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CPT/Inf (2016) 26

## **Response**

### **of the Maltese 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 Malta**

**from 3 to 10 September 2015**

The Maltese Government has requested the publication of this response. The CPT's report on the September 2015 visit to Malta is set out in document CPT/Inf (2016) 25.

Strasbourg, 25 October 2016

**Response of the Government of Malta to the report of  
the European Committee for the Prevention of Torture and Inhuman or  
Degrading Treatment or Punishment (CPT),  
following the visit held on 3-8 September 2015**

<b>Section IE: National Preventative Mechanism</b>		
<b><u>Recommendation Reference</u></b>	<b><u>CPT Recommendation</u></b>	<b><u>MT Reply</u></b>
Pg 13 para 12	<p><b>The CPT recommends that the Maltese authorities, as a matter of priority, establish the legal mandate for relevant independent bodies to adequately access and monitor all the different types of places of deprivation of liberty in Malta.</b></p> <p><b>It further recommends that the authorities ensure that the NPM has the necessary powers for its proper functioning; including the appropriate resources, access to all relevant documentation concerning ill-treatment allegations and the power to refer complaints of ill treatment to relevant external bodies.</b></p> <p><b>The CPT also recommends that efforts should be made by the authorities to ensure that the members of the NPM are equipped with a range of appropriate skills. Further, it recommends that the authorities publish the NPM's Annual Reports. More generally, the NPM should be endowed with the relevant functions to allow it properly to fulfil the requirements laid down by OPCAT and the Guidelines established by the SPT.</b></p>	<p>The Maltese authorities consider that this recommendation is already in place.</p> <p>The Corradino Correctional Facility Monitoring Board was established by SL 260.03 and amended recently in 2016 by LN 15/2016 to ensure better functioning of the board.</p> <p>Detention Centres and Police Lock Ups are monitored by the Monitoring Board for Detained Persons. This is established by Regulations SL 217.08 which was recently amended by LN 425/2015.</p> <p>Board Members of the Corradino Correctional Facility Monitoring Board and the Monitoring Board for Detained Persons are now required to have professional and vocational experience so as to ensure that those selected are able to fulfil their duties. NGOs are also to be represented in the Board. The term of the Boards has also been increased from one year to two years. The changes also require the recording of visits and meetings in order to</p>

		<p>ensure accountability and continuity.</p> <p>The Maltese authorities always considered that NPMs should be given full and unlimited access to relevant information. Such information will continue being provided as necessary.</p> <p>Members of the board can submit requests to attend training in relation to their role as National Preventative Mechanisms to the Permanent Secretary of the Ministry for Home Affairs and National Security.</p> <p>In 2014, the previously named Board of Visitors for Detained Persons also received training through the project on Forced Return Monitoring (FReM) implemented by ICMPD.</p> <p>The purpose of this training was to provide participants with an overview of the role and mandate of forced return monitors. Such training aimed to promote a professional monitoring mechanism based on the principle that such returnees should be treated according to human rights. They introduced a new reporting mechanism as suggested by the trainers and also participated as monitors to a number of Joint Return Operations organised by other Member States.</p> <p>In 2016, a Member of the Monitoring Board for Detained Persons (formerly</p>
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		<p>known as the Board of Visitors for Detained Persons) attended a training initiative by FRA from the 22-26 February 2016. The objectives of the training were to:</p> <ul style="list-style-type: none"> <li>• Improve the knowledge of return monitors on applicable fundamental rights in the context of forced return</li> <li>• Build the skills of return monitors to translate this knowledge into their own actions</li> <li>• Guide return monitors on how to observe forced returns based on criteria and early warning signs</li> <li>• Guide return monitors on how to report observations in relation to potential fundamental rights violations</li> <li>• Build confidence in return monitors on their own ability to know about fundamental rights and apply them in the context of return monitoring.</li> </ul> <p>It is to be observed that monitoring of Social Care Homes in actual fact takes place and the Department for Social Welfare Standards is the regulator for Out-of-Home Care. The Department holds regular meetings with the persons responsible for</p>
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		<p>the running of these residential homes whilst also providing support to such homes to ensure the observance and implementation of the required standards. Through these meetings, which also include site visits, continuous contact is being kept with such homes.</p> <p>Furthermore, the minors placed in these homes are followed by social workers from the <i>Looked After Children</i> service of Appogg Agency which forms part of the Foundation for Social Welfare Services. Reports are regularly submitted to the Children and Young Persons Advisory Board.</p> <p>In this way it is ensured that the homes adhere to local legislation on children's rights as well as international conventions and best practices to which Malta is a signatory including also the Council of Europe Lanzarote Convention.</p> <p>In view of the above Malta is of the opinion that Social Care Homes should not be considered as places of detention and fails to understand why such Homes are being linked in any way to the Convention on the Prevention of Torture.</p> <p>The Mental Health Commissioner is tasked with monitoring of mental health services including Mount Carmel Hospital as established by the Mental Health Act CAP525 of 2013.</p>
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<b>Section IIA: Law Enforcement Agencies</b>		
<b><u>Recommendation Reference</u></b>	<b><u>CPT Recommendation</u></b>	<b><u>MT Reply</u></b>
<i>3. Safeguards Against Ill Treatment</i>		
Pg 16 Para 19	<b>The CPT calls again upon the Maltese authorities to take the necessary measures to ensure that all persons detained by the police can effectively benefit, if they so wish, from access to a lawyer throughout their police custody, including during any police questioning, and that the relevant provisions of the Criminal Code are amended accordingly.</b>	<p>This mechanism is already in place. Persons detained upon arrest are immediately informed that they may consult with a lawyer of their choice both personally or by phone (both options are not dependable on the police.) If the detained person wishes to refuse to consult with his lawyer, he must sign a waiver.</p> <p>Moreover Article 355 AT of the Criminal Code [Cap 9] provide that:</p> <p><i>(1) Subject to the provisions of sub article (3), a person arrested and held in police custody at a police station or other authorised place of detention shall, if he so requests, be allowed as soon as practicable to consult privately with a lawyer or legal procurator, in person or by telephone, for a period not exceeding one hour. As early as practical before being questioned the person in custody shall be informed by the Police of his rights under this Sub article.</i></p>
Pg 16 Para 20	<b>The CPT recommends that all custody officers should be given first-aid training along with regular refresher courses.</b>	All custody officers attended a recognised first-aid training course. Refresher courses will follow in due course.
Pg 16 Para 22	<b>The CPT recommends that the Maltese authorities ensure that the relevant national law is adhered to in practice and that a reminder be given to all</b>	This matter has been discussed with Assistant Commissioners in charge Regions, in order to have a cascading effect.

	<b>district police stations that persons should be transferred to the custody suites within six hours of arrest.</b>	
Pg 17 Para 23	<p><b>The CPT wishes to receive from the Maltese authorities a copy of any report, autopsy or inquiry that may have been undertaken pursuant to the recent suicides in the Lock-Up of Floriana Police Headquarters.</b></p> <p><b>The CPT recommends that immediate steps should be taken by the authorities to ensure that persons in police custody are kept safe, which should include a thorough risk assessment of each detained person upon admission to police custody and the introduction of a robust suicide prevention approach.</b></p>	<p>The magisterial inquiry report is completed and it was declared that there was no negligence or any wrongdoing by the custody officers or by the environment of the lock-up which might have contributed to the both mentioned fatal incidents.</p> <p>The Enquiring Magistrates' reports on the suicides in the Lock-Up of Floriana Police Headquarters are annexed to this report.</p> <p>Nonetheless, robust suicide prevention has been taken. Windows are now covered with 5mm mesh to make it impossible to tie sheets with the window's vertical rods.</p>
Pg 17 Para 24	<p>By letter dated 4 November 2015, the Maltese authorities informed the Committee that action will be taken at District level to improve record-keeping. The CPT welcomes this development and <b>would like to receive information as to precisely what action has been taken.</b> In the meantime, <b>the CPT recommends that steps be taken to ensure that whenever a person is deprived of his/her liberty by a law enforcement agency, this fact is formally recorded without delay. Further, once a detained</b></p>	<p>A meeting was held with Senior Police Officers and one of the issues highlighted was the improvement of the districts' detainee book and its keeping.</p> <p>Custody officers were all informed regarding this procedure and they are adhering with these instructions.</p>

	<p>person has been placed in a cell, all instances when he/she is subsequently removed from the cell should be recorded. That record should state the date and time the detained person is removed from (or visited in) the cell, the location to which he/she is taken and the officers responsible for taking him/her, the purpose for which he/she has been taken, and the date and time of his/her return, where relevant.</p>	
Pg 18 Para 25	<p>The CPT recommends that information about the complaints procedures and mechanisms available should be included in the initial written information given to detained persons on arrival.</p>	<p>This recommendation has been duly noted and will be implemented accordingly.</p>
Pg 18 Para 26	<p>The CPT recommends that the Maltese authorities ensure that a system of independent monitoring be established to monitor all detention facilities of the Maltese law enforcement agencies. (In this respect, see also the recommendation made in paragraph 12 regarding the need for a fully effective and independent National Preventive Mechanism empowered to monitor all places of detention in Malta).</p>	<p>The Police Act already provides for this. In fact, Article 49(d) of the Police Act [Cap 164] allows an independent external mechanism, i.e. the Police Board to inspect and visit any cells in which persons are or may be detained and to report thereon to the Minister responsible for the Police.</p>
<p><i>4. Conditions of Detention</i></p>		
Pg 19 Para 27	<p>The CPT recommends that intoxicated persons should not be held in police holding cells until such a time as appropriate supervision of such persons by healthcare staff can be provided at all times.</p>	<p>In such cases, intoxicated persons are kept under constant watch.</p> <p>Detained persons at the General Head Quarters Lockup have access to toilets, washbasins and even</p>



