

Response

of the Italian Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Italy

from 28 March to 8 April 2022

The Government of Italy has requested the publication of this response. The CPT's report on the 2022 visit to Italy is set out in document CPT/Inf (2023) 5.

Strasbourg, 24 March 2023



***MINISTRY OF FOREIGN AFFAIRS AND INTERNATIONAL COOPERATION
INTER-MINISTERIAL COMMITTEE FOR HUMAN RIGHTS***

**ITALY'S OBSERVATIONS,
FOLLOWING LAST COE-CPT COUNTRY MISSION TO ITALY
(MARCH-APRIL 2022)**

February 16, 2023

ITALY'S OBSERVATIONS

Further to our preliminary observations, dated May 25, 2022, we are in position to provide the following information.

(Source: Carabinieri Corps)

Inadequately substantiated incidents of mistreatment by law enforcement personnel.

Regarding the reporting of mistreatment perpetrated by law enforcement agencies ("*in particular by the State Police and Carabinieri*," page 6, concerning the para. entitled "*Law enforcement agencies*"), it is not possible to trace any possible criminal proceedings, as long as the indications/reports are generic.

Introduction of training courses and camera systems to prevent excessive use of force

With regard to the suggested remedies, it is to be represented that:

- Training activities on the prohibition of torture for Carabinieri's personnel are already envisaged (Summary annexed herewith - Annex 1).
- As of January 25, 2022, it has been arranged - as a result of a trial - the operational start of the portable digital video camera system "C-Cam" for public order services.
- On January 11, 2023, the National Privacy Data Protection Authority/Guarantor issued a "favourable opinion", on the impact assessment concerning the "C-Cam" system, for the acquisition, management, and storage of images in the general prevention service. In this respect, it is to be stressed that, once the system has been aligned with the technical-organisational measures provided for by the DPIA (Data Protection Impact Assessment), a trial on the use of the devices will be started.

Persons retained for identification purposes

With regard to the registration of persons accompanied to the barracks for identification (page 21, second paragraph), it is to be represented that citizens accompanied to the barracks for identification purposes are not restricted inside the security rooms and, therefore, the relevant register is not fed.

Security rooms with insufficient natural and artificial light

The Carabinieri Corps' addresses for the design of model infrastructures expressly state the indications provided by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment, on security rooms. In particular, with regard to lighting conditions, the relevant regulations already require that artificial lighting be permanent and, where possible, the presence of natural lighting. In this regard, it is to be reported that indications have been provided to proceed with the upgrading of lighting systems in the security rooms of the Turin Oltre Dora and Turin Mirafiori Stations.

(Source: Department of Penitentiary Administration-Ministry of Justice)

Paragraph 40

The Penitentiary Administration has been complying with the anti-COVID regulations issued by the Italian Government, and namely by the Ministry of Health as well as by the regions, which, together with the Local Healthcare Agencies (ASL), coordinated and regulated the provisions to fight against the COVID. In particular, those rules concerned the obligation of precautionary isolation of the newly arrived inmates, first under individual confinement and then isolated within a cohort of co-inmates. After the start of the vaccination campaign in winter 2021, intensive plans of vaccination have been carried out and are still implemented today for prisoners and staff.

At present, the measures enforced by the Penitentiary Administration to tackle COVID are fully in line with the provisions issued by the Italian Government and Authorities.

Paragraph 46

The progress of the penitentiary building Plan for the construction of 8 new detention pavilions of 80 places each (for a total amount of 640 new places) in free areas situated inside the existing remand prisons of Vigevano, Rovigo, Perugia, Viterbo, Civitavecchia, Santa Maria Capua Vetere, Ferrara, Reggio Calabria “Arghilla” is today in line with the milestones and the targets foreseen by the relevant time schedule. Such building plan was started by the penitentiary Administration in 2019, in compliance with the Law by Decree n. 135 of 14 December 2018. Its funding was then included, for 84,000,000.00 euros, in the complementary interventions of the National Recovery and Resilience Plan (*Piano Nazionale di Ripresa e Resilienza*, NRRP) by the Law by Decree n. 59 of 6 May 2021 named “*Urgent measures relevant to the Complementary Funds to the NRRP and other urgent measures for investments*”.

On the 30 September 2022, when the last monitoring was carried out on the plan progress, 100% of the services of architecture and engineering had been assigned.

As of today, the penitentiary Administration has received from the companies identified by the Ministry of Infrastructures – the implementing body – the first two technical and economic feasibility projects for the pavilions in the remand prisons of Civitavecchia and Viterbo. The penitentiary Administration gave its favourable advice on those plans, with some recommendations.

The works to build all the eight new pavilions shall have to be concluded by the end of 2026.

Paragraph 54

As for the need to train staff about the “use of force”, mentioned under paragraph 53, and the relevant recommendations, made by the Committee under paragraph 54 of the Report, please note that all the induction training courses for the penitentiary police staff (of all ranks) include a large part concerning the ways to act when the use of force is necessary.

Besides the normative references and the administrative provisions regulating that delicate field of action (and the national and supra-national law sources on the protection of persons’ rights and dignity), specific training modules analyze in depth the legitimate use of force – even towards minors – through both theoretical and technical-practical lessons. The training courses include techniques of self-defense, which are mainly oriented to the workers’ defense and to minimize any possible trauma. They also include techniques to carry out safe control procedures and to carry out interventions with shields and batons. Videos were shot to support trainers in teaching homogeneously techniques and modalities of intervention.

In order to make those training forms more effective, a simulation hall was set and is already operational in one of our training facilities, which reproduce one cell and other prison settings. Such hall is equipped with a video-recording system for the analysis of the trainees’ performance under the points of view of both effectiveness and legitimacy. A similar training hall is going to be established also in other training schools of the Penitentiary Administration.

Moreover, one project was started to identify useful and effective operational techniques keeping both staff and inmates safe. One multi-media handbook will result from that project, which will also put the professional practices of the Penitentiary Police staff into value.

The topic of mental troubles of inmates is addressed in each induction training course for the newly recruited penitentiary police agents as well as in the training courses for the higher ranking penitentiary police officers, even more in detail. That topic is dealt with cross-cutting references and inter-disciplinary contents. In particular, for the new agents, the healthcare and first-aid module include topics such as: “drug-addiction and alcohol-addiction”, “psychic troubles”, “intervention

techniques in case of self-harm and suicide attempts and relevant procedures”, for a total number of 20 hours. The topic of mental maladjustment in prison is also resumed under the point of view of inter-personal communication also through simulations and role-playing in the module about *Applied techniques of communication* (20 hours) which include topics such as “management of aggressive situations” and “management of crisis situations (self-harm, suicide attempts).

In the training courses dedicated to higher rank officers (vice-inspectors, e.g.) those topics are analysed more in depth in the modules “Violent behaviors due to psychic troubles or to pathological conditions” (6 hours), “negotiation and de-escalation techniques” (6 hours), “suicide and self-harm” (3 hours), “elements of psychology of emergency” (6 hours).

As for the incident occurred in San Vittore prison, the inmate concerned was a very difficult subject to manage, at least at the beginning of his detention and until the effectiveness of the therapies – which the inmate was initially refusing (the inmate’s management was discussed in real time with the CPT delegates during their visit). The prison governor carefully analysed the above-mentioned incident, documented it and brought it to the attention of the administrative authorities, of the guarantors and of the judicial authority. Without going into the merit of that specific incident (which anyway does not seem to be attributable to a volunteer action of the staff on duty), the management of the whole event is in line with the systematic approach of great care put by all the prison professionals on managing more and more frequent situations of behavioral maladjustment and troubles [as well as on any possible “odd” situation in prisoners management]. The prison governor and the Commander of the detachment of the penitentiary Police in San Vittore are strongly committed in the correct management of those situations and in the rare cases occurred where there was an improper behavior of staff they both intervened in due time and carried out all the necessary initiatives. They carry out a constant activity of boost and monitoring on staff’s activities which appear, on the whole, although within the objective problems of the setting and of the type of inmates, to be clearly oriented to managing situations – even the most difficult ones – always within the full respect of people’s rights. In connection to that, in the activities project of the prison of both last year and current year, the prison governor of San Vittore has planned some training courses for the penitentiary police staff and other professionals in order to provide them every useful information on the management of difficult subjects. A joint training event was organized with the Local Police office in Milan which is specialized in TSO (*Trattamento Sanitario Obbligatorio*, compulsory treatment order) interventions: the aim of that training was to provide one team of penitentiary professionals with the instruments necessary to intervene, in the prisons, in those exceptional cases where the use of force is necessary in order to minimize the risks for the safety both of staff and of the subjects to be restrained.

The new training programme of the san Vittore prison will be drafted in agreement with the Regional Directorate of the penitentiary Administration in Milan, with the national guarantor of the persons deprived of their liberty and with the local guarantor of prisoners for the town of Milan. That plan will be drafted by the end of this year and – where possible – it will be re-proposed the next year, with the aim of training an adequate number of prison staff members to deal with exceptional situations.

As for the event reported at Monza prison, relevant to an incident made by staff on a foreign inmate, the prison governor is not in the position to make any further analysis.

In 2021 and in 2022, there were 167 cases of prisoners who had their fingers crushed by the *blindo* being slammed shut and who had recourse to medical care. No fraudulent behavior by the penitentiary staff was recorded.

Paragraph 56

Concerning the observations under paragraph 56, please note what follows. There is a penal procedure nr. 6296/20 R.G.N.R. [*National Register of Notices of Offence*] against 104 penitentiary Administration staff members, of whom 101 penitentiary police staff members on duty at the remand prison of S. Maria Capua Vetere, for events occurred on 6 April 2020. In terms of the decree ordering the trial dated 12 July 2022, a hearing was scheduled on 7 November 2022 against 93 Penitentiary Police staff members and one hearing was scheduled on 25 October 2022 against the remaining 8 Penitentiary Police staff members who asked for the fast-track procedure (*rito abbreviato*). Currently, 73 Penitentiary Police staff members are suspended from duty.

One penal procedure nr. 6189/19 R.G.N.R. is ongoing for events occurred from 2017 until 2019 in the Turin prison “Lorusso and Cutugno”. Six staff members of the Penitentiary Police were put, at that time, under “house arrest” or under a measure of six-month prohibition of holding public office. Then six measures of compulsory and precautionary suspension from duty were issued (in terms of article 7, para 1 of the legislative decree 449/92) and subsequently revoked on 6 December 2019, because of the Section of Review order at the Tribunal of Turin or of the natural expiration of the measure of prohibition of holding public office.

Afterwards, the Public prosecutor of Turin issued a request of committal for trial for 25 Penitentiary Administration staff members on 16 July 2021. On the 26 April 2022, a decree was issued setting the date of the hearing on 4 July 2023 against 22 penitentiary police staff members; three remaining persons employed by the penitentiary Administration requested to undergo the fast-track procedure (*rito abbreviato*) and the relevant hearing was scheduled on 4 November 2022.

The six penitentiary police officers initially concerned by the restrictive measures were seconded to other venues of the region, because of reasons of opportunity.

As for the prison of Viterbo, there is a pending penal procedure (n. 1489/2019 R.G.N.R.), against 10 staff members of the Penitentiary Police, currently in the phase of committal for trial for events occurred on 5 December 2018. Two penitentiary police officers of those ten were suspended from duty (in terms of article 7, para 2, of the legislative decree 449/92) until 25 February 2020, pending the developments of the penal procedure and, once they were reintegrated, they were seconded to different establishments within the Regional Directorate territory.

Paragraph 57

With reference to allegations of inter-prisoner violence and intimidation, the governor of Regina Coeli prison verified the critical events occurred within the period 1 January – 30 September 2022. In that period, 18 aggressions among prisoners were recorded.

The prison governor states that – contrary to the CPT report observations – the staff of the penitentiary police, due to the lack of CCTV system in the detention wings, does not stay outside those wings, although it can happen that it is not always possible to assign steady units to each floor, because of lack of personnel. A project is under consideration to equip all the detention wings with a CCTV system.

With reference to the observations under paragraph 57, in the Turin prison the model of dynamic surveillance is actually enforced, as it was described by the circular letter GDAP 0260212 dated 2013. That document developed the organizational reform of the penitentiary administration, based upon the knowledge of the detained persons and on making them more and more responsible, as well as upon a different exploitation and management of the detention spaces to establish the so-called “open regime”. The same circular letter provided for the new exploitation of spaces to go along with the establishment of “fixed posts” outside the wings, where the penitentiary police staff carry out their duties, guarding the places at risk in the prison. Specific tasks of control in the wings are entrusted to operational units composed of a variable number of penitentiary police staff.

Last July, a new circular letter was issued by the DAP headquarters to re-organize the regional circuits of medium security, which brings modifications to the existing regimes in the detention wings and, consequently, to the work of the penitentiary police staff. Indeed, the security officers will perform their duties under the dynamic modality only in those wings where the “intensified” penitentiary treatment is implemented, also with the support of video-surveillance systems and gates automation.

Paragraphs 70 & 71

As for the observations under paragraphs 70 and 71, on 18 July 2022 the DAP headquarters issued the circular letter n. 3693/6143, on “*Medium security circuit – Directions for the relaunch of the penitentiary regime and of the penitentiary treatment.*”

Through that document, the penitentiary Administration intends to re-organize the medium security circuit. Its aim is “*to meet the needs arising from the daily work with inmates, in order to carry out a homogeneous enforcement of the sentences in compliance with the constitutional principles throughout our Country*”. Such aim will also be achieved by overcoming the dualism between “open custody” and “closed custody”, since the new guidelines will follow the provisions of article 13 of the Penitentiary Act regulating the individualization of treatment – while keeping into account the differences deriving from specific treatment requirements.

In that sense, in each prison a new organization of the medium security circuit was arranged, according to the different and gradual levels of treatment to provide to inmates, based upon their needs and upon the requirements of security and prevention, with the aim of supporting inmates’ proactive participation.

Said circular letter indicates more precise criteria to outline the assessment procedure which shall be detailed in the provision assigning inmates to the wings based on article 32 of the Regulations of enforcement of the Penitentiary Act (DPR 230/2000), dedicated to “*prisoners and internees whose behavior demands special precautionary measures, also to safeguard other prisoners from possible aggression or abuse, as well as to prisoners liable to be aggressed or abused by other prisoners*”. On the one hand, a discipline shall be enforced in those wings in compliance with criteria implying a greater surveillance, in comparison with the “ordinary” model; on the other hand, the inmates assigned to those units in terms of paragraph 1 of article 32 of DPR 230/2000 shall be entitled to the time of outdoor exercise provided for by article 10 of the Penitentiary Act. In no case the persons assigned to those wings based on said article 32 shall be together with prisoners under disciplinary measures, since there is no similarity between article 32 regime and disciplinary regime.

