

## NATIONAL PREVENTIVE MECHANISM VISIT TO IG PRISON

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*Disclaimer: The following report contains only main findings regarding the visit. It was produced on the basis of the original report on the visit of the National Preventive Mechanism and the response of the authorities to it. It is intended for publishing purposes on the official Human Rights Ombudsman of the Republic of Slovenia webpage.*

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The Human Rights Ombudsman of the Republic of Slovenia (hereinafter: Ombudsman), together with a representative of the contractual non-government organisation Legal Information Centre for NGOs, on the basis of tasks and authorisations of the National Preventive Mechanism (hereinafter: NPM) in accordance with the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, without a prior notice, visited Ig Prison on 15 December 2009. The visiting team included a physician specialist in psychiatry, who cooperates with the Ombudsman on a contractual basis as an external expert (hereinafter: Expert). The NPM had carried out the previous visit to Ig Prison on 23 June 2008.

During the visit, a discussion was held with the manager of Ig Prison, who manages the Prison in accordance with powers vested in him by the director (hereinafter: head) and with the head of the education unit; living units were also inspected and discussions held with all prisoners who wished to have a discussion at that time. NPM produced a report on the visit performed and submitted it to the Head Office of the Prison Administration of the Republic of Slovenia (hereinafter: Office) with a proposal to examine it, adopt a position on the findings and inform us thereof.

Ig Prison houses females serving a prison sentence (also minors sentenced to serve in juvenile prisons; however, there were no such inmates in the Prison at the time of our visit), female detainees and female prisoners serving a sentence of compliance detention under violation proceedings. The official capacity has not changed since the last visit: the Prison can accommodate 83 persons, of which 15 in detention, six serving a sentence of compliance detention and 62 convicts. At the time of our visit, there were 50 prisoners in Ig Prison. There were 38 female convicts (of which 14 in the closed regime, 15 in the semi-open, eight prisoners serving a sentence of imprisonment in an open regime and one person housed in the reception department), there were 11 detainees and one person serving compliance detention.

Unlike many other prisons in Slovenia, Ig Prison is not overcrowded. In spite of that, the accommodation conditions for prisoners are rather difficult, since the Prison is located in an old castle. The accommodation conditions have improved to a certain extent since the last NPM visit, because one of the larger group living quarters has been rearranged into five smaller living units with two beds, as NPM had proposed at the time of the previous visit, as well as the Ombudsman before that. Individual regimes of serving prison sentence are still not fully separated in terms of space; so dormitories on the first floor accommodated convicts in both semi-open and open regimes. According to the Office's explanations, the non-

functional character of the building prevents the full separation of convicts with regard to the regime of serving their prison sentence.

The first floor thus generally accommodates convicts with a freer regime of serving the prison sentence and more freedom of movement within the Prison, and who are also granted some advantages outside the Prison. The second floor accommodates convicts under a closed regime of serving the prison sentence and convicts under a semi-open regime not yet granted advantages outside the Prison. Such an arrangement allows convicts a gradual transition from the closed to the semi-open or open regime of serving the prison sentence. According to the Office, Ig Prison plans a gradual rearrangement of rooms with multiple beds to single and double rooms and the separation of closed, semi-open and open departments within the Prison as a part of activities intended to improve the housing conditions of prisoners.

Since the rearranged facilities were not yet numbered, NPM proposed the deficiency to be made good. The Office explained that the procedure of purchase of signs and numbers was under way. At the time of our visit, these rooms were still furnished with old furniture, but it was explained that new furniture had recently been purchased, so the replacement would take place soon. In its response report, the Office confirmed that the furniture had been replaced within a few days of our visit.

Living quarters are still unlocked in all departments, with only corridors being locked during the night. Although NPM welcomes such an arrangement, we drew attention that one of the convicts serving her sentence in the semi-open department had said that she had had a conflict with another convict from the same department and was worried that the latter might come to her living quarters during the night and threaten her. We therefore proposed that Ig Prison should examine the possibility that convicts wishing to do so could lock their living quarters in a way that still allowed judiciary police officers access to all living quarters when necessary. As regards the concrete case, the Office explained that Ig Prison takes appropriate measures upon any warning by convicts that they feel threatened in any way or whenever the staff notice any cases of conflict. The convict was thus offered the possibility of being placed in a room that could be locked by the convict; the room is equipped with an intercom connected with the porter's lodge of the Prison and has a toilet and shower. Although the convict did not agree to the transfer, she was nevertheless transferred to the aforementioned living quarters in order to ensure safety. In addition, Ig Prison said that it was examining our proposal regarding the possibility of locking rooms while still allowing access of judiciary police officers to these living quarters at any time.

