

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE

CPT/Inf (2017) 17

## **Response**

**of the Latvian 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 Latvia**

**from 12 to 22 April 2016**

The Latvian Government has requested the publication of this response. The CPT's report on the April 2016 visit to Latvia is set out in document CPT/Inf (2017) 16.

Strasbourg, 29 June 2017

**COMMENTS OF THE LATVIAN GOVERNMENT  
ON THE REPORT ON LATVIA BY THE EUROPEAN COMMITTEE FOR THE  
PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR  
PUNISHMENT**

Having assessed the report drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) after the visit to Latvia from 12 to 22 April 2016 the Government of Latvia hereby presents the following information on the implementation of the CPT's recommendations. The Government of Latvia would also like to avail itself of this opportunity to express gratitude to the CPT for the observations and recommendations as they all contribute to the improvement of the situation in areas related to deprivation of liberty.

**Paragraph 7 of the Report**

By order No. 626 of the Cabinet of Ministers of 16 October 2016 working group was established for preparing an informative report to the government on evaluation of possible solutions for introduction of the OPCAT.

**Paragraph 8**

According to order No. 38 of the Cabinet of Ministers of 4 February 2013 "On the Development Concept of the Administrative Punishment System", solutions entered in the summary of the development concept of the Administrative Punishment System were supported, including those which envisage configuration of the field and exclusion of administrative arrest from the administrative punishment system.

Thus, draft "Administrative Punishment Procedure Law) (No. 16/Lp12) was adopted by the Parliament in the second reading on 6 October 2016. According to article 15 of the above legislation project, warning, pecuniary fine, deprivation of rights and prohibition to use rights can be applied for an administrative transgression. Warning and pecuniary fine are basic punishments, but deprivation of rights and the prohibition to use rights are additional punishments. Thus, administrative arrest can no longer be envisaged in the administrative punishment system.

**Paragraph 10**

The draft Law on Administrative Violation Proceedings, which envisages significant changes to the system of administrative sanctions, was supported at the Parliament (the Saeima) in the second reading on 6 October 2016. The draft law provides for a warning and a fine as Basic Administrative Sanctions, and thereby, sanctions such as the confiscation of an object and instrument of commitment of an administrative violation, the forfeiture of special rights, as well as the forfeiture of rights to hold particular offices, and custodial arrest.

**Paragraph 13**

Pursuant to the law [Law On the Procedures for Holding the Detained Persons], if it is necessary, the administratively detained and arrested persons, as well as the persons placed under arrest [remanded in custody] and the convicted persons may be placed in a temporary place of

detention [police detention facilities] – for performance of procedural actions<sup>1</sup>. It should be noted that persons arrested by the Public Order Police unit of the State Police are escorted from remand prisons and prisons to police detention facilities not only under the authorisation of the State Police officials but also of courts and the prosecutor’s office. However, the responsible officials, to the fullest extent possible, take the required measures to make as short as possible the time period of holding the said persons in temporary place of detention [police detention facilities].

The State Police structural units have already received orders to transfer persons from prisons to temporary places of detention [police detention facilities] only in exceptional cases, for specific reasons and for the shortest time possible (the State Police letter No. 20/1404 of 16 January 2014, updated in March 2017.)

At the same time, as concerns the amendments to the law<sup>2</sup> it should be noted that the maximum time limit of seven days mentioned in Paragraph 13 of the Report applies only to the wanted arrested persons and persons sentenced to deprivation of liberty after their detention and consequently, their transfer to an investigation prison or a prison.

In 2016, the share of persons transferred from prisons under the authorisation of the State Police officials was 29% of the total number of transfers, and the average stay at the temporary places of detention [police detention facilities] per person was 4.1 days, which is by 1.4 days less than in 2012.