As for the penitentiary treatment of prisoners assigned to wings established under the provisions of article 32 of the Regulations of enforcement of the Penitentiary Act, the above-mentioned circular letter provides for the use of every tool available under the Penitentiary Act, especially the work of the multi-disciplinary team, including frequent interventions of both rehabilitation and healthcare staff. The aim is to analyse in depth the problems of inmates’ relations and behavior and to draft a tailored treatment programme (sentence plan) according to the subject’s needs. Under that perspective, some gradual actions are foreseen, such as the inmate’s participation in the prisons activities, mostly of a practical nature, along with inmates assigned to ordinary wings and to advanced treatment wings, depending upon the assessment of the multidisciplinary team and upon the progression provisions of the inmates’ treatment programme.

Said circular letter also specifies that the six-month period for the assessment – provided for by the Regulations of enforcement of the Penitentiary Act – is to be intended as a maximum time-limit and therefore the multidisciplinary teams shall make bi-monthly assessments.

Paragraph 78

As for the lack of heating in the wing 8 [of the Rome Regina Coeli prison], the Technical Service of the Regional Directorate of Latium has been planning the complete refurbishment of that section, including the heating plant. Nevertheless, contrary to what paragraph 83 wishes, it seems improbable that those works will be over by the beginning of next winter.

Paragraph 79

As for the state of repair of the premises, the prison governor of Regina Coeli highlights that during the last months, thanks to the availability of funds to pay working prisoners and to purchase materials, a refurbishment program of the cells and of common spaces was carried out, to be made again when necessary. Specific orders were issued to provide cleaning materials for the premises and items for the personal hygiene of inmates as well as to arrange and furnish the so-called “*celle a rischio*” (special observation cells). However, it must be underlined that the high number of prisoners and their frequent turnover, as well as the psycho-physical conditions of some inmates do not allow to intervene in real time. The prison governor, moreover, asked for an inspection by the Local Healthcare Agency Rome 1 to receive instructions on the characteristics and the furniture of said cells, similarly to those ones in healthcare facilities, but with the guarantee to meet security needs. So far, no answers came from that Local Healthcare Agency.

Paragraph 82

As for the observations under paragraphs 80, 81 and 82, the external shutters have been maintained in the rooms situated in the part of the establishment close to civilian houses surrounding the prison, due to the complaints of neighborhoods for the throwing of objects, undue communications, disturbances and other. For example, very recently, one of the shutters was temporarily and partially removed to be repaired from the window of one common room. One person living in via delle Mantellate (next to the prison) sent soon a certified e-mail message to complain that some prisoners would have bothered him. He therefore threatened to address the media to disclose that situation.

There are one hundred and twelve (112) rooms equipped with those external shutters, following this scheme:

Section 1: 16 rooms with shutters

Section 2: 17 rooms with shutters

Section 3: 12 rooms with shutters

Section 4: 9 rooms with shutters

Section 7: 40 rooms with shutters

Section 8: 12 rooms with shutters

Section SAI: 6 rooms with shutters

Given the number of rooms involved, belonging, by the way, to different penitentiary circuits (which sometimes co-exist within the same wing), it is particularly complicated to recreate the duration of people’s stay in those rooms. Indeed, the destination of those rooms is linked to the penitentiary circuit which they are assigned to, and that therefore the persons assigned to those circuits cannot be accommodated otherwise. The prison governor assures that all the inmates assigned to those rooms benefit at least from one hour of daily outdoor exercise and that the clinical conditions of the prisoners are assessed by the healthcare staff in any case, both upon the first entry examination and upon next periodical medical checks. The prison governor assures that – in case of prolonged stay in those cells – she will order a turnover of the inmates assigned to those premises.

As for the rooms furniture, stools and tables in particular, they are not currently available by a free transfer. For this reason, the prison governor asked the Regional Directorate the authorization to purchase them and is still waiting for the relevant reply.

Paragraph 83

As for the report asked by the CPT on the actions carried out to improve material conditions of the four prisons visited, please note what follows:

- **CC Regina Coeli**

The critical issues highlighted in the CPT report (such as a general decay of the premises, lacks in the heating plant, poor natural lighting, etc.) can be solved by interventions of both ordinary and extraordinary maintenance, already brought to the attention of the Regional Directorate. With particular reference to the VIII detention section, the refurbishment works are being planned by the Technical Service to adapt the premises to the provisions of the Regulations of Enforcement (DPR 230/2000). The works are included in the current year's building plan and are currently under the check of an external body, in terms of Article 26 of the Code of Contracts.

As the report highlighted, the material conditions are aggravated by the high overcrowding rate in the ancient prison of Regina Coeli.

In connection to that, it must be put into evidence that a new detention pavilion is under construction in the remand prison of Rebibbia ("Nuovo Complesso") for 400 new places. The end of those works is foreseen in 2023 and the new building will contribute to unload the prisons of the Lazio region and particularly of Rome.

- **CC Milano San Vittore**

The critical issues concern both the structural aspects of the prison (dating back to 19th century) and the general detention conditions.

As for some specific actions intended to reduce overcrowding and consequently to improve the detention conditions, in some prisons situated in Lombardy region there are works of expansion (C. R. Milano Operas, C.R. Milano Bollate) and/or of refurbishment aimed at recovering capacity (CC Milano san Vittore). As a consequence of the building of new detention wings, it will be possible to re-distribute the inmates belonging to various penitentiary circuits and eventually to reduce the number of inmates present in san Vittore.

Among the interventions aimed at increasing the number of detention places in Lombardy region, we can mention the following ones:

- The building, in the near future, of a new pavilion of 80 places funded by the complementary funds of the NRRP in the prison of Vigevano. The relevant tender procedure should be started by the competent Inter-regional Office for Public Works by the end of this year.
- One intervention of thorough refurbishment and adaptation to the standards set by the Regulations of enforcement of the Penitentiary Act (DPR 230/2000) of the 2nd and 4th wings of the San Vittore prison. Such intervention is under planning and should recover about 200 places.

Moreover, the project is going to be started of a first range of interventions in San Vittore prison aimed at energy efficiency and at the improvement of comfort in the detention rooms, such as the refurbishment of the power plants producing heating and hot water and the replacement of fixtures of the buildings.

- **CC Monza**

The critical issues raised in the CPT report mainly concern the high level of overcrowding affecting that structure. It was the object of an extraordinary maintenance in 2019, which allowed to refurbish the former female wing and to recover 91 places, now available.

We mentioned above the interventions foreseen in the Lombardy area, which should allow decreasing the number of inmates present in Monza prison.

As for the problems relevant to the malfunctioning of the heating plant, we highlight that – as already stated in our reply of last May – after the maintenance works on the plants, the problems surveyed during the visit are now solved.

- **CC Torino**

Some of the critical issues raised in the CPT report concern two wings composing the psychiatric section “Il Sestante”, situated in the Pavilion “A”, closed in November 2021 and included in the wing for the protection of mental health (*Articolazione per la Tutela della Salute Mentale*, ATSM).

That section is going to be re-opened soon. In particular, the wing n. 8 is due to open on 20 October 2021, while the furniture for the cells of wing 7 is being purchased and will be delivered within 60 days.

As for the critical issues concerning Pavilion “B”, and namely the showers of wings 10 and 11, please note that the maintenance is carried out by order of the prison governor through day-work system. It is rather obvious that the premises are intensively used and therefore deteriorate quickly, despite regular maintenance interventions are carried out on them.

Paragraph 88

As for the lack of horizontal view in the courtyards, that issue is very difficult to be solved, since the perimeter walls are 4.5-metre-high. Even if visual breaks were open in those walls, equipped with bars, they would look on the looming surrounding buildings of the town or on the outside perimeter walls.

Paragraph 89

As for the quality of food and to the nutrition needs of prisoners and internees, in every Regional Directorate new invitations to tenders were launched to procure the food provision services, in compliance with the guidelines issued by the Penitentiary Administration Headquarters. These guidelines were drafted following the judgements of the Council of State, which annulled the tender procedures launched in 2020 for the procurement of both food and prison shop items.

Said guidelines provide indications to the contracting entities to arrange two different tendering procedures, one for the food and one for the prison shop. The former falls within the scope of goods procurement and the latter within the scope of services concession.

In particular, in compliance with the decision of the Council of State, a standard scheme was disseminated of a general regulatory concession with the method indications to grant the prison shop service.

Almost all the Regional Directorates started the procedures of tendering the prison shop services.

The basic principles of the new procedure are the following:

- The tender documents should include a general economic-financial plan concerning the service, intended to demonstrate the concrete capacity of the company to correctly perform the requested service during the entire period scheduled. The company shall submit an economic-financial balance of investments and relevant management enabling our Administration to assess the offer adequacy and the effective feasibility of the service provision.
- The introduction of instruments useful to promote a higher quality of the service, the variety of items offered and the prices suppression.
- A special care shall be put on most vulnerable categories (foreigners, poor) by promotions and food aids.
- The requirements established in the tender shall allow a wider participation of companies and a higher market opening.

As for the quality of food provided to inmates, the current food tables were approved by the Minister of Justice in 2017, in compliance with the advice of the Council for Agricultural Research and the Analysis of Agricultural Economics (CREA), the main governmental research body in the agricultural and food field, supervised by the Ministry of Agricultural, Woods and food policies.

The advice of CREA on said tables concerned the adequacy of food “*considering the age range 18-59 for both men and women, considering a sedentary profile, that is a level of physical exercise equal to 1.6 times the basic metabolism...*”

Paragraph 94

About the number of rehabilitation officers (*Funzionari giuridico pedagogici*) on duty in the prisons visited by the CPT, please note what follows.

- San Vittore Milan prison – the number foreseen is 14 officers. There are 14 officers assigned, one of whom on a temporary basis.
- Monza prison – the number foreseen is eight officers. There are four officers assigned, therefore there is a lack of four officers. The next procedure of re-assignment will provide one more unit.
- Turin “Lorusso and Cutugno” prison – the number foreseen is 18 officers. There are sixteen officers assigned, one of whom on a temporary basis. There is a lack of two officers.
- Regina Coeli Rome prison – the number foreseen is 14 officers. There are nine officers assigned, therefore there is a lack of five officers. The next procedure of re-assignment will provide two more units.

Paragraph 95

As for the CPT exhortation under paragraph 95 on adequate training to be provided to the penitentiary staff, we can state what follows.

One of the peculiar competences of the Penitentiary Police is to participate in the rehabilitation and reintegration activities of prisoners: this is highlighted, in particular, in the induction training for staff to be assigned in new functions, roles and ranks. That is one of the Penitentiary Police Corps’ specific characteristics, which distinguishes said Corps from other law enforcement agencies.

In connection to that, the training courses concern the activities and procedures where that skill is put in place (participation in multi-disciplinary groups, concrete examples, etc.) also during the training on-the-job in the prisons, when they are “shadowed” by senior colleagues.

Paragraph 99

About the number of penitentiary police staff in the prisons of San Vittore Milan, Monza, Turin “Lorusso and Cutugno” and Regina Coeli Rome, please find below the relevant data.

- **San Vittore Milan prison**

There is a lack of staff as in any other penal establishment of the Country, due to the reduction in the total number of staff members of the Penitentiary Administration, which, in compliance to the modifications brought on staff levels by the Legislative Decree 172/2019, amounts today to 41,595 units.

Below the data of the staff in Milan San Vittore prison

Rank	Staff foreseen	Staff administered	Staff present
<i>Chief constables / Executives</i>	4	3	4
<i>Inspectors</i>	75	22	20
<i>Sergeants</i>	101	18	18
<i>Agents / Assistants</i>	600	607	571
Total	780	650	613

There are forty-two units who are seconded elsewhere and are to be deducted from the “administered staff” (three inspectors and 39 agents /assistants). There are also five units seconded to the Milan San Vittore prison (one chief constable, one inspector, three agents /assistants). Therefore, as the Table

above shows, the total number of staff present is currently 571 units, with a lack of 167 units when compared to the number of staff foreseen.

There is a lack of one unit in the rank of chief constables / executives, a lack of fifty-three units among the inspectors, a lack of 83 units among the sergeants and there is a surplus of seven units within the staff of ranks of agents / assistants.

In order to increase the number of the leading ranks of the Corps of Penitentiary Police, a public competition was published in July 2021 for 120 posts of trainee Chief constable. At the outcome of said selection procedure, the newly appointed officers will be assigned to several structures throughout the Country.

As for the lacks among the Inspectors, a few days ago the 7th training Course for Inspectors of the Penitentiary Police was concluded, which was due to graduate 691 staff units in the rank of inspector (606 men and 85 women). The Directorate General for Staff and Resources assigned fifteen new male Inspectors to Milan San Vittore prison.

Moreover, a new public competition was published in November 2021 to recruit 411 Inspectors of the Penitentiary Police (378 men and 33 women). At the end of the recruitment procedure, the Administration will keep in due consideration the staffing needs of the Milan San Vittore prison and will assign to it an adequate number of newly appointed Inspectors.

A national internal competition for the sergeants (Sovrintendenti) was launched in 2021 for 583 posts in those ranks (515 men and 68 women). At the outcome of that upgrading procedure, fourteen male sergeants and two female sergeants will be assigned to Milan San Vittore prison.

In the months of May and July 2022, there has been an increase in the agents/assistants units assigned to Milan San Vittore prison of eleven men and three women, at the outcome of the assignment following the end of the 179th and 180th courses for newly recruited agents.

- **Monza prison**

There is a lack of staff as in any other penal establishment of the Country, due to the reduction in the total number of staff members of the Penitentiary Administration, which, in compliance to the modifications brought on staff levels by the Legislative Decree 172/2019, amounts today to 41,595 units.

Below the data of the staff in Monza prison.

Rank	Staff foreseen	Staff administered	Staff present
<i>Chief constables / Executives</i>	4	3	3
<i>Inspectors</i>	30	15	12
<i>Sergeants</i>	52	16	13
<i>Agents / Assistants</i>	235	289	275
Total	321	323	303

There are twenty-five units who are seconded elsewhere, to be deducted from the total “administered staff” (three inspectors, three sergeants and 19 agents /assistants). There are also five units seconded to Monza prison, all of them agents /assistants. Therefore, as the Table above shows, the total number of staff present is currently 303 units, with a lack of 18 units when compared to the number of staff foreseen.

