelchair to use it.

However, like in the sobering-up station described above, the recommendation to cease the practice of compulsory undressing of patients was not complied with. Randomly analysed CCTV monitoring recordings clearly showed that the patients are still undressed forcibly at the station. Moreover, no cooperation with a psychologist/therapist was initiated, whose task would be to talk to the persons leaving the station about the negative consequences of alcohol consumption and about informing about the treatment options. The director of the station explained that the station does not dispose of the sufficient funds to cover the costs of hiring such a person. Moreover, it was noticed that the station is not equipped with a calling system that allows for calling a staff member if needed, which is contrary to Article 6(2) of the *ordinance on sobering-up stations*.



Reinspection of the Division responsible for Caring for Intoxicated and Homeless Persons at the Emergency Intervention Centre in Nowy Sącz confirmed that the majority of the recommendations issued by the representatives of NPM issued during the inspection of the facility in 2012 was implemented. According to the declaration of the facilities' director, medical examinations take place in a place that persons other than medical personnel cannot see or hear. A place that is not covered by CCTV monitoring was sectioned off at the staffroom, which is covered by a screen if needed, as well as changing rooms were organized, where patients may change, while their intimacy and privacy is respected. The information on the rights of persons brought to the station and on the institutions that protect the human rights, were hanged out only in the staffroom, contrary to the recommendation that they should be placed also in the rooms for the persons brought into the station. The condition of the persons admitted to the facility and the admitting procedure does not allow them for reading these materials calmly and effectively, therefore the employees of the Office of the Commissioner for Human Rights recommended that such information should also be placed in the rooms for the detained persons.

During reinspection, irregularities were observed in terms of applying direct coercive measures. The analysed CCTV monitoring recordings of 2 cases of applying coercive measures allowed for expressing doubts as to the clothing of the persons immobilized by belts. The analysis of the visual recordings disclosed that in one case a man was clothed only in a substitute shirt and was walking barefoot. Another patient also had no shoes and was completely naked. He was brought in to the room in this condition, where he was immobilized and covered with a blanket. After being released from the belts, he received a shirt being the property of the sobering-up station. It is not allowed for anyone to be naked at the station. Next to the issue of physical discomfort (cold), walking a person naked and barefoot (on the floor where others walk in shoes) through the sobering-up station subject to CCTV monitoring might infringe their right to intimacy and dignity. It must be noted that, next to the issue of CCTV monitoring, that person is seen by other persons, including other patients.

b. Psychiatric Hospital in Gorzów Wielkopolski

During the first inspection at the Psychiatric Hospital in Gorzów Wielkopolski, which took place in 2012, the representatives of NPM noted that there was no separate admissions room at the enhanced security wards. According to NPM, it was reasonable to establish such a room due to the size of the wards (approx. 55 beds). During reinspection, it was determined that the above recommendation was implemented. While no separate admissions room for these wards only was created, certain reorganisation of the rooms at the station was implemented. Also, permanent shifts of psychiatrists instead of rotation shifts of ward doctors were introduced. Within one of the wards, a new sub-ward was established for men, for approx. 30 patients, which will be launched soon. This is the final stage of the implementation of the project that had provided for establishing an additional psychiatric ward that offers standard security, and the representatives of NPM had been informed about



it as early as in 2012. Other recommendations concerned the absolute compliance with the rules governing the application of coercive measures (immobilization) specified in the ordinance on direct coercive measures. This recommendation was not implemented fully. While inspecting the wards, the visiting team noticed that screens were used for the patients, but only on the side of the room entrance. Moreover, one-patient rooms were not always used for immobilization purposes, which would ensure full privacy to them. An additional psychiatrist to support the shifts was not hired. According to the information provided by the chief doctor, the admissions room are still staffed by one doctor, but they are supported by another doctor on call. In the ward that offers enhanced security, the standard ratio of staff members to patients (2:1) has not steep met. Hiring new persons (including a doctor as of July 2015) did not secure the needs of the ward in this respect. According to the information provided to the visiting team by a ward nurse, the ratio is 1:1 (54 employees for 55 beds at the ward). The hospital structure also does not contain a room for visiting with children, which was requested by the representatives of NPM in 2012. According to the information provided by the chief doctor, the patients may meet their loved ones outside the ward. However, it must be noted that the only place that can be used for this purpose is the patients' club. However, this option is not available to persons who do not have the 'free movement' permit.

c. National Centre for Preventing Dissocial Behaviours in Gostynin

Another reinspection took place at the National Centre for Preventing Dissocial Behaviours in Gostynin (hereinafter: NCPDB). On 22 July 2015 the deadline for adapting NCPDB to the requirements of the ordinance of the Minister of Health dated 16 January 2014 *on the National Centre for Preventing Dissocial Behaviours* (hereinafter: ordinance on NCPDB). The visiting team assessed the conditions offered to the patients as very good. NCPDB has e.g. patient rooms, a day room, a canteen, therapy rooms, a treatment room, a monitored room for the purposes of coercive measures. Each patient room is furnished in a similar way, e.g. with a bed, table, chair, high and low cabinet – locked. The doors to patient rooms are open 24/7. Doubts of the visiting team were raised by the organization of two-patient rooms, whereas, in line with Article 3(1) of the ordinance on NCPDB the patient rooms should be one-patient rooms. As it was determined by the representatives of NPM, this situation is due to the fact that there are insufficient rooms compared to the number of patients. The facility has 10 rooms for one patient, and the facility had the capacity of 20 patients on the inspection date. It must be emphasized that the maximum number of beds according to the aforementioned ordinance is 60. Moreover, two-patient rooms were furnished with bunk beds, which is contrary to Article 3(3)(2) of the aforementioned ordinance. Considering the contents of that Article, the beds in patient rooms should be accessible from three sides, including from two longer sides, and should enable applying direct coercive measures in the form of isolation and using immobilizing belts or a straitjacket. Considering the above, the visiting believes that it is still necessary to adapt the rooms at the facility to the contents of the ordinance on NCPDB.



During the first inspection, the representatives of NPM recommended hiring personnel in order to ensure that the Regional Forensic Psychiatry Centre, which is the main unit within which NCPDB operates, operates properly, subject to no detriment to the patients admitted to the ward. Until 22 July 2015, officers of the Prison Service took shifts at the centre. On the inspection date, the following persons were hired at the facility: 4 psychologists, 14 hospital paramedics, 8 nurses, 1 doctor, 1 therapist, 1 case worker, and 25 security guards. The number of the employees did not meet the minimum employment standards provided for in Article 5 of the ordinance on NCPDB. According to that article, for each 10 persons in the facility, there should be: 6 psychologists, 14 nurses, 7 case therapist, 1 psychiatrist.

As it was determined by the visiting team, patients are visited each time in the presence of the staff members. Nevertheless, according to Article 29(1) of the act dated 22 November 2013 *on the procedure concerning the persons with mental disorders that pose a threat to the life, health, or to sexual liberty of other persons*¹⁵⁹, the patient has the right to have personal contact with the visitors. This provision does not provide for any restrictions as regards the visitation. The supervision is imposed without any statutory legal basis, contrary to the principle expressed in Article 31(3) of the Polish Constitution, and was the subject of the letter filed by the Commissioner for Human Rights to the Minister of Health on 01 July 2015¹⁶⁰. The explanations provided in this area by the Minister of Health as well as the further doubts as to the groundless restricting of rights of patients led to filing a letter on 30 July 2015 by the Commissioner for Human Rights to the Minister of Justice as the initiator of the bill for the aforementioned act¹⁶¹.

During the reinspection, the representatives of NPM also noticed a series of other irregularities. The analysis of the organisational by-laws of the patient's stay at NCPDB showed multiple restrictions in the rights of patients, e.g. lack of possibility to send a registered letter (the patients do not receive confirmation of sending official correspondence), being granted the right to take walks only after one week of staying at the facility, disposing of their own funds only up to PLN 130. The said practice was the subject matter of the letter of the Commissioner for Human Rights to Minister of Justice dated 30 July 2015¹⁶². In the letter, the Commissioner stated that the provisions to regulate the rights and duties of persons placed at NCPDB or comprising the basis of any restrictions were not enacted in the course of the legislative process. Therefore, as the restrictions in exercising the constitutional rights and liberties may be established only in an act of law in line with Article 31(3) of the Polish Constitution, such lack should be interpreted in such a way that the patients take advantage of full constitutional rights. Therefore, as the patients at the facility face restrictions that are introduced without any proper legal basis, through internal by-laws of the facilities, the Commissioner turned to the Minister of Justice with a request to consider undertaking the

¹⁵⁹ Dz. U. of 2014, item 24, as amended.

¹⁶⁰ II.517.2681.2014.ED, <http://www.sprawy-generalne.brpo.gov.pl/pdf/2015/7/II.517.2681.2014/457683.pdf>

¹⁶¹ II.517.2861.2014.ED, <http://www.sprawy-generalne.brpo.gov.pl/pdf/2015/7/II.517.2681.2014/483015.pdf>

¹⁶² II.517.2861.2014.ED, <http://www.sprawy-generalne.brpo.gov.pl/pdf/2015/7/II.517.2681.2014/483015.pdf>



relevant legislative initiative. Until the date of this report, the Office of the Commissioner for Human Rights did not receive a response from the Ministry of Justice.

During individual interviews, the patients mentioned applying disciplinary consequences in the form of a ban on phone calls. The said information was confirmed by the nurses' report book. The ban was imposed due to the fact that one of the patients made multiple phone calls to a prison. As a result, the patient gave written consent to the personnel to have monthly access to the list of phone calls from the patient's private phone, and specified the number of phones that the patient will call. According to the representatives of NPM, accessing the list of phone calls of a patient is not substantiated in the provisions of law that govern the stay at the facility and constitutes a too far reaching interference of the administration into the right to privacy. As regards the issue of disciplinary consequences, the staff members at the Office of the Commissioner for Human Rights believe that there are no legal grounds for applying disciplinary measures in the visited facility. The aforementioned act does not provide for authorizations to establish and apply disciplinary measures at NCPDB, and such regulations must be governed in a statute.

d. Social Care Centre in Węgorzew

During the first inspection at the Social Care Centre in Węgorzew (hereinafter: SCC, centre, facility) in October 2013, the representatives of NPM formed many comments, in particular ones concerning the living conditions. However, the situation has improved. On the reinspection date, all residential buildings were well-equipped, kept clean and tidy, and deprived of their architectural barriers. The conditions provided for the residents were very good.

Until the end of 2013, the centre implemented a remedial programme, whose purpose was to adapt the facility to the requirements specified in the ordinance *on social care centres*. The first inspection of the staff members of the Commissioner for Human Rights took place during the modernisation. In the course of the said programme, two residential buildings were modernised in 2008 and 2010, and four new buildings were built in 2009-2013. At the beginning of 2014, the Voivod of the Warmińsko-Mazurski region, when finalising the programme, issued a permit for running the SCC in Węgorzew for an unlimited time period, stating that it meets the required standards. Despite the fact that the SCC premises has been well adapted to the needs of persons with disabilities, the representatives of NPM presented the director of the facility with the parameters consistent with the accessibility planning standards that were recognized as optimal for for the proper adaptation of the facilities inspected by the representatives of NPM. They might be used in the future in order to introduce even better facilitations at SCC in Węgorzew.