The following numbers of persons were transferred to temporary detention places [police detention facilities] in 2016:

<b>Requesting institution</b>	<b>Number</b>	<b>Share %</b>	<b>Total days</b>	<b>Stay per person (average # of days)</b>
Court	1 746	55,4	8 512	4.8
Prosecutor’s Office	461	14,6	1 739	3.7
State Police	915	29,0	3 640	4.0
Others*	31	1,0	121	3.9
<b>Total</b>	<b>3153</b>	<b>100</b>	<b>14 012</b>	<b>4.1</b>

\*The State Revenues Service, the Corruption Prevention and Combating Bureau (*KNAB*) and others

Placing sentenced persons in the temporary places of detention [police detention facilities] depends on the schedules of hearings and is subordinate to the agenda planned by the specific court. Since a part of courts are appropriately equipped to ensure that trial proceedings can take place via video-conferencing, this format is being used increasingly often, which in turn reduces the need for transferring a person to a facility outside a prison.

Persons remanded in custody and the convicted persons, in order for them to appear at a court hearing, are placed in a temporary place of detention [police detention facilities] for a period of

<sup>1</sup> Paragraphs 1 and 2 of Law On the Procedures for Holding the Detained Persons

<sup>2</sup> Amendments to Law On the Procedures for Holding the Detained Persons that entered into force on 26 May 2016.

up to one week, which is related to the transfer schedule. The transfer schedule is approved by the Chief of the State Police and agreed with the Prison Administration. Possibilities have been considered for a more frequent transfer/transportation or transfer/transportation on the immediate necessity; however, this is not feasible because of the need for maximum efficiency in the use of the facilities and personnel resources of the State Police.

#### **Paragraph 16**

Training programmes run by the State Police College for officers with special service ranks employed at the temporary temporary places of detention [police detention facilities] include topics such as “Legal and practical aspects of officers with special service ranks employed at the temporary temporary place of detention”, “Specific psychological features of the communication of police officers with mentally disturbed persons”, “Psychological and tactical aspect of interrogation” and “Special psychological aspects of questioning a victim”. Training is also focused on a number of other matters to ensure that State Police officers are appropriately trained for communication with detainees, including those with mental disorders.

As part of a project entitled “Improving the standard of Latvian State police detention centres” and financed by the “Reform of the Latvian Correctional Services and Police Detention Centres” programme under the Norwegian Financial Mechanism a handbook was developed for officers with special service ranks serving at the temporary places of detention, including recommendation on how to speak, behave and act in communication with persons suffering from mental disorders. The State Police College in collaboration with an association, Resource Centre for Persons with Mental Disorders “Zelda”, devised and carried out a training course for police officers on communicating with persons suffering from a mental disorder.

The Internal Security Bureau (ISB), as it performs its function of detecting, preventing and investigating crimes committed by officers from institutions subordinated to the Ministry of the Interior, upon receiving a complaint or a submission on allegedly unlawful use of physical force by an employee of the State Police, accepts explanations from the parties concerned and carries out an examination, incl. by means specific to criminal procedure, to determine whether the use of force has been justified, thereby exercising the preventive function.

#### **Paragraph 21**

The legal status of the Internal Security Bureau is set out in Section 2 Paragraph 1 of the Law on the Internal Security Bureau, stipulating that the Bureau is a public administration institution under the supervision of the Minister for the Interior. Pursuant to Section 7 of the State Administration Structure Law, supervision is one of the forms of subordination and means the rights of the Minister of the Interior to examine the lawfulness of decisions taken and to revoke unlawful decisions, as well as to issue an order to take a decision in the case of unlawful failure to act. The Internal Security Bureau is an authority independent in the exercise of its functions and subject only to law.

We would like to note that before the drafting of the Law on the Internal Security Bureau, the Ministry of the Interior produced a draft concept of solutions for the transformation of the State Police Internal Security Bureau into an institution under supervision of the Minister of the Interior. The Cabinet considered the concept on 30 July 2013 and approved the proposed model

of the transformation of the State Police Internal Security Bureau into a new institution under supervision of the Minister of the Interior and with the rights of an investigating authority and the rights of a body performing operational activities.