There is a lack of one unit in the rank of chief constables / executives, a lack of fifteen units among the inspectors, a lack of 36 units among the sergeants, while there is a surplus of 54 units in the staff of the ranks of agents / assistants.

In order to increase the number of the leading ranks of the Corps of Penitentiary Police, a public competition was published in July 2021 for 120 posts of trainee Chief constable. At the outcome of

said selection procedure, the newly appointed officers will be assigned to several structures throughout the Country.

As for the lacks among the Inspectors, a few days ago the 7th training Course for Inspectors of the Penitentiary Police was concluded, which was due to graduate 691 staff units in the rank of inspector (606 men and 85 women). The Directorate General for Staff and Resources assigned one new male Inspector to the Monza prison.

Moreover, a new public competition was published in November 2021 to recruit 411 Inspectors of the Penitentiary Police (378 men and 33 women). At the end of the recruitment procedure, the Administration will keep in due consideration the staffing needs of the Monza prison and will assign to it an adequate number of newly appointed Inspectors.

A national internal competition for the sergeants (Sovrintendenti) was issued in 2021 for 583 posts in those ranks (515 men and 68 women). At the outcome of that upgrading procedure, eight new male sergeants will be assigned to Monza prison.

One new male unit of staff in the ranks of agents/assistants was assigned to Monza prison at the end of the procedures of the 179th Course for newly recruited agents.

- **Turin “Lorusso and Cutugno” prison**

There is a lack of staff as in any other penal establishment of the Country, due to the reduction in the total number of staff members of the Penitentiary Administration, which, in compliance to the modifications brought on staff levels by the Legislative Decree 172/2019, amounts today to 41,595 units.

Below the data of the staff in Turin “Lorusso and Cutugno” prison.

Rank	Staff foreseen	Staff administered	Staff present
<i>Chief constables / Executives</i>	6	5	4
<i>Inspectors</i>	106	21	19
<i>Sergeants</i>	127	35	28
<i>Agents / Assistants</i>	655	692	672
Total	894	753	723

There are forty-one units who are seconded elsewhere, to be deducted from the total “administered staff” (three of the chief constable / executive ranks, three inspectors, seven sergeants and twenty-eight agents /assistants). There are also eleven units seconded to the Turin “Lorusso and Cutugno” prison, (two of the chief constable / executive ranks, one inspector and eight agents /assistants). Therefore, as the Table above shows, the total number of staff present is currently 723 units, with a lack of 171 units when compared to the number of staff foreseen.

There is a lack of one unit in the rank of chief constables / executives, a lack of 85 units among the inspectors, a lack of 92 units among the sergeants, while there is a surplus of 37 units in the staff of the ranks of agents / assistants.

In order to increase the number of the leading ranks of the Corps of Penitentiary Police, a public competition was published in July 2021 for 120 posts of trainee Chief constable. At the outcome of said selection procedure, the newly appointed officers will be assigned to several structures throughout the Country.

As for the lacks among the Inspectors, a few days ago the 7th training Course for Inspectors of the Penitentiary Police was concluded, which was due to graduate 691 staff units in the rank of inspector (606 men and 85 women). The Directorate General for Staff and Resources assigned twelve new Inspector male units and four female units to the Turin “Lorusso and Cutugno” prison.

Moreover, a new public competition was published in November 2021 to recruit 411 Inspectors of the Penitentiary Police (378 men and 33 women). At the end of the recruitment procedure, the

Administration will keep in due consideration the staffing needs of the Turin “Lorusso and Cutugno” prison and will assign to it an adequate number of newly appointed Inspectors.

An internal competition for the sergeants (Sovrintendenti) was issued in 2021 for 583 posts in those ranks (515 men and 68 women). At the outcome of that upgrading procedure, twenty-one new male sergeants and four new female sergeants will be assigned to Turin “Lorusso and Cutugno” prison.

There has been an increase in the agents/assistants units assigned to Turin “Lorusso and Cutugno” prison of four women, at the outcome of the assignment following the end of the 180th course for newly recruited agents

- **Rome “Regina Coeli” prison**

There is a lack of staff as in any other penal establishment of the Country, due to the reduction in the total number of staff members of the Penitentiary Administration, which, in compliance to the modifications brought on staff levels by the Legislative Decree 172/2019, amounts today to 41,595 units.

Below the data of the staff in Rome “Regina Coeli” prison.

Rank	Staff foreseen	Staff administered	Staff present
<i>Chief constables / Executives</i>	5	4	6
<i>Inspectors</i>	41	27	15
<i>Sergeants</i>	60	32	20
<i>Agents / Assistants</i>	410	378	287
Total	516	441	328

There are 123 units who are seconded elsewhere, to be deducted from the total “administered staff” (fourteen inspectors, thirteen sergeants and 96 agents /assistants). There are also fifty-four units seconded to the Rome “Regina Coeli” prison, (two of the chief constable/executive ranks, six inspectors, five sergeants and forty-one agents /assistants). Therefore, as the Table above shows, the total number of staff present is currently 328 units, with a lack of 123 units when compared to the number of staff foreseen.

There is a lack of one unit in the rank of chief constables / executives, a lack of fourteen units among the inspectors, a lack of 28 units among the sergeants, and a lack of thirty-two units of the ranks of agents / assistants.

In order to increase the number of the leading ranks of the Corps of Penitentiary Police, a public competition was published in July 2021 for 120 posts of trainee Chief constable. At the outcome of said selection procedure, the newly appointed officers will be assigned to several structures throughout the Country.

As for the lacks among the Inspectors, a few days ago the 7th training Course for Inspectors of the Penitentiary Police was concluded, which was due to graduate 691 staff units in the rank of inspector (606 men and 85 women). The Directorate General for Staff and Resources assigned seven new male Inspectors to the Rome “Regina Coeli” prison.

Moreover, a new public competition was published in November 2021 to recruit 411 Inspectors of the Penitentiary Police (378 men and 33 women). At the end of the recruitment procedure, the Administration will keep in due consideration the staffing needs of the Rome “Regina Coeli” prison and will assign to it an adequate number of newly appointed Inspectors.

An internal competition for the sergeants (Sovrintendenti) was issued in 2021 for 583 posts in those ranks (515 men and 68 women). At the outcome of that upgrading procedure, one new male sergeant will be assigned to Rome “Regina Coeli” prison.

There has been an increase in the agents/assistants units assigned to Rome “Regina Coeli” prison of twenty-nine men and two women, at the outcome of the assignment following the end of the 179th and 180th courses for newly recruited agents.

Paragraph 100

Last 27 September, the 184 winners of the national public competition for rehabilitation officers (Funzionario giuridico-pedagogico) took service. The competition was published in 2020 and was at the beginning for 95 posts, which were increased up to 210.

Four of them took service in Milan San Vittore prison, while the prison of Monza was not chosen by any new officer. Two new rehabilitation officers were assigned to the prison of Turin.

The Rome “Regina Coeli” prison was not among the places to be chosen, since there is an ongoing national procedure for internal mobility among rehabilitation officers already on duty.

A new national public competition was published last October for 104 new rehabilitation officers.

Paragraph 101

As for critical issues concerning the prison governors (*dirigenti penitenziari*), please note what follows.

A mobility procedure (*interpello*) was started on 15 June 2022 for 104 posts of penitentiary executive (prison governor or deputy-governor) and is still ongoing. Among the posts to be chosen there are:

- Monza prison: assignment of one prison governor (the current governor is Ms. Pitaniello)
- Rome Regina Coeli prison: assignment of two deputy governors, the current governor being Ms. Claudia Clementi
- Milan San Vittore prison: assignment of two deputy governors, the current governor being Mr. Giacinto Siciliano
- Turin “Lorusso and Cutugno” prison: assignment of two deputy governors, the current acting governor being Ms. Cosima Buccoliero. For the position of prison governor, since it is a higher level establishment, a dedicated procedure shall be started soon.

Finally, one training course is ongoing for 57 newly recruited “trainee penitentiary executives”, to be assigned as penitentiary executives (director or deputy director) in the vacant posts available at the end of their training.

Paragraphs 133-137

As for paragraphs 133 through 137, please note what follows.

The refurbishment works of 7th and 8th Sections of Pavilion A in Turin prison – where the structure for the mental health protection (ATSM) is situated – were assigned to the contractor company on 2 December 2021. The works ended on 29 July 2022 and were tested and checked on 7 October 2022.

The total costs was 530,108.00 euros.

The works implied plants and building adaptation for the refurbishment of sanitary installations of toilets in the cells of the above-mentioned two wings of *Sestante*. In particular, in the 7th section, the sanitary installations were replaced and fully partitioned toilets were built inside the cells. Moreover, in each wing one cell was specially equipped for disabled persons, including the toilet. The CCTV system was implemented and the rooms lighting equipment was replaced. It was impossible to adapt the two wings and therefore the whole A Pavilion in compliance with the Regulations of enforcement of the Penitentiary Act (DPR 230/2000), as for the installation of showers inside the cell toilets and the provision of hot water. Actually, such a restructuring intervention would have requested the total remake of the hydraulic plant of hot water starting from the empowerment of the central thermal power station and of the storages. Such an intervention would have implied a specialist planning of a different level, and the relevant cost would have been out of the range of the assigned funds.

Thus, the main aim of the works was the refurbishment of the 7th section by the elimination of the existing “open” toilets without walls partition in the cells, in order to ensure hygiene and life

conditions in full compliance with human dignity, keeping into account the necessary levels of security.

After the refurbishment works of the Sestante wing, the 7th section today has twenty-two rooms, ten of which (nine individual cells and one double for a disabled inmate and his peer supporter) are intended to accommodate prisoners who undergo a psychiatric observation in terms of article 112 of Regulations of enforcement of the Penitentiary Act (DPR 230/2000). Five individual rooms are dedicated to the inmates who are assessed at a high risk of suicide, in terms of the current local suicide prevention plan, only where indicated by the healthcare staff and just for the time prescribed. Four single rooms are dedicated to the inmates who were de-classified from high to medium level of suicide risk and who need specific interventions before being re-assigned to ordinary wings, upon the indication of a healthcare specialist and for no more than 30 days. Two rooms are dedicated to peer supporters and working inmates.

The eighth section is dedicated to inmates affected by mental illness occurred during their imprisonment (in terms of article 148 of the criminal Code) and to inmates sentenced to a shorter punishment due to partial mental infirmity (in terms of article 111, paragraphs 5 and 7 of Regulations of enforcement of the Penitentiary Act (DPR 230/2000), as well as to the cases subject to open custody treatment. That section is composed of thirteen cells, nine of which are individual cells, three are double occupancy cells and one is for one disabled prisoner, with a specially equipped toilet and with enough space for a caregiver co-inmate.

The ten rooms dedicated to the enforcement of the orders of psychiatric observation in terms of article 112 of Regulations of enforcement of the Penitentiary Act (DPR 230/2000) are equipped with furniture with anti-collision rounded edges, made of fireproof materials and secured to the floor. It was difficult to find on the market that special furniture, so the opening of the section was postponed until December 2022, while the eighth section was re-opened on 26 October 2022.

In the 8th Section, there are adequate spaces dedicated to socializing activities, as well as to healthcare activities and to supporting technical and administrative activities. There is one rehabilitation gymnasium, one room for psychotherapy and one room for group activities, all of them accessible by disabled prisoners.

On 6 October 2022 the Operational Protocol was finalized on the *Management and Security Assistance Procedures in the structure for the mental health protection (ATSM) of the Turin remand prison*. On 26 October 2022 it was undersigned by the Penitentiary Administration and the competent Healthcare Agency. That Protocol includes a thorough description of the principles, the structure, the organization of the Sestante wing, the purpose and the clinical, diagnostic and therapeutic interventions by the psychiatry specialist to be carried out in the ATSM. The Protocol also identifies the beneficiaries of said interventions by providing for conditions, modalities and operational procedures to be admitted and discharged, as well as by identifying the authorities responsible for assignments.

The Sestante, as the members of the CPT delegations observed, is the wing where the inmates suffering from psychiatric troubles and needing observation and treatment are accommodated.

In the 7th section, there are also the inmates at a high suicide risk, who, as the CPT delegation recommends, are allocated in safe rooms, especially equipped and with furniture useful to prevent self-harm and suicide. In connection with that, on 16 March 2022 the governor of Turin prison and the local Healthcare authorities undersigned the new *Local Protocol for the prevention of suicide risk*, which provides for that prisoners at a high suicide risk are assigned to rooms suitable to prevent self-harm and suicide and/or under video-surveillance, for a limited time. It also provides for the possibility to assign a prisoner to sections under higher healthcare specialist assistance and/or to hospitalize an inmate, when the prisoner's stay in those rooms lasts for more than seven days. The penitentiary police staff carries out a permanent surveillance and a high and medium suicide risk register is kept where the penitentiary police staff records medical practitioners' access, interviews with psychologists, rehabilitation officers, volunteers... By the way, the Turin prison governor implemented the organizational directions for prisoners at risk, by establishing a personal file per

each prisoner. In said file, the service reports will be included, drafted by the penitentiary police staff, along with the movements of the inmate, with the relevant hours and reasons, possible changes in the assessed risk, provision/removal of personal items, interviews with any prison professional and/or with family members, with the relevant time of beginning and of end of the interview, as well as any other useful information.

Finally, some training courses are scheduled for the penitentiary police staff who works in those contexts, in order to provide better instruments to manage prisoners with mental pathologies and psychic troubles.

Paragraphs 138 and 139

As for the observations under paragraph 138 and 139, the Rome “Regina Coeli” prison governor clarifies that in that prison there is no ATSM wing, but there are only two rooms to be used as ATSM for the observation of people as provided for by article 112 of Regulations of enforcement of the Penitentiary Act (DPR 230/2000). On the ground floor of the Second Section there is an ordinary circuit named “1st reception second level”, where the local Operational Unit (UOSD) for Mental Health and Addictions in the penal field of the Rome 1 Local Healthcare Agency (ASL) carries out – as an experiment – some protocols and activities aimed to persons with problems of specific medical interest. Those interventions are mainly daily psychological and psychiatric examinations and bi-weekly both individual and group psychiatric rehabilitation activities. The premises dedicated to those activities are the same as those existing in other areas of the prison and are notoriously small and not sufficient, due to the characteristics of the ancient building. In most cases, since adequate common spaces do not exist, the few premises available are used in turn during the day for different activities.

Paragraph 140

As for what the delegation recommended about the CCTV images, the Rome Regina Coeli prison governor states that the technician of the company in charge of managing the videocams was requested to pixel the images from the videocams installed in the toilets of the so-called “rooms at risk” (*camere a rischio*).