	<p><b>Further, the Committee recommends that detained persons held in police cells should have ready access to toilets, washbasins and potable water. Moreover, it recommends that the above-mentioned cells be refurbished to ensure that they are sufficiently ventilated and that a call-bell system is installed.</b></p>	<p>potable water.</p> <p>The installation of a call-bell system is also being implemented. Measures are being sought regarding the ventilation of the calls.</p>
Pg 19 Para 28	<p><b>The CPT recommends that detained persons held in the multi-occupancy holding cells have ready access to drinking water and toilets. It also recommends that the court-holding facilities be completely refurbished and be kept in a safe and decent state of repair. Further, it requests confirmation from the Maltese authorities that the single cells have been permanently taken out of use.</b></p>	<p>It is confirmed that single cells are no longer used.</p> <p>The court holding facilities are currently being upgraded and refurbished. Inmates have access to drinking water and toilets. Toilets are also to be refurbished.</p>
Pg 20 Para 29	<p><b>The CPT invites the Maltese authorities to consider the reinforcement of the custodial officer complement in Gozo Lock-Up, when there are more than a few detained persons held there.</b></p>	<p>Action is also being sought regarding this recommendation.</p>
Pg 20 Para 30	<p><b>In general, the CPT recommends that the Maltese authorities take the necessary steps to remedy the above-mentioned deficiencies. In particular, it recommends that the authorities:</b></p> <ul style="list-style-type: none"> <li>- refurbish the cells in the Gozo Lock-Up to ensure that detained persons have ready access (including at night) to toilets and</li> </ul>	<p>A detailed report regarding the situation of the Gozo Lock-up has been completed and the necessary action is being taken to improve the facility.</p>

	<p>wash-basins, install a system of in-cell call bells, improve the access to natural light and to adequate artificial lighting, sufficient ventilation and potable water;</p> <ul style="list-style-type: none"> <li>- ensure that all police cells where persons may be held overnight are of a reasonable size for their intended occupancy (i.e. 7 m<sup>2</sup> for single cells, and at least 4 m<sup>2</sup> per person in multi-occupancy cells);</li> <li>- ensure that the holding cells in Floriana Lock-Up are properly ventilated and afford detained persons ready access to potable water;</li> <li>- install call bells in every cells of the Floriana and Gozo Lock-ups..</li> </ul>	
Pg 21 Para 31	<p>The CPT recommends that steps be taken to ensure that all detained persons held for 24 hours or more in police custody in Floriana Lock-Up be offered outdoor exercise; that an exercise area be established in Gozo Lock-Up, and that all persons detained there be offered the possibility of outside exercise.</p>	<p>This recommendation is also being studied to ensure its eventual implementation.</p>
Pg 21 Para 32	<p>The CPT recommends that the Maltese authorities provide a new escort van for Gozo /Victoria Police Station and Lock-Up, as</p>	<p>New escort van recommendation is being considered. As regards the space on the Malta-Gozo ferry deck for the escort of</p>

	<b>well as ensuring that a space on the Malta-Gozo ferry deck is provided for the purpose of escorting prisoners.</b>	prisoners, this is also being considered with the appropriate authorities.
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**Section IIB: Immigration Detention**

<u>Recommendation Reference</u>	<u>CPT Recommendation</u>	<u>MT Reply</u>
<i>1. Preliminary Remarks</i>		
Pg 22 Para 34	<p><b>The CPT would like to receive updated information on the operation of this Centre, its capacity, staffing, daily activities and whether it is accommodating any minors or families.</b></p>	<p>The objective of the Initial Reception Facility is to accommodate newly arrived irregular migrants in a contained environment in order for such migrants to be medically screened and processed by the pertinent authorities, including AWAS and Police officials. Irregular migrants shall be accommodated in this Facility separately from any other irregular migrants and only until the required medical clearances are obtained.</p> <p>The period of stay at the Initial Reception Facility shall ordinarily be limited to no more than 7 days; although the period of stay may be longer if health-related considerations so dictate. If the period of stay at the Initial Reception Facility exceeds 7 days the health authorities shall communicate to the migrants concerned, in a language they may be reasonably supposed to understand, the reasons for such extension of stay at the Initial Reception Facility.</p> <p>The Initial Reception Facility would be administered by the Agency for the Welfare of Asylum Seekers, within the Ministry for Home Affairs and National Security.</p> <p>Access to the Facility shall be limited to employees, including authorised</p>

		<p>employees of Government and international agencies, and representatives of relevant and accredited NGOs, all of whom shall be inoculated against prevalent potential diseases. AWAS shall establish a procedure for the admission and delivery of services by NGOs at the Facility.</p> <p>The Facility shall operate a classification system for the accommodation of irregular migrants:</p> <ul style="list-style-type: none"> <li>• single males;</li> <li>• single females;</li> <li>• family units; and,</li> <li>• unaccompanied minors.</li> </ul> <p>Reception standards in the facility shall be equivalent to those provided in Detention facilities. However, efforts shall be made to provide minors with physical reception conditions and activities appropriate to their age. The Facility shall comprise:</p> <ul style="list-style-type: none"> <li>• a clinic compliant with specifications issued by the Health Authorities;</li> <li>• medical isolation facilities;</li> <li>• telephone facilities; and,</li> <li>• facilities for the delivery of services by State stakeholders.</li> </ul> <p>Directly Observed Therapy (DOTS) is required for persons on TB treatment but is also requested, where this is considered necessary, for</p>
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<i>2. Safi Detention Centre</i>		
Pg 22 Para 36	<b>The CPT once again calls upon the Maltese authorities to ensure that detained persons are addressed by their name and not by a number.</b>	Detained persons are now being address by name.
Pg 24 Para 37	<p><b>The CPT recommends that steps be taken to improve the living conditions at B Block of Safi Detention Centre, notably as regards:</b></p> <ul style="list-style-type: none"> <li>• <b>the amount of living space afforded to each detained person within the dormitories;</b></li> <li>• <b>the removal of surplus beds and the provision of new mattresses;</b></li> <li>• <b>the equipping of the courtyard with a means of rest, a shelter and sports equipment;</b></li> </ul>	<p>Suggestion to reduce number of beds in B Block is still pending approval.</p> <p>New mattresses are provided for each detainee upon arrival and replaced when necessary.</p> <p>Rest rooms or shelters are not considered necessary as the courtyards are adjoined to the common room of the accommodation areas. Therefore it is considered that the common room</p>

	<p>• <b>the provision of activities for those persons detained longer than a few days.</b>  <b>Consideration should also be given to serving the evening meal later in the day.</b></p>	<p>provides an adequate space for shade and relaxation.</p> <p>No new activities are being organised since population is very low (1 or 2 persons).</p> <p>Evening meals are served at 7 pm which is considered an appropriate time.</p>
Pg 24 Para 38	<p>The CPT has repeatedly stressed that persons detained under aliens' legislation should be accommodated in centres specifically designed for that purpose, offering material conditions and a regime appropriate to their legal situation. Care should be taken in the design and layout of such premises to avoid, as far as possible, any impression of a carceral environment.</p> <p>The current low number of detainees provide an ideal opportunity to move away from the warehousing approach to one that addresses the specific needs of immigration detainees both as regards material conditions and in relation to the activities on offer to them. <b>The CPT recommends that the Maltese authorities review the current approach towards immigration detention, in light of the above remarks.</b></p>	<p>With the issuance of the 'Strategy for the Reception of Asylum Seekers and Irregular Migrants' significant progress can be noted in the conditions of detention for migrants. It is therefore considered that the current system is adequate.</p>
Pg 24 Para 39	<p>The CPT has consistently placed a high priority upon the supervisory staff in immigration detention centres being carefully selected and receiving appropriate training. As well as possessing well-developed qualities in the field of</p>	<p>The Maltese authorities take note of the CPT's recommendation. However it is pertinent to note that Detention Service Officers are given training throughout their years of service on various aspects of their</p>

	<p>interpersonal communication, the staff concerned should be familiarised with the different cultures of the detainees and at least some of them should have relevant language skills. Further, they should be taught to recognise possible symptoms of stress reaction displayed by detained persons (whether post-traumatic or induced by socio-cultural changes) and to take appropriate action.</p> <p>At the time of the visit, staffing numbers were not a problem. Nevertheless, while the staff behaved correctly towards the detained persons, there was little effort to engage with them. The officers were not present within the accommodation areas, nor were they interacting with detained irregular migrants or taking a proactive role to resolve potential problems. The emphasis is on passive security only. This is a waste of resources and does not provide for much job stimulation for staff. A dynamic security approach with properly trained staff engaging with detained persons should be put in place. <b>The CPT recommends that the Maltese authorities consider developing the role and scope of duties of detention officers, as well as their skills and training, in light of the above remarks.</b></p>	<p>duties.</p>
Pg 25 Para 40	<p>There was no systematic medical screening in place, including for transmissible diseases, for every newly</p>	<p>Migrants are initially screened by Port Health doctors to ascertain whether</p>



	<p>arrived detainee by the doctor or by a nurse reporting to the doctor. Nor was there any screening to identify possible victims of torture nor clear procedures on action to be taken whenever a medical practitioner submitted a report on a person who may have been a victim of torture. Given the resources available, this was particularly unacceptable. Equally, despite Detention Service Standing Order (Section 14 on Medical and Health Care Services) requiring that a “clinical record must be opened for every new detainee”, a record was only opened if a detainee visited the health care centre. In addition, no proper medical file was maintained.</p> <p>The delegation did note that medical confidentiality was generally respected. <b>The CPT recommends that the Maltese authorities take steps to address the abovementioned deficiencies.</b></p>	<p>they can proceed to Police General Headquarters, or whether they are in need of urgent referral to hospital or a health centre as required.</p> <p>The list of arriving migrants is provided to Health authorities for medical files to be opened for each migrant. Therefore, this process is completed within a few hours of arrival. Medical records are kept of every migrant in detention and then transferred as the migrant is accommodated in an Open Centre.</p> <p>Once migrants are transferred to Police General Headquarters, Port Health and the Infectious Disease Prevention and Control Unit (IDCU) doctors conduct a detailed clinical review of the patients concerned to attend to their immediate clinical needs. During this review, minor ailments like wounds and burns are attended to. Any cases requiring hospital investigations/admissions are referred to hospital. Furthermore, symptomatic screening is conducted for Tuberculosis (TB) and physical check-ups are conducted for any evident signs of other infectious diseases (e.g. scabies, chicken pox and lung consolidation).</p> <p>All irregular migrants are updated with vaccinations in accordance with the local immunisation schedule.</p> <p>Once migrants are</p>
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		<p>accommodated at the Initial Reception Facility, a vulnerability assessment procedure is undertaken and takes into account potentially traumatic experiences undergone by the individual migrant. The condition and circumstances of the individual, both psychological and physical, shall be taken into consideration in this regard.</p> <p>It is therefore considered that these recommendations are already catered for.</p>
Pg 25 Para 41	<b>The CPT considers it inappropriate to use detained persons as interpreters other than in emergency situations.</b>	Malta takes note of this recommendation however currently communication with detainees is not a problem.
Pg 25 Para 42	<b>The CPT recommends that every detained person be systematically provided with written information, in a language they understand, on the house rules immediately upon their arrival in the facility.</b>	Work has started to translate house rules in various languages so they can be disseminated in written format.
Pg 26 Para 43	<b>The CPT recommends that the Maltese authorities introduce the right for detained persons to receive visits on a regular basis in an appropriate setting. Further, they should be allowed to have access to their mobile phones at set times.</b>	<p>The Maltese authorities are in the process of setting up visitor rooms. Furthermore, upon request of the detainees, visitors may be allowed.</p> <p>Detainees can access their mobile phone when necessary at set times and under supervision.</p>
<i>3. Airport Holding Area</i>		
Pg 26 Para 44	<b>The CPT recommends that the log book be diligently completed with all the relevant details of a person's stay in the holding room. Also, the facility</b>	A meeting with the designated senior officers has been held for the implementation of this recommendation.