Since the ISB began its operations, the Ministry of the Interior has had no reason to believe that investigations carried out by the ISB have not been impartial and independent. Pursuant to Section 5 of the Law on the Internal Security Bureau, an ISB official is an official with as special service rank employed by an institution of the Ministry of the Interior system and these employees are not police officers within the meaning of Section 2 of the Law on Police<sup>3</sup>.

As of 1 January 2017, the ISB employed 69 officials and employees, recruited not only taking into account appropriate education and professional experience but also their reputation in order to prevent, among other things, external influence on decision-making. 55% of the ISB officials and employees were formerly employed at the State Police, while 45% - in other public authorities or the private sector, which increases opportunities for an independent operation of the institution.

Given that for the most part in its operation the ISB is dealing with alleged offences by officials from the State Police, which is the largest law enforcement institution in the country, the ISB staff's former experience of working for the State Police can be useful in detecting and investigating infringements.

## **Paragraph 22**

From 1 November 2015 to 31 December 2016, the ISB received 738 submissions on alleged offences within its competence. A significant part (360, or 46%) of the submissions were related to alleged ill-treatment or threatening with ill-treatment on part of officers employed by institutions subordinated to the Ministry of the Interior, by the Prison Administration and the municipal police. Information on submissions concerning alleged ill-treatment is detailed in the following table.

	<b>Submissions received</b>	<b>Criminal proceedings initiated</b>	<b>Decisions on refusal to initiate proceedings</b>
Use of violence while on duty	299	19	188
Use of violence while off duty	16	5	9
Threatening with violence while on duty	31	0	20
Threatening with violence while off duty	14	0	3
<b>Total</b>	<b>360</b>	<b>24</b>	<b>220</b>

Source: Internal Security Bureau

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<sup>3</sup> A police officer is a person who holds a position in the State Police or the Security Police and has been granted a special service rank.

During the above-mentioned period, the ISB has transferred 9 cases to the prosecutor's office for the initiation of criminal prosecution against 14 persons (13 State Police officers and one Prison Administration officer) for the use of violence. Of these instances, 7 involved the use of violence while on duty and 2 – violence while off duty.

Please note that data on criminal investigations presented in Paragraph 22 of the Report are not correct, as these figures stand for the total number of submissions received by the ISB for examination until April 2016.

### **Paragraph 23**

Since 1 November 2015, the ISB has been arranging meetings with law enforcement authorities to identify potential problematic situations that involve offences by officers and to organise cooperation in carrying out preventive measures. In 2016, four (4) inspections were conducted jointly with the State Police in the field of traffic control, and at regional police stations:

- On 18 October 2016, inspections of the State Police patrol teams were carried out with regard to traffic control in Riga and Jūrmala. The functioning of their service vehicles and technical equipment, and the completion of relevant official documentation were inspected, and police officers were tested for alcohol;
- On 20 December 2016, inspections of the State Police patrol teams with regard to traffic control were carried out in the Gulbene Police Station of the State Police Vidzeme Regional Administration and the Jēkabpils Police Station of the State Police Zemgale Regional Administration.

During interviews with senior staff of the Alūksne Police Station it was established that, due to reasons beyond the senior staff's control, namely, the shortage of funds, there are problems to ensure compliance with the Cabinet of Ministers Regulations No.726 of 16 November 2016 "Hygiene standards at the temporary places of detention", which require that floors at the police detention facilities be mopped at least daily, using a cleaning detergent.

At the Alūksne Police Station, the detained persons' register and the register of temporarily detained persons were checked and no violations were established. The video surveillance system at the station was functioning without disruption. Surveillance cameras in the cells of the detention facility were also functioning; however, their angle of view did not ensure effective control over the detainees.

At the Jēkabpils Police Station, the detained persons' register and the register of temporarily detained persons were checked and no violations were established. Surveillance cameras in the Jēkabpils Police Station and the cells of the detention facility were also functioning without disruptions.