Paragraph 142

As for the rooms’ conditions, please refer to the replies to paragraphs 80 to 83. As for the assignment of persons suffering from mental troubles, we confirm what stated in reply to paragraphs 138 and 139. The director of Regina Coeli prison states also that what is indicated as an infirmary is to be identified as a wing SAI.

Paragraph 150

The DAP urged the Regional Directors so that they ask the relevant local healthcare authorities to establish specific screening procedures for women entering in the penal establishment.

Paragraph 154

As for the observation concerning the improvement of material conditions in Pavilion F, the Governor of Turin prison ordered the penitentiary building service to inspect the site to assess possible interventions.

Paragraph 155

The Pavilion F has a few places dedicated to the management of the women suffering from psychiatric pathologies. The spaces are small and it is difficult to obtain an environment similar to the places existing in the male wings. The Regional Directorate for Piedmont is considering establishing an ATSM in the Turin prison with a fewer number of female prisoners, and therefore with larger spaces to the purpose.

Paragraph 157

A thorough re-organization of the Pavilion E is under consideration, affecting the vocation of the structure, where specific interventions would be carried out for those inmates suffering both from troubles connected with substances abuse and from psychiatric troubles. That reorganization process will provide benefits to female prison population.

Paragraph 158

As for the observations made under paragraph 158, several activities are promoted. In particular, since 2009 a didactic module was included in both induction and upgrading training courses of 20/24 hours on the knowledge of stress symptoms and the instruments to deal with and to de-compress situations of excessive tension. The module presents techniques and disciplines such as yoga, mindfulness and other proprioceptive disciplines aimed at the awareness on their own health status and psychophysical balance.

Since 2020 an experimental training is ongoing for penitentiary staff, mainly of the Penitentiary Police – but not only for them – who suffered traumatic events (of any kind) or in a situation of high stress. That experiment is obtaining a high success among staff, although is destined to a small number of workers. It is delivered every year.

Since this autumn, the penitentiary staff who participates in or endures traumatic events with a particularly stressing aspect (suicide of a prisoner, being assaulted, etc.) can benefit from the project of support to the Penitentiary Police staff. Indeed, after the *Kairos2* project was successfully carried out in the Regional Directorate of Latium, Abruzzo and Molise, said support project is now available at national level, through the contribution of psychologists especially selected to that purpose. The coordination of those interventions is entrusted to each Regional Directorate.

A dedicated budget of 1,100,000 euros is allocated by the current budget year to the psychological support to staff.

Finally, as for “*the training of prison staff on the use of trauma informed practices to enable them to support and manage women with mental disorders and other traumas*”, the staff concerned participates in general training activities. At national level, there are no specific training activities on that matter.

Paragraph 162

Article 32, paragraph 3 of the Regulations of enforcement of the Penitentiary Act (DPR 230/2000) provides for that the assignment within the detention wings of prisoners who could be victims of aggressions or abuse by co-inmates should be made very carefully. A circular letter of 2001 established the so-called “protected wings” to meet the needs of protecting specific categories of prisoners due to objective reasons and to some personal characteristics of those prisoners, as in the case of trans-sexual persons and of homosexual persons.

Protected wings for transgender prisoners are established at the remand prison of Belluno, the remand prison of Como, the prison of Reggio Emilia, the remand prison of Florence “Sollicciano”, the remand prison of Rome Rebibbia “R. Cinotti” (Nuovo Complesso) and the remand prison of Naples Poggioreale.

A Ministerial Decree dated 28/07/2022 established wings for internees, dedicated to the enforcement of the security measure of “penal labour colony” (*casa di lavoro*) for transsexual inmates in the prisons of Ivrea, Belluno and Rome Rebibbia “R. Cinotti”, next to already existing wings for transsexual prisoners. That choice avoided isolation conditions for transgender internees when they were assigned to ordinary penal labor colonies. On the other hand, it is very positive to assign transgender offenders in detention wings for subjects who already follow dedicated programs, where the staff is trained to manage the very delicate and complicated situations of transgender prisoners.

On the 20 October 2022, according to our databases, in the above-mentioned prisons there were 61 trans-gender inmates¹, most of them foreigners and coming from countries outside the EU (Brazil, Colombia, Ecuador, Peru, etc.). One transgender prisoner is accommodated in the SAI of the Milan San Vittore prison. Two out of the 61 subjects are interneers.

As of today, none of the transgender inmates underwent surgical interventions for the final transition (MtF), despite some of them were granted the change of gender identity on their ID papers by the judicial authority. Those offenders belong to the medium security circuit, since they perpetrated “common” crimes (against persons, against property, etc.).

The penitentiary law expressly provides for the assignment of prisoners to wings and prisons based on gender; indeed, article 14, paragraph 5, of the Penitentiary Act provides for that women are assigned to female prisons or to female wings of prisons.

As of today, none of the transgender inmates underwent surgical interventions for the final transition FtM.

The transgender persons are currently assigned to protected male wings, which can be either with open regime or with closed regime. The surveillance staff in those wings is male staff.

The strict separation of transgender persons in the protected wings was overcome thanks to the amendments brought to article 14 of the Penitentiary Act in October 2018. In particular, the last paragraph of said article intends to avoid for LGBT persons “*aggressions and oppression by other prisoners only by reasons of gender identity*”.

In that perspective, the norm provides for their subdivision into homogeneous categories and, on a voluntary basis, their assignment to wings disseminated uniformly throughout the country.

If those prisoners do not give their consent to that, they will be assigned to ordinary wings.

In any case, they are entitled to participate in treatment activities, even together with the rest of prison population.

As for health issues, the transgender prisoners are provided with the necessary healthcare treatments by the regional health agencies. In particular, during their imprisonment they are ensured the continuation of their hormonal therapy. In some prisons there are collaborations ongoing with institutions and Universities for projects of social reintegration.

In Milan San Vittore prison there are no dedicated wings to accommodate and manage transgender inmates, who are traditionally accommodated to the “protected” wing. The only dedicated wing is established in Como remand prison. The Milan San Vittore prison the governor usually asks for the transfer of transgender inmates soon after the first induction assessment. If said transfer is not possible either for lack of places or for judicial reasons, the inmate is assigned to the “protected” wing in San Vittore, where there are one or more rooms situated close to the work station of the penitentiary police agent. He can thus supervise those cells, while ensuring the respect of the inmates’ dignity and privacy.

The security staff inside the protected wing is male staff, by law. The old practice foresaw the transgender prisoners’ isolation and separation from other prisoners, but today the approach provides for – without prejudice to the separation inside the rooms – their full participation in the life of the wing, where prison staff and volunteers carry out many activities every day. The medical protocol for transgender prisoners provides for an initial medical evaluation and an immediate psychological support aimed at the adaptation to the penitentiary environment as well as at the prevention of suicide risk. The initial psychological examination takes into consideration also specific factors to the gender adequacy /gender dysphoria. The dedicated medical service of the Niguarda Hospital in Milan carries out diagnosis and carries out specific treatment activities in the gender dysphoria. In said hospital

¹ Besides the 61 subjects, five more are assigned outside the protected wings for trans-sexual persons

there is a specialized center providing the necessary hormonal therapy as well as any other necessary treatment or care. There is a constant support activity inside the prison and the commitment of all the workers involved is high to ensure the best possible life conditions within that wing.

The two transgender inmates – presumably G. G. and K. C. – met in Monza prison are not anymore in that establishment. The healthcare procedure provides for infectious diseases evaluations and psychological support to provide to offenders and, where appropriate, the referral to the Niguarda Hospital outpatient specialist unit with the obligation of communicating with the prison governor about the case management. Once the transition procedure is started, the case is referred to the Regional Directorate of the penitentiary Administration and to the hospital unit for the assignment to another prison.

As for the inmate K. C., the multi-disciplinary staff, upon his entry on 22 February 2022, decided to assign him to wing A, dedicated to vulnerable subjects, where he stayed until he was transferred to Milan San Vittore prison. On the 21 June 2022 a dedicated report was sent to the Regional Directorate of the penitentiary Administration and to the hospital unit about his taking a feminizing therapy and immediately after he was assigned to a different establishment.

As for the inmate G. G., his management was complicated and challenging. He was first assigned to the protected wing for heterogeneous inmates, then he was repeatedly moved to other wings upon his requests, which he acted along with behaviors and dynamics that seemed to be always the same, even when he was detained in other prisons. In some cases, he complained about abuses and violence suffered, and was transported to the emergency rescue of the hospital for clinical evaluations, which he refused. The penal procedure which was started upon his complaint for a sexual violence he allegedly suffered by a co-inmate in a different prison was filed. One of his co-inmate stated that he used to complain – and he did so also in other prisons – about sexual abuses suffered from penitentiary police staff when he was in rooms without CCTV. A great care was always put on his requests, and several support and activity proposals were made to him, but he did not always accepted them. Following many requests to be transferred to a different establishment, the inmate was transferred to one prison in a different Regional Directorate on 25 May 2022.

Paragraph 166

As for observations made under paragraphs 163 to 166, the so-called “drug filter unit” was closed by the Regional Director on 17 June 2022, after the involvement of the General Prosecutor at the Court of Appeal of Turin and the Head of the Prosecution Office at the Turin Tribunal. That unit was declared unfit to use also due to a statement of the occupational physician who pointed out the biological hazard for the staff working there.

As an alternative, the judicial authorities agreed with the healthcare authorities to treat in hospital the subjects arrested and apprehended under the suspicion of swallowing drug, according to a new healthcare protocol currently under the assessment of General Prosecutor at the Court of Appeal of Turin and the Head of the Prosecution Office at the Turin Tribunal. The same protocol was forwarded also to the Public Prosecutor at the Juvenile Court of Turin as well as to the juvenile prison of Turin for the aspects of the matter concerning minors.

Said protocol also regulates the informed consent to treatments that the arrested person has to give and the recourse to diagnosis tests under the consent of the subject concerned. As for the use of laxative and the use of CAT as a diagnosis tool, it is a matter of strict concern of healthcare staff and therefore the healthcare staff shall make the relevant assessment and decisions.

As for the observations about the drug filter unit of Pavilion A of Turin prison, that unit is now closed. The premises will be destined to other activities, after the end of a refurbishment project just started by the regional directorate technical staff.

Paragraph 170

Concerning video-calls, last 26 July 2022, the penitentiary Administration issued a dedicated circular letter stating that *“the video-calls [...] are particularly useful to facilitate the maintaining of family links and to avoid too costly trips, which can be physically unbearable for elderly and for the sick family members and psychologically stressing for children; [...] on the other hand, when making a video-call, it is not necessary to perform any search, which must be carried out instead on the subjects entering prisons for visits in person: in this case, there is no risk to introduce from outside prohibited items into the prisons, as it may happen upon the visits. [...] The remote interviews can always be interrupted in case of inadequate behavior, which allows to ensure the unavoidable, essential requirements of security. [...] The video-calls need to be confirmed as an alternative to visits in person and therefore will progress from an “experimental” classification – as it was indicated in the Circular Letter dated 30 January 2019² – limited to the prisoners belonging to the “medium security” category, to a stabilized classification to be extended also to “high security” prisoners, keeping into account the positive effects that video-calls had on the treatment of them.”*³

(Source: Ministry of Health)

PRISONS

During the visit, the delegation examined the provision of mental health care and the treatment of substance use, both of which are major concerns in the prisons visited. Not only are there a number of persons in prison who are awaiting placement in a Residence for the Execution of Security Measures (*Residenze per l'esecuzione delle misure di sicurezza* – REMS) and who should not be in prison but there are also many persons who have developed mental health problems in prison.

With specific regard to the situation of offenders with mental disorders who are perpetrators of crimes and cases of mental health in prisons, it should be noted that the following institutional frameworks are in place to look into the matter:

- **The Coordination Body on the process of superseding Judicial Psychiatric Hospitals (OPGs)**
- established by the Decree of the Minister of Health of 22 September 2021, with the participation of the Ministry of Health, Justice, and the Regions. The body's task is to monitor and coordinate the activities implemented by the Regions and the Autonomous Provinces to ensure the completion of the replacement process of the OPGs through the full application of the regulations in force. Particular attention is paid to the taking charge and implementation of individual therapeutic rehabilitation projects, from the functioning of Residences for the Implementation of Security Measures (RISM) as non-custodial therapeutic rehabilitation facilities, to the relations with the judiciary, to the ascertainment of social dangers, to the maximum duration of security measures, to the respect of the territoriality principle, to the training of operators.
- **The Permanent Consultation Table on Healthcare in Prisons**, set up in 2008 at the Permanent Conference for Relations between State, Regions and Autonomous Provinces currently engaged, through specific subgroups, in the following activities:

- updating of the Unified Conference Agreement of 26 February 2015 on the “Agreement, pursuant to Ministerial Decree of 1 October 2012, Annex A, concerning provisions for the definitive replacement of the Judicial Psychiatric Hospitals in implementation of Ministerial Decree 1 October 2012”;
- proposal of “Guidelines for the operation of the mental health protection units in penal institutions (ASM)” (former Agreement between Government, Regions, Autonomous Provinces of Trento and

² Circular letter of the DAP n. 31246 of 30 January 2019 – “Use of the “Skype for business” platform to make videocalls from prisoners and internees to family members and cohabitants”

³ Excerpt from the Circular letter of the DAP n. 396/6146 dated 26 September 2022 – “Visits, videocalls and telephone calls”

Bolzano of 13.10.2011 and Agreement between Government, Regions, Autonomous Provinces of Trento and Bolzano of 22.01.2015);

- proposed “Guidelines on health care delivery methods in adult correctional institutions: standards and operating models of primary and specialised care and establishment of intramural therapeutic-rehabilitative health services”.

- **The Agenas-coordinated Working Group**, formed in October 2020 and composed of representatives from the Ministry of Health and the Ministry of Justice, as well as professionals in the field, whose subject was the “Identification of Improvement Elements within the Residences for the Implementation of Security Measures” which produced a summary document.

- **The Control Room established at Agenas** on July 6, 2021, with the participation of representatives from the Ministry of Health, the Ministry of Justice and the Autonomous Regions and Provinces, to overcome the problems inherent in individuals confined pending internment in the Residences for the Implementation of Security Measures.