The representatives of NPM learned about the situation of one of the residents with particular attention. It was ordered that coercive measures are to be applied towards that person. The resident, due to self-aggression issues he has been exhibiting since childhood, was immobilized every day. In line with the records of the facility, it took place every day at the same times (i.e. 7-10, 12-14, 15-18, 22-6). From the observations of nurses in the



immobilization cards it followed that while the coercive measures are applied, the resident is calm and he sleeps at night. The representatives of NPM met with the resident during the reinspection held in 2015 and revised his living conditions. His situation has improved beyond any doubt. The resident looked well, he was wearing clean and tidy clothes, he was lying on a bed unrestrained, he was well taken care of. He is living in a clean, renovated room equipped with new furniture. Therefore, his living conditions are very good. The approach to the resident also changed. In January 2014 he was immobilized for several hours a day. However, in line with the coercive measures register, the last time he was restrained by belts was on 25 January 2014. The director of the centre stated that the resident responded very well to a change in the environment (moving to a new building and a new room), and he started to behave better. Moreover, the director of the centre ordered the staff members to apply more diverse influential measures than coercive measures only, which brought on positive results.

During the first inspection, the representatives of NPM also recommended that the living conditions of the “bed-ridden” patients, with mental disabilities to a major and significant degrees be improved. These recommendations were implemented. Each ward now has general classes and physical therapy rooms. They are equipped with new equipment (e.g. bikes, multigym, massage armchairs, and equipment for manual exercises, music equipment, etc.). The director of the centre noted that he disposes of good conditions and tools to work, yet there are problems in finding a good specialist (oligofrenopedagogue or psychologist) that would be able to skilfully use them while working with the residents. According to the representatives of NPM, further actions must be undertaken to stimulate the activity of the residents. It would be of great help if an additional workshop therapist could be hired, who would ensure that the available cultural and educational classes, rehabilitation, and therapy would be more diverse and better adapted to the capacities of the residents. The material gathered during the inspection allowed us to state that the “bedridden” residents are offered trips to the outside. The frequency of these trips depends on the weather and their health condition. It also helps that at the end of 2013 the residents were moved to a new building that is deprived of architectural barriers (e.g. it has elevators that make it easier to go out with residents on wheelchairs and in beds). The number of staff members during the day shift was increased, even though that it is still required to increase the number of staff members in the bedridden persons wards.

The recommendation to stop imposing punishments on the residents of the Centre has been fulfilled. The interviews with the residents showed that the staff members do not impose punishments on them. Moreover, the by-laws of the SCC in Węgorzew does not contain a catalogue of punishments. It must be emphasized that all the recommendations of the representatives of NPM were fulfilled in the area concerning the living conditions. The facility now has separate (guest) visiting rooms, the rooms of the residents were quipped with modern equipment (e.g. rehabilitation beds), medical records were secured in locked cabinets without access to unauthorized persons.

However, there are still certain areas at the Centre that still require improvement. The interviews with the residents showed that they are still getting engaged in assisting in taking care of other residents. They said that they participate e.g. in washing and changing nappies for other residents. During the inspection the representatives of the NPM witnessed a situation where one of the residents changed a nappy on another (less mobile) resident, and later reported performing that task to the staff. The representatives of NPM each time criticise such practice. Obliging the residents to help less mobile residents in getting dressed and in washing disturbs the privacy of the latter. The representatives of NPM recommend that the residents should no longer be involved in the actions that should be performed by the staff members of the centre.

According to the representatives of NPM, consideration should be given to undertaking cooperation with an expert in working with persons with mental disabilities. Since the last inspection, no cooperation with an expert in this field was initiated. Moreover, no leaflet was prepared that would be adapted to the cognitive capabilities of the residents. The director of the Centre explained that implementing this recommendation is very difficult, as the significant majority of the residents have mental disabilities, they cannot read or write, and they have very limited cognitive skills. The representatives of NPM encouraged to attempt drafting such a leaflet anyway. The Social Care Centre in Gościeradów (which has a similar profile to the SCC in Węgorzew), as a result of the same recommendation of the representatives of NPM a leaflet was drawn up, adapted to the cognitive capabilities of the residents.

12. The case of torture at a police unit confirmed by a court

In line with Article 1 of the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (hereinafter: CAT) accepted by the General Assembly of the United Nations on 10 December 1984¹⁶³ *the term of “torture” means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not, however, include pain or suffering arising only from, inherent in or incidental to, lawful penalties.*

The Commissioner for Human Rights filed a letter dated 27 October 2015 to the Minister of Justice to introduce to the act of 06 June 1997 – Penal Code¹⁶⁴ (Dz. U. of 1997 No. 88 item 553 as amended) of a provision penalising the use of torture. The Commissioner for Human

¹⁶³ Dz. U. of 1989, No. 63, item 378 encl.

¹⁶⁴ Dz. of Laws of 1997, no. 88, item 553, as amended.



Rights also noted that such a recommendation has been made to the Polish government by the UN Committee against Torture following each analysis of periodic reports submitted by Poland under Article 19(1) of CAT. Similarly, Polish NGOs have long been of the opinion that it is necessary to include torture in the criminal codification as an offence, whose scope encompasses the conduct specified in Article 1 of CAT. The proposal to revise the Polish Criminal Code in this respect has already been made by the Commissioner for Human Rights, who, in 2000, sent a letter regarding this matter to the Minister of Justice – Prosecutor General in the office at that time¹⁶⁵.

In the response dated 15 December 2015, the Under-secretary of State at the Ministry of Justice informed that according to him, the current penal regulations on torture are sufficient in order to meet the international commitments of Poland. The definition of torture included in CAT is fully reflected in the Polish law. Due to its length and complex nature, the relevant provisions are placed in different sections of the Penal Code, depending on the type of infringed interests. Any introduction of a definition of torture from the Convention into the Penal Code would be of no significance from the viewpoint of protecting human rights in Poland, it would only be repeating the definitions already in place in the Polish law. Moreover, adopting the definition of torture in full as only one offence would violate the adopted principles of organization of the Polish penal law, according to which the offences are divided according to the types of violations of the legally protected interests of an individual.

As the Commissioner for Human Rights does not agree with such argumentation, the Commissioner wrote again to the Minister of Justice in a letter of 24 March 2016 and indicated that had the definition of torture been fully reflected in the Penal Code, Poland would not have to explain itself for years before the international institutions in this respect, and the postulate of regulating the offence of torture in the Penal Code filed by them would not be repeated so many times¹⁶⁶. The Commissioner indicates that the point is to clearly differentiate the acts of torture committed by a public official or any person acting on behalf of the state and violence in the general sense of this word. According to the Commissioner, penal law should be construed in an as precise and clear manner as possible, due to its repressive nature. Fragmentation of the provisions in the Penal Code makes it difficult or even impossible to qualify individual actions as torture under CAT. Moreover, the Penal Code does not provide for sanctions that are sufficiently severe compared to the nature of the committed crime. The current regulations might even lead to avoiding liability by the person that used torture.

The representatives of NPM that visited different detention centres did not determine that the detained persons were subjected to torture. However, one cannot assume based on that fact that no such events take place in Poland. The above is proven in the analysis of a

¹⁶⁵ II.071.4.2015, <http://www.sprawy-generalne.brpo.gov.pl/szczegoly.php?pismo=558933>

¹⁶⁶ IX.071.1.2015, <http://www.sprawy-generalne.brpo.gov.pl/szczegoly.php?pismo=693327>

court judgement issued in the case concerning an offence under Article 246 of the Penal Code, which reads that *a public official or anyone acting under their orders who, in order to obtain specific testimony, explanations, information or a statement, uses force, unlawful duress, or exerts physical or mental cruelty in whatever form on another person is liable to imprisonment for between one and 10 years*. The representatives of NPM analysed the information on the public official sentenced under that Article of the Penal Code provided by the Information Office of the National Criminal Register.

From the above analysis it follows that in 2015 1 Police officer¹⁶⁷ was convicted in connection with exerting violence in order to obtain information from the detained person. The police officer was accused and convicted for the fact that:

I. serving as the police officer at the Poviatic Police Headquarters in Dębica hit the detained Karol K. twice in the face, trying to exert statement to admit that the detained stole batteries, i.e. the offence under Article 246 of the Penal Code

II. serving as the police officer at the Poviatic Police Headquarters in Dębica hit the detained Krystian O. twice in the face and ordered him to stand “to attention” on one tile for about 1 hour, trying to exert statement to admit that the detained committed theft, i.e. the offence under Article 246 of the Penal Code

It must be emphasized that torture was applied in both cases, as the police officer wanted to exert admission of committing an offence by the injured by purposefully exerting physical and mental pain on the.

The court in first instance recognized that the accused is guilty of committing the offence described in I, which is a infraction under Article 246 of the Penal Code and for this, under Article 246 of the Penal Code, sentenced him or 1 (one) year of imprisonment. Moreover, the court recognized that the accused is guilty of committing the offence described in II, which is a infraction under Article 246 of the Penal Code and for this, under Article 246 of the Penal Code, sentenced him or 1 (one) year of imprisonment. The court in second instance sustained the judgement in this part.

Pursuant to Article 85 of the Penal Code and Article 86(1) of the Penal Code, instead of the two separate imprisonment penalties, the courts imposed a combined penalty of 1 (one) year and 2 (two) months of imprisonment. Pursuant to Article 69(1) of the Penal Code and Article 70(1)(1) of the Penal Code, the courts conditionally suspended the execution of the combined imprisonment for a period of probation lasting 2(two) years. Also, pursuant to Article 71(1) of the Penal Code, the courts imposed a fine on the accused in the amount of 50 (fifty) daily units, determining the value of one unit to be PLN 20 (twenty Polish zlotys).

The above case of torture took place outside the rooms for detained persons and persons brought to sober up, which are inspected by the staff members of the National Preventive Mechanism. The events took place in the staff rooms within the Police headquarters.

¹⁶⁷ District Court in Dębica (II K 1016/13), Regional Court in Rzeszów (II Ka 48/15).



**KRAJOWY
MECHANIZM
PREWENCJI**



RZECZNIK PRAW OBYWATELSKICH



PART II





1. Cooperation with state authorities and non-governmental organisations

In January 2015, the representatives of the National Preventive Mechanism conducted a training course for police officers serving at the rooms for detained persons or persons brought to sober up (PDR), informing NPM about their actions in the area of preventing torture and inhumane and degrading treatment, or punishments, at the police rooms for detained persons and explaining all and any doubts concerning the recommendations that are issued by NPM.

On 3 March 2015, a working meeting of the representatives of the National Preventive Mechanism, the head of the Division for Executive Penal Procedure at the Penal Law Team with the deputy director general of the Prison Service, the representative of the Penitentiary Office of CBPS, and the representatives of the Ministry of Justice was held at the Office of the Commissioner for Human Rights. The meeting focused on discussing the conclusions from the thematic *Report*¹⁶⁸ of the representatives of the National Preventive Mechanism, which is a summary of the thematic inspections conducted between 1 January 2012 and 31 December 2013.

On 18 June 2015 the representative of NPM attended the workshops entitled *Rozdwojenie rzeczywistości* (Reality split), which was organized at the Office of a Local Representative of the Commissioner for Human Rights in Katowice. During the workshops, a presentation entitled *Prawo a rzeczywistość, czyli problematyka przymusu bezpośredniego oraz przyjęcia do szpitala psychiatrycznego bez zgody* (*Law and reality: the issue of coercive measures and admission to a psychiatric hospital without consent*) was held and the binding legal provisions were discussed.