At the last NPM visit, Ig Prison had experienced certain problems with heating; this time we observed the replacement heating installations in living quarters, which should eliminate the problems. In the corridor between the closed and the semi-open departments, however, we observed old radiators that were not warm during our visit, so the corridor was cold. We proposed that the corridor should be heated, too, since it is used daily by convicts and staff alike. The Office gave the explanation that the radiators on the mentioned corridor were indeed closed, but the corridor itself, too, was closed for the movement of prisoners, for safety reasons, so convicts did not remain in this corridor, using another corridor leading past the workshop to access the prison cafeteria, surgery and office of the operational head of judiciary police officers. According to the statements of the Office, the radiators are open in the winter season, when both prisoners and prison staff use the corridor for daily activities.

We noticed that the light bulb in the toilet of the facilities accommodating the person serving compliance detention did not function. This person said that this had lasted for 28 days, or for the length of her stay in these facilities. NPM notified the Ig Prison management about this during the course of the visit and were given an assurance that the deficiency would be

rectified. We stressed that such deficiencies should be rectified promptly. The Office fully agreed with this and stressed that Ig Prison must devote more attention to day-to-day repairs of the inventory and to the replacement of spent lighting. Ig Prison has introduced records for current noting of small repairs and defects, so such events should not occur in the future.

In the room for the isolation of prisoners in accordance with Article 236 of the Enforcement of Penal Sentences Act the bed frame, chair and table were fastened to the floor; it also contained a ceramic basin and a damaged telephone set. The room was neither padded nor under video surveillance. NPM repeated its position that this room was unsuitable. In view of the fact that it accommodates persons in a more or less 'enraged' state, it offers numerous possibilities for self-inflicted injuries or attacks on the staff; so direct physical supervision constitutes an additional burden for the latter. The Office agreed with our position and said that it planned the arrangement of this room, although it is rarely used, as soon as funds are available.

The living quarters in the detention department were well-arranged at the time of our visit, with the exception of the largest room, accommodating four detainees. The room felt neglected and should be at least repainted. The Office said that the room had not been repainted the previous year, which was an exception, because it had been continuously occupied. Ig Prison gave an assurance that it would be repainted in the current year.

In discussion with the NPM representatives, most convicts did not complain about their accommodation or living conditions. Several of them, however, expressed dissatisfaction with the head, since she supposedly did not respond to their requests for discussion. The Office explained that Ig Prison rejected such complaints, since the acting director always responded to the prisoners' requests for discussions in accordance with possibilities and planned working priorities, although her response time was sometimes indeed longer than expected due to the burden of additional tasks. One of detainees stressed that she had had to stay for some time with two 'serious addicts' and that she had often encountered conflict situations. The head explained on our visit that this detainee was not allowed to stay on her own due to the safety assessment. To this end, the Office explained that although Ig Prison generally observes the wishes of detainees as regards accommodation, for various reasons (e.g. safety reasons, conflicts, suicidal tendencies, participation as accomplices...) this is not always possible. In the period to which the detainee referred, the detention department was completely full. Although she was initially placed in the largest room, she was very soon transferred to one of the smaller rooms, at her request. Detainees placed with her by Ig Prison, were placid and non-conflict detainees, so mostly those without a drug problem. In the mentioned period, the detainee wished to stay in the room alone, but the staff initially considered that this was risky both for her and for Ig Prison, due to certain circumstances, which was often explained in individual discussions. Afterwards, after having acquired new information and carried out more discussions with the detainee, Ig Prison observed the detainee's wishes and allowed her to stay in a single room.

During the introductory discussion, Ig Prison management assured us that the problems with water supply (pressure and hot water) that NPM had stressed on their previous visit had been eliminated. We noticed, however, that this was not entirely true. When inspecting the bathroom on the second floor, we opened a hot water tap and the water gradually became cooler. The Office agreed with our finding that prisoners do not always have hot water available. It assured us that major investments in 2010 included the replacement of the obsolete water supply system, which would eliminate the problem of low pressure in the water pipes, especially hot water pipes.