- On 24 January 2017, inspections of the Kuldīga Police Station of the State Police Kurzeme Regional Administration and of three State Police patrol teams were carried out in regard to traffic control. The inspection revealed that, at the time of the visit, there were 5 vacancies at the police station and, as stated by senior staff, this resulted in increased workload for other staff.

It was also established that the temporary detention facility at the Kuldīga Police Station do not conform to the required standards; therefore, the detainees are not kept there but are transported to temporary detention places in Liepāja, Talsi or Sigulda. Senior staff of the station pointed out that in the coming months the Kuldīga Police Station is to be relocated to

another, renovated building. At the time of inspection, the Kuldīga Police Station was not equipped with a video surveillance system.

- On 28 February 2017, the inspection was performed at the Liepāja Police Station of the State Police Kurzeme Regional Administration, which included the inspection of the detention facility and the relevant documentation. It was established that the detained persons do not always have access to medical staff on duty at the facility and, if necessary, detainees are taken for medical examinations to hospitals. The aforementioned issues with hygiene requirements were also established at the Liepāja Police Station.

#### **Paragraph 24**

Procedures for questioning/interviews set out in Section 152, Paragraph 1 of the Criminal Procedure Law<sup>4</sup> provide that an audio and visual recording is made of the questioning of a minor victim and a witness, where it is in the best interests of the minor and is needed to reach the aim of criminal proceedings. The Ministry of the Interior is aware of the situation that currently on the State Police premises there are too few rooms with appropriate technical equipment where procedural activities are performed, and only in separate structural units of the State Police interrogation rooms and ICT equipment make it possible to make audio and visual recordings.

Should the State Police have at its disposal more rooms with special equipment, they could also be used for other procedural activities, for instance identification procedures, including voice identification, as well as video-conferencing and examination of evidence stored on electronic data carriers to reach the aims of criminal proceedings.

Pursuant to the law of 23 November 2016, “Amendments to the Criminal Procedure Law”, the provision on making an audio and visual recording of the questioning of a minor in the cases set out in Section 152 of the Criminal Procedure Law is compulsory for the person directing proceedings from 1 January 2019 onwards.

Before that, an audio and visual recording of the questioning of a minor is only made when the person directing proceedings has appropriate technical means at his/her disposal. In view of this, in 2017, the State Police is planning to purchase 43 video cameras; the purchase is to be financed from the funding of 25,972 euro allocated to the State Police for that year to install equipment on police interviewing facilities and ensure possibilities of making audio and visual recordings of police questioning.

As regards the overall approach to the use of technical means in procedural activities, Section 140 of the Criminal Procedure Law already allows that, where necessary in the interests of the criminal proceedings.

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<sup>4</sup> **Section 152. Special Features of the Questioning of a Minor** (1) An audio and visual recording is made of the questioning of a minor victim and a witness where it is in the best interests of the minor and is needed to reach the aim of criminal proceedings. An audio and visual recording is made of the questioning of a minor who has been recognised as a victim of violence committed by a person upon whom the victim is financially or otherwise dependent, a victim of human trafficking or criminal offence against morals or gender inviolability, except in the cases when this is contrary to best interests the minor or interferes with the achievement of the aim of the criminal proceedings. The length of questioning of a minor without the consent of such minor may not exceed six hours, during a twenty-four-hour term, including an interruption.

## **Paragraph 26**

Under the Criminal Procedure law, detention is the grounds for a restriction on the rights of a person, imposing restrictions on communication, and a decision of an investigating judge or court is not necessary for those restrictions<sup>5</sup>, and the justification of restriction shall be seen in the context with the information of the criminal case and other procedural activities.

Notification of a relative or another third party of detention does not always occur from the very outset, if it is considered that such notification could jeopardize the investigation. For instance, it is not always possible to immediately check the telephone number indicated by the detained person to make sure that an accomplice in the offence is not informed. (In the Population Register, it is possible to immediately identify spouses, parents and children; however, no information on persons in unregistered cohabitation is included in the register.)