	<b>should not be used for holding persons for periods in excess of 24 hours.</b>	
<i>4. Dar il-Liedna Open Centre for Young Persons</i>		
Pg 27 Para 45	<b>The CPT would like to be informed about the measures being taken to reduce the number of violent incidents between the young persons accommodated at the Dar il-Liedna open centre, including appropriate staff training in conflict prevention.</b>	<p>It is pertinent to note that Dar il-Liedna is an Open Centre and not a detention centre. The CPT report deals with Dar il-Liedna under the section of ‘immigration detention’ which does not reflect the true nature of the centre.</p> <p>Formal disciplinary rules were in place at the time of the CPT visit and have recently been revised. Security personnel are also present which provide the first layer of control and restraint in case of a conflict in the centre. Law enforcement officers can also be asked to intervene if a situation escalates even further.</p>

<b>Section IIC: Corradino Correctional Facility</b>		
<b><u>Recommendation Reference</u></b>	<b><u>CPT Recommendation</u></b>	<b><u>MT Reply</u></b>
<i>4. Transgender Prisoners</i>		
Pg 30 Para 53	<p>As regards transgender prisoners, the CPT recommends that the Maltese authorities put in place policies to combat discrimination and exclusion faced by transgender persons in closed institutions and that these should be implemented by the prison. In particular, the authorities should put in place a comprehensive anti-bullying strategy to reduce any incidences of inter-prisoner violence and intimidation, especially those directed against transgender prisoners. Such a strategy should include systematic recording, reporting of all such incidents and adequate investigation into all allegations of targeted bullying of, or violence against, transgender prisoners. Further, the CPT recommends that the Maltese authorities review the treatment of transgender prisoners in CCF with a view to establishing clear guidelines to guarantee that their rights are adequately respected. In this respect, it considers that transgender persons should either be accommodated in the prison section of the respective gender with which they self-identify or, if exceptionally necessary</p>	<p>A policy for transgender inmates was launched in August 2016.</p> <p>Transgender prisoners are assigned to the division that matches the gender on their legal documents. It is to be noted that a case by case approach is also adopted until documents reflect the gender identity the inmate identifies with.</p> <p>A trans-inmate could be initially accommodated in separate facilities for an assessment but this could not last longer than seven days.</p> <p>The policy also ensures that rubdowns and searches will also be carried out by a prison official of the appropriate gender.</p> <p>Staff will receive additional training and information on human diversity and gender identity.</p> <p>Inmates also have the right to access the procedures of gender recognition, health services and mental health support.</p>

	<p>for security or other reasons, in a separate section.</p> <p>If accommodated in a separate section, they should be offered activities and association time with the other prisoners of the gender with which they self-identify.</p>	
Pg 30 Para 54	<p>The CPT also recommends that steps be taken to prevent inter-prisoner violence and that whenever there are allegations of inter-prisoner violence, or suspicions by staff or medical staff thereof, that: injuries are properly recorded; systematic reporting is conducted by medical staff to the relevant authorities; and a thorough investigation is conducted into the alleged violence.</p> <p>As regards the above-mentioned case of alleged violence, the CPT requests more information from the authorities on the outcome of any investigation that might have been undertaken.</p>	<p>Records are being kept of all injuries recorded in the prisoner medical file and also in a medical register.</p> <p>All incidents of violence are investigated and reported to the police for any further action from their end, as necessary.</p>
<i>5. Conditions of Detention</i>		
Pg 32 Para 58	<p>the CPT recommends that the Maltese authorities take the necessary steps to improve the living conditions at CCF and, in particular, to:</p> <ul style="list-style-type: none"> <li>• reduce the occupancy levels in multi-occupancy dormitories to ensure that each prisoner has at least 4m<sup>2</sup> of living space;</li> <li>• undertake a systematic</li> </ul>	<p>Several projects are underway to improve the living conditions at CCF.</p> <p>The use of Dormitories is only used as a last resort.</p> <p>Plans for refurbishments of Divisions 2 and 3 are being drawn up and are in an advanced stage. Potable water has already been supplied to the old part of the prison Divisions 1,2,3,4 and 5.</p>

	<p><b>refurbishment of the cells and sanitary facilities in Division XIII;</b></p> <ul style="list-style-type: none"> <li>• <b>expedite the planned refurbishment works of Divisions II and III;</b></li> <li>• <b>provide, until such time as ready access to potable water is assured, inmates with an appropriate amount of free drinking water; and</b></li> <li>• <b>equip the exercise yards with a shelter to protect inmates from inclement weather and a means of rest and, preferably, provide sports/ recreational equipment.</b></li> </ul>	<p>Refurbishment works in Division 13 and other divisions are ongoing.</p>
<p>Pg 33 Para 61</p>	<p>By letter dated 4 November 2015, the Maltese authorities informed the Committee that additional Care Plan Co-ordinators would be recruited, to enable the drafting of care plans for all Prisoners, including life-sentenced prisoners. The CPT welcomes this development and recommends that priority be given to prisoners serving long or life sentences. To this end, <b>it would like to receive a clear timetable for the progressive introduction of care plans for all prisoners and information on the nature of the plans and the frequency of their reviews.</b></p>	<p>CCF has recruited two care plan coordinators.</p> <p>Additional care plan coordinators are being recruited. The first call for the recruitment of four care plan coordinators was issued in January 2016. As a result of this call only two care plan coordinators were recruited. Another call was issued in August 2016.</p> <p>The drafting of care plans has started. Care plan coordinators are currently working on inmates who already have their care plans patterned and inmates who are serving the last three months of their sentence.</p>
<p>Pg 33 Para 63</p>	<p>The situation of life-sentenced prisoners at CCF</p>	<p>CCF is currently undergoing recruitment of professionals</p>

	<p>raises a number of issues. In total, there were 14 ‘lifers’ (persons sentenced to whole life sentences with no prospect of being released) at CCF at the time of the visit, including two who had been in the prison since 1988. These inmates had no structured regime, no sentence plans nor any psychological support. Moreover, a few life sentenced prisoners were allocated to extremely restrictive regimes (such as on Division XIII) and thus did not have access to any form of work or activities. The situation was further exacerbated for life-sentenced prisoners given that they were not eligible for parole. Overall, the situation concerning life-sentenced prisoners at CCF had not changed since the 2011 and 2008 visits, and the Maltese authorities have still not taken any steps to improve their situation.<sup>22</sup></p> <p>In this context, reference should be made to the European Prison Rules<sup>23</sup> which state in Rule 103.8 that “particular attention shall be paid to providing appropriate sentence plans and regimes for life-sentenced prisoners”, taking into consideration the principles and norms laid down in the Council of Europe Recommendation (Rec (2003)<sup>23</sup>) on the “management by prison administrations of life-sentence and other long term prisoners”. The CPT also draws the attention of</p>	<p>which would enable CCF to provide further care plans to long sentence inmates.</p> <p>Two assistant psychologists are in the final stages of being recruited. A call for social workers is also in the process of being issued.</p> <p>CCF has also been exploring the situation of lifers. It is envisaged that the increase in staff will provide the necessary resources to cater for this group.</p>
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	<p>the Maltese authorities to its 2015 General Report in which the Committee sets out its thinking regarding the management of life-sentenced prisoners.</p> <p><b>The CPT calls again upon the Maltese authorities to take steps as a matter of urgency to draw up and implement a specific programme aimed at supporting life-sentenced and other long-term prisoners throughout their stay, in the light of the remarks made above and in paragraphs 120 and 26 of the reports on the 2008 and 2011 visits, respectively.</b></p>	
Pg 34 Para 64	<p><b>In light of these comments, the CPT recommends that the Maltese authorities reconsider their policy towards life-sentenced prisoners with a view to ensuring that:</b></p> <ul style="list-style-type: none"> <li>• <b>the law provides for a possibility, during the sentence, for prisoners to apply for conditional release, after having served a defined period of their sentence;</b></li> <li>• <b>a procedure is put in place for prisoners to be able to lodge such requests; and</b></li> <li>• <b>detention in prison is organised in such a way as to enable life-sentenced prisoners to progress towards their social reintegration.</b></li> </ul>	<p>Although the restorative justice act does not allow these individuals to benefit from parole, these individuals may apply to the President of Malta Prerogative of mercy that the Constitution of Malta contemplates in Article 93.</p> <p>Persons who are imprisoned for life are allowed to benefit from special leave such as to attend to funerals or weddings.</p> <p>Furthermore, inmates facing a life sentence are also allowed to practice their hobbies as well as to participate in all activities being organised by CCF.</p>
<i>6. Health Care Services</i>		
Pg 34 Para 67	<b>The CPT recommends that the Maltese authorities take steps to:</b>	Internal procedures are underway to employ a charge nurse to oversee the