On 9 July, the Deputy Commissioner for Human Rights, dr Ryszard Czerniawski, and the staff members of the NPM Team, met with the representatives of the Central Board of the Prison Service in order to work out a permanent formula for contacts between both institutions, to indicate any potential areas of cooperation and sharing experiences. Discussions also concerned the issues related to executing the imprisonment sentences, in particular in the light of the revision of the Executive Penal Code.

Between 16 and 17 September 2015, a representatives of the NPM team attended the VI Congress of Directors of Youth Sociotherapy Centres. During the Congress, which focused on security at YSC, the representative presented the most important findings of NPM from inspections held in these facilities.

The results of the inspections at the shelters for minors and the juvenile detention centres, as well as the international standards concerning detained juveniles, were discussed

¹⁶⁸ The inspections of the National Preventive Mechanism at the therapeutic wards for persons with non-psychotic disorders or with mental disabilities as well as centres for persons remanded in custody.



during a session of directors of such facilities, which took place on 07 October 2015 in Serock, attended by the representatives of the NPM team.

A representative of NPM took part in the IX Warsaw Seminar, which took place in Lublin on 16 October 2015. The topic of the Seminar was: “*Dysfunctions of Polish Law: How to Improve the System of Legal Remedies in Poland?*”. The Seminar focused on the role and tasks of ECHR as well as the Polish legal remedies that are to support the implementation of ECHR judgements (constitutional complaint, complaint to declaring a legally binding decision unlawful).

A representative of NPM took part in the *XII Legislative Workshops*, which were held in Jurata on 19-23 October 2015. The representative held a lecture entitled “*NPM and their entitlements in the legislative scope*” and explained and emphasized the obligations of the Mechanism in this respect, arising from OPCAT.

The thematic inspections, dedicated to verifying whether the given penitentiary unit is adapted to the needs of persons with disabilities, were attended by the representatives of the foundations *Polska bez barier* and *Integracja*. The expert opinions drawn up by the were intended to present a potentially full information about the existing barriers and obstacles as regards the general accessibility of the inspected facility and to issue recommendations in order to eliminate them, paying particular attention to architectural accessibility to persons with mobility disabilities as well as to persons with sight or hearing dysfunctions.

2. International activity

In 2015, the staff members of the National Preventive Mechanism Team attended multiple international meetings related to preventing torture and organization and operation of the national preventive mechanism in European and Asian countries. They discussed the actions of the Polish National Preventive Mechanism by sharing knowledge and experience, both with the representatives of other NPMs and international organizations, including APT, CPT, and SPT. Thematic meetings were held, including but not limited to, in Vienna¹⁶⁹, Istanbul, Geneva¹⁷⁰, London, Bristol¹⁷¹, Trier¹⁷².

In July, the Academy of the European National Networks of Human Rights Institutions took place in Warsaw in 2015 for the first time¹⁷³. During the visit at the Office of the Commissioner for Human Rights, the students of the Academy learned how the Office of the

¹⁶⁹ <https://www.rpo.gov.pl/pl/content/przedstawiciel-zespo%C5%82u-krajowy-mechanizm-prewencji-wojciech-sadownik-wzi%C4%85%C5%82-udzia%C5%82-w-trzeciej>

¹⁷⁰ <https://www.rpo.gov.pl/pl/content/przedstawiciel-zespo%C5%82u-krajowy-mechanizm-prewencji-wzi%C4%85%C5%82-udzia%C5%82-w-symposium-jean-jacques-gautier-nt>

¹⁷¹ <https://www.rpo.gov.pl/pl/content/przedstawiciel-zespo%C5%82u-krajowy-mechanizm-prewencji-wojciech-sadownik-wzi%C4%85%C5%82-udzia%C5%82-w-letniej-szkole>

¹⁷² <https://www.rpo.gov.pl/pl/content/przedstawicielka-zespo%C5%82u-krajowy-mechanizm-prewencji-magdalena-filipiak-wzi%C4%99%C5%82a-udzia%C5%82-w-seminarium>

¹⁷³ <https://www.rpo.gov.pl/pl/content/akademia-instytucji-praw-czlowieka>



Commissioner for Human Rights, including the National Preventive Mechanism Team, operates.

The activity of NPM was also presented to the representatives of the Superior Council of Judiciary of Mongolia during their stay in Poland¹⁷⁴.

The representative of the National Preventive Mechanism attended a meeting of experts in the area of protecting the rights of persons with disabilities from the Visegrad Group and West Balkans¹⁷⁵, organized by the Office of the Commissioner for Human Rights and the Ministry of Foreign Affairs of Poland. The meeting was held at the Office of the Commissioner for Human Rights between 14 and 15 September.

Also in September, a meeting of Ms Mari Amos – a representative of SPT and the Commissioner for Human Rights, the Deputy Commissioner, and the “National Preventive Mechanism” Team took place at the Office of the Commissioner for Human Rights¹⁷⁶. The meeting concerned the cooperation of the National Preventive Mechanism and the Subcommittee, the financing of NPM, and its development.

As part of the international cooperation, a meeting of the representatives of NPM from the Polish and Estonian Office of the Estonian Ombudsman took place in November at the Office of the Commissioner for Human Rights. During the first day of the study visit, the guests met the Deputy Commissioner for Human Rights and learned the theoretical aspects of operation of the Polish NPM, including the types of facilities inspected by the National Preventive Mechanism, where minors are placed, as well as the methodology of work of the Team¹⁷⁷. On the second day of the visit to Poland, the guests from Estonia attended an inspection at the Youth Socioterapy Centre in Podcierń, and on the third day they accompanied the Polish NPM during an inspection at the Shelter for Minors and Juvenile Detention Centre in Warsaw-Falenica. The summary of the visit took place on 06 November 2015. The teams from both countries shared their observations and recommendations concerning the inspected centres.

In the course of the study visits at the Office of the Commissioner for Human Rights, a delegation of the National Human Rights Commission of the Republic of Korea was one of the guests. The guests also attended two inspections of the National Preventive Mechanism in two facilities in the Małopolskie region¹⁷⁸.

¹⁷⁴ <https://www.rpo.gov.pl/pl/content/wizyta-delegacji-z-mongolii>

¹⁷⁵ <https://www.rpo.gov.pl/pl/content/spotkanie-sieci-ekspertow-v4-balkany-zachodnie-dot-ochrony-praw-osob-z-niepelno-sprawnosciami>

¹⁷⁶ <https://www.rpo.gov.pl/pl/content/spotkanie-z-przedstawicielka-spt-mari-amos>

¹⁷⁷ <https://www.rpo.gov.pl/pl/content/wizyta-studyjna-kmp-z-estonii>

¹⁷⁸ <https://www.rpo.gov.pl/pl/content/wizyta-delegacji-z-komisji-praw-czlowieka-republiki-korei>

3. Issuing opinions on legal acts

Issuing opinions on legal acts, both in force and drafts, is one of the forms of preventing torture and other cruel, inhumane or degrading treatment or punishment. Entitling the national preventive mechanisms to submit opinions and comments to the legal provisions to the authorities was regulated in Article 19(c) of OPCAT.

In 2015, the representatives of the National Preventive Mechanism issued opinions on the following 3 drafts of legal acts, to which comments were submitted:

- draft of the ordinance of the Minister of National Education on the types of detailed rules of operation of public facilities, conditions of stay between children and teenagers in these facilities and the value and rules of payments made by the parents for the stay of their children in these facilities¹⁷⁹;
- draft ordinance of the Minister of Justice on the board for persons detained in prisons and pre-trial detention centres¹⁸⁰;
- draft ordinance of the Minister of Justice on juvenile detention centres and shelters for minors¹⁸¹.

All and any opinions were published at the website of the Commissioner for Human Rights, in the bookmark entitled the National Preventive Mechanism.

4. Problems in implementing the National Preventive Mechanism

During the inspection at the Pre-trial Detention Centre in Radom, the representatives of the National Preventive Mechanisms were examined by the officers of the Prison Service at the entrance to the facility. The examination extended not only to x-raying all items brought in (including official equipment) but also to controlling clothes (it was necessary to take off belts for trousers). Moreover, the visitors were asked to use the entrance for guests, despite the fact that they performed official tasks. Therefore, they started their official tasks with delay.

According to the Commissioner for Human Rights, subjecting the staff members of the Office of Commissioner for Human Rights to any inspection at the entrance to penitentiary units comprises a restriction of independence of the Commissioner for Human Rights, including while performing the functions of the National Preventive Mechanism in Poland. Therefore, on 30 March 2015 the Commissioner filed a general letter to the Minister of

¹⁷⁹ <https://www.rpo.gov.pl/pl/content/uwagi-do-projektu-rozporz%C4%85dzenia-ministra-edukacji-narodowej-w-sprawie-rodzaj%C3%B3w-i-szczeg%C3%B3wC5%82owych>

¹⁸⁰ <https://www.rpo.gov.pl/pl/content/uwagi-do-projektu-rozporz%C4%85dzenia-ministra-sprawiedliwi%C5%9Bci-w-sprawie-wy%C5%BCywienia-os%C3%B3b-osadzonych-w>

¹⁸¹ <https://www.rpo.gov.pl/sites/default/files/Uwagi%20do%20projektu%20rozporz%C4%85dzenia.pdf>



Justice¹⁸² on the difficulties experienced by the Commissioner while performing the mandate under OPCAT. In the response dated 21 April 2015 Wojciech Węgrzyn, Under-secretary of state at the Ministry of Justice, did not share the position of the Commissioner and stated that all persons entering the penitentiary facility are obliged to subject themselves to the procedures intended to determine their identity, their position or function, and only persons listed in Article 18(2) of the Act on the Prison Service¹⁸³ are excluded from the obligation to undergo personal search and control of clothing and shoes.

The presented position was not approved by the Commissioner, as it does not consider the legal regulations that govern the tasks and competences of the Commissioner for Human Rights. In the subject issue, the Commissioner for Human Rights asked SPT and APT to take a position. According to them, the functional independence of the national preventive mechanisms, as well as the independence of their staff, means that the procedure of being exempted from general or personal check for employees and staff, and from inspecting items and documents brought into the facility, must be guaranteed by the member states that ratified OPCAT. The ability to familiarize yourself with the specific materials of the NPM members or subjecting them to inspection serves to reduce the independence from the facilities that they are to inspect. Additionally, such activities delay entrance of the representatives of the National Preventive Mechanism to the detention centre and might be used by the authorities of the facility to erase the traces of torture or other cruel, inhumane, or degrading treatment of the detained persons.

Therefore, the Commissioner asked the Minister of Justice again on 21 July 2015 for an opinion in this matter. In response, the Under-secretary of State at the Ministry of Justice informed the Commissioner for Human Rights that the argument that the manner of enforcing the provisions of the Act on the Prison Service in the area of regulations on the procedure of personal check of staff members of the Office of the Commissioner for Human Rights has as significant impact on whether the NPM performs its function properly, must be shared. These provisions should be interpreted in the light of the provisions of the Convention. The procedure to which the staff members of the National Preventive Mechanism are subjected to while visiting penitentiary facilities should, on one hand, comply with the binding law, and on the other hand it should consider that NPM staff members may not be subjected to any form of pressure, as well as there should be no doubts about restricting their independence in performing their duties (e.g. by purposefully extending the waiting time for entrance or extended inspection). This matter is still of interest for the Commissioner for Human Rights.