The detained person has the right to require that his or her detention or arrest is notified to his or her relative, educational institution or employer, and to communicate with one of them insofar such communication does not jeopardize fundamental rights of other persons and public interests and does not interfere with the attainment of the purpose of criminal proceedings<sup>6</sup>.

A foreign national has the right to request that the diplomatic or consular mission of his or her country be notified of his or her detention, and to communicate with the mission. The regional administrations of the State Police use forms of the protocol of detention that contain a field for recording the detainees' wish that their detention be notified to their close relative (specifying given name, surname, degree of relatedness, telephone number, address), educational institution or employer, the diplomatic or consular mission. Besides, on 16 January 2014, structural units of the State Police were tasked with giving notification in the presence of the detained person (the State Police letter No. 20/1404, updated in March 2017.)

## **Paragraph 27**

The detained person has the right to request that his or her detention or arrest is notified to his or her relative, educational institution or employer, and to communicate with one of them insofar such communication does not jeopardize fundamental rights of other persons and public interests and does not interfere with the attainment of the purpose of criminal proceedings<sup>7</sup>, detention in turn is the grounds for a restriction on the rights of a person, imposing restrictions on communication, and those restrictions do not require a decision of an investigating judge or court<sup>8</sup>.

As stipulated in the Criminal Procedure Law, a detained person is familiarised with a protocol, the rights of a detained person are explained to him or her, and the detainee countersigns the protocol regarding such explanation. An investigating institution immediately hands over a

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<sup>5</sup> Section 267, paragraph 1 of the Criminal Procedure Law.

<sup>6</sup> Section 60.<sup>2</sup> of the Criminal Procedure Law.

<sup>7</sup> Section 60.<sup>2</sup>, paragraph 3(2) of the Criminal Procedure Law.

<sup>8</sup> Section 267. paragraph 1 of the Criminal Procedure Law.



detention protocol to a person directing the proceedings, and a copy of the detention protocol is sent to a public prosecutor within 24 hours<sup>9</sup>.

### **Paragraph 29**

A detained person has the rights to immediately invite a defence counsel and enter into an agreement with him or her or to use the legal assistance ensured by the State if the person is incapable of entering into an agreement with the defence counsel at the person's own expense; and to receive from the person directing the proceedings a list of advocates who practice in the relevant court district, as well as to use telephone free of charge for inviting a defence counsel<sup>10</sup>. The participation of a defence counsel is mandatory in criminal proceedings if the right to defence is held by a minor or person with diminished mental capacity; if the right to defence is held by a person who is not able to fully exercise his or her procedural rights due to a mental or other health impairment; and if the right to defence is held by an illiterate person or a person with a level of education so low that such person may not fully exercise his or her procedural rights<sup>11</sup>. The form of the protocol of detention contains a field where it is possible to make notes on the fulfilment of a detained person's request to be provided with a list of advocates and an opportunity to use telephone; the given name and surname of the person invited as a defence counsel must also be entered in the protocol and a note made in which language information on the detainees' rights and duties has been provided to them.

In the above-mentioned State Police letter of 16 January 2014, which was updated in March 2017, the structural units of the State Police were charged with ensuring that immediately following apprehension, a detained person is provided with information on a detainee's rights laid down in Section 63 of the Criminal Procedure Law, including the right to defence and immediate access to a lawyer.

### **Paragraph 30**

Medical examinations of persons in police custody are conducted either in the premises specifically designated for the purpose or in other premises where it is possible to conduct medical checks out of hearing and, unless the health-care professional objects in a given case, out of the sight of police officers. New internal regulations for temporary detention places are currently being developed, which will include this requirement as mandatory; consequently, officers will have to comply with the said requirement when conducting medical examinations at the detention facilities of the State Police. It should also be noted that pursuant to the Medical Treatment Law, a medical practitioner has the right to refuse first aid and emergency medical care in circumstances that endanger the life of the medical practitioner himself or herself.