	<ul style="list-style-type: none"> <li>• <b>ensure that medical confidentiality is strictly guaranteed and that prison officers do not have access to medical records; and</b></li> <li>• <b>review the co-ordination of health-care by prison officers at CCF and, in this respect, it invites the authorities to consider the possibility of recruiting a fulltime health-care staff member to oversee co-ordination and management of the health-care services provided at CCF.</b></li> </ul>	<p>operation at the Medical Inspection (M.I.) room. The call for recruitment of a nurse is in the process of being issued and is expected to be recruited later this year.</p>
Pg 35-36 Para 68-70	<p>68. The delegation was also concerned about the management of medicines and the procedure and manner in which medicines were distributed to inmates at CCF. Staff interviewed by the delegation also raised several concerns in this respect. For instance, psychiatric medicines were mixed together and dissolved in a cup of water, every morning, and issued to inmates either once, twice or three times later that same day. Such an arrangement takes no account of the pharmaco-kinetics of the individual drug, its bioavailability or any potential interactions with other psychiatric drugs. The pharmacist explained that sometimes such a mixture might be green in colour and at other times the same drugs are pink in colour. This concern was also raised by some inmates in subsequent</p>	<p>A review of the system was carried out and a new system is in the process of being implemented. New instructions have been issued to nurses. A charge nurse will be recruited to oversee the management of medicine. Medicine will be under the direct responsibility of the charge nurse.</p>

	<p>interviews with the delegation.</p> <p>69. The delegation also observed that medicines were removed by nursing staff from their original packets and put into open containers, whose labels did not include any expiry date. The containers were simply topped up by the nursing staff as stocks dwindled, with the result that the expiry dates of individual tablets within these containers were not known at the time that they were administered. If a particular stock ran low, then it was likely that tablets taken from the bottom of the container would have passed their expiry date. Moreover, in making up the medicines for inmates, the nursing staff took a number of pills from the open containers and placed them in a tub which had the inmate's name on the lid only. In essence, this meant that if the wrong lid was put on the wrong tub, an inmate would get the incorrect medication.</p> <p>70. The delegation had significant concerns about the management of methadone at CCF, which concerned the 40 inmates on methadone at the time of the CPT delegation's visit. Methadone is a controlled drug pursuant to the Maltese Dangerous Drugs Ordinance and, as such, there are regulations around its storage. In the controlled drugs' cupboard at CCF, there were two pots of what was presumed to be</p>	
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	<p>methadone, insofar as it was an unlabelled green liquid and not accounted for within the Controlled Drugs Register. Such a practice is unsafe as well as being at variance with domestic regulations and safe clinical practice in respect of the identification, labelling, storage and administration of opiate drugs.</p> <p>In addition, while prescriptions were annotated by doctors, there was often no review date of prescriptions with the result that it was unclear, in many cases, how long the medicines should be continued to be administered. Overall, the current administration of medication at CCF, and particularly the administration of psychotropic medication, was unsafe.</p> <p><b>The CPT recommends that the authorities review the current practices around the management of medicines at CCF in light of the above remarks, and ensure that unsafe practices around the administration of psychotropic medication cease.</b></p>	
Pg 36 Para 71	<p>71. By letter dated 4 November 2015, the Maltese authorities informed the Committee that a review of the health-care system at CCF was being undertaken, in order to terminate the current contractual system. The employment of full-time medical staff was also under consideration. The CPT welcomes the review and</p>	<p>The medical service at CCF is currently being provided by two medical practitioners whereby service to inmates have been considerably extended.</p> <p>Discussions were held with CCF and health authorities. No formal report was drawn up but conclusions are being followed up. It is planned</p>

	<b>would like to receive a copy of the review report and recommendations.</b>	that a call for the recruitment of medical professions to be issued in the near future.
Pg 36 Para 73	73. The CPT's delegation noted that cases of self-harm and attempted suicide were not systematically recorded at CCF and there was no specific self-harm or trauma register. One of the reasons for this, according to staff interviewed, was that ordinarily at-risk prisoners were transferred from CCF to the Forensic Unit at Mount Carmel Hospital, where they usually remained for a few days. While the fact of the transfer was recorded, only in very few of these cases was any reference made to the risk of self-harm/ suicide attempts. It was more common to simply find the word "confused" written in the records. Moreover, there were no hand-over or follow-up procedures concerning those prisoners who returned to CCF from the psychiatric forensic units in Mount Carmel Hospital. Thus, <b>appropriate handover and follow-up procedures should be established at CCF for returning prisoners from the psychiatric forensic units at Mount Carmel.</b>	A self harm and trauma register has been established.  Inmates are examined on a regular basis. A referral procedure is also in place whereby any officer can notify his/her superiors and refer an inmate to be examined by a doctor or psychiatrist. A follow-up procedure is also in place whereby an inmate who is diagnosed to be susceptible to self-harm is seen to by a psychiatrist every 2-3 weeks.
Pg 37 Para 74	74. As regards suicide prevention policies, it is clear that CCF needs to put in place procedures for the identification of prisoners who may be at risk of suicide or self-harm and draw up a protocol for the management of prisoners identified as presenting a risk. To begin	Newly admitted inmates are examined immediately upon arrival by CCF doctors. Any indications of self harm or suicidal tendencies are immediately addressed and appropriate action is taken immediately.  During their stay at CCF any

	<p>with, medical screening on arrival, and the reception process as a whole, has an important role to play in suicide prevention; performed properly, it should assist in identifying those at risk and relieve some of the anxiety experienced by all newly-arrived prisoners. The screening process should include a suicide risk assessment using an identified screening tool. Moreover, it is essential that the prevention of suicide, including the identification of those at risk, should not rest with the health-care service alone. All prison staff coming into contact with inmates – and, as a priority, staff who work in the reception and admissions units – should be trained in recognising indications of suicidal risk. The sharing of information concerning suicidal tendencies with prison staff can be considered as an ethical necessity in light of the possible consequences that inaction may entail. In this connection, it should be noted that the periods immediately following admission to prison as well as before and after trial and, in some cases, the pre-release period, are associated with an increased risk of suicide. Upon identification of prisoners potentially at risk, steps should be taken to ensure a proper flow of information within the establishment. All persons identified as presenting a</p>	<p>inmate showing any such tendencies is immediately referred to the doctor for examination and action is taken immediately.</p>
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	<p>suicide risk should as a first step benefit from appropriate support and association. Further, if required, such persons should be subject to special precautions (placement in a ligature-free room and provision of suicide-proof clothing) and, where there is a high risk of suicide, the prisoner should be under constant observation by a member of staff who should engage in a dialogue with the prisoner. The need for enhanced contacts (i.e. family visits and telephone calls) should be individually assessed.</p> <p><b>The CPT recommends that the Maltese authorities ensure that a comprehensive suicide prevention and management approach is introduced at CCF, taking into account the above remarks.</b></p>	
Pg 37 para 75	<p><b>The CPT recommends that prisoners dependant on benzodiazepines, who need to be detoxified, should be offered a benzodiazepine detoxification regime in order to prevent the effects of sudden withdrawals from this drug.</b></p>	<p>All cases of drug addiction are addressed and gradual reduction in drug consumption is carried out according to medical advice.</p>
Pg 38 Para 77	<p><b>The CPT recommends that the Maltese authorities put in place robust policies to deal immediately with health (and other) crises that may take place within the prison, including adopting a proactive approach, with a view to minimising the risk of the spread of certain infections and ensure the</b></p>	<p>Changes have already been put in place and further changes are underway.</p> <p>The premises have undergone refurbishment and maintenance. There has been restructuring of staff (both officials and inmates), a new kitchen is planned and food handling courses are being held periodically to cover</p>

	<b>speedier analysis of test results. To this end, regular health checks of the food quality, storage procedures and hygiene standards and procedures in the CCF kitchen should be undertaken.</b>	any change in staff.
<i>7. Other Issues</i>		
Pg 38 Para 78	Further, along with the planned new classification system and the progressive drawing up of care plans for each new prisoner, CCF intended to recruit more psychologists, psychological assistants, care plan co-ordinators and social workers. The CPT welcomes the developments in this area and <b>would like to receive information on the number recruited to each post.</b>	The call for recruitment for the post of psychologist were issued, but none of the applicants were eligible. CCF is in the process of issuing calls for 4 full time assistant. Psychologists. CCF has already employed 2 care plan coordinators and another call for a further 2 is also in the process. A call for 4 social workers has been issued.
Pg 39 para 79	<b>The CPT wishes to be notified when a permanent director has been appointed and has taken up his/her post.</b>	A permanent Director was appointed in January 2016
Pg 40 Para 84	84. Further, loss of remission should not fall under the competence of the Director but of an independent judge, in line with the ECHR judgment of <i>Ezeh and Connors v. the United Kingdom</i> (9 October 2003, Applications nos. 39665/98 and 40086/98). <b>The CPT recommends that the Maltese authorities take the necessary steps to amend the Prison Regulations, as well as any other relevant legislation, which still provide for the Prison Director to be able to impose up to 120 days of</b>	Malta takes note of the CPT recommendation.

	<b>loss of remission per offence on inmates, with a view to ensuring that loss of remission falls under the competence of an independent judge.</b>	
Pg 40 Para 85	85. By letter dated 4 November 2015, the Maltese authorities informed the Committee that efforts were being made to reduce the time between reports and the corresponding disciplinary procedures. Disciplinary hearings had started to take place once a week to address the backlog of cases. This represents a step in the right direction. Nevertheless, more needs to be done. <b>The CPT recommends that the practice of accumulating disciplinary offences cease and that disciplinary charges be adjudicated on as soon as possible after the commission of the alleged disciplinary offence; in this regard, the Adjudication Board should be convened far more regularly, on an on-going basis.</b>	With the current procedure whereby the disciplinary sitting is held on a weekly basis, the backlog has been eliminated. This procedure is deemed sufficient to cope with the current needs.
Pg 40 Para 86	<b>The CPT again recommends that the necessary steps be taken to ensure that prisoners are formally entitled to appeal to an independent authority against any disciplinary sanctions imposed, irrespective of their duration and/or severity.</b>	The Maltese authorities consider that current disciplinary proceedings are adequate.  It should also be noted that disciplinary proceedings may result in the forfeiture of remission days. The remission system, in accordance with the Restorative Justice Act, is assessed by a Board made up of the Director and an independent Chairperson and