¹⁸² KMP.571.5.2015, <https://www.rpo.gov.pl/sites/default/files/Wyst%C4%85pienie%20Generalne%20do%20MS%20w%20spr.%20kompetencji%20RPO.pdf>

¹⁸³ The President of the Republic of Poland, the Prime Minister, the members of the Council of Ministers, the Commissioner for Human Rights, the Commissioner for the Rights of Children, the General Inspector for Personal Data Protection, persons holding immunity based on their activity as Members of Parliament, judges, or prosecutors, persons holding immunity based on their diplomatic or consular activity under acts, international treaties, and commonly accepted international customs.



Another problem that the visiting team faced while executing the mandate of NPM was the fact that the ombudsmen for patient rights from the psychiatric hospital refused access to the documents related to the stay of detained persons at psychiatric hospitals¹⁸⁴. It was indicated that the provision of detailed data on the operation of the ombudsmen for patient rights at the psychiatric hospital will be possible only after a written request is filed with the Ombudsman for Patient Rights, as their superior. Therefore, the Deputy Commissioner for Human Rights turned to the Ombudsman for Patient Rights, explaining the legal regulations that entitle the representatives of the National Preventive Mechanism Team to access and process the data included in the documentation of the Ombudsmen for Patient Rights at the Psychiatric Hospital at the inspection site¹⁸⁵. In response the Ombudsman for Patient Rights indicated that the adopted mode of procedure of ombudsmen for patient rights at the Psychiatric Hospital is correct, as the body competent to cooperate with the Commissioner for Human Rights is the Ombudsman for Patient Rights, not the employees of that body.

As the argumentation presented by the Ombudsman for Patient Rights did not consider all regulations concerning the entitlements of the Commissioner for Human Rights, including the provisions of OPCAT, the Commissioner for Human Rights sent a general letter to the Prime Minister¹⁸⁶, in which she indicated that the body that is subordinate to the Prime Minister does not respect their entitlements and hinders holding preventive inspections.

In response to the letter, the Head of the Office of the Prime Minister informed the Commissioner that as part of the supervision exercised by the Prime Minister over the Ombudsman for Patient Rights, an analysis of the actions were made, and they were obliged to facilitate internal procedures, which regulate the mode of submitting information and documentation to the representatives of NPM¹⁸⁷.

¹⁸⁴ The situation concerned the inspection at the Specialist Psychiatric HCC in Jaroslaw and Independent Public HCC Central Clinical Hospital at the Medical University in Łódź.

¹⁸⁵ Letter of 1 December 2014, KMP.574.30.2014.WS.

¹⁸⁶ Letter of 23 March 2015, KMP.574.30.2014.WS.

¹⁸⁷ Letter of 20 May 2015, DKN222 7(5)/15, <https://www.rpo.gov.pl/sites/default/files/Odpowied%C5%BA%20Szeffa%20Kancelarii%20Prezesa%20RM%20z%20dnia%2020.05.2015%20r.pdf>



5. NPM visiting team (in alphabetical order)

Magdalena Filipiak – a lawyer and a psychologist, graduate of the Faculty of Law and Administration and the Faculty of Social Sciences at the Adam Mickiewicz University in Poznań, currently a student of Interdisciplinary PhD Studies at the University of Social Sciences and Humanities (SWPS) in Warsaw. She has been a staff member of the National Preventive Mechanism at the Office of the Commissioner for Human Rights since 2012.

Karolina Goral – a special pedagogue (specialisation: rehabilitation and family support) and psychotherapist, graduate of the Maria Grzegorzewska Academy of Special Education in Warsaw and a third-year student at the Professional Psychotherapy School at the Institute of Psychology of Health of the Polish Psychological Association. Between 2010 and 2013 she was a social case worker for the District Court for Warsaw-Praga Północ. Since 2010, she has been a staff member of the National Preventive Mechanism at the Office of the Commissioner for Human Rights. Volunteer and consultant at the helpline for persons in emotional crisis and for persons with behavioural dependencies of the Institute of Psychology of Health.

Aleksandra Iwanowska – a doctor of law, graduate of the Faculty of Law and the Faculty of Philology at the University of Białystok. Author of publications in the area of executive penal law. In 2008-2012 she held classes at the Faculty of Law at the University of Białystok, and in 2011 she was an assistant in the project entitled Drawing up and implementing a programme for teaching legal English using innovative teaching materials implemented at the Faculty of Law. In 2011, she attended a research internship at the Alexander Pushkin Institute of the Russian Language in Moscow. Since 2012, she has been working with the Foundation of University Legal Advice Centres under the project Drawing up sustainable and comprehensive support mechanisms for legal and citizenship advice system in Poland. She has been a staff member of the National Preventive Mechanism Team since April 2012.

Justyna Józwiak – a doctor of sociology at the Institute of Sociology at the University of Warsaw, graduate of the Institute of Social Prevention and Rehabilitation at the University of Warsaw. She has been a staff member of the National Preventive Mechanism Team at the Office of the Commissioner for Human Rights since 2008.

Przemysław Kazimirski – a lawyer, graduate of the Catholic University of Lublin. Since 2002, he has been working at the Office of the Commissioner for Human Rights, initially at the Executive Penal Law Team, and since 2008 – as a staff member of the National Preventive Mechanism. He represents NPM in the EU Eastern Partnership Countries Ombudsman Cooperation 2009-2013. In 2013 he received a Bronze Medal for the long-term service awarded by the President of Poland, Bronisław Komorowski.

Michał Kleszcz – a lawyer, graduate of the University of Silesia and of Post-graduate Studies in Economic and Commercial Law. A trainee solicitor since 2011. He has been working for the Office of the Commissioner for Human Rights since 2007. Since 2008 he has



participated in the visits of the National Preventive Mechanism within the jurisdiction of the Local Representative of the Commissioner for Human Rights in Katowice.

Natalia Kłaczyńska – a doctor of legal sciences of the University of Wrocław, university teacher. She has been working for the Office of the Commissioner for Human Rights since 2005. She has participated in the visits of the National Preventive Mechanism within the jurisdiction of the Local Representative of the Commissioner for Human Rights in Wrocław.

Dorota Krzysztoń – a forensic specialist, graduate of the University of Warsaw. A long-time civil servant, involved in the protection of civil rights and mediator in criminal matters. Between 1991 and 1996 she worked e.g. with the Senate Commission for Human Rights and the Rule of Law and the Office of Interventions of the Chancellery of the Senate (interventions and systemic actions in the matters concerning imprisoned persons and the Roma community in Poland). In the years 1997-2001 she was an adviser to subsequent ministries for parliamentary affairs in the government of Jerzy Buzek. She also worked with the Polish Agency for Enterprise Development and the Comartin training company. She has been with the Office of the Commissioner for Human Rights for a dozen or so years, during which she e.g. held the position of the plenipotentiary of the Commissioner responsible for crime victims. Currently, she is a staff member of the National Preventive Mechanism. Member of several NGOs, including Poland-Ukraine Forum, Polish Mediation Centre, Polish Association of Legal Education.

Rafał Kulas – lawyer by education, graduate of the Faculty of Law at the Ryszard Łazarski Higher School of Commerce and Law in Warsaw (2010 diploma). Between January 2011 and 2015 he was a fiscal prosecutor at the Tax Office in Wołomin, working on preliminary investigations in fiscal offences and infractions, and standing before common courts as a public prosecutor. Since 2015, a staff member of NPM at the Office of the Commissioner for Human Rights.

Marcin Kusy – a lawyer, graduate of the Catholic University of Lublin and of the School of Human Rights and Freedoms at the Institute of Legal Sciences of the Polish Academy of Sciences. He has extensive knowledge of American law; holder of a certificate of Chicago Kent College of Law. Interested in case law of the European Court of Human Rights in Strasbourg and anti-discrimination law. He has been a staff member of the National Preventive Mechanism Team at the Office of the Commissioner for Human Rights since 2008. Currently a student of the European Academy of Diplomacy.

Justyna Lewandowska – Director of the National Preventive Mechanism Department in the Office of the Commissioner for Human Rights. A lawyer, graduate of the University of Warsaw. In 2007, she completed the prosecutor's apprenticeship in Warsaw, and since 2010 she has been a member of the Warsaw Bar Association. A long-time employee of the Helsinki Foundation for Human Rights. When at the Foundation, she focused on the rights of persons deprived of their liberty, of persons using psychoactive drugs, and of those living with HIV/AIDS. In 2007 and 2008, she was a member of the team working to amend



the Act on prevention of drug abuse and certain other acts. The team was appointed by the Minister of Justice. .

Małgorzata Molak – rehabilitation pedagogue. A graduate of social rehabilitation at the Maria Grzegorzewska Academy of Special Education in Warsaw. She completed post-graduate studies in the field of psychological, pedagogical and legal preparation for work with difficult young people at the Alcide De Gasperi University of Euroregional Economy in Józefów. In 2009-2011, she was a social case worker for the VI Team of Case Worker Service for executing decisions concerning family and minors for the District Court for Warsaw-Żoliborz. She has been a staff member of the National Preventive Mechanism Team since September 2011. While working for the Office of Commissioner for Human Rights, she completed the third level of sign language course, with social profile. Moreover, she is working as a consultant-volunteer for a Helpline for persons experiencing emotional crises (116123). A student at the second year of training in cognitive-behavioural therapy for adults, held by a Centre of Cognitive-Behavioural Therapy in Warsaw.

Marcin Mazur – deputy Director of the National Preventive Mechanism Department in the Office of the Commissioner for Human Rights. A lawyer, graduate of the Catholic University of Lublin. In 2011 he passed his solicitor's exam and was accepted as a member of the Circuit Chamber of Legal Counsel in Warsaw. From 2003 to 2008, he pursued PhD studies at the Faculty of Law, Canon Law and Administration in the area of legal science – penal law at the John Paul II Catholic University of Lublin. In 2005 and 2006 he completed his postgraduate studies in the area of pedagogical preparation. Since 2004, he has been working in the Office of the Commissioner for Human Rights – initially at the Executive Penal Law Team, later, in the National Preventive Mechanism Team. Author of several articles on penal law.

Wojciech Sadownik – a lawyer, graduate of the Maria Curie-Skłodowska University in Lublin and a Study of Foreign Politics of the Polish Institute for International Affairs. Previously e.g. with the Ministry of Science and Higher Education and the Office for the Protection of Competition and Consumers. He has been a staff member of the National Preventive Mechanism Team at the Office of the Commissioner for Human Rights since 2010.

Estera Tarnowska – a lawyer and psychologist, graduate of the University of Gdańsk. In 2011, she completed her solicitor's apprenticeship in Gdańsk. She has been working for the Office of the Commissioner for Human Rights since 2007. Since 2008 she has participated in the visits of the National Preventive Mechanism within the jurisdiction of the Local Representative of the Commissioner for Human Rights in Gdańsk.

6. Experts of the National Preventive Mechanism

a. Psychiatrists

Leszek Asman – a psychiatrist. Currently, he is employed at the Mental Health Care Centre in Zabrze as a medical manager, as well as the head of day psychiatric ward and the head of the outpatient clinic complex (mental health clinic, neurotic disorders clinic, home treatment team). For many years he worked as the head of psychiatric wards (Olkusz, Rybnik). For a year he was employed in the control department within the Silesian Branch of the National Health Fund. He has many years' experience as expert witness in the field of psychiatry. He finished a postgraduate school in the field of health protection management. He runs his private medical practice in Żory.