The activities of the aforementioned institutional contexts are also particularly relevant in light of what was highlighted in the recent **Constitutional Court** ruling **No. 22 of January 27, 2022**, which in its conclusions noted *“the urgent need for comprehensive reform of the system, which would ensure: - an adequate legislative basis for the new security measure, according to the principles outlined above; the establishment and proper operation, throughout the national territory, of a sufficient number of Residences for the Implementation of Security Measures to meet the real needs, within the framework of an overall and equally urgent strengthening of the structures on the territory, able to ensure adequate alternative interventions with respect to the needs of treatment and to those, equally essential, of community protection (and therefore of the fundamental rights of the potential victims of crimes that could be committed by the recipients of the measures) - forms of adequate involvement of the Ministry of Justice in the coordination and monitoring of the operation of the existing Residences for the Implementation of Security Measures and of the other mental health protection instruments that can be activated in the framework of the different security measure of probation, as well as in the planning of the relevant financial requirements, also with a view to the possible quantitative enhancement of the existing facilities or of the alternative instruments.”*

In addition, **an allocation of 60 million** has been set aside in 2021 **to finance projects to strengthen the Departments of Mental Health**, according to specific guidelines adopted by agreement in the State-Regions Conference (on 28 April 2022), which include the following objectives: **the qualification of pathways for the effective taking into care and social reintegration of patients with psychiatric disorders who are offenders to complete the implementation process of Law no. 81/2014**; the replacement of mechanical restraint in all mental health care settings; the effective implementation of the objectives of taking charge and networking for adult, childhood and adolescent disorders, also envisaged by the National Action Plan for Mental Health.

PSYCHIATRIC INSTITUTIONS

As regards the use of mechanical restraints, the delegation notes the commitment of the national and regional authorities to reduce its application towards patients. The monitoring of data on the use and duration of mechanical restraint and the provision of training activities for staff on applying alternatives to restraint represented part of the approach. That said, the delegation's findings during the visit show that mechanical restraint of patients is still a measure resorted to frequently, for prolonged periods and repeatedly in respect of the same patient. In particular, the health-care staff of SPDCs and emergency units of hospitals invoked the state of necessity (pursuant to Article 54 of the Criminal Code) to justify the resort to the measure of fixating patients to a bed for periods of

several days. Furthermore, it is still the case that mechanical restraint can very often be applied to so-called voluntary patients who do not benefit from the potential legal guarantees of the TSO (trattamento sanitario obbligatorio) procedure. The Committee's written report will examine this issue in detail and propose alternatives to the use of mechanical restraint in line with the Ministry of Health guidelines of 2010.

On the topic of restraint, current initiatives at the Ministry of Health are reported to be:

- The aforementioned **allocation of 60 million** earmarked to fund **projects to strengthen the Departments of Mental Health**;
- The analysis and study of the guideline document “**For the replacement of restraint in mental health care settings**”, promoted by the Technical Working Table on Mental Health established at the Ministry of Health in 2019, already discussed in the Conference of Regions and Autonomous Provinces in July 2021 and currently undergoing final review. The document, which is addressed to all actors and all institutional levels, contains specific operational recommendations, supplementing those already approved by the State-Regions/Autonomous Provinces Conference in 2010, to prevent the use of restraint and promote its definitive replacement within the three-year period following the approval of the document.

That document also provides for the establishment of a check list with specific indicators for monitoring the main actions aimed at replacing restraint and a model registry for the detection of episodes of a restraining nature for use by Regions and Autonomous Provinces.

Once again, the delegation has noted that the Committee's previous recommendations on the necessity to strengthen the legal safeguards for patients placed in a SPDC have not been implemented. In particular, the procedure for the application of the TSO procedure remains of a standardised nature decided exclusively through a written process with the persons concerned not heard in person by the guardianship judge. In addition, too often patients hospitalised in SPDCs are given insufficient information about their rights (including avenues for lodging an appeal) and legal status due to the absence of information brochures.

Concerning the use of TSOs in psychiatric diagnostic and treatment services (PDTs), the results in the Mental Health Report, which analyses data from the Mental Health Information System (MHIS) every year, show a constant downward trend with the rate per 10,000 inhabitants falling from 1.7 in 2015 to 1.6 in 2016, to 1.3 in 2019 and 1.1 in 2020, with appreciable variations between regions. The recently published MHIS Report on 2020 data shows that 5,398 compulsory health treatments were registered in PDTs, representing 7.1 percent of the total admissions that occurred in public psychiatric wards (76,351).

The above-mentioned Technical Working Table on Mental Health, with regard to the issue of TSO, has activated a sub-working group that is studying the following points in depth: implementation of the use of the documentary sources currently in use; drafting of a model form to record in detail all the elements supporting recourse to TSO; dissemination of “good practices” in terms of collaboration procedures/protocols between the administrations and services involved; promotion of training and awareness-raising on the issue of all the actors variously involved in the TSO process. These issues were also addressed during the 2nd National Mental Health Conference - for a Mental Health Community, promoted by the Ministry of Health, held in June 2021.

SOCIO-HEALTH HOMES (RSAS)

The living conditions of the residents in the two RSAs visited were of a satisfactory standard in terms of living space, maintenance of facilities and impeccable hygienic conditions. That said, the large size of the establishments and the limited number of single rooms, often allocated according to pure

financial criteria, did not always allow for the necessary personalisation of the residents' living space.

- By decree of the Minister of Health dated 8 September 2020 **the Commission for the Reform of Health and Social Care for the Elderly Population** was established which defines a proposal for the reorganisation of the health and socio-health care model of the elderly population. At the end of its work, the Commission defined a guideline document with which it proposes the establishment of a continuum of care in which the RSAs can take on a role in transitional care, with a high degree of health and rehabilitation functions, with a view to the final reintegration of the rehabilitated and stabilised elderly person at home, where possible.

The restrictions linked to the Covid-19 pandemic, which remained in place at the time of the delegation's visit, had a significant and negative impact on the rehabilitation and recreational activities offered to residents. Further, these restrictions imposed drastic limitations on residents' contact with the outside world (including access to fresh air). This situation was more pronounced at the RSA of the Pio Albergo Trivulzio where the management of the facility remained cautious about relaxing any of the restrictions given the traumatic events that the RSA had suffered in March 2020. The restrictions which remained in force at the RSAs at the time of the delegation's visit (consisting of lack of access to fresh air, very limited visits of families, absence of structured physiotherapy and recreational activities) appeared disproportionate as they do not seem to consider the evolution of the pandemic and the measures already taken to protect residents and staff as well as the population in the community.

The delegation urges the Italian authorities to gradually lift the restrictions in the RSAs in a homogeneous and coordinated way, striking the right balance between the protection of the health of residents and their fundamental right to live the last years of their life with dignity.

The delegation also examined the resort to means of restraint on residents in RSAs, which was primarily of a postural nature and for their personal protection. Although this issue will be addressed in more detail in the written report, the delegation would like to stress the need for more uniform and specific regulation of the use of means of restraint regarding residents in RSAs.

- As of 8 May 2021, following the Order of the Minister of Health containing the document on "Modalities of entry/exit of guests and visitors at the residential facilities of the territorial network" and adopted by the Conference of the Regions and Autonomous Provinces, visits to sociomedical residential facilities are again possible. Currently, visitors' access to hospital inpatient facilities is permitted, pursuant to Article 7, paragraph 2 of Decree-Law No. 24 of 24 March 2022, but the requirement to possess a Covid-19 green certificate issued following the administration of the booster dose, or following completion of the primary vaccination/recovery cycle together with a negative antigenic or molecular test within the previous 48 hours, is extended until 31 December 2022.
In spite of the end of the state of emergency, it remains necessary to pay the utmost attention to the guests in these facilities, who are elderly people, suffering from serious chronic diseases and disabilities, and who represent a particularly fragile population at greater risk of serious development if affected by COVID-19. Therefore, all measures taken are aimed at enabling the safe conduct of guest visits and enabling residential and social care facilities to provide adequate care services, reducing the risk of COVID-19 in both guests and caregivers. It is understood that, depending on the evolution of the epidemiological scenario, the measures taken may be remodelled.
- In July 2021, a **Working Group** was set up at the National Agency for Regional Health Services (Age.n.a.s.) to monitor **and possibly support the regions in the implementation of organisational measures for safe access in long-term care facilities**, with the aim of monitoring the implementation of the Order of the Minister of Health of 8 May 2021. The

Group consists of by representatives of Agenas, the Directorate General for Prevention of the Ministry of Health and representatives of ten Regions/Autonomous Provinces, indicated by the Conference of Regions and Autonomous Provinces. As part of the work, a regional monitoring system was set up, carried out by means of an online questionnaire, which proved to be a useful tool for describing the situation regarding admissions to residential facilities and highlighting any changes in organisational and epidemiological conditions.

- The Ministry of Health has also promoted work to revise the **minimum authorisation requirements for Assisted Living Facilities**, in order to strengthen health protection within these facilities, taking into account what happened during the Covid-19 pandemic and the particular fragility of the facilities' residents. This includes, among other things, the strengthening of healthcare staff and the introduction of procedures for the “**prevention of abuse and ill-treatment of residents**”, as well as for ensuring “clinical risk assessment, prevention and control of care-related infections and adverse events”. The document is at a preliminary stage of circulation. The work was carried out in relation to RSAs attributable to Article 30, paragraph 1, letter b, of the Prime Ministerial Decree of 12 January 2017 on the essential levels of care; i.e. residences that guarantee long-term care, recovery and functional maintenance treatment, including relief interventions for those providing the care, to people who are not self-sufficient. The relevant treatments are paid for by the National Health Service in the amount of 50% of the daily rate.
- With respect to combating institutionalisation or, rather, actions aimed at preventing hospitalisation in RSA from being the only answer for people who are not self-sufficient and with shortcomings in family support, it should be noted that the **PNRR, Mission 6 “Health” Component 1, envisages a major investment in home care**, with funding of two billion euros, with the goal of reaching 10 percent of people over 65 in integrated home care by 2026, including by promoting forms of technical assistance. Equally important is the investment in strengthening local health and social services, through community homes, aimed at, among other things, guaranteeing the population, in particular with chronic and non-self-sufficient pathologies, taking charge of and managing forms of initiative medicine, with a proactive management of chronicity, which favours care in one's own home, “the home as the first place of care”. **In addition, the PNRR, Mission 5, “Inclusion and Cohesion”, Component C2 on: Supporting Vulnerable People and Preventing Institutionalisation of the Non-self-sufficient Elderly**”, provides interventions for independent living and deinstitutionalisation of the elderly, particularly the non-self-sufficient. In fact, the most substantial line of activity of the project (over 300 million) is aimed at financing the conversion of nursing homes and retirement homes for the elderly into groups of autonomous apartments, equipped with the necessary equipment and services currently present in the institutionalised context. Initiatives are thus being promoted to develop a different concept of the RSA as a place to live, in particular “Care in RSA using the concept of home”. The aim is to work on taking care rather than on places of care.

(Source: Lombardy Region)

First of all, we would like to thank the delegation for their dedication to Prisons, Psychiatric institutions and Socio-Health Homes (RSAs) in Lombardy Region. We are very grateful for the positive feedback and for the helpful suggestions made.

It is important to highlight that none of the three immediate observations - made under Article 8, paragraph 5 of the Convention establishing the Committee which required a response by 31 May 2022 - concern the Regional Health System.

Another important premise is that the Committee carried out the inspection at a particular time, limited by the Covid prevention rules in compliance with regional and national health provisions. In

that circumstance, groups of resocialization and expressive activities, as well as family visits, were temporarily suspended

Recently, the end of the state of emergency has allowed the resumption of these fundamental activities and opportunities.

Prisons

Para 54. The CPT recommends that the Italian authorities continue to invest in training to upgrade the skills of prison staff in handling high-risk situations without using unnecessary force, by providing training in ways of averting crises and defusing tension and in the use of safe methods of control and restraint, particularly of inmates with a tendency to self-harm and with a mental disorder.

During 2022, a lot of training courses have been held on the management of psychological distress and in particular of the suicidal risk. These courses have been aimed at both health professionals and prisons' staff and also jointly.

In addition, in the Milan institutes training on ethnopsychiatry has also been conducted for the management of prisoners from migratory flows.

For 2023 local training courses with the involvement of both prison and prison staff are planned in individual institutes.

Furthermore in July 2022, the Welfare Department of the Lombardy Region approved the guidelines for the management of suicide risk in penitentiary institutions and a conspicuous funding to implement the activity of day centers for prisoners suffering from mental illness (DGR n. XI/6653 del 11/07/2022 "*Aggiornamento del piano regionale per la prevenzione del rischio suicidario negli Istituti Penitenziari per adulti - Regione Lombardia*").

Para 81. The CPT recommends that the Italian authorities ensure that persons placed in a cell with a window shutter are only held there for short periods of time. Further, prior to the placement of a person in such a cell there must be an assessment as to whether the placement might be detrimental to their wellbeing. Particular attention should be paid to persons with a mental illness or other vulnerability and to newly admitted prisoner

The number of solitary confinements of single-cell inmates has been drastically reduced. In any case, the duration of these confinements does not exceed 24 and 48 hours, inmates with mental problems are excluded and the surveillance is particularly strict.

The infectious isolation of COVID 19 cases or quarantines are, in this regard, carried out by cohort.

Para 89. The food in the prisons visited, and to make efforts to address the different cultural and dietary requirements of the prison population. Further, consideration should be given either to serving dinner later or to offering a supplementary snack later in the evening

In prisons an attempt is made to take the dietary needs of prisoners into account as much as possible, with diets that are prescribed by specialists (eg diabetologist), also considering the religious multiculturalism. A working table has been set up between the Ministry of Health and our Region to review the dietary tables and the necessary caloric intake for prisoners with particular attention to the promotion of healthy eating habits.

Para 94. The CPT recommends that the Italian authorities invest further energies in developing the range of programmes on offer to prisoners to provide them with a structured day of activities. To this end, the CPT would like to be informed about the recruitment of additional educators in each of the four prisons visited and, more generally, to receive information on the recruitment of educators throughout the prison system.

With regard to mental health issues, a substantial funding has recently been made by the Lombardy Region for the implementation of the activity of day centers.

With resolution of 18 July 2022, the Lombardy Region has in fact allocated a fund of 1.600.000 euros for the enhancement of the activity of the penitentiary day centers. An increase in psychological, education and training, art and music therapy activities is expected, also with the support of linguistic mediators for foreign prisoners.

Para 108. The CPT recommends that action be taken to increase the presence of a dentist at Monza Prison given the needs.

The presences of the dentist in Monza has been increased since July 2022.

In general the inmates are in great need of dental care; in any case the specialists assigned to prisons have always been able to deal with the most urgent cases.