		<p>three members.</p> <p>Furthermore, disciplinary proceedings are overseen by the Prison Monitoring Board.</p> <p>It is therefore considered that the system is transparent.</p>
Para 40 Para 87	<p>By letter dated 4 November 2015, the Maltese authorities informed the Committee that a limited education service would be introduced on Division V and that work opportunities in maintenance would be offered to a greater number of inmates on Division V. The CPT welcomes these initiatives. <b>It would like to receive confirmation from the authorities when these measures have been introduced.</b></p> <p><b>The CPT recommends that inmates on Division XIII be provided with access to a full range of education services, work opportunities, access to a place of worship and sports and recreational activities. It also encourages the authorities to further expand the opportunities available to prisoners on Division V.</b></p> <p><b>Further, it would like to receive information on the number of inmates in Division V who attend education and are involved in work, and for how many hours per day such activities are performed.</b></p>	<p>Division V have access to the library and any other educational material is made available upon request. Inmates in Division V also have access to sports activities. Recently, equipment has also been purchased, upgrading the gym facilities available. Access to other activities are on a case by case basis.</p>
Pg 41 Para 89	<b>The CPT recommends that the Maltese authorities</b>	The Maltese authorities take note of the CPT's

	<p><b>amend the Prison Regulations to ensure that, in particular:</b></p> <ul style="list-style-type: none"> <li>• <b>placement on a restricted regime or in special security conditions should be based on an individualised assessment of the actual risks;</b></li> <li>• <b>the prisoner concerned should as far as possible be kept fully informed of the reasons for the measure in writing; and</b></li> <li>• <b>the prisoner concerned should be entitled to appeal the decision on placement, or its renewal, to an independent authority.</b></li> </ul>	<p>recommendations.</p>
<p>Pg 42 Para 90</p>	<p>The CPT recalls that solitary confinement as a disciplinary sanction should not last for a period of more than 14 days consecutively. <b>Thus, it recommends that the Prison Regulations be amended to reflect this.</b></p>	<p>The Maltese authorities take note of the CPT's recommendations.</p> <p>It is to be noted that in practice, inmates are not sanctioned by solitary confinement. Solitary confinement is only resorted to on recommendation of a medical practitioner as a means of self-security.</p>
<p>Pg 43 Para 92</p>	<p><b>The CPT calls, once again, upon the Maltese authorities to take immediate steps to set up a proper classification and allocation system for inmates at CCF, taking into account the criteria set out in the European Prison Rules.</b></p> <p><b>As a start, female juveniles</b></p>	<p>The policies regarding segregation of inmates revolve around gender, juvenile offenders, offenders with mental health problems who require treatment and vulnerable inmates (vulnerability within a prison setting).</p> <p>YOURS has provided a</p>

	<p>should not be accommodated with female adult inmates; consideration should be given to moving female juvenile inmates to a separate section of the YOURs Unit.</p>	<p>significant improvement to the classification of inmates. The extension project at YOURS includes a new separate section for female juvenile offenders. This is in the process of built; construction work is envisaged to start in second quarter of 2017.</p>
Pg 43 Para 93	<p><b>The CPT recommends that the Maltese authorities introduce a proper induction process for all prisoners being admitted to CCF, and that newly-admitted prisoners be held in a dedicated reception unit to allow for a proper assessment and classification process to be carried out. Thereafter, they should be allocated to appropriate accommodation units.</b></p>	<p>Plans for a new induction unit are being drawn up with the scope of having a specific unit to house newly admitted inmates.</p>
Pg 44 para 97	<p>97. By letter dated 4 November 2015, the Maltese authorities informed the Committee that a review of the current external complaints' procedure would be initiated shortly. The CPT trusts that the review will be comprehensive. Further, <b>the CPT recommends that the Maltese authorities introduce a formal system of internal complaints, taking into account the above remarks. It would also like to receive a copy of the review on the external complaints' procedure and information about any subsequent action taken.</b></p>	<p>Presently inmates can lodge complaints with the Prison Advisory Board. A specific complaints box has been installed in the Prison inmate's services office which box is only accessed by members of the board. Furthermore, inmates can also lodge complaints with the National Ombudsman.</p>
<p><b>8. Young Offenders Unit of Rehabilitation Services (YOURs)</b></p>		
Pg 44 Para 99	<p>99. The atmosphere between staff and inmates was generally good and no</p>	<p>The CPT's recommendation was discussed with the management at YOURS.</p>

	<p>allegations of deliberate ill-treatment by staff were received. However, there were a few allegations of incidents of inter-prisoner violence between Maltese and foreign nationals from the African continent and, in that context, a couple of allegations were made of discriminatory attitudes by staff towards foreign national inmates.</p> <p><b>The CPT recommends that staff be vigilant in preventing acts of inter-prisoner violence. Further, staff should be reminded that acting in a discriminatory manner undermines their standing within the establishment and further jeopardises good order.</b></p>	<p>A training programme for all the staff at YOURS was developed to take place in Q1 2017 in line with the new operational structure being set up.</p> <p>The training component of the project will be divided into 2 phases. Phase 1 will cover general topics related to dealing with young offenders in correctional facilities. The training includes a theoretical training programme for both correctional officers and managerial staff on the following topics:</p> <ul style="list-style-type: none"> <li>• Communication skills</li> <li>• Helping skills</li> <li>• Group dynamics</li> <li>• Typology of inmates</li> <li>• Psychological developmental stages</li> <li>• Sociological perspectives of crime and defiance</li> <li>• Prison education</li> <li>• Diversity, equality and multicultural competences in prisons</li> <li>• Psychosocial effects of addiction</li> <li>• Biological perspectives of addiction</li> <li>• Emotional intelligence.</li> </ul> <p>Phase 2 of the training will be more specialised and will focus on the new operational system of the correctional facility.</p>
Pg 45 para 100	<b>The CPT recommends that a full programme of</b>	Maltese, English and Life Skills are delivered by a

	<p><b>education, sport, vocational training, recreation and other purposeful out-of-cell activities should be provided to all inmates. Further, all inmates should be provided with a minimum of 4m<sup>2</sup> of living space in multioccupancy dormitories. In addition, if the doors to the dormitories are to remain locked at night, staff must be attentive to any requests for access to the toilet; in this respect, the CPT recommends that the authorities install a call-bell system.</b></p>	<p>qualified teacher and youth worker every week. Sport sessions are delivered by licenced coaches two mornings per week. Other sports activities are organised regularly in liaison with football nurseries and other stakeholders in the field of sport. Short courses are delivered regularly, including phototalk, multi-culturalism, first aid and food handling. Inmates at YOURS will also be participating in the Meludia project. Moreover, an Art and Design Workshop has recently been set up at YOURS, whereby inmates have the possibility of learning a new skill and earn money from painting of souvenirs which are sold to tourists by the supplier, Heritage Homes. The workshop opens for three hours every day. Vocational skills are passed on to inmates by correctional staff working in trades. Courses and other learning opportunities are offered to all inmates.</p> <p>The current education programme is being supplemented with training programmes provided by the LifeLongLearning Directorate in liaison with the CCF authorities. Discussions are underway for further service provisions in the educational sector with other organisations working in the field.</p> <p>The extension project will include single and double cells, improving the living space of inmates.</p>
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		An officer is being placed right outside the gates of the dorms when these gates are locked.
Pg 45 Para 101	<b>The CPT recommends that the health-care assessments of young offenders also be carried out upon admission to YOURS, and that a proactive preventive health-care approach be put in place. Further, medical confidentiality should be respected and hygiene standards in the kitchen improved.</b>	Hygiene standards are being improved at the YOURS kitchen through increased supervision and food handling training.  A nurse is present every day from 08.00hrs till 20.00hrs at YOURS. An assessment by the GP is carried out on each inmate upon admission.
Pg 46 para 102	<b>The CPT recommends that steps be taken to ensure all staff working at YOURS are specifically selected and professionally trained to work with young persons.</b>	A capacity building exercise including a new intake of correctional officers and senior correctional officers (promotions) is currently underway. This exercise will enable the Department to select staff who possess the necessary skills and aptitude to work with a young inmate population. It is also being planned that training will be delivered in Q1/Q2 2017 for all staff at YOURS.
Pg 46 Para 103	<b>The CPT recommends that, in the context of the extension and renovation, the YOURS facility becomes a fully autonomous unit of the CCF responsible for the admission, care and treatment of the young inmates, with its own detention rules. The CPT would like to receive detailed information on the plans for the extension of the YOURS facility, including the timelines for its completion.</b>	Various areas are currently tailor-made for YOURS, including: <ul style="list-style-type: none"> <li>• Inmates Disciplinary proceedings, which are more geared towards the restorative approach,</li> <li>• Trades, which are carried out by YOURS staff together with YOURS inmates, in order for skills to be passed on to young inmates while the work is being carried out,</li> <li>• Kitchen, where menus are specifically selected to cater for the well-being of young inmates and include a home-made</li> </ul>

		<p>element.</p> <ul style="list-style-type: none"> <li>• Education, where the tutors are qualified to work specifically with youths.</li> </ul> <p>The new operational system will mainly focus on programmes for inmates in the areas of education and therapy, keeping in mind the rehabilitation aspect. The new system will include the Incentives Earned Privilege System. The new structure will have adequate facilities dedicated for the educational, recreational and psychological needs of a young population, as opposed to the current highly restrictive floor-plan. Staff training will complement the extension project. Training will be given on soft skills and on the implementation of the new system. The details for such training programme are currently being drafted. Training will be delivered in Q1 and Q2 2017.</p> <p>YOURS will have an ad hoc management structure falling under the authority of the Director Correctional Services.</p> <p>The architect's plan for the extension at YOURS is being attached. Construction works will commence in Q2 2016 and the extension will be completed in Q2 2017.</p>
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		<p>The project include the following:</p> <ul style="list-style-type: none"> <li>a) Improved residential facilities for offenders, with a shift from dorm to individual/2 bed cells.</li> <li>b) New educational premises including better sports facilities</li> <li>c) Extension of services focusing on the therapeutic need of young male and female offenders</li> <li>d) Facilities for disabled persons</li> <li>e) Training for all YOURS staff.</li> </ul> <p>Other facilities include: a bigger yard, separate male/female wing, a multipurpose hall, family extended visit room, better classrooms, doctors clinic, and facilities for family therapy.</p>
<p><i>9. Forensic Psychiatric Units, Mount Carmel Hospital</i></p>		
<p>Pg 48 Para 107</p>	<p><b>The CPT recommends that the Maltese authorities undertake a complete review of the purpose and functioning of the forensic units at Mount Carmel Hospital, with a view to making them fit for purpose. To this end, the Ministry of Health should be tasked with the oversight of the forensic units and the units should</b></p>	<p>There are ongoing discussions between the two relevant ministries regarding the implementation of this recommendation.</p> <p>Meanwhile, substantial physical upgrading of the facility is taking place.</p>