Jolanta Paszko – a psychiatrist. Graduate of the Medical University of Lublin. She gained professional experience in the Psychiatric Hospital in Gniezno, and later in Bródnowski Hospital and Bielański Hospital in Warsaw. Between 1992 and 2008 she was a scientific assistant in the IV Clinic at the Institute of Psychiatry and Neurology in Warsaw. Author of research publications in the area of environmental and clinical psychiatry. Currently, she is working on her PhD thesis. She completed a psychodynamic psychotherapy course in Kraków.

Kama Katarasińska – Pierzgalska – a psychiatrist. Graduate of the Medical University of Łódź. She gained professional experience at the Psychiatric Hospital of the Ministry of Interior and Administration in Łódź and in Health Care Centre Łódź-Bałuty. Since 2001 she has been working at the Institute of Psychiatry and Neurology in Warsaw, and from 2008 she has also ran a private medical practice. For several years, she has been working for the Helsinki Foundation for Human Rights: she delivers lectures, workshops and participates in educational projects. She is a psychologist as well.

Anna Rusek – doctor of medical sciences, graduate of the Faculty of Medicine at the Medical University of Silesia, second degree specialist in psychiatry. In 1989, she received the title of the doctor of medical sciences for her thesis on mental disorders in the burn disease. She completed her postgraduate studies in the field of HR management, entrepreneurship and career counselling – organisation of health care centres. Between 1978 and 1992, she was employed at the Psychiatric Clinic of the Medical University of Silesia in Tarnowskie Góry. Since 1992, she has been employed in the Psychiatric Hospital in Toszek. Expert witness at the Regional Court in Gliwice, expert witness at the Episcopal Court in Gliwice.

Agnieszka Szaniawska-Bartnicka – a psychiatrist (second degree specialist since 1999). Graduate of the Medical Academy in Warsaw. She gained her professional experience at the III Clinic of Psychiatry of the Institute of Psychiatry and Neurology in Warsaw, where she has been the head of the general psychiatric ward since 1 January 2013. She finished postgraduate studies in medical rights and bioethics at the Faculty of Law of the University of Warsaw.



Maria Załuska – associate professor, PhD, psychiatrist. She received her medical diploma in 1973 at the Medical University in Warsaw. Head of the ward and of the IV Clinic at the Institute of Psychiatry and Neurology in Bielański Hospital. Lecturer at the Faculty of Family Studies at the Cardinal Stefan Wyszyński University in Warsaw.

b. Internal medicine

Joanna Klara Żuchowska – a doctor of medical sciences, second degree specialist in internal medicine. Practising physician between 1961 and 2011. Co-author of the book entitled Myocardial Infarction and 12 papers published in specialist Polish and foreign journals. Graduate of the School of Human Rights at the Helsinki Foundation for Human Rights. Co-author of the publication *Prawa człowieka w szpitalach psychiatrycznych i domach opieki społecznej* [Human Rights in Psychiatric Hospitals and Nursing Homes] (Reports, Evaluations, Opinions of the Helsinki Foundation for Human Rights No 17/1996). Between 1996 and 2001, she was involved in monitoring activities for the Helsinki Foundation for Human Rights. She has been cooperating with the Office of the Commissioner for Human Rights since 2009 (Since April 2012 she has been employed on a 1/4 FTE basis).

c. Geriatric medicine

Jerzy Foerster – doctor of medical sciences. Graduate of the Medical Academy in Gdańsk (Medical Faculty, graduated in 1997). Since 1985, internal medicine specialist, since 1990 – geriatric medicine specialist. In 1980-1993 he worked at a social care centre for the elderly and chronically ill, as a head of the treatment division. In 1989-1991 he was the chief of the Geriatric Medicine Ward at the Voivodship Gerontological Centre in Gdynia. In 1992-2001 he was the head of the Voivodship Gerontological Clinic in Gdańsk and the head of the Third Age University in Gdańsk and Gdynia. Since 2006 he has been the head of the Social and Clinical Gerontology Unit at the Gdańsk Medical University. He also runs a private practice in the Geriatric Medicine clinic.

d. Experts on the issues related to persons with disabilities

Izabela Sopalska – author of the project entitled *Kulawa Warszawa* (*KulawaWarszawa.pl*, *Limping Warsaw*), which is intended to improve the awareness of the residents of Warsaw on disabilities, architectural barriers, and facilitations to persons mostly with mobility disabilities. She cooperates not only with the “Polska bez Barrier” foundation, but also with other organizations such as: *Fundacja Kultury Bez Barrier*, *SISKOM*, *MaMa Foundation*, *Towarzystwo Przyjaciół Szalonego Wózkowicza*. *Kulawa Warszawa* was a partner of the *Warsaw Week of Culture Without Barriers* in 2013. She co-organizes training courses for the personnel of different institutions, e.g. in professional customer service for persons with disabilities, she runs architectural audits, helps to design new buildings and spaces. Winner of the *Capital City of Warsaw Award* for her service for the city in 2014.



Maciej Augustyniak – one of the founders and president of the “Polska bez Barier” Foundation. Pedagogue, trainer. He runs trainings e.g. in making cultural events accessible to persons with different types of disabilities, professional customer service to persons with disabilities, accessible architecture. He actively works for adapting the space and services to the needs of persons with different disabilities. He cooperates with the organizations that promote combating discrimination and facilitate social inclusion and cultural inclusion. For six years he coordinated projects for Stowarzyszenie Przyjaciół Integracji and the Integracja Foundation. He worked on the programme “Obsługa bez Barier” (Service without Barriers) for Bank Zachodni WBK S.A.. He trained specialists e.g. from the Citi Bank. He specializes in mobility disabilities. He closely works with Warsaw-based Stowarzyszenie Rugby na Wózkach, (Rugby on Wheelchairs) coordinates the “Kultura Włączania” (Inclusive culture) project for Mazowieckie Centre of Culture and Arts. He is a volunteer for the Active Rehabilitation Foundation during the matches of the Polish League of Wheelchair Rugby. He actively trains and rehabilitates the players – members of the Warsaw-Based Four Kings Rugby on Wheels Team.

Kamil Kowalski – graduate of the Faculty of Interior Design at the Warsaw’s Academy of Fine Arts. Interior designer, accessibility designer, graphic designer. Winner of e.g. the Award of the Minister of Infrastructure and the Century Medal of the Academy of Fine Arts in Warsaw. For years he has been cooperating with the Integration Foundation by actively promoting the idea of Universal Design, helping to create architecture that is accessible to all persons that might have mobility or communication problems, including persons with disabilities. Author of publications and articles on accessibility planning, including: *ABC Gość niepełnosprawny w muzeum* (ABC – a visitor with disabilities at a museum) (co-author, publisher: NIMOZ); *Planowanie dostępności – polskie uwarunkowania prawne i praktyka* (Accessibility planning – Polish legal regulations and practice) (in: *Niepełnosprawność*, publisher: PFRON); *Planowanie dostępności. Prawo w praktyce* (Accessibility planning: Law in practice) (publisher: Integracja Foundation); *Projektowanie bez barier. Wytyczne* (Designing without barriers: Guidelines) (publisher: Integracja Foundation); *Mieszkanie dostępne dla osób z dysfunkcjami wzroku* (Flats accessible to persons with sight disabilities) (publisher: Integracja Foundation).



7. Visits under the National Preventive Mechanism in 2015 – table according to facilities

Prisons	
Place	Date
Grójec – adapting the facility to the needs of persons with disabilities	19-20.01.2015
Warsaw-Mokotów adapting the facility to the needs of persons with disabilities	29-30.01.2015
Warsaw-Grochów adapting the facility to the needs of persons with disabilities	19-20.02.2015
Radom – adapting the facility to the needs of persons with disabilities	24-25.02.2015
Kraków – adapting the facility to the needs of persons with disabilities	09-10.04.2015
Starogard Gdański	15-16.04.2015
Hajnówka	20-21.05.2015
Opole	09-10.06.2015
Szczecin – adapting the facility to the needs of persons with disabilities	30.06-01.07.2015
Nisko	01-02.10.2015
Suwałki – adapting the facility to the needs of persons with disabilities	22-23.10.2015
Total 11	

Rooms within the Police organisational units	
Place	Date
Powiat Police Headquarters in Bełchatów	01.04.2015
Powiat Police Headquarters in Starogard Gdański	13.04.2015
Powiat Police Headquarters in Kłodzko	20.04.2015
Powiat Police Headquarters in Śrem	05.05.2015
Powiat Police Headquarters in Łomża	22.05.2015
Powiat Police Headquarters in Strzelce Krajeńskie	25.05.2015
Powiat Police Headquarters in Chodzież	06.07.2015
Powiat Police Headquarters in Ostrołęka	20.07.2015
Powiat Police Headquarters in Starachowice	01.09.2015
Powiat Police Headquarters in Brzesko	04.09.2015
Powiat Police Headquarters in Jarocin	21.09.2015



Powiat Police Headquarters in Brzeg	06.10.2015
Powiat Police Headquarters in Kluczbork	05.10.2015
Powiat Police Headquarters in Kwidzyn	12.10.2015
Powiat Police Headquarters in Włodawa	27.10.2015
Powiat Police Headquarters in Syców	16.11.2015
Powiat Police Headquarters in Kozienice	07.12.2015
Total 17	

Prisons	
Place	Date
Koronowo – adapting the facility to the needs of persons with disabilities	03-04.02.2015
Hrubieszów – adapting the facility to the needs of persons with disabilities	27-28.04.2015
Gębarzewo – adapting the facility to the needs of persons with disabilities	07-08.05.2015
Przytuły Stare – adapting the facility to the needs of persons with disabilities	21-22.07.2015
Nowy Sącz	02-03.09.2015
Włocławek – adapting the facility to the needs of persons with disabilities	08-09.09.2015
Wrocław No. 2	23-24.09.2015
Sieraków Śląski	07-08.10.2015
Włodawa	28-29.10.2015
Strzelin	18-20.11.2015
Total 10	

Youth Care Centres	
Place	Date
Czaplinek	11-12.05.2015
Warsaw (ul. Barska 4)	02-03.06.2015
Radzionków	16.09.2015
Kwidzyn	13.10.2015
Podciernie	04.11.2015
Total 5	



Juvenile detention centres	
Place	Date
Ostrowiec Świętokrzyski	03-04.03.2015
Total 1	

Sobering-up stations	
Place	Date
Zielona Góra-Racula – reinspection	16.03.2015
Kraków	22.06.2015
Elbląg (Social Emergency Service)	17.08.2015
Rzeszów	28.09.2015
Nowy Sącz – reinspection	23.11.2015
Total 5	

Police Emergency Centres for Children	
Place	Date
Kielce	02.03.2015
Opole	08.06.2015
Szczecin	02.07.2015
Olsztyn	14.07.2015
Total 4	

Psychiatric hospitals	
Place	Date
Wrocław (Dolnośląskie Mental Health Centre)	10-12.02.2015
Kłodzko (Forensic Psychiatry Ward at HCC)	21-22.04.2015
Warsaw (Institute of Psychiatry and Neurology)	06-08.05.2015
Frombork (Independent Public Specialist Psychiatric HCC)	18-19.06.2015
Kraków (Ludwik Rydygier Specialist Hospital)	23-24.06.2015
Andrychów (Voivodship Psychiatric Hospital)	25-26.06.2015
Gorzów Wlkp. (Independent Public Voivodship Hospital) reinspection	07-08.07.2015