Para 111. The CPT recommends that the Italian authorities take action to ensure that medical examinations of prisoners are conducted out of the hearing and – unless the doctor concerned expressly requests otherwise in a given case – out of the sight of non-medical staff. Further, the fundamental principle of medical confidentiality should be explained to all prison officers.

The regional regulations require prison police personnel to leave during the medical examination, unless there are particular characteristics of aggression or risk for the safety of the operators. Prison staff are not made aware of the clinical diagnosis except for what is necessary for the protection of the detainee (e.g. infectious isolation).

Para 115. The CPT calls upon the Italian authorities to ensure that the above criteria for the recording and reporting of injuries of persons in prison be systematically applied in all prison establishment

In Lombardy a computerized health record is being implemented, shared by all institutions. In this record a dedicated page is provided to record suspicious lesions, both at the time of the entrance visit to the institution and during the entire stay

Para 118. The CPT recommends that the Italian authorities increase the number of beds in REMS facilities to ensure that all persons who require treatment in a specialised psychiatric facility are accommodated in such a facility and not in a prison. To this end, a national standard should be set for the time period, based on medical necessity, within which such persons should be transferred to an appropriate psychiatric setting

It is believed that the most effective action is not only to increase the number of beds but to share with the judiciary and with the territorial psychiatric services the correct modalities of assignment to REMS, also defining the circuits for the exit. In fact, the length of the waiting lists is often determined by the impossibility of discharging the patient due to the absence of alternatives in the area.

Para 119. The CPT recommends that the Italian authorities take steps to end the application of a TSO in relation to forcible medication of a patient within a prison setting.

In the current year, some mandatory intramoenia medical treatments (TSO) were carried out at the remand prison of San Vittore and in Opera prison for sentenced people in Milan.

This situation was determined by the urgency to administering long-acting drugs to new incomers with psychomotor agitation and a high risk of self-harm and hetero-harm. During the medical treatment, all levels of safety and observation by both the medical and custodial staff were guaranteed. The public safety authorities were informed and the duration of the treatment was strictly limited to the time necessary for the drugs administration and the subsequent observation. It is claimed that this approach should be progressively limited, but it is also claimed that in well defined and regulated cases it might be mandatory.

Para 124. The CPT recommends that steps be taken to provide the integrated mental and substance use disorder team with the necessary working conditions

In Lombardy, actions are being taken to increase the staff dedicated to addictions and mental health, also promoting integration through a therapeutic handbook common to all institutions, a common computerized file and an increase in the activities of external staff for the activities of the diurnal centers.

Para 150. The CPT recommends that a gender-specific medical screening in the period following admission should be introduced at every prison accommodating women. Such screening should allow for the detection of vulnerabilities, including a history of sexual abuse and other genderbased violence, self-harming and suicide ideation and mental health concerns, and it should inform any care plan established for the woman to ensure appropriate care and avoid retraumatization.

In Lombardy and in particular at Istituto di Milano San Vittore and Milano Bollate these interventions are regularly carried out, as well as also training interventions regarding pregnancy, parenting and sexual violence are carried out.

In addition, a screening program for breast cancer and papilloma virus infection is organized in favor for women.

Para 162. The CPT recommends that the Italian authorities draw up a clear policy and guidelines for the management of transgender prisoners which guarantees that their specific needs are catered to, in line with the above-mentioned principles. It would also like to receive information on the specific measures being taken at Milan San Vittore and Monza Prisons to improve the care of transgender women. Further, the CPT would like to receive information on the number of transgender persons (male and female) held in Italian prisons. It would also like to be informed whether there are sections within prisons specifically designated for accommodating trans persons and, if so, the arrangements in these prisons regarding accommodation allocation, staffing, regime and treatment.

A special section for transgender inmates has been set up at the Como prison (currently hosting 13 inmates). In the section, appropriate endocrinological, psychological, psychiatric assistance is guaranteed to support the path of gender change and vaccination for monkeypox has recently been performed.

Psychiatric institutions

Para 176. The CPT recommends that the management of Milan Niguarda and Melegnano SPDCs exercise continuous vigilance and remind their staff at regular and frequent intervals that patients should be treated with respect, and that any form of verbal abuse, is not acceptable and will be sanctioned accordingly.

As the CPT notices, the reason for the altercations revolved primarily around the wearing of facemasks and the regulation of the use of mobile phones during COVID state of emergency. .

The maintenance of masks is essential in order not to cause a contagion and has been a serious problem that lasted for more than two years. The users are not very attentive despite repeated reminders and this has worked hard for the staff to comply with the rules.

The pandemic period was very stressing for all, in particular for nurses and nursing assistants really overburdened in Lombardy Region.

Now the situation is normalized and every episode of verbal offences and derogatory comments towards patients by staff of the Psychiatric Wards is currently reported and sanctioned.

Psychiatrists, nurses and nursing assistants are trained regularly on the importance of a good quality relationship with patients. Moreover, training on de-escalation techniques has been carried out on a regular basis to manage episodes of aggression and violence.

Precisely on this issue, in 2023 a residential training course for nursing staff, titled "The observation, understanding, use of ourselves as a relational means with the psychiatric patient", is scheduled in Melegnano Hospital.

Para 183. The CPT recommends that the Italian national and regional healthcare authorities take the necessary steps to ensure that:

- **At Melegnano SPDC, triple occupancy rooms are converted to double – occupancy and the furniture of the rooms replaced and a communal facility equipped with a TV set could be put into service;**
- **At Cinisello SPDC, additional shower facilities be installed, in particular in light of the fact that SPDC's in Italy are invariably for mixed genders**

Further, the CPT recommends that the Italian authorities should ensure that in the design of future constructions and refurbishments of SPDCs, or in the renovation of existing ones, attention be given to the creation of single rooms.

The PNRR (National Recovery and Resilience Plan) has allocated resources for the restructuring of psychiatric facilities and SPDCs and Lombardy Region is proceeding (DGR 6681 18/7/2022 ; DGR 6815 2/8/2022; DGR 6866 2/8/2022)

Several partial refurbishing works have been completed in the wards in the last year, including the creation of new single room for COVID-19 positive clients or other particular situations.

For sure, a radical refurbishment, which needs to be planned as soon as financial resources will be available, will have to envisage additional single rooms.

In Melegnano Hospital renovations related to the furnishings, to single rooms, to the lack of TV and to the unavailability of an outdoor space, are underway on a department that will be completely new by 2023.

Meanwhile, further shower facilities will be installed at Cinisello SPDC.

Para 184. The CPT would like to receive updated information on the implementation of this new psychiatric hospital facility including as regards the intended bed capacity, staffing levels, offer of recreational and therapeutic activities and possibilities for access to an outdoor area.

The current structure in which the SPDC wards are located (Niguarda Hospital - Pavilion 7) is being outgrown. The new projects financed by the Lombardy Region for the Niguarda Hospital foresee the location of the SPDC Units in a pavilion that will be renovated.

The intended accommodation capacity is about 44 beds and 6/8 beds dedicated to young people.

The staff will be of about 60 people: 10 medical psychiatrist and 50 nurses, assistant nurses and mental health rehabilitation therapists.

The executive project will take into account recommendations regarding the need for patient access to outdoor spaces and the possibility to create rooms for single occupancy.

Updated information on the implementation of this new hospital facility will be provided.

Para 188. The CPT recommends that action be taken by the relevant regional authorities to diversify the treatment available to patients in SPDCs, in light of the above remarks.

The art workshop offered to patients in SPDC in Niguarda Hospital is a meaningful pattern for Italy. The rehabilitation activities offered to patients admitted to the psychiatry wards of the Niguarda Hospital have been further increased.

Visits outside the ward for hospitalized patients accompanied by the staff resumed regularly starting from May 2022.

In Cinisello the weekly art workshop was suspended due to the pandemic restrictions. In early June 2022, it has resumed, and has also included the participation of a mental health rehabilitation therapist. In addition, daily newspaper reading groups and free music sessions twice a week were implemented.

Regional authorities recommend taking action and initiatives by hospital general manager in relation of rehabilitative, recreational and therapeutic activities during hospitalisation, also if the Italian mental health system considers hospitalisation in SPDC as an ultima ratio measure and foresees period as short as possible.

Regional authorities recommend the hospital general managers to take initiatives in relation of rehabilitative, recreational and therapeutic activities during hospitalisation. However, it is important to highlight that the Italian mental health system considers hospitalisation in SPDC as an *ultima ratio* (last resort) measure and it foresees period in SPDC as short as possible.

Para 189. The Committee welcomes the approach of the Milan Niguarda DSM in respect of its service of ethno-psychiatry and encourages the Italian authorities to extend this project to other similar metropolitan areas of Italy where there is a strong presence of un-registered foreign nationals.

The service of ethno – psychiatry in Niguarda Hospital, staffed with multidisciplinary specialised team of psychiatrists, nurses, OSS, psychologists, educators and social workers, is a role model for Italy

Lombardy Regione is trying to improve other projects with FAMI (Asylum, Migration and Integration Fund) of Ministry of the Interior.

Para 192. The CPT considers that all patients hospitalised in SPDCs should, health permitting, benefit from unrestricted access to outdoor exercise during the day, unless treatment activities require them to be present on the ward in a reasonably spacious and secure setting, which should also offer shelter from inclement weather.

In light of these precepts the CPT recommends that serious reflection be given to the need for designing properly equipped outdoor facilities in all SPDCs and allowing the use of the existing ones, such as at Rome San Camillo SPDC, under proper staff supervision.

Further, measures should be taken to increase access to fresh air for patients hospitalised at all SPDCs and, in particular, resume the practice of accompanying patients to outdoor facilities at Milan Niguarda SPDC. Finally, the CPT recommends that the Italian authorities ensure that, in the design of future of SPDCs, or in the renovation of existing ones, attention be given to the creation of adequate and suitably equipped outdoor facilities for patients.

The lack of outdoor space and limited access to fresh air for patients is often related to structural problems.

The architectural barriers present in the facilities sometimes do not allow an effective solution to the problem.

Exit permits from the ward when the clinical conditions allow it and short average length of hospitalisation in SPDC partly mitigate these issues.

Regarding Niguarda Hospital – Pavilion 7, is undoubtedly outdated.

Lombardy Region has recently financed a new project that includes the location of the SPDC Units in a pavilion that will undergo full renovation. This executive project will follow the observations made regarding the need for patient access to outdoor spaces.

Cinisello Hospital has structural problems.

In any case, after the partial withdrawal of pandemic restrictions in terms of social distancing, from early June 2022 onwards, in the Hospital the accompanied walks garden have been resumed.

Melegnano Hospital foresees the activation of open spaces and equipped outdoor facilities for patients to take advantage of. Visits outside the ward for hospitalized patients accompanied by the staff have been resumed regularly from May 2022.

Para 195. The CPT would like to be informed by the Lombardy Regional healthcare authorities about the outcome of the ongoing competitions in respect of the vacant posts at Melegnano and Cinisello SPDCs.

Further, at Cinisello Balsamo SPDC, the management of the DSM experienced difficulties in attracting candidates for the three vacant nursing posts.

Recruiting Psychiatrists and nurses is at the moment very difficult.

Lombardy Regional Authorities has just sent to all general managers in the Region instructions for sharing the lists of successful candidates to facilitate recruitment and to organize regional competition (prot 51096 del 1/12/2022).

The ASST Nord Milano (Cinisello) is continuing recruiting procedures for nursing staff that have been advertised for the entire Trust in the last few months.

The ASST Melegnano and Martesana during 2022 has announced three competitions for psychiatrists and one is currently underway.

Para 208. The CPT would like to receive information from the regional healthcare authorities of Lombardy about the protocol of chemical restraint of patients in place at Melegnano, including the precise monitoring and supervision of the measure as well as the statistics on its application in respect of patients with a mental disorder admitted to the emergency unit

The SPDC of Melegnano belongs to a network of SPDC where the policy of no restraint is carried out with the aim of limiting mechanical disputes by favoring the application of other measures such as deescalation.

At the Melegnano SPDC there was a significantly lower use of containment measures compared to the other neighbouring SPDCs: it is due to the application of deescalation techniques and the use of a containment risk card. The use of sedative therapies is reported in states of severe agitation when the patient is at the hospital PS (emergency room).

Precisely on this issue in 2023 a PDTA (Diagnostic Therapeutic Care Path) will be carried out with the update of all the procedures and protocols of psychopharmacological use in cases of psychomotor agitation. It will also include precise monitoring and supervision of the measures, of the statistics of its application with respect to patients with mental disorders presenting in first aid.

Para 209. The Committee recommends that the practice of inviting a patrol of *Carabinieri* to the SPDC for the purpose of calming down agitated patients be reconsidered and subject to the adoption of a protocol of cooperation between the DSM and the competent law enforcement agencies. The protocol in question should, *inter alia* regulate the accurate recording in the relevant logbooks and exceptional circumstances of such interventions.

Welfare Department is working jointly with Security Department: a protocol will be drawn up in 2023.

Regional Authorities recommend the adoption of local protocols of cooperation between the Hospital and the police forces.

They also recommend the recording of these interventions in the nurses' diary and on the medical card, pointing out the exceptional nature of the circumstances of this intervention, an event that already happens.

Para 211. The CPT recommends that the Italian authorities, in the context of their efforts towards the progressive reduction in the resort to mechanical restraint of patients with a mental disorder, adopt uniform mandatory guidelines at national level considering the above-mentioned precepts. Attention should be given to the exploration of viable alternatives to restraint, clarification of the applicable legal safeguards in terms of judicial supervision and the maximum duration of the measure, and a more stringent interpretation of Article 54 of the Criminal Code.

Further, the CPT reiterates its recommendation that, whenever mechanical restraint is imposed in respect of a voluntary hospitalised patient, the procedure in view of the imposition of a TSO be initiated accordingly. This should guarantee the necessary legal safeguards foreseen by Law No. 833 of 1978 and also the judicial supervision of the measure which is, *inter alia*, required by Article 13 of the Constitution.

The commitment of regional authorities is undoubtedly to reduce the application of mechanical restraints on patients and the regional guidelines include the use of a digital registry to monitor the use and duration of them (*Delibera di Giunta Regione Lombardia N° X/7600*, dated 20/12/2017).

It should be clarified that physical restraint is not to be related to the state of the patient in TSO (*Trattamento Sanitario Obbligatorio*), but to the state of incremental risk and the need to avoid any possible danger from occurring. Hence, the legal notion of "state of necessity" is the only real discriminating factor for applying a temporary and partial reduction of the physical freedom of an otherwise dangerous person. This situation is imposed by circumstances that have evidently made failed (for various reasons) all the relationship and environmental techniques suggested by the shared indications.