	<p>be brought under the management of Mount Carmel Hospital. There is also a need to invest more in the recruitment and training of qualified nursing staff, who should be able to perform all the duties required of a forensic psychiatric service (in this respect, see the recommendation contained in paragraph 123).</p>	
Pg 48 Para 108	<p><b>The CPT recommends that the Maltese authorities deliver a clear reminder to staff that the ill-treatment of patients, in any form, is illegal and that the perpetrators will be punished accordingly.</b></p>	<p>Ill-treatment of patients is an offence against discipline. Ill-treatment of patient is not acceptable and staff is well aware of this.</p>
Page 49 Para 110	<p><b>The CPT recommends again that the Maltese authorities take steps in the male and female Forensic Units to ensure that:</b></p> <ul style="list-style-type: none"> <li>• all patients are provided with their own bed, as well as with lockable space to store their personal belongings;</li> <li>• toilets in double- and multi-occupancy rooms are fully partitioned to the ceiling;</li> <li>• wash basins are installed in all of the rooms;</li> <li>• patients have ready access to drinking water;</li> <li>• the general level of hygiene is improved; and</li> <li>• the capacity levels of both units are reviewed to ensure that there is sufficient living space for each patient; rooms of 8.5m<sup>2</sup> should preferably not be used to accommodate more than one patient.</li> </ul>	<p>Refurbishment has been initiated and further works will be carried out in the near future.</p>
Pg 49 Para 111	<p>The CPT's delegation</p>	<p>The quality of food is always</p>

	<p>received numerous complaints about the quality of the food on the MFPU, which was provided by an outside caterer in a plastic meal box. Patients complained that it was monotonous, bland and insufficient in quantity. Many patients supplemented it or replaced it with food from their families, but those who could not had to rely on fellow patients for additional food. Such a situation could create a dependence on other patients, and could incentivise informal avenues to obtain food and expose patients to bullying or power relationships.</p> <p>In the absence of a specialised service, it is the responsibility of CCF - in conjunction with the competent authorities - to supervise catering arrangements (quality, quantity, preparation and distribution of food). <b>In this respect, the CPT recommends that the Maltese authorities ensure that the menus at the Forensic Units are overseen by a qualified dietician and nutritionist, and that the quality and quantity of food distributed to patients comply with relevant minimum standards on daily food intake as regards proteins and vitamins.</b></p>	<p>under scrutiny and whenever it was considered not to be of good quality, it was sent back to be replaced. Thus inmates at the Forensic Unit are provided with food of good quality.</p>
Pg 51 Para 116	<p><b>The CPT recommends that the Maltese authorities transfer Patient D to a place where his serious somatic needs can be appropriately catered for.</b></p>	<p>The Maltese authorities consider Patient D is accommodated in the room deemed best to cater to his needs. A medical bed has been provided to Patient D to better cater for his somatic</p>

		needs.
Pg 51 Para 117	<b>The CPT recommends that nursing staff be physically present in his room to ensure the safety of this patient until he is no longer deemed to be at risk.</b>	Patient in question has been discharged from Forensic Unit in December 2015, following improvement in mental state. In an effort to allay CPT's concerns regarding this case, separate correspondence has been sent to CPT medical team in November 2015, detailing Mental Health Act papers, an enhanced care plan and clinical update. Current constant watch nursing supervision policy, includes daily therapeutic intervention by Level 1 nurse and mental state assessment guided by Brief Psychiatric Rating Scales. Single door room has been refitted to allow direct visualisation of patients under constant watch, and in high risk cases, open door policy is applied to allow more intensive therapeutic interventions. Locking of cell doors including single room doors, are in line with specified times as stipulated by CCF authorities.
Pg 52 Para 118	118. On the FFPU, the delegation met a young woman (Patient F) with behavioural problems, who was not getting appropriate care; she had no individualised care plan and her epilepsy was regarded by health-care staff as a pretence rather than as a condition requiring care. Further,	Patient F has been released from prison on termination of her sentence.

	<p>Patient F was being regularly secluded in her single room; she had been locked, some 22 times, in her room for 23 hours a day over the two months prior to the delegation's visit.</p> <p><b>The CPT recommends that the medical care afforded to this patient be reviewed, and that an individualised treatment plan be drawn up for her. Further, the use of seclusion should be properly regulated and subject to the appropriate safeguards</b> (in this respect see the recommendation contained in paragraphs 115 and 128).</p>	
Pg 52 Para 119	<p><b>The CPT recommends that the Maltese authorities conduct an overarching review of the quality of medical care afforded to patients on both of the Forensic Units with a view to initiating the necessary improvements. The CPT would like to receive information on the outcome of this review.</b></p> <p><b>The CPT also recommends that the Maltese authorities develop a range of rehabilitative psycho-social activities for forensic psychiatric patients at Mount Carmel Hospital; occupational therapy should be an integral part of the rehabilitation programme.</b></p> <p><b>Further, an individual treatment plan should be drawn up for each forensic psychiatric patient, including the goals of the treatment, the therapeutic means to be used and</b></p>	<p>Forensic Units are regularly inspected by the Office of the Mental Health Commissioners which is an independent authority conducting site visits in all wards of Mount Carmel Hospital, as part of a safeguarding process of policies and practices. Mount Carmel Hospital carries out an ongoing review in order to continuously improve the medical service and conditions provided to patients. The Maltese authorities take note of these recommendations; the recommendations are being considered for their eventual implementation.</p>

	<p>the staff members responsible. Patients should be involved in the drafting of their individual treatment plans and the evaluation of their progress, and such treatment plans should be reviewed and updated on a regular basis.</p> <p>The CPT recommends that the environment in which forensic patients are held should be made as therapeutic to their needs as possible, and in general, subject to individualised risk-assessments, patients should be able to benefit from a semi-open regime, partake in purposeful activities and have ready access to the outside areas. Lastly, the exercise yards should be equipped with benches and shelter against inclement weather.</p>	
Pg 53 Para 123	<p>The CPT recommends that the Maltese authorities increase the number of qualified psychiatric nurses and general health-care staff in both forensic units, to ensure that essential care tasks, including showering or taking patients to the toilet, are performed by trained Health-care staff. It also recommends that specialised psychiatric nursing training should be Available to other care staff who may wish to develop their skills. Further, every effort should be made to limit the turnover of care staff. Moreover, it recommends that the</p>	<p>These recommendations have been noted.</p> <p>The protocol of the Forensic Unit is being revised, and these recommendations are being taken into consideration.</p> <p>The feasibility of the recommendation to have the presence of a consulting physician at the Forensic Unit is being studied.</p>

	<p>authorities ensure the regular presence of a consulting physician specialised in general internal medicine at the forensic units.</p>	
Pg 54-55 Para 126	<p><b>126. The CPT recommends that the Maltese authorities ensure that the application of any means of restraint should only be carried out by adequately trained health-care staff and resort should never be had to the Special Response Team from the prison. Further, a systematic recording system should be put in place to enable the proper monitoring of the restraint procedures applied in the forensic units. The record of the use of means of restraint should be distinct from other registers. The fact of the use of means of restraint should be also duly noted on the concerned patients' individual medical files. In addition, the patient concerned should be given the opportunity to discuss his/her experience, during and, in any event, as soon as possible after the end of a period of restraint. The patient concerned should also be informed of the relevant procedure, and avenues available, for making a complaint.</b></p>	<p>All nursing staff working at Mount Carmel Hospital are receiving training in de-escalation and physical restraint. Currently, there are plans for a nursing response team to be available 24/7.</p> <p>A recording system is in place. A separate register on the use of restraint is available. Furthermore, CCF staff also receives training to deal with such circumstance. It is therefore considered that this recommendation has been implemented.</p>
Pg 55 Para 127	<p><b>The CPT wishes to receive confirmation that CS gas and pepper spray are not deployed at Mount Carmel Hospital.</b></p>	<p>It is confirmed that CS gas is not currently deployed at MCH.</p>
Pg 55 Para 129	<p><b>The CPT recommends that the Maltese authorities take</b></p>	<p>Seclusion is only resorted to as a last option and upon</p>

	<p>steps to ensure that the measure of seclusion be properly regulated and subject to the same safeguards as other means of use of restraint; in particular:</p> <ul style="list-style-type: none"> <li>• it should only be a measure of last resort and for the shortest possible period;</li> <li>• a systematic recording system should be established for every use of seclusion;</li> <li>• the existence of appropriate human contact should be ensured for, and individualised staff supervision of, those patients placed in seclusion;</li> <li>• that a written seclusion policy should be made available in the forensic units; and</li> <li>• the place where a patient is secluded should be specially designed for that specific purpose. It should be safe and promote a calming environment for the patient.</li> </ul> <p>Further, the CPT would like to receive a copy of the seclusion policy for the forensic units.</p>	<p>instructions given by the Psychiatric consultant.</p> <p>The recommendation pertaining to record keeping has been implemented.</p>
Pg 57 Para 132	<p>The CPT recommends that the Maltese authorities ensure that every patient, regardless of their civil or forensic status (and, if they are incompetent, their legal representatives) should:</p> <ul style="list-style-type: none"> <li>• be provided systematically with information about their condition and informed about the intended treatment;</li> <li>• be given the opportunity</li> </ul>	<p>This recommendation is already implemented.</p>