Żurawica (Voivodship POKarpacie Psychiatric Hospital)	25-26.08.2015
Rzeszów (Psychiatric Ward at the Clinical Voivodship Hospital No. 1)	27.08.2015
Gostynin (National Centre for Preventing Dissocial Behaviours) reinspection	07.09.2015
Aleksandrów Kujawski (Psychiatric Ward at the Powiat Hospital)	10-11.09.2015
Suwałki (Specialist Psychiatric Independent Public HCC)	20-21.10.2015
Sochaczew (Psychiatric Wards at the Powiat Hospital)	02-03.11.2015
Nowy Sącz (Psychiatric Ward at the Specialist Hospital)	26-27.11.2015
Total 14	

Social Care Centres	
Place	Date
Grójec (Father P. Skarga Parish C.)	20-21.01.2015
Warsaw (ul. Parkowa 7)	26-27.01.2015
Bydgoszcz „Stoneczko” (ul. Gałczyńskiego 2)	02-03.02.2015
Nakło n/Notecią (ul. Parkowa 8)	05-06.02.2015
Wrocław (ul. Mączna 3)	12-13.02.2015
Warszawa „Kombatant” (ul. Sternicza 125)	16-17.02.2015
Wierzbica (ul. Sienkiewicza 27)	26-27.02.2015
Ostrowiec Świętokrzyski (ul. Grabowiecka 7)	04-06.03.2015
Ostrołęka (ul. Rolna 27)	11-12.03.2015
Ostrołęka (ul. I Armii WP 32)	13.03.2015
Zielona Góra for Veterans (ul. Lubuska 11)	17-18.03.2015
Psarskie	23-24.03.2015
Jarogniewice – adapting the facility to the needs of persons with disabilities	25-26.03.2015
Śrem (ul. Farna 16)	26-27.03.2015
Łódź St. Albert Foundation (ul. Helenówek 7)	30.03.2015
Łódź (ul. Sierakowskiego 65)	31.03.2015



Pelplin (ul. Szpitalna 2)	14-15.04.2015
Bystrzyca Kłodzka	23.04.2015
Szczebrzeszyn	29-30.04.2015
Września	06.05.2015
Białogard „Przytulisko”	12-13.05.2015
Darskowo	14.05.2015
Białystok (ul. Świerkowa 9)	18-19.05.2015
Jaromin k/Trzebiatowa	26-27.05.2015
Gryfice (ul. Kościuszki 35, branch at ul. Kościuszki 71)	28-29.05.2015
Opole (ul. Chmielowicka 6)	11-12.06.2015
Braniewo (ul. Królewiecka 35)	16-17.06.2015
Skwierzyna (ul. Przemysłowa 42)	09.07.2015
Giżycko (ul. Warszawska 31)	15.07.2015
Węgorzewo (ul. 11 Listopada 12) – reinspection	16.07.2015
Tolkmicko (ul. Szpitalna 2)	18-19.08.2015
Siemianowice Śląskie (ul. Maciejkowicka 8)	15.09.2015
Siemianowice Śląskie (ul. św. Barbary 5)	17.09.2015
Rzeszów (ul. Powstańców Śląskich 4)	29-30.09.2015
Bielawki 47 k/Pelplina	14-15.10.2015
Ząbkowice Śląskie (ul. Szpitalna 3)	17.11.2015
Gródek n/Dunajcem	24-25.11.2015
Milanówek	01-02.12.2015
Total 38	

Rooms for detained persons within the Border Guard units	
Place	Date
Krosno Odrzańskie	19.03.2015
Braniewo	15.06.2015
Medyka	24.08.2015
Augustów	19.10.2015
Włodawa	26.10.2015
Total 5	



Shelters for Minors	
Place	Date
Warsaw-Okęcie	27-28.01.2015
Total 1	

Detention centres within the Military Police units	
Place	Date
Wrocław – unit under renovation	09.02.2015
Kraków	08.04.2015
Szczecin	02.07.2015
Elbląg	20.08.2015
Total 4	

Juvenile detention centres and Shelters for Minors	
Place	Date
Falenica	22-23.01.2015
Laskowiec	09-10.03.2015
Mrozy	01.06.2015
Głogów	22.09.2015
Falenica	05.11.2015
Total 5	

Centres for Foreigners	
Place	Date
Podkowa Leśna-Dębak	03-04.12.2015
Total 1	



No.	Visitet unit – ad hoc	Place	Date	Participation of Commissioner for Human Rights and Deputy Commissioner	Participation of staff members of Office of CHR
1.	YCC No. 1 (ul. Częstochowska 36) On-site analysis of exerting violence on children at the Youth Care Centres	Łódź	12.10.2015		Jolanta Nowakowska – Main Specialist Penalties Execution Team
2.	YCC No. 1 (ul. Częstochowska 36) On-site analysis of exerting violence on children at the Youth Care Centres	Łódź	13.10.2015	Deputy Commissioner for Human Rights Krzysztof Olkowicz	
3.	Pre-trial Detention Centre Analysing the cases of persons with mental disabilities or suffer]ing from mental illness placed in the centre	Warsaw-Białołęka	27.10.2015	Deputy Commissioner for Human Rights Krzysztof Olkowicz	Jolanta Nowakowska – Main Specialist Penalties Execution Team
4.	Pre-trial Detention Centre Analysing the cases of persons with mental disabilities or suffer]ing from mental illness placed in the centre	Łódź	29.10.2015	Deputy Commissioner for Human Rights Krzysztof Olkowicz	Jolanta Nowakowska – Main Specialist Penalties Execution Team
5.	Pre-trial Detention Centre Analysing the cases of persons with mental disabilities or suffer]ing from mental illness placed in the centre	Kraków	12.11.2015	Deputy Commissioner for Human Rights Krzysztof Olkowicz	Jolanta Nowakowska – Main Specialist Penalties Execution Team
6.	Psychiatric Hospital Analysis of the placement of the patient in hospital without consent and application of a preventive measure	Rybnik	25-26.11. 2015		Grzegorz Heleniak – Senior Specialist Administrative and Commercial Law Team Sławomir Tkacz – Main Specialist Office of the Local Representative in Katowice

8. Visits under the National Preventive Mechanism in 2015

No.	Visited unit and visiting team	Place	Date	Participation of external experts	Participation of staff members of the Local Office of the Commissioner for Human Rights
1	Pre-trial Detention Centre – Małgorzata Molak – Karolina Goral – Przemysław Kazimirski – Dorota Krzysztoń	Grójec	19-20.01.2015		
2	Piotr Skarga Social Care Centre – Małgorzata Molak – Karolina Goral – Przemysław Kazimirski – Dorota Krzysztoń	Grójec	20-21.01.2015	dr n. med. Joanna Klara Żuchowska – internal diseases specialist	
3	Juvenile Detention Centre and Shelter for Minors – Małgorzata Molak – Karolina Goral – Przemysław Kazimirski – Dorota Krzysztoń	Falenica	22-23.01.2015		
4	Social Care Centre (ul. Parkowa 7) – Magdalena Filipiak – Małgorzata Molak – Wojciech Sadownik	Warsaw	26-27.01.2015	Jerzy Foerster – geriatric medicine	
5	Shelter for Minors – Magdalena Filipiak – Małgorzata Molak – Wojciech Sadownik	Warsaw-Okęcie	27-28.01.2015		



6	Pre-trial Detention Centre – Magdalena Filipiak – Małgorzata Molak – Wojciech Sadownik – Justyna Lewandowska – Marcin Mazur	Warsaw-Mokotów	29-30.01.2015	Maciej Augustyniak, Izabela Sopalska – „Polska bez Barier” Foundation	
7	Social Care Centre “Słoneczko” – Karolina Goral – Wojciech Sadownik – Dorota Krzysztoń – Marcin Kusy – Estera Tarnowska	Bydgoszcz	02-03.02.2015		BPT Gdańsk
8	Prison – Karolina Goral – Wojciech Sadownik – Dorota Krzysztoń – Marcin Kusy – Estera Tarnowska	Koronowo	03-04.02.2015		BPT Gdańsk
9	Social Care Centre (ul. Parkowa 8) – Karolina Goral – Wojciech Sadownik – Dorota Krzysztoń – Marcin Kusy – Estera Tarnowska	Nakło n/Notecią	05-06.02.2015	dr n. med. Joanna Klara Żuchowska – internal diseases specialist	BPT Gdańsk
10	Rooms for detained persons within the Military Police units – Magdalena Filipiak – Przemysław Kazimirski – Marcin Mazur – Małgorzata Molak – Marcin Kusy – Natalia Kłaczyńska	Wrocław – unit under renovation	09.02.2015		BPT Wrocław
11	Dolnośląskie Mental Health Care Centre – Magdalena Filipiak – Przemysław Kazimirski – Marcin Mazur – Małgorzata Molak – Marcin Kusy – Natalia Kłaczyńska	Wrocław	10-12.02.2015	Leszek Asman – psychiatrist	BPT Wrocław



12	Social Care Centre (ul. Mączna 3) – Magdalena Filipiak – Przemysław Kazimirski – Marcin Mazur – Małgorzata Molak – Marcin Kusy – Natalia Kłaczyńska	Wrocław	12-13.02.2015	Jerzy Foerster – geriatric medicine	BPT Wrocław
13	Social Care Centre “Kombatant” (ul. Sternicza 125) – Justyna Józwiak – Przemysław Kazimirski – Wojciech Sadownik – Dorota Krzysztoń	Warsaw	16-17.02.2015		
14	Pre-trial Detention Centre – Dorota Krzysztoń – Wojciech Sadownik – Justyna Józwiak	Warsaw- Grochów	19-20.02.2015		
15	Pre-trial Detention Centre – Marcin Kusy – Justyna Józwiak – Magdalena Filipiak – Dorota Krzysztoń – Przemysław Kazimirski	Radom	24-25.02.2015		
16	Social Care Centre (ul. Sienkiewicza 27) – Marcin Kusy – Justyna Józwiak – Magdalena Filipiak – Dorota Krzysztoń – Przemysław Kazimirski	Wierzbica	26-27.02.2015		
17	Police Emergency Centre for Children – Marcin Kusy – Justyna Józwiak – Wojciech Sadownik – Michał Kleszcz	Kielce	02.03.2015		BPT Katowice



18	Juvenile Detention Centre – Marcin Kusy – Justyna Józwiak – Wojciech Sadownik – Michał Kleszcz	Ostrowiec Świątokrzyski	03-04.03.2015		BPT Katowice
19	Social Care Centre (ul. Grabowiecka 7) – Marcin Kusy – Justyna Józwiak – Wojciech Sadownik – Michał Kleszcz	Ostrowiec Świątokrzyski	04-06.03.2015		BPT Katowice
20	Juvenile Detention Centre and Shelter for Minors – Małgorzata Molak – Magdalena Filipiak – Wojciech Sadownik – Przemysław Kazimirski	Laskowiec	09-10.03.2015		
21	Social Care Centre (ul. Rolna 27) – Małgorzata Molak – Magdalena Filipiak – Wojciech Sadownik – Przemysław Kazimirski	Ostrołęka	11-12.03.2015		
22	Social Care Centre (ul. I Armii Wojska Polskiego 32) – Małgorzata Molak – Magdalena Filipiak – Wojciech Sadownik – Przemysław Kazimirski	Ostrołęka	13.03.2015		
23	Sobering-up station – reinspection – Dorota Krzysztoń – Marcin Kusy – Justyna Józwiak	Zielona Góra-Racula	16.03.2015	dr n. med. Joanna Klara Żuchowska -internal diseases specialist	
24	Social Care Centre for Veterans (ul. Lubuska 11) – Dorota Krzysztoń – Marcin Kusy – Justyna Józwiak	Zielona Góra	17-18.03.2015	dr n. med. Joanna Klara Żuchowska – internal diseases specialist	