Numerous training courses have been administered to health workers on this matter.

During physical restraint each subject is followed with particular attention: the utmost respect for the person and his needs, not only material but also relational, is guaranteed. This is to allow recovery both from a physical and a relational point of view, thus overcoming the conditions for physical restriction.

Legal guarantees are respected throughout the whole process.

The Italian legislation established rules of TSO (*Trattamento Sanitario Obbligatorio*) with Law No.180/1980. This law was transposed into the Health Reform Law No.833, in the same year. The aforementioned establishes in article 34 that the treatments provided under TSO “can be supplied in hospital only in the presence of particular conditions: first of all in case of physic alterations such as to require urgent therapeutic interventions, secondly when the patient refuses these interventions and thirdly in case there aren’t conditions and circumstances which allow to opt for well-timed and suitable non-hospital care solutions”. TSO has various levels of approval and for this reason it is not an immediate solution.

The mechanical restraint is applied only as an exceptional and extraordinary timely action to take care of the individual and the context: if the risk of incremental state persists, then TSO procedure should be evaluated.

In 2021 the individuals who had at least one contact with Psychiatric institutions were 141.075 of which only about 11,000 were hospitalized. This number remained almost steady all over the year examined (with variations +/- 2%).

Hospitalisation is used as a measure of “last resort”, only when the work of community mental health is not possible.

The following chart shows the collected data about the restraints during 2018-2021

YEAR	NUMBER PATIENTS RESTRAINED	NUMBER RESTRAINTS	PATIENTS RESTRAINED VS HOSPITALIZED PATIENTS	AVERAGE RESTRAINTS/ PATIENTS RESTRAINED
2018	1156	2557	8%	2,2
2019	997	2395	7%	2,4
2020	930	2246	8%	2,4
2021	914	2406	8%	2,6

Para 215. The CPT calls upon the Italian authorities to act (including at the legislative level) to ensure that, in the context of an initial TSO procedure, and in relation to any prolongation of the order:

- **patients are promptly informed of their legal status (including the cessation of the TSO or its renewal), fundamental rights and avenues to lodge complaints in accordance with the provisions of Law No. 833 of 1978;**

- patients are, as a rule, heard in person by the competent guardianship judge, preferably on the hospital premises;
- medical files of patients contain the complete documentation concerning the procedure of the imposition of a TSO (namely, initial medical requests, co-validation of the second doctor, placement order of the Mayor, co-validation of the guardianship judge);
- a dedicated register of the imposition of TSOs initiated in a hospital setting be created and kept at the level of each SPDC at national level.

Further, the CPT would like to receive information on the state of the adoption of the Draft Law No. 2850 of May 2017 (“Ddl Dirindin”). (Raccomandazione per Ministero)

Para 216. The CPT recommends that an information brochure, available in an appropriate range of languages, setting out the facility’s routine and patients’ rights – including information on legal assistance, review of placement (and the patient’s right to challenge this), consent to treatment and complaints procedures – be drawn up and issued to all patients upon admission, as well as to their families. Patients unable to understand this brochure should receive appropriate assistance and its format should be adapted to such a vulnerable category of patients. Further efforts should be made to provide information to foreign patients on their treatment and situation in a language which they can understand.

Regional Authorities recommend a “Charter of users' rights” together with an “Information brochure” to be delivered to patients and families at the time of admission.

These documents will be translated and made available in a variety of languages.

Following the observations of the CPT delegation, the Niguarda Hospital's Department of Mental Health and Addiction will produce a charter of users' rights which will be formalised, together with an information brochure, to be delivered to patients and families on hospital admission.

For Prisons, Region has particular indications (DGR XI/3953/20 “*Linee Guida Regionali in merito alla Carta dei Servizi Sanitari a favore della popolazione ristretta negli Istituti Penitenziari della Lombardia*”).

Para 218. The CPT refers to its remarks and recommendations outlined in paragraphs 116 to 118 concerning the prompt transfer of patients with a mental disorder subject to the security measure of REMS placement. Further, in light of the limited treatment available in the SPDC, the CPT recommends that steps be taken to transfer these patients rapidly to a REMS and that in the meantime they be offered access to outdoor exercise on a daily basis.

When the CPT visited Lombardy there were no patients in SPDC waiting to be transferred to REMS. However, it is possible that it will occur and the projects to strengthen the Department of Mental Health are considering these situations.

Para 219. The CPT recommends that the Italian and Lazio regional authorities take steps to transfer this patient to an adequate protected residential care facility, where an individual therapeutic programme of assistance and rehabilitation be devised for his specific needs and psychiatric diagnosis. (Raccomandazione per Ministero e Regione Lazio)

Para 221. The CPT recommends that the secure zone of Milan Niguarda SPDC be equipped with TV sets and that the patients placed therein be offered reading material, board games and specific occupational activities from trained staff.

During the Covid-19 outbreak, national and regional indications (Circular of Ministry of Health dated 23/04/2020) provided the admission in SPDC for subjects suffering from acute psychiatric disorder and asymptomatic or paucisymptomatic Sars-Cov2 infection, in isolated areas that avoid contact with other patients. During the hospitalization of these patients, the appropriate clinical activities were guaranteed; the contacts of patients with caregivers were organized through phone calls with dedicated "device"; and relational and resocializing activities were guaranteed, through dedicated

staff. Resocializing and rehabilitation activities will be implemented specifically for patients admitted to the isolated area.

The situation in 2020 in Lombardy was very hard and Niguarda Hospital was an example for the whole Region.

Now fortunately all is very different and normalized.

Para 222. The CPT recommends that, in light of the gradual and progressive relaxation of Covid-19 related restrictions, the visiting arrangements at SPDCs be reviewed to permit access for visitors wearing the appropriate protection to communal premises of the facility on a daily basis.

Visits by family members, relatives and friends to patients admitted to SPDCs have resumed and they will be kept in line with the national and regional indications related to the pandemic emergency

Socio-Health Homes (RSAs)

Para 243. The CPT recommends that the Italian authorities adopt urgent measures to reduce the restrictions in force on visits, access to the outdoors, therapeutic and community activities in all nursing homes nationwide, and with particular reference to the Lombardy Region. In particular, the Ministry of Health in the implementation of Circular no. 0012458 of 10 June 2022 should pay particular attention so that the exceptional clause which allows the Directors of the RSA to adopt more stringent measures in particular epidemiological circumstances is not interpreted and applied in such a way as to introduce restrictions of an indefinite and disproportionate nature.

The Lombardy Region has supported the managers, through Health Protection Agencies, with continuous updates of the procedures for the prevention and containment of infections.

The national and regional provisions were accompanied by "auditing" activities to verify the correct application of the procedures implemented by all the structures and, in particular, by the RSAs. In addition to the drafting of the post-emergency protocol attached to the DGR 6387 dated 05/16/22, the RSAs were invited, with meetings and inspections, to observe the progressive reactivation of visits by relatives and to draw up the co-responsibility agreement with the residents' family members who asked to spend a few days with them. The adoption of the most restrictive measures for visits by relatives was limited to the cases of outbreaks of infection. However, limitedly to the most critical residents, it has always been recommended to allow visits using the necessary precautions (spacing, use of masks, checking the vaccination status of visitors, residents and operators). The intervention of the Supervisory Authority of Regional Health Agency (ATS) was requested for the structures in which disproportionate restrictions were reported, to recall that, in the absence of valid reasons, the free opening of visits is an accreditation requirement that must be respected. The audits, supervisory checks and control of positive Covid-19 cases by the ATS allowed to overcome the uneven application of the reopening of visits. The continuous updating of the procedures on the basis of the pandemic trend has guided the elaboration of the management organizational plans, with the resident's isolation in a single room or in a cohort, methodologies aimed at preserving the access by family members, providers, scheduled exits of residents and the appropriate delivery of health services and assistance. Intense and continuous support was provided for the vaccination of the residents, which made it possible to manage well infected people.

The support to the structures for the preparation of the local pandemic plan in each RSA was also important, in line with the provisions of the national and regional pandemic plan. For what concerns health and social care structures and, in particular, nursing homes, detailed diagrams and self-control checklists have been provided for the safe management of infections. One of the activities of the pandemic plan concerns the reopening of visits by relatives and the gradual return to socialization activities, limited during the pandemic emergency phase. The procedures and the rigor in putting them into practice have made it possible to limit hospital admissions and to safeguard patients life

and well-being. The current transition phase is managed with the full vaccination coverage, by monitoring the positive subjects that do not present relevant clinical symptoms.

Para 247. The CPT recommends that the Istituto Palazzolo and the Pio Albergo Trivulzio RSA take steps to allow the booking of double-occupancy rooms, which can be personally furnished and equipped with more domestic furniture. Furthermore, the Committee believes that, in principle, each room should have its own internal sanitary facility equipped with a toilet, sink and shower. Furthermore, efforts should be invested in the Palazzolo Institute to ensure a better decoration of the common facilities.

The regional regulation for RSA accredited is contained in DGR 7435/2001 which provides that RSA are equipped with rooms with one or at most two beds, that have bathroom with direct access, assisted shower and elimination of architectural barriers. In addition to the bathroom, it is expected that each room has an assisted bathroom for a nucleus of 20 beds, to facilitate better and complete personal hygiene. The furnishings of the RSA must guarantee adequate comfort and safety. In all newly built nursing homes, both in the rooms and in the multifunctional halls, telecommunications, telephone and even tablet systems are ensured, to encourage socialization and communications.

The customization of the room is favored, and it is common that the patient personally decorates and equips with more domestic furniture his/her single room. In case of twin-bedded rooms, the customization must consider the roommate preferences and the size of the room. The objects must not stumble, block or limit wheelchair maneuvers or movements.

The RSA built before 2021, such as the Pio Albergo Trivulzio and the Palazzolo Institute, are not always equipped with all the structural comforts. The entertainment, educational and occupational activities can anyway guarantee a comfort zone, by favoring the integration. Even if the structures accredited before 2021 maintain the structural derogations prior to DGR 7435/21, regional legislation provides that the requirements set out in the aforementioned DGR 7435/01 are respected as the accreditation changes. In the 2023 as for control plans rules, the Region will require supervisory activities aimed at the structural aspects and the control of residents well-being, in particular by addressing the older structures and by limiting the residents number to 120.

The CPT recommends that RSAs install flexible privacy screens in the occupancy multiple of rooms for the time during which residents receive care-related services.

The placement of the suggested mobile screens, such as other elements to guarantee the residents privacy, will be included in the 2023 control plan.

Para 253. The CPT recommends that the relevant regional standards of minute assistance (minutes) be reviewed by the Lombardy regional authorities to allow for a greater presence of nursing staff during night shifts. Furthermore, if restrictions on volunteers and family members visiting nursing homes are not eased, urgent steps should be taken to strengthen OSS staffing during the day to relieve pressure on existing staff, particularly during meals and for performance of personal hygiene tasks.

The regional average exceeds 1000 minutes/guest/weekly, even if the weekly minimum accreditation time per guest is 901 minutes/guest/week. Indeed, the managers are aware of the need to guarantee assistance to the residents, that are getting more and more fragile in recent years. The real problem is the lack of personnel; in this perspective, Lombardy Region is recognizing the qualifications of foreign personnel, to speed up the bureaucratic processes, to overcome the shortage of nursing personnel and OSS. The caring time is guaranteed in all authorized and accredited nursing homes. The possibility of targeted checks on playing time and the presence of night nurses could be considered, with particular attention to structures that have more than 120 beds. For particularly large RSAs, the possibility of requesting more than one nurse during the night hours could be evaluated.

In the current period, volunteer staff and family members have unrestricted access to RSAs and the legislation in force provides that qualified volunteers can participate in playing time up to 50%. In

any case, both volunteers and family members are required to comply with regulations and procedures, especially regarding support to the residents' nutrition and personal hygiene. In any case, they must be trained and cannot replace qualified personnel who must in any case be present.

The CPT would like to receive comments from the Lombardy Region on how to deal with the high turnover of agency staff and whether the proposal to increase the staff directly hired by the RSA represents a solution.

The problem of staff turnover has been amplified by the pandemics, to replace infected staff and as a consequence to the transfer to facilities that opened calls for proposals.

The Region faces the problem of turnover by providing strategies that the manager must implement to limit it (for example rewarding, loyalty, attention to workplace well-being, compliance with contracts...).

The CPT recommends that the Lombardy Region ensure a rapid recovery of the use and functioning of the common physiotherapy gyms at both nursing homes, allowing access to the resident population in safe conditions and permitting more complex physiotherapy interventions.

All RSAs are equipped with a core gymnasium and a structural gymnasium. The rehabilitation services granted are for the maintenance of residual capacities and the stabilization of post-acute events and envisaged in the Individual Assistance Plans (in Italian, PAI), on the basis of the evaluation of individual residents. The resumption of the use of gyms and physiotherapy activities, already observed in recent months, will be subject also in 2023 to control rules-

The CPT recommends that the Italian authorities at the level of the Ministry of Health and the National Agency for Regional Health Services (AGENAS) take the necessary steps to regulate the use of means of restraint in an RSA context in the light of the aforementioned precepts.

The limitation of the restraint measures and an assiduous control in the cases in which they are prescribed represent a regional objective verified with indicators, methodologies, timing, definition of roles and responsibilities, in the context of Risk Management. The supervisory activities Regional Health Agency (in Italian, ATS) are aimed at the objective of achieving "Contention-free RSA", with training, support and control activities.

The CPT suggests that the guardianship judges of the competent territorial court regularly visit the residents of the RSAs in respect of whom support administrators have been appointed.

The guardianship judge can appoint a delegate to this function who provides reports on cases, in particular on complex ones and those with disputes, with a view to optimizing resources and workloads, with an orientation towards problem solving. The suggestion that the guardianship judges ask the appointed support administrators to visit the residents of the RSA for which they have been appointed could be implemented through the realization of targeted meetings or training events in collaboration with the Courts, on the subject of the support administration.

Para 272. The Committee welcomes the operation of the "open RSA" and wishes to receive information on the general deinstitutionalisation efforts undertaken by the Lombardy Regions and more generally by the Italian Authorities in the context of the implementation of the Framework 2021 Disability Law.

The "RSA aperta" is a service that actively involves the social and health system for the elderly, investing in the network of RSA, which manages a process of taking charge of the elderly person (in particular with dementia, with cognitive deficits and in any case not self-sufficient ones) to favor their maintenance at home, also through interventions at home or in the residential facility.