	<p>to refuse treatment or any other medical intervention, and that doctors be instructed that they should always seek the patient's consent to treatment prior to its commencement;</p> <ul style="list-style-type: none"><li>• be provided with relevant information during and after treatment; and</li><li>• be able to appeal against a compulsory treatment decision to an independent outside authority.</li></ul> <p>The CPT also recommends that, if it is considered that a given patient who has been voluntarily admitted and who subsequently expresses a wish to leave the hospital (and return to the prison), still requires in-patient care, the patient should be assessed with a view to transforming the voluntary status of the patient into an involuntary status in accordance with the procedures contained in the Mental Health Act.</p>	
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<b>Section IID: Mount Carmel Psychiatric Hospital &amp; Gozo General Hospital</b>		
<b><u>Recommendation Reference</u></b>	<b><u>CPT Recommendation</u></b>	<b><u>MT Reply</u></b>
<i>1. Preliminary Remarks</i>		
Pg 58 Para 133	<b>The CPT would like to be informed about the future plans for Mount Carmel Hospital and notably about the progress in developing assisted-living accommodation in the community and the deinstitutionalisation of the hospital.</b>	<p>The government is planning to open a new Acute Psychiatry Unit, whilst continuing with the present plan of opening hostels / assisted accommodation in partnership with other organizations in the community.</p> <p>At present, talks are underway for opening such an accommodation specifically for asylum seekers with mental health problems.</p>
Pg 59 Para 136	<p>136. In the course of the visit to Mount Carmel Hospital and to Gozo General Hospital short-stay ward, the CPT's delegation received no allegations of deliberate ill-treatment of patients by staff. On the contrary, it observed relaxed staff-patient relations and a generally caring approach by staff who were, on the whole, professional. Nevertheless, its attention was drawn to the alleged incident of forced feeding and irregular use of injections by nurses of a patient on 20 May 2014. A board of inquiry appointed by the Commissioner for Mental Health reported on 22 July 2014 that force had been used to control the patient, and injections were given in an irregular manner. It recommended further investigation of the irregularities committed, and stated that charges should be brought against those found</p>	<p>The nurse involved in this incident was given individual training and was working with direct supervision for a length of time, until he was deemed to be safe.</p>

	<p>guilty of administrating unregulated medicine. Further training for staff in communication skills and emotional intelligence was also recommended to ensure that staff are sensitive to patients' needs.</p> <p><b>The CPT would like to be informed of the actions taken further to the report of the Board of Inquiry in this particular case.</b></p>	
Pg 58 Para 137	<b>The CPT recommends that steps be taken on Female Ward 1 to prevent incidents of inter-patient violence.</b>	In this regard, more ward activities are taking place in order to keep patients occupied.
<i>2. Living Conditions and Treatment</i>		
Pg 60 Para 138	<b>The CPT favours the approach of allowing patients who so wish to have access to their room during the day, rather than being obliged to remain assembled together with other patients in communal areas... The CPT recommends that patients be allowed to wear their own clothes during the day or that appropriate clothing (non-uniform garments) be provided to them.</b>	Patients do not wear uniforms, and wear their own clothes. The bedrooms are locked for a certain time during the day to discourage the habit of patients of lying in bed / sleeping all day. Ward activities have also been increased.
Pg 61-62 Para 143	<p><b>In light of the above, the CPT recommends, as regards living conditions for patients, that measures be taken by the Maltese authorities to:</b></p> <ul style="list-style-type: none"> <li><b>- increase the opportunities for therapeutic and occupational activities for all patients;</b></li> <li><b>- ensure all patients are offered the possibility of outdoor exercise every day;</b></li> </ul> <p><b>for the Long-stay Psycho-</b></p>	<p>At present Mount Carmel Hospital is in the process of improving the internal gardens of the hospital to make it easier for patients to have frequent outdoor activities.</p> <p>Regarding the other recommendations, the Maltese Government is aware of these processes and is to start a total refurbishing</p>

	<p>geriatric ward this may require constructing a means of access to the veranda from the ward;</p> <ul style="list-style-type: none"> <li>- provide all patients with their own lockable space (e.g. lockers to which staff may have master keys) in which to place their personal belongings;</li> <li>- render the dormitories less austere and more personalised;</li> <li>- ensure that patients are provided with sufficient food, particularly in the evenings;</li> <li>- reduce the number of residents in the Male Learning Disabled Unit;</li> </ul> <p>and</p> <ul style="list-style-type: none"> <li>- completely refurbish the Maximum Secure Unit to create a therapeutic living environment; if that is not feasible, to re-locate the MSU to a place where the appropriate environment can be provided.</li> </ul> <p>More generally, the CPT considers that the provision of accommodation structures based on small groups is a crucial factor in preserving/restoring patients' dignity, and also a key element of any policy for the psychological and social rehabilitation of patients. Structures of this type also facilitate the allocation of patients to relevant categories for therapeutic purposes. To this end, <b>the CPT recommends that steps be taken progressively throughout the hospital to reduce the number of beds in any one dormitory to no more than four beds.</b></p>	<p>of the hospital.</p>
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Pg 62 Para 144	<p><b>The CPT recommends that a written individual treatment plan be drawn up for every patient and that the patient be consulted in this process and the plan explained to the patient.</b></p> <p><b>Further, increased efforts should be made to widen the range of rehabilitative and therapeutic activities on offer at Mount Carmel Hospital.</b></p>	<p>Individualized treatment plans are being drawn up, and patients have to consent to treatment.</p> <p>Activities have been increased.</p>
Pg 63 Para 145	<p><b>The CPT recommends that steps be taken by the authorities to ensure that ECT is always performed with EEG monitoring.</b></p>	<p>EEG machines available do not allow this. Plans for new machines to allow this are being considered.</p>
Pg 63 Para 147	<p>147. Article 14 of the Mental Health Act provides that prior to the administration of any treatment, informed consent shall be given by the patient and in those cases where the patient lacks the mental capacity to consent, such consent shall be obtained from the responsible carer.</p> <p>An examination of patients' files showed that in almost all cases a consent form for treatment was signed by the patient and/or the responsible carer and the treating doctor.</p> <p>Nevertheless, it was not systematic and <b>the CPT recommends that care be taken to ensure a signed consent form is always obtained prior to treatment.</b></p>	<p>This is being monitored so that all treatment given is with consent of the patient.</p>
<p><i>3. Staff resources at Mount Carmel Hospital</i></p>		
Pg 64 Para 148	<p>In general, the staffing resources in the hospital were adequate. However, the delegation did observe that the nursing staff on the Ward for Male Learning</p>	<p>Staffing levels are reviewed periodically and a request for more nurses has been submitted by Mount Carmel management.</p>

	Disabilities were at times overwhelmed and it felt that additional care workers would be beneficial. Further, the staffing levels on Female Ward 8 appeared insufficient as the three staff members struggled to cater to the diverse needs of the 25 patients. <b>The CPT recommends that staffing levels on these two wards be reviewed.</b>	
Pg 64 Para 149	<b>The CPT recommends that the Maximum Security Unit be staffed by psychiatrically trained nurses who are directly employed by the hospital.</b>	This recommendation is being studied.
Pg 64 Para 150	<b>The CPT would like to receive updated information on the on-going training possibilities for nurses and the numbers currently enrolled in such courses.</b>	All nurses employed at Mount Carmel Hospital are, at present, being trained in de-escalation techniques.
<i>4. Means of physical restraint and seclusion/ "time-out" rooms</i>		
Pg 64 Para 151	<b>The CPT recommends that steps be taken to render the seclusion rooms on Female Ward 1 and the Secure Unit safe. Further, the time-out rooms in the male section of the Mixed Admission Ward should be renovated and the privacy of patients placed in these rooms, as well as in the time-out rooms in the female section, assured.</b>	The implementation of this recommendation is envisaged as part of the hospital refurbishment.
Pg 65 Para 152	<b>The CPT recommends that staff be fully apprised of the operational policy on restrictive care and seclusion and that a mandatory debriefing be offered to all patients following the termination of the measure of seclusion.</b>	This recommendation is being implemented.
Pg 65 Para 153	153. Further, voluntary	Voluntary patients are not

	<p>patients were supposed to give their consent to a psychiatrist before being placed in seclusion but such consent was verbal only. The CPT considers that if a patient represents a danger to him/herself and to others, the patient is unlikely to be in a fit state of mind to consent to a period of seclusion in a locked room. In such cases, the patient should be assessed with a view to transforming temporarily the voluntary status of the patient into an involuntary status in accordance with the procedures contained in the Mental Health Act, even if this does represent an additional time and paperwork duty on nurses and psychiatrists. <b>The CPT would appreciate the comments of the Maltese authorities on this matter.</b></p>	<p>put in seclusion. Patients requiring seclusion are sanctioned in line with the Mental Health Act.</p>
Pg 65 Para 154	<p><b>The CPT recommends that the time-out room in the Young Persons' Unit should not be used for periods in excess of 20 minutes, in accordance with the stated policy.</b></p>	<p>This recommendation is being implemented.</p>
<p><i>5. Legal Safeguards</i></p>		
Pg 67 Para 157	<p><b>The CPT recommends that the Maltese authorities provide for the possibility for legal aid in those cases where a patient wishes to challenge his/her involuntary placement before a court.</b></p>	<p>This recommendation is already in place, as legal aid is provided in such a scenario.</p>
Pg 68 Para 158	<p><b>The CPT recommends that the Maltese authorities put in place robust procedures to ensure that young persons exhibiting challenging behaviour are</b></p>	<p>This recommendation is already in place. Patients with challenging behaviour only are not admitted.  Young persons are not placed</p>

	<p><b>not automatically moved from care homes to Mount Carmel Hospital.</b></p> <p><b>The CPT wishes to receive confirmation that there is a strict policy in place at Mt Carmel Hospital not to place juvenile female patients on adult wards, notably Female Ward 1, as was the case up until July 2015.</b></p>	<p>in adult wards, unless there is absolutely no alternatives to safety considerations.</p>
Pg 68 Para 159	<p><b>The CPT recommends that a comprehensive information booklet is produced and that it is issued to all patients on admission, as well as to their families. Patients unable to understand this brochure should receive appropriate assistance.</b></p>	<p>Currently, there are plans for this recommendation to be implemented.</p>
Pg 69 para 161	<p>161. The Commissioner and his Office on the one hand gather statistical information in relation to involuntary applications (numbers, age, sex, length, disorders, etc.), and on the other hand survey users about their experience in hospital, including whether they are aware of their rights. In particular, emphasis is placed on making sure that there is no disguised involuntary placement of patients whenever hospital care continues.</p> <p>The rights of patients are at the heart of the Mental Health Act and the Commissioner is the guardian of the Act so it is essential that the Commissioner possesses the necessary resources to fulfil his remit effectively. In particular, care must be taken to ensure that the role of</p>	<p>Resources of the Customer Care Office at Mount Carmel Hospital have been increased. The process to submit complaints has been facilitated and all complaints are followed.</p>