Ig Prison did not provide any occupational therapy or other organised free-time activities. The Office shared our opinion that this should be given more attention, since it is a part of the

education department and not a responsibility of judiciary police officers, who are overburdened ensuring safety, order and discipline and escorting prisoners outside the prison. However, Ig Prison organised several cultural and sporting events in 2009. In the pre-Christmas and pre-New Year time, convicts were offered an opportunity to make greeting cards and decorate rooms. Our discussions with them revealed that their response had been very positive.

Ig Prison has its own library, with a van from the Municipal Library of Ljubljana visiting once a month. NPM established that detainees, unlike convicts, did not have access to books in the prison library and that they were allowed to borrow books only from the list. We proposed that Ig Prison should examine the possibility of allowing detainees direct access to the Prison library where it is easier to choose books (e.g. first leaf through a book and then decide whether to borrow it or not, which is impossible on the basis of a list). The Office explained that the 'House Rules of Ig Prison on the implementation of detention' determined that detainees may borrow books selected from the catalogue available in the library. The reason is primarily keeping detainees separated from convicts, since the library is located within the convict department. Nevertheless, Ig Prison would examine possibilities in connection with our proposal.

The room in which visits take place is under video surveillance, which was not, however, marked appropriately. The Office agreed with NPM that this deficiency should be rectified, since it is contrary to the 'Rules on Video Surveillance in an Administration for Enforcement of Penal Sanctions of the Republic of Slovenia'.

Convicts allowed unsupervised visits may receive visitors in the premises of Ig Prison, in the prison park and in the former maternity ward, and during the summer in the 'weekend house' located about 50 metres from the main building. Unfortunately, Ig Prison is still without facilities allowing visitors an overnight stay (for intimate contacts), which several convicts stressed in discussions. The Office is of the opinion that there is a possibility of rearranging some facilities of Ig Prison, but such an adaptation, which should also meet all safety standards, requires considerable financial resources, which cannot be made available in the foreseeable future. During the NPM visit, detainees did not voice any complaints regarding visitors.

Work contributes to social rehabilitation and offers the possibility for prisoners to relax and strengthen or maintain their working habits. NPM therefore noted it as a considerable deficiency that Ig Prison still cannot provide work for all prisoners who want to work and are capable of working. Only 11 convicts worked at the time of our visit: five assembling pegs (for four hours a day), five worked in the kitchen and one in the laundry; the latter is occasionally assisted by two other convicts, who are not, however, considered employed. Likewise, no convict was enabled to work outside Ig Prison. On the basis of the findings obtained, we proposed that more effort should be made in this field. The Office agreed with the finding that the situation in this field had recently not improved, but had actually got worse. It stated that the structure of prisoners revealed the need for therapeutic and learning workshops offering functional skills to convicts with low employment prospects (course of computer science, foreign language, glass and silk painting, sewing, literacy...), as well as for acquiring working habits, recognition of working potentials and learning to promote their experiences, skills and knowledge. Due to the work shortage, the convicts of Ig Prison are engaged in other activities, such as education, free-time activities (yoga, language course, cultural events, prison paper etc.). For this purpose, some talks had taken place with the association 'Mule for Integrated Living' about the joint organisation of workshops called 'Public Learning Garden'.

This time, too, NPM found that Ig Prison enabled only some informal forms of education, such as various courses, but not internal forms of education. We commended the fact, however, that the Prison at least tried to enable convicts and detainees who wished to enter education to do so in cooperation with their family members and with the help of the Stigma organisation. In 2009, five convicts were enabled secondary education on a self-payment basis, while one convict was enabled primary education. In addition, activities for further education for two convicts and one detainee were under way. The Office, too, notes that Ig Prison supports, makes efforts and seeks various ways for the acquisition of professional qualifications of as many convicts as possible, which is done in spite of limited financial resources. It observed that the Office systematically strives for further development, motivation and promotion of such activities in prisons; this is a field in which positive trends always mean a better quality of serving the sentence of imprisonment and facilitated processes of reintegration after the sentence had been served. There can therefore never be too many different education programmes and the number of participants can never be too large.