25	Rooms for Detained Persons within the Border Guard units – Dorota Krzysztoń – Marcin Kusy – Justyna Józwiak	Krosno Odrzańskie	19.03.2015		
26	Social Care Centre (ul. Owocowa 8) – Małgorzata Molak – Przemysław Kazimirski – Magdalena Filipiak – Dorota Krzysztoń	Psarskie	23-24.03.2015		
27	Social Care Centre – Małgorzata Molak – Przemysław Kazimirski – Magdalena Filipiak – Dorota Krzysztoń	Jarogniewice	25-26.03.2015	Maciej Augustyniak, Izabela Sopsalska – „Polska bez Barier” Foundation	
28	Social Care Centre (ul. Farna 16) – Małgorzata Molak – Przemysław Kazimirski – Magdalena Filipiak – Dorota Krzysztoń	Śrem	26-27.03.2015		
29	Social Care Centre of the St. Albert Foundation (ul. Helenówek 7) – Marcin Kusy – Wojciech Sadownik – Justyna Józwiak – Rafał Kulas	Łódź	30.03.2015	Jolanta Paszko – psychiatrist	
30	Social Care Centre (ul. Sierakowskiego 65) – Marcin Kusy – Wojciech Sadownik – Justyna Józwiak – Rafał Kulas	Łódź	31.03.2015	Jolanta Paszko – psychiatrist	



31	Rooms for Detained Persons within the Poviats Police Headquarters – Marcin Kusy – Wojciech Sadownik – Justyna Józwiak – Rafał Kulas	Bełchatów	01.04.2015		
32	Rooms for Detained Persons within the Military Police units – Piotr Rafalski – Justyna Józwiak – Przemysław Kazimirski – Michał Kleszcz	Kraków	08.04.2015		BPT Katowice
33	Pre-trial Detention Centre – Piotr Rafalski – Justyna Józwiak – Przemysław Kazimirski – Michał Kleszcz	Kraków	09-10.04.2015	Maciej Augustyniak, Izabela Sopalska – „Polska bez Barrier” Foundation	BPT Katowice
34	Rooms for the Detained Persons at the Poviats Police Headquarters – Marcin Kusy – Dorota Krzysztoń – Rafał Kulas – Justyna Lewandowska – Zenobia Glac-Ściebura	Starogard Gdański	13.04.2015		BPT Gdańsk
35	Social Care Centre (ul. Szpitalna 2) – Marcin Kusy – Dorota Krzysztoń – Rafał Kulas – Justyna Lewandowska – Zenobia Glac-Ściebura	Pelplin	14-15.04.2015		BPT Gdańsk
36	Pre-trial Detention Centre – Marcin Kusy – Dorota Krzysztoń – Rafał Kulas – Justyna Lewandowska – Zenobia Glac-Ściebura	Starogard Gdański	15-16.04.2015		BPT Gdańsk



37	Rooms for Detained Persons within the Poviats Police Headquarters – Magdalena Filipiak – Wojciech Sadownik – Piotr Rafalski	Kłodzko	20.04.2015		
38	Psychiatric Hospital – Magdalena Filipiak – Wojciech Sadownik – Piotr Rafalski	Kłodzko	21-22.04.2015	Agnieszka Szaniawska-Bartnicka -psychiatrist	
39	Social Care Centre – Magdalena Filipiak – Wojciech Sadownik – Piotr Rafalski	Bystrzyca Kłodzka	23.04.2015		
40	Prison – Przemysław Kazimirski – Małgorzata Molak – Marcin Mazur – Justyna Józwiak	Hrubieszów	27-28.04.2015	Kamil Kowalski – „Integracja” Foundation	
41	Social Care Centre – Przemysław Kazimirski – Małgorzata Molak – Marcin Mazur – Justyna Józwiak	Szczebrzeszyn	29-30.04.2015		
42	Rooms for Detained Persons within the Poviats Police Headquarters – Rafał Kulas – Marcin Kusy – Dorota Krzysztoń	Śrem	05.05.2015		
43	Social Care Centre – Rafał Kulas – Marcin Kusy – Dorota Krzysztoń	Września	06.05.2015	dr n. med. Joanna Klara Żuchowska -internal diseases specialist	
44	Institute of Psychiatry and Neurology – Magdalena Filipiak – Wojciech Sadownik – Przemysław Kazimirski – Małgorzata Molak – Piotr Rafalski	Warsaw	06-08.05.2015		



45	Prison – Rafał Kulas – Marcin Kusy – Dorota Krzysztoń	Gębarzewo	07-08.05.2015	Maciej Augustyniak, Izabela Sopalska – „Polska bez Barier” Foundation	
46	Youth Care Centre – Justyna Józwiak – Piotr Rafalski – Małgorzata Molak – Przemysław Kazimirski	Czaplinek	11-12.05.2015		
47	Social Care Centre “Przytulisko” – Justyna Józwiak – Piotr Rafalski – Małgorzata Molak – Przemysław Kazimirski	Białogard	12-13.05.2015	Jerzy Foerster – geriatric medicine	
48	Social Care Centre – Justyna Józwiak – Piotr Rafalski – Małgorzata Molak – Przemysław Kazimirski	Darskowo	14.05.2015		
49	Social Care Centre (ul. Świerkowa 9) – Rafał Kulas – Wojciech Sadownik – Magdalena Filipiak – Justyna Józwiak	Białystok	18-19.05.2015	dr n. med. Joanna Klara Żuchowska – internal diseases specialist	
50	Pre-trial Detention Centre – Rafał Kulas – Wojciech Sadownik – Magdalena Filipiak – Justyna Józwiak	Hajnówka	20-21.05.2015		
51	Rooms for Detained Persons at the Municipal Police Headquarters – Rafał Kulas – Wojciech Sadownik – Magdalena Filipiak – Justyna Józwiak	Łomża	22.05.2015		



52	Rooms for Detained Persons at the Poviast Police Headquarters – Wojciech Sadownik – Dorota Krzysztoń – Małgorzata Molak – Marcin Kusy	Strzelce Krajeńskie	25.05.2015		
53	Social Care Centre – Wojciech Sadownik – Dorota Krzysztoń – Małgorzata Molak – Marcin Kusy	Jaromin k/ Trzebiatowa	26-27.05.2015		
54	Social Care Centre (ul. Kościuszki 35, branch at ul. Kościuszki 71) – Wojciech Sadownik – Dorota Krzysztoń – Małgorzata Molak – Marcin Kusy	Gryfice	28-29.05.2015	Jerzy Foerster – geriatric medicine	
55	Juvenile Detention Centre and Shelter for Minors – Magdalena Filipiak – Rafał Kulas – Przemysław Kazimirski – Marcin Kusy	Mrozy	01.06.2015		
56	Youth Care Centre (ul. Barska 4) – Rafał Kulas – Magdalena Filipiak – Marcin Kusy – Przemysław Kazimirski	Warsaw	02-03.06.2015		
57	Police Emergency Centre for Children – Małgorzata Molak – Piotr Rafalski – Marcin Mazur – Justyna Józwiak – Natalia Kłaczyńska	Opole	08.06.2015		BPT Wrocław



58	Pre-trial Detention Centre – Małgorzata Molak – Piotr Rafalski – Marcin Mazur – Justyna Józwiak – Natalia Kłaczyńska	Opole	09-10.06.2015		BPT Wrocław
59	Social Care Centre for Veterans (ul. Chmielowicka 6) – Małgorzata Molak – Piotr Rafalski – Marcin Mazur – Justyna Józwiak – Natalia Kłaczyńska	Opole	11-12.06.2015	Jerzy Foerster – geriatric medicine	BPT Wrocław
60	Rooms for Detained Persons within the Border Guard units – Wojciech Sadownik – Małgorzata Molak – Rafał Kulas – Zenobia Glac-Ściebura	Braniewo	15.06.2015		BPT Gdańsk
61	Social Care Centre (ul. Królewiecka 35) – Wojciech Sadownik – Małgorzata Molak – Rafał Kulas – Zenobia Glac-Ściebura	Braniewo	16-17.06.2015	Agnieszka Szaniawska-Bartnicka – psychiatrist	BPT Gdańsk
62	Independent Public Specialist Psychiatric HCC – Wojciech Sadownik – Małgorzata Molak – Rafał Kulas – Zenobia Glac-Ściebura	Frombork	18-19.06.2015		BPT Gdańsk
63	Municipal Prevention and Abuse Centre (Sobering-up station) – Dorota Krzysztoń – Przemysław Kazimirski – Justyna Lewandowska – Marcin Kusy – Michał Kleszcz	Kraków	22.06.2015	dr n. med. Joanna Klara Żuchowska – internal diseases specialist Representatives of the South Korea Ombudsman	BPT Katowice

64	Ludwik Rydygier Specialist Hospital – Dorota Krzysztoń – Przemysław Kazimirski – Justyna Lewandowska – Marcin Kusy – Michał Kleszcz	Kraków	23-24.06.2015	dr n. med. Kama Katarasińska- Pierzgalska – psychiatrist Representatives of the South Korea Ombudsman	BPT Katowice
65	Voivodship Psychiatric Hospital – Dorota Krzysztoń – Przemysław Kazimirski – Justyna Lewandowska – Marcin Kusy – Michał Kleszcz	Andrychów	25-26.06.2015		BPT Katowice
66	Pre-trial Detention Centre – Rafał Kulas – Magdalena Filipiak – Justyna Józwiak	Szczecin	30.06- 01.07.2015	Kamil Kowalski – „Integracja” Foundation	
67	Rooms for Detained Persons within the Military Police units – Rafał Kulas – Magdalena Filipiak – Justyna Józwiak	Szczecin	02.07.2015		
68	Police Emergency Centre for Children – Rafał Kulas – Magdalena Filipiak – Justyna Józwiak	Szczecin	02.07.2015		
69	Rooms for Detained Persons within the Poviats Police Headquarters – Rafał Kulas – Małgorzata Molak – Przemysław Kazimirski – Marcin Kusy – Dorota Krzysztoń	Chodzież	06.07.2015		



70	Independent Public Voivodship Hospital – Rafał Kulas – Małgorzata Molak – Przemysław Kazimirski – Marcin Kusy – Dorota Krzysztoń	Gorzów Wielkopolski	07-08.07.2015		
71	Social Care Centre (ul. Przemysłowa 42) – Rafał Kulas – Małgorzata Molak – Przemysław Kazimirski – Marcin Kusy – Dorota Krzysztoń	Skwierzyna	09.07.2015		
72	Police Emergency Centre for Children – Magdalena Filipiak – Wojciech Sadownik – Justyna Józwiak	Olsztyn	14.07.2015		
73	Social Care Centre (ul. Warszawska 31) – Magdalena Filipiak – Wojciech Sadownik – Justyna Józwiak	Giżycko	15.07.2015	Jerzy Foerster – geriatric medicine	
74	Social Care Centre (ul. 11 listopada 12) – Magdalena Filipiak – Wojciech Sadownik – Justyna Józwiak	Węgorzewo	16.07.2015		
75	Rooms for Detained Persons within the Municipal Police Headquarters – Dorota Krzysztoń – Małgorzata Molak – Przemysław Kazimirski – Marcin Mazur	Ostrołęka	20.07.2015		
76	Prison – Dorota Krzysztoń – Małgorzata Molak – Przemysław Kazimirski – Marcin Mazur	Przytuły Stare	21-22.07.2015		