	<p>upholding patients' rights through the complaints and inspections tasks is not compromised by the Commissioner's role in issuing involuntary placement orders. With this in mind, the CPT very much supports the establishment of a patients' advocate service to speak to patients about their rights as well as to provide on-going training to nurses.</p> <p><b>The CPT would appreciate the comments of the Maltese authorities on these matters.</b></p>	
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**Section III: Social Care Homes**

<b>Recommendation Reference</b>	<b>CPT Recommendation</b>	<b>MT Reply</b>
<i>1. Preliminary Remarks</i>		
Pg 70 Para 162	<p>162. The CPT’s delegation visited, for the first time, St Joseph’s Home for boys in St Venera, which accommodates up to 12 young boys between the ages of 9 and 13 who are placed in the Home on a care order as well as up to five young adults with learning disabilities; the occupancy at the time of the visit was 11 and three, respectively. It also carried out follow-up visits to the adjacent Fejda and Jeanne Antide Homes for girls, which are still located in the Conservatorio Vincenzo Bugeja. At the time of the visit, the Fejda Home (for girls aged 12 to 16) was accommodating nine residents for a capacity of 11 and the Jeanne Antide Home (for girls aged 16 to 19) was accommodating seven residents for a capacity of 11. The CPT recalls that the Children and Young Persons’ (Care Orders) Act of 1980 as amended provides for the possibility to place a minor under the age of 16 under a so-called “care order”, either by court or administrative decision. The placement comes to an end, at the latest, when the minor concerned turns 18. During the placement period, parental authority is exercised by the Minister responsible for social welfare. The placement of a minor under a care order expressly provides the possibility to deprive the minor concerned</p>	<p>In Malta, once a care order is issued, the Minister for the Family and Social Solidarity is responsible for the care and custody of the child and does not have the parental authority. Parental authority remains with their parents.</p> <p>Issuing of the care order does not mean that liberty of the child is taken away. Children are removed from their home as a safety precaution, hence the issuing of the care order. Subsequently a care plan is formulated to address the way forward of the child within the residential home, the family and the community. For the duration of the care order, the minor so protected is followed by a social worker from the Looked After Children (LAC) unit of national child welfare agency, Aġenzija Appoġġ within the Foundation for Social Welfare Services (FSWS). It is the duty and remit of these LAC social workers to always speak up for and represent these children in relation to all other entities who have contact with them</p> <p>Presently a New Children’s Act has been tabled at the House of Parliament by the Minister for the Family and Social Solidarity. The Act is in its second reading. It covers amongst other all areas of concern mentioned in this report.</p>

	<p>of his/her liberty.</p> <p>The procedure for placing a person under the age of sixteen under a care order remains the same as that outlined in the report on the 2008 visit (see Article 4 of the Care Orders Act).</p> <p>The CPT understands that the review period for keeping a juvenile in a care home will be reduced from six to four months and that it is proposed that children will be allowed to participate in the review procedure. <b>The Committee would like to receive more details about these proposals and the timetable for their adoption.</b></p>	
<i>2. Living Conditions and Health Care</i>		
Pg 71 Para 166	<b>The CPT would like to receive updated information on the refurbishment plans for the Fejda Home and the proposal to develop semi-residential accommodation for young adults turning 18.</b>	The proposals for the Refurbishment of Fejda have been discussed by the Board of Management. The Service Agreement with the Malta Government for the Homes has yet to be finalised. The Semi Independent Living project is functioning.
Pg 72 Para 167	<b>The CPT recommends that the Maltese authorities take the necessary steps to ensure that all children and juveniles admitted to St Joseph's, Fejda and Jeanne Antide homes, as well as other children's care homes, benefit from an appropriate interview and medical examination as soon as possible following their admission. Further, the CPT recommends that a programme of preventive care be established in the homes visited as well as in other children's care</b>	Although each home has its own procedures, practices such as appropriate interviews and care plans are made use of. Also, it is important to note that social workers are obliged to help the children understand why the care order was issued and its implications. As stated above, the social workers from the LAC unit will take the necessary steps to ensure that the medical needs of the children are seen to regularly by whoever is supposed to be taking care of them while they are protected by the Care Order.

	<b>homes.</b>	
Pg 72 168	<p>168. In the course of the visit, the delegation met a number of girls who had been placed in Mount Carmel Psychiatric Hospital on one or more occasions and it had the opportunity to examine a number of girls' medical files. The findings point to an apparent over-eager reflex to transfer a girl exhibiting challenging behaviour to Mount Carmel for in-patient psychiatric care. While recognising that some young persons can present real challenges to staff, in-patient psychiatric care should be reserved for clinically appropriate cases only. The CPT has taken note of the response of the Ministry for Family and Social Solidarity to the delegation's preliminary observations that "only minors with a genuine need for such treatment are transferred to Mount Carmel Hospital following consultation and recommendation of professional medical staff". Nevertheless, vigilance needs to be exercised in this area as the placement of many children at this hospital over the past few years does not appear to have been justified. On a practical level, staff in children's welfare homes should be provided with on-going training on how to manage juveniles exhibiting challenging behaviour.</p> <p><b>The CPT would appreciate the comments of the Maltese authorities on this matter (see also paragraphs 116 and 131 above)</b></p>	<p>It is standard practice that anyone with mental health problems is only admitted to Mount Carmel Hospital following the proper clinical psychiatric procedures. This also the case when minors are admitted to the Young Persons Unit (YPU) within Mount Carmel Hospital. As a rule, the FSWS, the Commissioner for Children and, indeed, the management of Mount Carmel Hospital agree that admission to the YPU should only be a last resort and minors are only admitted there when it is clinically certain that the condition exhibited by the minor warrants psychiatric intervention.</p>

<i>3. Staff</i>		
Pg 73 Para 169	<b>The CPT would appreciate receiving the comments of the Maltese authorities on this matter. Further, the Committee would like to be informed of the training provided to care workers to manage challenging behaviour, including as regards training in non-violent interventions.</b>	In the first place, it should be noted that standards in such care homes are regulated by the Department for Social Welfare Standards (DSWS). Staff are, therefore, only recruited if they have the necessary training and requirements. Secondly, all social workers and care workers employed by the FSWS receive ongoing professional development which is part of their employment conditions. It is a policy of the FSWS to also make such training available to other professionals working in the sector. In this regard, it should be noted that the Homes provide specific and periodic training to their staff which includes Team Building and Positive Handling techniques.
<i>4. Discipline</i>		
Pg 73 Para 170	170. In none of the homes were there any house rules as management wanted to focus on the provision of a caring and supportive environment rather than emphasise the fact that the homes were institutions. Nevertheless, notably at Fejda and Jeanne Antide, the girls were expected to abide by the individual duties and behaviour charts, and consequences of poor behaviour or not respecting the time by which they had to be back in the homes at night were clearly communicated. The sanctions were usually a reduction in pocket money and the amounts of time they were allowed to be outside the homes or, if it involved	St Joseph's Home aims to provide the boys entrusted to its care with a family-like environment. Thus, as in most other families, rules are not written but established informally in our day-to-day interactions. In order to create a consistent standard; the staff follow the manual of procedures however this is not presented to the child in a formal manner.  Boys are sometimes asked to go in one of the rooms close to the offices, on occasions when their behavior is harmful to themselves or the other boys. The rooms are not special spaces, like time-out rooms or safe-spaces. They are just two bedrooms which

	<p>material damage, additional common duties. <b>The CPT would like to be informed of any written rules/procedures regarding the imposition of sanctions.</b></p> <p>At St Joseph's Home, boys who misbehaved would be placed in a room next to the office of the Head of Care as a time-out for 10 to 20 minutes but the door was never locked; the room was not often resorted to. Nevertheless, a systematic record of the placement of a boy in the time-out room should be made (name, time in and time out, any other notable events and the reason for the placement). <b>The CPT recommends that such a record be maintained at St Joseph's Home.</b></p> <p>More generally, <b>the CPT would be interested to learn about the interaction between the care workers at the Advisory Board on Children (ABOCH) and the management of the care homes as regards the individual children for whom the ABOCH care workers are responsible.</b></p>	<p>are easily supervised by senior and professional staff because of their proximity to the offices. An incident report is carried out whenever physical restraint was needed or whenever the child was aggressive with staff or other children.</p> <p>At Fejda/Jean Antide Homes, there are written rules. Sanctions are discussed and decided with residents, if and when the situation permits. A policy is being drafted in this regard. Sanctions are minimal and always concern the holding of pocket money and outing time, less time using internet or mobile phones.</p> <p>With regard to the interaction between the social workers and the Children and Young Persons Advisory Board (CYPAB), it is to be noted that social workers, from the LAC unit of Agenzija Appogg, report to the CYPAB regularly. Care workers usually do not attend the CYPAB meetings. They are the hands on contact with children on a daily basis and their feedback on the children is of utmost importance. This feedback is given to the social worker during the regular case reviews, organised by the National Social Work Agency APPOGG. This review is held prior to the CYPAB meeting. It is through the reporting of the social workers that the CYPAB is made aware of any problems that the child may have or any particular behaviour which the minor</p>
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		would be displaying. Therefore, open and comprehensive reporting is essential and the CYPAB should be kept informed at all times in order for any action which might be required to be taken without delay. The children and their significant others (family, foster carers etc.) are always invited to give their feedback during the CYPAB meeting. CYPAB Board members stress that meetings held are always child focused and child friendly.
<i>5. Complaints and Inspection Procedures</i>		
Pg 74 Para 171	<b>The CPT recommends that information on the role of the Commissioner for Children be made available to residents in all welfare homes. Further, the Maltese authorities should ensure that all homes are visited by an independent body on a regular basis. To this end, the CPT would welcome the intervention of the Commissioner for Children.</b>	Malta acknowledges the importance that all children in institutional care are aware of the role and functions of the Office of the Commissioner for Children and how this can help them. The Office of the Commissioner for Children, as an independent body, also acknowledges the importance of carrying out visits to these homes on a regular basis. In effect such visits have been taking place in recent years.

### **Additional Remark**

Malta values the importance of monitoring and advisory visits in creating a constructive dialogue which contributes to a gradual and constant improvement in public policy. In view of this Malta recognises the importance of the CPT and co-operated fully with the delegation during its visit to Malta last year.

However, Malta considers that social care homes do not fall within the remit as described by the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.

Social care homes are not places of detention. It is to be noted that Malta is a signatory to various international conventions and best practices in the area of children's rights, including also the Council of Europe Lanzarote Convention.