In the above-mentioned State Police letter No. 20/1404 of 16 January 2014, updated in March 2017, strict compliance is demanded with Paragraph 44 of the State Police Regulation Nr.8 of 22 November 2006 "Work organisation at the State Police temporary detention facilities" by virtue of which information on the instances of medical assistance being called and medical practitioner's recommendations must be recorded in the Medical Examination Register.

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<sup>9</sup> Section 266. paragraphs 2 and 3 of the Criminal Procedure Law.

<sup>10</sup> Section 60.<sup>2</sup> paragraph 1(1) and (5) of the Criminal Procedure Law.

<sup>11</sup> Section 83 of the Criminal Procedure Law.

### **Paragraph 31**

At the moment of detention, the detained persons are informed orally about their rights not to testify and warned that anything they say can be used against them; the form of the detention protocol contains a field where to specify in which language the detainee has received the excerpt from the law on his or her rights as determined in Sections 63 and 64 of the Criminal Procedure Law.

A person who has acquired a right to a defence is immediately issued with an information sheet and, if needed, provided with an explanation on the rights set out in Section 60.<sup>2</sup>, paragraphs 1 and 3 of the Criminal Procedure Law, the receipt of which is acknowledged by the signature of the detained person.

The criminal proceedings shall take place in the official language<sup>12</sup>, and if a person who has a right to a defence does not speak the official language, such persons have the right to use the language that such persons understand during the performance of procedural actions, and to use the assistance of an interpreter free of charge, whose participation is ensured by the person directing the proceedings.

In addition, during preliminary investigation, interpretation costs are covered in accordance with an agreement on interpretation services for the needs of the State Police signed by the State Police with a service provider. Pursuant to the agreement, if interpretation is required for urgent and unscheduled investigative activities, an interpreter must arrive within two hours' time. The agreement signed with a service provider on interpretation services for the needs of the State Police ensures that interpretation services are provided with no restrictions to/from languages indicated in the agreement and throughout a specified period of time.

Under Section 114, paragraph 2 of the Criminal Procedure Law, a person directing the proceedings may assign the performance of the interpreter duties to another person who has command of the relevant language.

### **Paragraph 32**

Extensive renovation works were carried out as part of a project entitled "Improving the standard of Latvian State police detention centres" and financed by the "Reform of the Latvian Correctional Services and Police Detention Centres" programme under the Norwegian Financial Mechanism, and detention facilities in Aizkraukle, Gulbene and Cēsis Police Stations, which CPT visited, have been brought into service by the building authorities.

### **Paragraph 33**

The State Police has ordered all responsible structural units which have temporary detention facilities to ensure that the poorly ventilated cells are being ventilated to the fullest extent possible.

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<sup>12</sup> Section 11 of the Criminal Procedure Law.

#### **Paragraph 34**

The leadership of the State Police and the Provision State Agency [*Nodrošinājuma valsts aģentūra*] are aware of the material conditions at Valmiera Police Station and of repairs and improvements required there. The deficiencies found at Limbaži Police Station – the in-cell toilets not fully partitioned, and being extremely dirty – have been remedied to the extent possible. As concerns improving access to natural light in custody cells, the State Police and the Provision State Agency have planned to take measures to remedy the deficiencies.

#### **Paragraph 35**

The amount of personal hygiene products to be provided to persons held at temporary detention facilities is set out in Cabinet of Ministers Regulation Nr. 38 of 10 January 2006, “Regulations regarding nutrition norms and norms for the provision of washing products and personal hygiene items for persons who are held in a place of temporary detention”.

On 16 November 2016, the Cabinet adopted Regulation Nr.726 “Hygiene standards at places of temporary detention”, which establish minimum level of natural light in detention facilities and requirements for the cleaning of premises and bedding.

The State Police and the Provision State Agency are taking measures to implement the requirements of the Cabinet regulations.