When we visited Ig Prison, it offered the services of a general practitioner once a week for 5 hours, of a psychiatrist every 14 days for 3 to 5 hours, of a gynaecologist once a month, of a dentist twice a month, and of two nurses for 4 hours a day. There were no longer visits from a therapist specialised for treatment of sexually abused persons or from a consultant for addicts. It was explained to the Expert that this was due to the problems with service payment. In relation to this, the Office stated that in 2009 Ig Prison had failed to conclude a work contract with the therapist and the counsellor who had advised convicts with illicit drug problems on a voluntary basis and free of charge, due to savings measures at the systemic level; subsequently, after the NPM visit, we received the opinion of Ljubljana Medical Centre on Metelkova (hereinafter: LMC), which stated that on the expiration of the contract of the general practitioner in January 2010, general health care was provided by their own physicians, thus ensuring continuity of healthcare. Since the contract of the specialist in psychiatry had expired at the same time, a contract was made with a new specialist in psychiatry also qualified to work with drug addicts. In 2010 they also plan to employ a psychologist within the programme of addict treatment, since this is the only way to bring the treatment of addicts to the level provided by the Centre for the Prevention and Treatment of Addiction to Illicit Drugs (hereinafter: CPTAID). The newly established team will try to provide coordinated healthcare to patients. They also agreed with the view that the access to a psychiatrist was poor in terms of patient needs for more frequent treatment, especially when the treatment of addicts is concerned, since it was only available twice a month for three hours. They plan to arrange weekly access to a psychiatrist and psychologist alternating on a two-weekly basis, and to extend the time of psychiatric sessions and general practitioner consultations based on a needs assessment. Already in 2009, they regulated the administration of Heptanon as determined by HHS regulations, also with the introduction of computerised administration and its individual preparation in the pharmacy. The gynaecologist and the dentist remain the same in 2010.

The major problem for doctors and nurses is invalid health insurance cards, since as many as 63 per cent of convicts did not have any health insurance. In terms of healthcare provision, the Office explained the following. The signed Protocol of Implementation of Tasks under Point 22 of Paragraph 1 of Article 15 and tasks under Article 24 of the Health Care and Health Insurance Act – amended as ZZVZZ-K (Uradni list RS (Official Gazette of the Republic of Slovenia), no. 76/08) as of 1 January 2009 introduced a new status of insured persons within the compulsory health insurance scheme, for detainees who were not otherwise insured prior to detention or whose insurance is suspended during the period of detention, convicted persons serving a prison sentence in penal institutions and correction homes, minors undergoing re-education in a juvenile correction facility, persons in protective detention in health institutes in connection with psychiatric disorders, persons sentenced to

compulsory psychiatric treatment and treatment in a healthcare institution, and compulsory treatment for alcoholism or drug addiction. The body liable to pay the contribution for compulsory health insurance for insured persons under Point 22 of Paragraph 1 of Article 15 of ZZVZZ is the Office, while the difference to the full value of healthcare services referred to in Points 2 to 6 of Article 23 of ZZVZZ is covered by the Ministry of Health. On the basis of Article 71 of the General Agreement for the Contract Year 2008, Annex no. 6 to the General Agreement for the contract year 2008 was adopted, determining the assignment of teams by medical centres and their office hours. This means that healthcare for the aforementioned categories of imprisoned people has been provided by regional medical centres as of 1 January 2009. It has been determined that preventive health care at the primary level for Ig Prison shall be provided by LMC.

The transition to the new system of healthcare provision for imprisoned persons raised numerous practical questions and problems. The Office declared that it was promptly acquainted with them and that it tried to eliminate problems at the system level, in cooperation with institutes, medical centres, the Ministry of Health and the Health Insurance Institute. It further highlighted that different situations resulting from unarranged health insurance from before imprisonment are why an application for compulsory health insurance cannot be arranged for many persons, especially detainees (e.g.: (1) Prisons submit an application for the arrangement of insurance status of individuals with HHS, which issues a certificate on the validity of compulsory health insurance. The certificate remains valid until a health card has been issued. On most certificates, however, the right is "suspended", which means that voluntary health insurance was not arranged before imprisonment. In practice, this means that medicines cannot be obtained on a green prescription because insurance has not been arranged. (2) Patients who also have regular voluntary health insurance, but who failed to settle their debts to a pharmacy before imprisonment, are not given medicines until the debt has been settled. (3) Prisons also accept aliens without health insurance. HHS does not accept their registration because such persons are without a unique personal registration number. The Prison initiates the procedure for obtaining a unique personal registration number, which usually takes 14 days. During this period, an alien cannot obtain medical assistance, except for emergency assistance.)