77	Social Emergency Services (Sobering-up station) – Wojciech Sadownik – Justyna Józwiak – Łukasz Kuczyński	Elbląg	17.08.2015	dr n. med. Joanna Klara Żuchowska -internal diseases specialist	BPT Gdańsk
78	Social Care Centre (ul. Szpitalna 2) – Wojciech Sadownik – Justyna Józwiak – Łukasz Kuczyński	Tolkmicko	18-19.08.2015	dr n. med. Joanna Klara Żuchowska -internal diseases specialist	BPT Gdańsk
79	Rooms for Detained Persons within the Military Police units – Wojciech Sadownik – Justyna Józwiak – Łukasz Kuczyński	Elbląg	20.08.2015		BPT Gdańsk
80	Rooms for Detained Persons within the Border Guard units – Dorota Krzysztoń – Magdalena Filipiak – Rafał Kulas – Marcin Kusy	Medyka	24.08.2015	Maria Sobocińska-Szeluga – occupational medicine specialist	
81	Voivodship Podkarpacie Psychiatric Hospital – Dorota Krzysztoń – Magdalena Filipiak – Rafał Kulas – Marcin Kusy	Żurawica	25-26.08.2015	Maria Sobocińska-Szeluga – occupational medicine specialist	
82	Psychiatric Ward at the F. Chopin Voivodship Specialist Hospital – Dorota Krzysztoń – Magdalena Filipiak – Rafał Kulas – Marcin Kusy	Rzeszów	27.08.2015		



83	Rooms for Detained Persons within Poviát Police Headquarters – Przemysław Kazimirski – Rafał Kulas – Justyna Jóźwiak – Wojciech Sadownik – Marcin Mazur	Starachowice	01.09.2015		
84	Prison – Przemysław Kazimirski – Rafał Kulas – Justyna Jóźwiak – Wojciech Sadownik – Marcin Mazur	Nowy Sącz	02-03.09.2015		
85	Rooms for Detained Persons within Poviát Police Headquarters – Przemysław Kazimirski – Rafał Kulas – Justyna Jóźwiak – Wojciech Sadownik – Marcin Mazur	Brzesko	04.09.2015		
86	National Centre for Preventing Dissocial Behaviours – Marcin Kusy – Przemysław Kazimirski – Magdalena Filipiak – Dorota Krzysztoń	Gostynin	07.09.2015		
87	Prison – Marcin Kusy – Przemysław Kazimirski – Magdalena Filipiak – Dorota Krzysztoń	Włocławek	08-09.09.2015	Maciej Augustyniak, Anna Rutz – „Polska bez Barrier” Foundation	
88	Psychiatric Ward at the Poviát Hospital – Marcin Kusy – Przemysław Kazimirski – Magdalena Filipiak – Dorota Krzysztoń	Aleksandrów Kujawski	10-11.09.2015	Jolanta Paszko – psychiatrist	



89	Social Care Centre (ul. Maciejkowska 8) – Wojciech Sadownik – Dorota Krzysztoń – Magdalena Filipiak – Michał Kleszcz	Siemianowice Śląskie	15.09.2015		BPT Katowice
90	Youth Care Centre – Wojciech Sadownik – Dorota Krzysztoń – Magdalena Filipiak	Radzionków	16.09.2015		
91	Social Care Centre (ul. św. Barbary 5) – Wojciech Sadownik – Dorota Krzysztoń – Magdalena Filipiak – Michał Kleszcz	Siemianowice Śląskie	17.09.2015		BPT Katowice
92	Rooms for Detained Persons within the Poviats Police Headquarters – Justyna Józwiak – Małgorzata Molak – Marcin Kusy – Przemysław Kazimirski	Jarocin	21.09.2015		
93	Juvenile Detention Centre and Shelter for Minors – Justyna Józwiak – Małgorzata Molak – Marcin Kusy – Przemysław Kazimirski – Natalia Kłaczyńska	Głogów	22.09.2015		BPT Wrocław
94	Prison No. 2 – Justyna Józwiak – Małgorzata Molak – Marcin Kusy – Przemysław Kazimirski – Natalia Kłaczyńska	Wrocław	23-24.09.2015		BPT Wrocław
95	Sobering-up station – Magdalena Filipiak – Rafał Kulas – Dorota Krzysztoń – Justyna Lewandowska	Rzeszów	28.09.2015	Maria Sobocińska-Szeluga – occupational medicine specialist	



96	Social Care Centre (ul. Powstańców Śląskich 4) – Magdalena Filipiak – Rafał Kulas – Dorota Krzysztoń – Justyna Lewandowska	Rzeszów	29-30.09.2015	Maria Sobocińska-Szeluga – occupational medicine specialist	
97	Pre-trial Detention Centre – Magdalena Filipiak – Rafał Kulas – Dorota Krzysztoń – Justyna Lewandowska	Nisko	01-02.10.2015		
98	Rooms for Detained Persons within the Poviát Police Headquarters – Marcin Mazur – Małgorzata Molak – Przemysław Kazimirski – Justyna Józwiak	Kluczbork	05.10.2015		
99	Rooms for Detained Persons within the Poviát Police Headquarters – Marcin Mazur – Małgorzata Molak – Przemysław Kazimirski – Justyna Józwiak	Brzeg	06.10.2015		
100	Prison – Marcin Mazur – Małgorzata Molak – Przemysław Kazimirski – Justyna Józwiak	Sieraków Śląski	07-08.10.2015		
101	Rooms for Detained Persons at the Poviát Police Headquarters – Dorota Krzysztoń – Wojciech Sadownik – Marcin Kusy – Zenobia Glac-Ściebura	Kwidzyn	12.10.2015		BPT Gdańsk



102	Youth Care Centre – Dorota Krzysztoń – Wojciech Sadownik – Marcin Kusy – Zenobia Glac-Ściebura	Kwidzyn	13.10.2015		BPT Gdańsk
103	Social Care Centre – Dorota Krzysztoń – Wojciech Sadownik – Marcin Kusy – Zenobia Glac-Ściebura	Bielawki	14-15.10.2015		BPT Gdańsk
104	Rooms for Detained Persons within the Border Guard units – Przemysław Kazimirski – Rafał Kulas – Małgorzata Molak – Magdalena Filipiak		19.10.2015	Maria Sobocińska-Szeluga – occupational medicine specialist	
105	Specialist Psychiatric Independent Public HCC – Przemysław Kazimirski – Rafał Kulas – Małgorzata Molak – Magdalena Filipiak	Suwałki	20-21.10.2015	Maria Sobocińska-Szeluga – occupational medicine specialist	
106	Pre-trial Detention Centre – Przemysław Kazimirski – Rafał Kulas – Małgorzata Molak – Magdalena Filipiak	Suwałki	22-23.10.2015	Maciej Augustyniak, Izabela Sopalska – „Polska bez Barrier” Foundation	
107	Rooms for Detained Persons within Border Guard units – Marcin Kusy – Dorota Krzysztoń – Justyna Józwiak – Wojciech Sadownik	Włodawa	26.10.2015		
108	Rooms for Detained Persons within Poviát Police Headquarters – Marcin Kusy – Dorota Krzysztoń – Justyna Józwiak – Wojciech Sadownik	Włodawa	27.10.2015		



109	Prison – Marcin Kusy – Dorota Krzysztoń – Justyna Józwiak – Wojciech Sadownik	Włodawa	28-29.10.2015		
110	Psychiatric Wards at the Powiat Hospital – Justyna Józwiak – Rafał Kulas – Przemysław Kazimirski – Dorota Krzysztoń	Sochaczew	02-03.11.2015		
111	Youth Care Centre – Magdalena Filipiak – Wojciech Sadownik – Przemysław Kazimirski – Małgorzata Molak	Podciernie	04.11.2015	Representatives of NPM from Estonia	
112	Juvenile Detention Centre and Shelter for Minors – Magdalena Filipiak – Wojciech Sadownik – Przemysław Kazimirski – Małgorzata Molak	Falenica	05.11.2015	Representatives of NPM from Estonia	
113	Rooms for Detained Persons at the Police Station – Marcin Kusy – Rafał Kulas – Justyna Józwiak	Syców	16.11.2015	Maria Sobocińska-Szeluga – occupational medicine specialist	
114	Social Care Centre (ul. Szpitalna 3) – Marcin Kusy – Rafał Kulas – Justyna Józwiak	Ząbkowice Śląskie	17.11.2015	Maria Sobocińska-Szeluga – occupational medicine specialist	
115	Prison – Marcin Kusy – Rafał Kulas – Justyna Józwiak	Strzelin	18-20.11.2015		



116	Emergency Intervention Centre (Sobering-up station) – Małgorzata Molak – Dorota Krzysztoń – Wojciech Sadownik – Michał Kleszcz	Nowy Sącz	23.11.2015	Maria Sobocińska-Szeluga – occupational medicine specialist	BPT Katowice
117	Social Care Centre – Małgorzata Molak – Dorota Krzysztoń – Wojciech Sadownik – Michał Kleszcz	Gródek n/ Dunajcem	24-25.11.2015	Maria Sobocińska-Szeluga – occupational medicine specialist	BPT Katowice
118	Psychiatric Ward at the J. Śniadecki Specialist Hospital – Małgorzata Molak – Dorota Krzysztoń – Wojciech Sadownik – Michał Kleszcz	Nowy Sącz	26-27.11.2015		BPT Katowice
119	Social Care Centre – Marcin Kusy – Magdalena Filipiak – Przemysław Kazimirski – Justyna Józwiak	Milanówek	01-02.12.2015	dr n. med. Kama Katarasińska-Pierzgalska – psychiatrist	
120	Centre for Foreigners – Marcin Kusy – Justyna Lewandowska – Przemysław Kazimirski – Justyna Józwiak – Małgorzata Molak – Wojciech Sadownik	Podkowa Leśna-Dębak	03-04.12.2015		
121	Rooms for Detained Persons within the Poviats Police Headquarters – Marcin Mazur – Małgorzata Molak – Dorota Krzysztoń	Kozienice	07.12.2015		

9. The conditions of imprisonment in detention centres assessed by the representatives of the National Preventive Mechanism as positive



Charges' room (Juvenile Detention Centre in Laskowiec)



Charges' room (Juvenile Sociotherapy Centre in Radzionków)



Residential room (SCC Białystok)



Residential room (SCC Białystok)



Room and bathroom in a room for conjugal visits (Prison in Sieraków Śląski)



Children's playroom in the visitation room (Pre-trial Detention Centre in Suwałki)



Room for unsupervised visits (Pre-trial Detention Centre in Hajnówka)



Gyms (Pre-trial Detention Centre in Suwałki)

10. The conditions of imprisonment in detention centres assessed by the representatives of the National Preventive Mechanism as negative



The ways of separating sanitary stalls (Pre-trial Detention Centre in Mokotów)



Multi-person residential cell (Pre-trial Detention Centre in Hajnówka)



Adjoining beds in a multi-person residential cell (Pre-trial Detention Centre in Nisko)



Residential cell
(Pre-trial Detention
Centre in Szczecin)



A sink in a cell for persons with disabilities that reduces manoeuvring space, lack of separated shower stalls in the bathroom (Prison in Sieraków Śląski)



Additional place for patients on the corridor and in the day room (Institute of Psychiatry and Neurology)



Interiors of the sanitary rooms for detained persons (PDR Syców)



Rooms for detained persons (PDR Kwidzyn, PDR Syców)