The State Police denies the assertion that at Valmiera Police Station, detained persons have to sleep on a foam cover. Every detained person is provided with personal hygiene items, a mattress and bedding in accordance with the requirements of law.

#### **Paragraph 36**

Under the Law On the Procedures for Holding the Detained Persons, which entered into force on 26 May 2016, any detained person, if held at the detention facility for longer than 24 hours, has the right to outdoor exercise for a period of at least an hour. During the CPT visit in April 2016, the previous provisions were in force that entitled detainees to outdoor exercise of at least 30 minutes (of one hour – for a minor), which was also ensured accordingly.

#### **Paragraph 37**

The above-mentioned handbook (see Paragraph 16) for State Police officers with special service ranks serving at detention facilities, on the basis of the overall international regulatory framework and opinions of competent institutions, lays down the basic principles to be observed in a strip-search, including a person being searched by a police officer of the same gender in a separate room to safeguard a person’s right to privacy, preventing the presence of unauthorised persons and ensuring that the treatment of persons undergoing strip-search does not injure their dignity and self-respect.

The handbook, to a large extent, also integrates standards set out the State Police methodological recommendations for the search of escorted persons, which have been approved by Order Nr. 1095 of the State Police as of 1 July 2011 and provides for the clothing of the person undergoing a search to be inspected in a manner that enables the person to gradually put back his or her

clothing. The electronic version of the handbook is available for all State Police officers on the intranet site of the State Police.

#### **Paragraph 40**

At the end of 2016, the design stage of the new Liepaja prison was completed, and the Ministry of Justice received an agreed construction project of the new prison. On 17 February 2017, the governmental company “Agency of Court Houses” announced a tender competition for the new Liepaja prison construction, which plans to begin construction works in the second half of 2017, and commissioning the object no longer than within 30 months from signing the contract with the builder.

The new Liepaja prison will be a multifunctional prison (there will be all possible levels of regime and regime for pre – trial detainees) and it will have 1200 places for prisoners. It is planned to place adult males in this prison, and, in the open prison division – also adult women. In new prison all cells will be double occupancy cells which will be organizationally divided in units. The prison will have premises for resocialisation of the prisoners, including for education and employment, as well as the Medicine unit, kitchen, and other necessary premises. In developing the new prison project, all international requirements for punishment serving circumstances will be implemented.

In regard of government decisions, it is planned to undertake long-term prison infrastructure reform in Latvia, building new prisons and simultaneously closing the old prisons.

Ministry of Justice is currently developing an initiative envisaging the widening of the application of electronic supervision for new target groups which presumably will reduce number of prisoners. It is planned to develop amendments to normative acts, so that short prison sentences or prison sentences under 1 year can be replaced the punishment by electronic supervision.

#### **Paragraph 41**

The Ministry of Justice is currently developing a draft Criminal Sentence Execution Law which will include several essential innovations in sentence execution. The most significant for prison system is conceptually new prison system – the convicts will serve the sentence in open or closed prisons. The closed prison envisages the serving of sentence on three levels of punishment, but does not specify the part of the punishment served at each level. It is planned that the development of the draft will be completed in October 2017.

#### **Paragraph 46**

Latvian Prison Administration (hereafter – Administration) provided information that in the prisons, there is a so-called informal hierarchy of prisoners, where the prisoners classify themselves into categories, which neither the Administration nor the administration of the prison supports. Additionally, the Administration indicated that if information is received from a convict about possible threats, or abuse, measures are immediately taken to transfer a prisoner to a different cell and setting appropriate isolation.

In relation to the insufficient number of personnel and, therefore, insufficient presence in the premises where the prisoners are placed, we inform that the number of personnel at the penal institutions is determined by the amount of funding in the state budget and the development policy for the governmental administrative establishments. Currently, there is discussion ongoing for the governmental administration system development draft, including the development of the number of officials in the governmental administrative establishments in the following years. The plan envisages reduction of the number of employees in the governmental administration.