LMC also agreed that problems are frequent, since persons serving a prison sentence are treated under the same rules of health insurance as other insured persons, especially because the majority do not have valid health insurance or their health insurance is burdened with claims. These persons cannot therefore obtain prescribed medicines or be referred to a specialist, except in cases of emergency, which are rather rare. LMC stated that it is forced to solve this problem in a completely inappropriate manner, since patients must be given medicines. It has already presented the problem to the Ministry of Health. The problem of issuing a health card and the related consequences was also highlighted by the Office at a recent meeting with representatives of the Ministry of Health and the Health Insurance Institute, where concrete solutions should also be proposed. NPM will continue to monitor the resolution of the described issues and urge the competent authorities to resolve them as soon as possible.

The share of drug addicts in Ig Prison is between 30 and 50 per cent. Ig Prison is still without a drug-free unit. As stated by the Office, large and non-functional rooms are gradually being rearranged into smaller living units, with the aim of ensuring separate accommodation of individual categories of prisoners: detainees, convicts, people in compliance detention and minors. A drug-free unit could be established in a decrepit building by the main castle building, but it would require considerable financial resources, which are currently not available.

At the time of the NPM visit, the Expert established that the addiction was addressed by a psychologist who had acquired his qualification on addiction at CPTAID. The psychologist was absent at the time of the visit, so the Expert talked with the general practitioner, a nurse and the head of the education department and reached the conclusion that diagnosis of addiction was non-professional (diagnoses were apparently made by a professional worker of Ig Prison and the psychologist talking with a convict and examining the court judgement of the specific convict (usually without an expert opinion), with the general practitioner obtaining the convict's record from the methadone centre in some cases). She also established that prescribing analgesics and tranquilisers was dictated by patients (the general practitioner had explained that patients complained if not given all the desired therapy – thus one patient had been prescribed as many as 5 analgesics in addition to Fluzepam, Apaurin (benzodiazepine) and Mirzaten (anti-depressant)), and that therapy was decided by the Ig Prison council (whose conclusion was that judiciary police officers were allowed to carry 'only' three analgesics, to be distributed at their discretion). The Office's response to the latter reproach was the explanation that the Expert's finding was not correct or that the explanations of staff had been misunderstood. The Office justified this by the fact that the Ig Prison management, due to the large quantity of prescribed medicines called 'therapy as required', had invited the prison general practitioner to the council meeting, with the aim of a gradual abolition of such therapy or its inclusion in regular therapy if the general practitioner so considered. When nurses are not present in Ig Prison, this therapy is administered by judiciary police officers. Each pill given to a prisoner is recorded in the therapy booklet (brand, time, date and signature of judiciary police officer). Such therapy is recorded in the same way by nurses, since this is a way of preventing manipulation by prisoners. According to the Office's explanations, the diagnosis of addiction to illicit drugs in Ig Prison is set exclusively by the health care service. Its position is that judgements, expert opinions, anamnesis data, reports of centres of social work etc. provide enough information to establish which persons had had problems with illicit drugs before the beginning of sentence. These persons are then offered treatment of addiction, which is recorded in the personal plan of an individual's serving sentence.

The Expert's conclusion after the visit was that the treatment of addicts was provided following the consensus of the psychiatrist and the psychologist, who also treats addicts individually. In group work, he is assisted by an educationalist who also acquired her qualification from CTAID; the group work is supposed to take place once a week. The Expert's position was that this was not enough. She considered, on the basis of the psychologist's list, that convicts were not given any serious treatment of addiction. In her view, the only motivation for abstinence was acquiring privileges. She reached the conclusion that urine tests did not play any significant role in administering therapy (regardless of the results, patients were apparently given methadone and any other therapy they wanted), and the finding that patients never made appointments with the general practitioner but with the psychologist and sometimes psychiatrist, when a court opinion was needed. In the course of discussion on the work with addicts, the Expert was not shown any reports indicating that maintenance substitution therapy was actually prescribed by the psychiatrist, as stated by the general practitioner and a nurse. In addition, the Expert did not manage to establish from the records whether any prescription plan or abstinence plan were in place. The Expert's impression was that substitution therapy was prescribed too randomly. She did not manage to trace any motivation procedures or any cases of close cooperation between Ig Prison and high threshold programmes, or at least experts. She stressed that the number of imprisoned people enabled an intensive work of all professional workers, including the re-education service, and that the treatment of imprisoned people should have been adapted to their needs. Above all, life in prison should be given meaning. In relation to the Expert's critical opinion of the treatment of addiction to illicit drugs, the Office explained that Ig Prison carried out the treatment of drug addicts in accordance with the strategy and professional instructions for the treatment of imprisoned people adopted at the systemic level