This service favors delay or avoids institutionalization by guaranteeing support to the family caregiver at the home of the elderly and may postpone the moment of hospitalization.

The taking charge model is bidirectional: the person hospitalized in nursing home who returns at home can activate the RSA Aperta, in synergy with the ADI, or the social health interventions, which allow the safe return and stay at home.

In addition, the Committee would like to receive information on progress towards the adoption of legislation implementing the Disability Framework Law and in particular on the working group on anti-segregation issues.

The national law *Dopo di Noi* (Law No.112/2016) has launched paths and projects dedicated to people with severe disabilities dedicated to housing. Therefore, light residential courses have been developed in apartments that can accommodate two to five people.

In line with the UN Convention on the Rights of Persons with Disabilities, this Region has also provided the-access to this measure to people "*already placed in residential structures for whom there is a need to re-evaluate the living conditions (path of deinstitutionalization)*".

In addition, with Decree No.15781, dated 04/11/2022, "Constitution of the inter-directional technical table on *Disability area territorial offer network*, in implementation of the evolutionary guidelines referred to in Regional Decree XI/6387, dated 16/05/2022" an interdirectional technical table was created to deal with the issue of disability which has among its tasks:

- defining the support paths for people with disabilities placing the implementation of Life Projects as a central element and enhancing, within the various phases of the life cycle, the resources that make up the entire chain of services/interventions in the perspective of the budget model of health and in line with the needs, expectations and resources of the person with disability and his or her family.
- Formulate for the two relevant Directorates General, a proposal for the remodeling of the network of social,-healthcare and social supply units in the disability area, pursuing a logic of integration, modularity and continuity of pathways.

(Source: Ministry for Disabilities)

The **working group on anti-segregation issues** of the **National Observatory on the condition of persons with disabilities** focused its attention on the risk of segregation of persons with disabilities in residential services as way of responding to the housing needs of persons with disabilities who need strong support, while lacking family support. The group pointed at the absence of a real choice on whether to access a residential service or to have the same resources available to access other forms of housing support. Also, the group pointed out that the risk of segregation in residential services grows when adequate forms of protection and guarantees are not envisaged and activated which include but go beyond the controls on the adequacy of the standards of health care and assistance and verify the substantial respect of all human rights and the intrinsic dignity of people with disabilities who live in these structures.

The group formulated proposals and recommendations for the next two-year program concerning the phase of access to residential services, the management of residential services, structural aspects and finally stronger protections and guarantees.

Currently, a legislative **reform of the discipline of disabilities** is underway, in implementation of the framework law of 22 December 2021, n. 227. The reform, covering various aspects, aims for a **change of mindset and perspective**, by adopting a new approach to the assessment of disability and related social protection, placing the person at the centre, with its potential, aspirations and projects, in accordance with the Convention of the United Nations on the Rights of Persons with Disabilities (UNCRPD) and its Optional Protocol, and with the EU Strategy on the Rights of Persons with Disabilities 2021-2030.

The reform's **implementing decrees** are currently being drafted.

One decree will deal with establishing the **Guarantor of the rights of persons with disabilities**. It will be an independent guarantee body with incisive competences related, *inter alia*, to countering the discrimination suffered by people with disabilities and to supervising that their rights are respected. The Guarantor will collect reports, carry out controls, request information and recommend reasonable accommodations suitable for overcoming the critical issues encountered.

Another decree will set up an institutional roundtable to **determine the essential levels of social benefits (ELSB) in favor of people with disabilities**. We will then proceed with the recognition of social benefits and the preparation of guidelines aimed at identifying ELSB in favor of people with disabilities.

A third decree will concern the **overhaul of public services for inclusion and accessibility**. The main innovations will include the identification, within each administration, of a manager in charge of the strategic planning of the full physical and digital accessibility, with great attention for the participation of civil society organisations.

Lastly, two further decrees will address, respectively:

- the **assessment of the condition of disability and the revision of its basic evaluation processes**;
- the **multidimensional assessment** of disability and the designing of **an individual, personalized and participatory life plan**.

These are the most relevant provisions to bring about a change of perspective in the discipline of disabilities.

The first one will streamline and unify procedures for ascertaining the various conditions of civil invalidity, deafness, civil blindness, deafblindness, and those provided for by law no. 104 of 1992. The procedure for recognizing the condition of disability must be unified and centered on the person.

The second decree will deal with the drafting of the **life plan** whereby the various interventions in support of the person with disabilities must find precise definition and coordination, including those already guaranteed by specific sector regulations. Among its main objectives, this decree will also aim to allow, once the life plan has been drafted, its immediate implementation through the so-called "project budget", based on the qualitative and quantitative definition of the human, professional, economic, instrumental resources and technologies, which can be activated with informal services or support, also enhancing the contribution and activity carried out in shared administration with the Third Sector.

The issuing of the said decrees is linked to a specific *milestone* within the NRRP, instrumental to the implementation of Mission 5, Component 2, Reform 1.1 (Framework law on disabilities).

The NRRP itself clarifies that the reform will have to fully implement, in the Italian legal system, the principles of the UN Convention on the Rights of Persons with Disabilities.

The principles enshrined in the UN Convention will therefore form the basis of the forthcoming decrees. The revision of the assessment procedures, the life project, the multidimensional assessment will be the tools to implement the general principles of autonomy, self-determination and, therefore, independence of people with disabilities. With the establishment of the Guarantor, the implementation of the principle of non-discrimination will also be monitored, with particular attention to the problem of multiple and inter-sectoral discrimination which, unfortunately, still too frequently affect minors and women with disabilities.

(Source: Lombardy Region)

The CPT would like to be informed on the development and concrete application of the specific checklist on the monitoring of RSA recently developed by the National Agency for Regional Health Services (AGENAS)

In order to ensure the effectiveness and correct application of the measures contained in the Ordinance of the Minister of Health of 8 May 2021, the Minister of Health, in agreement with the President of the Conference of Regions and Autonomous Provinces, in July 2021, established a working group

made up of representatives from Agenas, the General Directorate of Prevention of the Ministry of Health and by the representatives of ten Regions/Autonomous Provinces (PAs), indicated by the Conference of Regions and PAs, including Lombardy.

The Working Group started the activities on 8 July 2021, discussing the possible ways in which to carry out the monitoring of the measures under the document attached to the Ordinance of the Minister of Health. Two solutions have been identified: The first one is to be promptly implemented through the collection of regional semi-structured reports by the Regions and Autonomous Provinces; the second one is to be implemented subsequently through a regional monitoring system, with an online questionnaire, to be on the platform prepared by the AGENAS ICT office (<https://www.agenas.gov.it/sistema-monitoraggio-regionale-rsa>). The Lombardy Region had administered the relevant questionnaire, through the ATS, to the structures gradually involved at the national level. The answers to the 20 questions that make up the questionnaire, aimed at detecting compliance by the structures with the main indications provided in the Ordinance of the Minister of Health of 8 May 2021, are to be considered satisfactory.

The first "round" of online regional monitoring took place between 18 October and 3 November 2021 and concerned residential facilities for not self-sufficient elderly people/RSA (Art.30 of the *DPCM* of 12 January 2017) and residential facilities for people with disabilities (Art.34 of the Decree of the President of the Ministers' Council of 12 January 2017), considered by the Working Group to be the most numerous and exposed to critical issues relating to safe access and exit, in which **633** Lombard residential facilities were involved.

The second "round" of online regional monitoring was implemented from 15 January to 3 February 2022 and concerned the same structures already evaluated in the previous round to which the structures with a high health commitment were added (Art. 29 of *DPCM* dated 12 January 2017), in which **748** Lombard residential structures participated.

The third "round" of online regional monitoring was carried out from 1 May 2022 to 22 May 2022 and involved the same structures already evaluated in the previous round to which were added the residential structures for children with neuropsychiatric disorders and of neurodevelopment (Art. 32 of *DPCM* dated January 12, 2017), for people with mental disorders (Art. 33 of *DPCM* dated January 12, 2017) and for people with pathological addictions (Art. 35 of *DPCM* dated January 12, 2017), in which **1,024** Lombard residential facilities participated.

The fourth "round" of online regional monitoring was carried out from 1 to 15 October 2022 (deadline extended to 30 October 2022) and involved the same structures already evaluated in the previous round. Rehabilitation and long-term care structures for post-acute care, according to Art. 44 of the Decree of President of Ministers' Council of 12 January 2017, were added. Accordingly, **1,245** Lombard residential structures were involved.

Conclusion

Italian Authorities take this opportunity to reiterate their firm willingness to fully cooperate with the CoE-CPT Committee.

ANNEX 1

TRAINING ON THE PROHIBITION OF TORTURE

1. Human rights.

a. As part of the basic training courses for access to the various roles, the Human Rights module is planned (with degrees of in-depth analysis diversified according to the type of learners), which uses a special training manual, prepared by the Carabinieri, jointly with the high school of *S. Anna di Pisa*. The volume contains, among other things, the most significant judgments of the ECtHR relating to the work of law enforcement agencies, case studies to be examined and practical guidelines to be followed in the execution of the main institutional activities. During the lessons, learners are made aware of respect for human rights during the performance of the service (use of force, arrest and custody of detained/arrested, etc.). In this context, the "Prohibition of torture" and the related crime introduced by Law No. 110/2017 are specifically treated.

b. As part of the subsequent training, among the various educational initiatives focused on the protection of human rights, it should be noted, in particular, that since 2016, at the CoESPU (Center of Excellence for Stability Police Units) in Vicenza and with the contribution of prestigious Italian universities (LUISS in Rome, University of Turin and S. Anna Superior Institute in Pisa), an in-depth teaching module on Human Rights Law and International Humanitarian Law has been carried out to provide participants the notions necessary to operate in compliance with international law, both in contexts of armed conflict and in the context of international peacekeeping missions. In addition, training activities are carried out for personnel to be employed in peace missions, through courses that also include focus on human rights, protection from gender-based violence, prevention of sexual crimes and protection of children. The educational activities planned at the aforementioned Center of Excellence have made it possible to train, since 2005, over 10,000 people, from 98 countries around the world, many of whom are from the African continent.

2. Courses on Reconditioning concerning Operational Intervention Techniques (acronym in Italian, T.I.O.).

a. In favor of service personnel (subsequent training) at units of the Territorial Organization, each Corps Command periodically organizes reconditioning courses on Operational Intervention Techniques, lasting 4 days, within which a module is planned on "*interventions against subjects in a state of psychophysical agitation resulting from pathologies or caused by alcohol and / or drug abuse*" and another on "*Control of suspicious persons*" (detention and control of cars and / or people, search techniques, immobilization techniques and application of handcuffs, progressive use of force), by soldiers who attended the specific training course for trainers, negotiator staff and psychological and medical officers (these courses replaced those introduced in 2014 to provide staff with the skills to carry out interventions against subjects in a state of psychophysical agitation resulting from pathologies or caused by alcohol and / or drug abuse, receiving the contents and integrating them with other practical activities of first intervention and shooting training).

b. Similar practical lessons are carried out as part of the **basic training courses** for Officers, Marshals and Carabinieri.

3. Self-defence and disarmament techniques.

a. The teachings of self-defense and disarmament techniques are provided in the training courses:

- **basic**, with different levels of depth, at the Officers School (*40 periods at the application and improvement courses for U. RN; 44 periods at the training courses for U. RT and training for*

U. RF), Marshals School (90 periods at the three-year course for Marshals), Carabinieri Schools (79 periods at the training course for effective Carabinieri);

- **subsequent**, as part of the maintenance activities of the Mobile Line Units and API/SOS assets.

b. In order for every soldier to acquire and maintain adequate physical qualities that, together with professional knowledge, allow to improve the safety standards and levels of operational efficiency necessary to perform the peculiar tasks entrusted to the Institution, already starting from the A.Y. 2015/2016 the programs of gymnastic-sports activities have been remodeled, also increasing the training periods. With the contribution of qualified professional of the Carabinieri Sports Center (which also performs the duties of federal technician for the Italian Judo Wrestling Karate Martial Arts Federation) the "Personal Defense" programs have been updated, while those of physical education have also been based on the acquisition of a preparatory preparation for learning defense techniques in hand-to-hand combat, of disarmament and immobilization, so as to put personnel in a position to face the different operational situations with greater safety and mastery.

c. In order to harmonize the teaching of self-defense, in line with the standardization of operating procedures already codified, in 2021 it was:

- created a "Personal Defense Manual integrated with the techniques of operational intervention of the Carabinieri" accompanied by illustrative photos and video tutorials, developed by a Working Group composed of specialized personnel of the Sports Center, the Training Organization and the 2[^] Mobile Brigade. The text, which has been adopted as a reference for the teaching of discipline in **basic training courses**, postulates the gradual use of force with the aid of the devices supplied and implies coordination between operators who, acting in synergy, can safely carry out a resolving intervention proportionate to the operational situation.
- arranged for refresher courses for training instructors on personal defense and disarmament techniques, territorial and mobile organizations, employed in training at the Education departments, in T.I.O courses and in SOS maintenance activities.

4. Memorandum of understanding with the National Guarantor of the rights of people deprived of personal liberty.

a. **Basic training.** Following the signing, in 2018, of a memorandum of understanding between the Carabinieri and the aforementioned body, from the academic year 2018/2019, compatibly with the limitations imposed by the health emergency, seminars were held at the training institutes aimed at encouraging moments of reflection and in-depth analysis on the issues of competence of the Guarantor (deprivation of liberty in criminal matters, arrest and detention procedures and procedures for carrying out visits by the Guarantor to places of custody of detainees).

b. **Subsequent training.** Since 2021, together with the Guarantor's Office, 23 meetings have been organized in favor of the Commanders of the Units of the Territorial Organization (*Compagnia dei Carabinieri*, NORM, selected Station Commanders), aimed at increasing the sensitivity of personnel on the duties and responsibilities connected with the custody of persons deprived of personal liberty, for the subsequent "cascade" training of employees.

c. The memorandum of understanding was renewed last March for a further three years.

5. *Vademecum* on the treatment of people deprived of personal liberty.

In order to increase in each Carabinieri serviceman, the awareness of their duties in the execution of the measures of limitation of personal freedom and in the custody of persons restricted in the security rooms, implemented in full compliance with the principles established in the Constitution of the Italian Republic and in accordance with provisions of international conventions, the Carabinieri Corps has drawn up a *vademecum*, subject to specific consideration in favor of all personnel by the respective Commanders and which has been published on the intranet portal for consultation.