on 20 June 2005.. This concerned assistance at the low-threshold level, with the aim of an imprisoned person establishing abstinence, entering psycho-social programmes of assistance and gradually altering her lifestyle from passive to active. The aims of addiction treatment are the establishment and maintenance of abstinence, prevention of relapse and planning a drug-free life after the sentence. In addition, the Office explained that the Ig Prison medical service informs imprisoned people about communicable diseases (AIDS, types of hepatitis), promotes voluntary and confidential testing and vaccination against hepatitis B. In accordance with the criteria of the medical profession, individuals are offered hepatitis treatment. Imprisoned persons have psychiatric and psychological assistance available in overcoming abstinence crises. Within the low-threshold level, Ig Prison provides condoms, latex gloves and disinfectants for prisoners. Last year, together with association Stigma, it joined the 'needle exchange' project based on the research of risky behaviour.

The Office's position is that Ig Prison tries, within the personnel and material limits, to offer the most appropriate help to prisoners who have problems with illicit drugs. It tries to encourage the establishment of a daily rhythm by work, education, active free time, and re-established contacts with family members. There are also attempts to achieve changes at the personality level, which is done by individual interviews and at group meetings, in the way of thinking and the system of values, the way of overcoming difficulties in life, the attitude towards oneself and others, in resolving conflict situations, development of self-respect, control of impulsive behaviour and setting and achieving life goals during and after the sentence. To this end, it actively cooperates with external governmental and non-governmental organisations. Stigma Association is of great help. Representatives of the association organise a weekly group for convicts with drug problems and help escorting prisoners to school and other official institutions. At the non-governmental level, Ig Prison cooperates with the association *Up*, the community *Srečanje* and *Projekt Človek*. Convicts participate in the programmes of the aforementioned organisations during their sentence and continue after the sentence. There is also regular cooperation with the Centre for the Treatment of Persons Addicted to Illicit Drugs, in Ljubljana.

At the time of the NPM's visit there were 21 judiciary police officers employed in Ig Prison, 16 of which were women. Only 10 actually worked, for many were on maternity leave. This is being solved, among other ways, with the help of judiciary police officers from Ljubljana Prison. Due to the shortage, Ig Prison encounters many difficulties in implementing all obligations relating to escorting prisoners outside the Prison (e.g., production in court). NPM repeated its proposal that the suitability of the present personnel structure of judiciary police officers should be examined and appropriate measures taken as necessary, and also stressed that their (over)burdening may easily have a negative effect on their attitude towards prisoners. It was commendable, however, that their work was positively evaluated by detainees and convicts. The Office explained that it had established for several years that the number of personnel in the prison with predominantly female staff was too small. By providing additional jobs last year, Prison Ig approved four new jobs, which is the highest number in comparison with and in relation to other prisons. The procedures of employing new judiciary police officers are still unfinished and the Office expects the personnel situation to become stable in the second half of this year. Problems which may periodically appear would be solved with the help of judiciary police officers from other prisons.

The education service of Ig Prison employs seven persons (head of the education department, psychologist, educationalist, social worker, nurse – on contract, book-binding instructor and janitor). An individual programme is made for each convict and different forms of counselling are available. Already during the initial interview on reception, the service tries to obtain approval to cooperate with the prisoners' families and include the competent centre of social work. The convicts did not voice any complaints about the work of the educational service. The Office's comment was that Ig Prison tries really hard and offers the convicts

#### VARUH ČLOVEKOVIH PRAVIC RS

DUNAJSKA 56, 1109 LJUBLJANA TELEFON: +386 1 47 500 50 FAKS: +386 1 47 500 40  
BREZPLAČNI TELEFONSKI KLIC IN INFORMACIJE: 080 15 30 E-MAIL: INFO@VARUH-RS.SI

WWW.VARUH-RS.SI

various forms of counselling, since it is aware of the complexity of personal issues with most convicts. The end of last year saw the employment of an additional social worker in the educational service, which is a contribution to even more effective expert treatment.

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DUNAJSKA 56, 1109 LJUBLJANA TELEFON: +386 1 47 500 50 FAKS: + 386 1 47 500 40  
BREZPLAČNI TELEFONSKI KLIC IN INFORMACIJE: 080 15 30 E-MAIL: [INFO@VARUH-RS.SI](mailto:INFO@VARUH-RS.SI)

**[WWW.VARUH-RS.SI](http://WWW.VARUH-RS.SI)**