The information provided by the Administration shows that the Supervision Department of Jelgava prison has 82 officials with special service degrees (hereafter – official). During the Committee visit to Jelgava prison, there were only two vacancies in this unit.

Four shifts are performing supervision of the prisoners in Jelgava prison. At least one official is permanently on the living territory of Jelgava prison, who regularly walks over this territory. The number of officials on the living territory of Jelgava prison depends on the number of officials in a shift (in view of the officials' absence, such as leaves and sick leaves). For elaboration of the supervision of prisoners it is planned to install a video surveillance system in the living blocks of Jelgava prison in 2017.

Supervision Department of Daugavgrīva prison is made up of 231 officials. There are no vacancies in the Supervision Department. During the Committee visit at Daugavgrīva prison, the Supervision Department personnel had no vacancies, either. In each buildings of Griva Department of Daugavgrīva prison, the daily service duties are performed by three officials: one senior supervisor and two supervisors.

The Riga Central Prison Supervision Department has 260 officials. During the Committee visit there were 53 vacancies in the Riga Central Prison Supervision Department. In turn, on 1 November 2016, there were 36 vacancies in the Riga Central Prison Supervision Department. On 20 February 2017, the Riga Central Prison Supervision Department had 53 vacancies (additional 15 positions were introduced on 1 January 2017).

Information provided in the Administration shows that the prisoners' supervision is a sum of measures performed by the officials of the penal institution with the view of ensuring compliance with the internal rules of the penal institution and the regime requirements. The prisoners' supervision is organised according to the prison Supervision plan, which determines the location and description of positions, the number of supervision personnel, additional required posts. In addition to the above and the content of the prison Supervision plan, there is daily need for additional supervision at the education and employment premises, at the places for free time, religious events and other resocialization events.

Information provided by the Administration shows officials of the Supervision Department attend seminars and continuous professional education courses to improve their professional qualification. The Education Centre of the Administration provides professional further education program "Prison Guarding", where the prison officials are trained. It is planned to take up approximately 120 officials in 2017.

In relation to what the Committee pointed out concerning the lack of meaningful occupation for the majority of the prisoners, we provide the following information.

By order No. 580 of the Cabinet of Ministers dated on 24 September 2015, the Guidelines for Prisoners' Resocialisation was adopted for 2015-2020 (further – guidelines), in turn, by order No. 581 of the Cabinet of Ministers of 24 September 2015 the Plan of implementation of guidelines' was adopted. Both documents envisages increasing the integration of former prisoners into society and the employment market and increasing the efficiency of the resocialisation system. The guidelines include the general objective of resocialisation policy – to decrease all risks of criminal behavior during the serving of the prison sentence and afterwards, to facilitate human securitability and successful integration in the society and the employment market.

In 2016, the following free time events were organised for convicts of Daugavgrīva prison: 27 sport events; 4 cultural events; 33 informational events; 21 art and craft event. In turn, the following free time events were organised for pre-trial detainees: 6 sport events; 6 informational events; 7 art and craft events. Likewise, during the time set in the daily schedule, prisoners can go to the gym and the sports ground according to the schedule. In 2016, 90 religious services were conducted in Daugavgrīva prison, there were 192 religious literature study classes, 24 concerts, 243 religious program viewing events, 790 individual pastoral conversations, 10 courses of "Alfa" program.

In 2016, the following free time events were organised for convicts of Jelgava prison: 51 sport events; 13 cultural events; 21 informational events; 89 art and craft events. Likewise, during the time set in the daily schedule, prisoners can go to the gym and the sports ground. In 2016, 148 religious services were conducted in Jelgava prison, there were 100 religious literature study classes, 13 concerts, 173 religious program viewing events, 938 individual pastoral conversations, 184 music classes.

In 2016, following free time events were organised for the convicts of the Riga Central Prison: 8 sport events, 40 informational events, 53 art and craft events. In turn, pre-trial detainees benefited from the following free time events: 310 sport events, 6 cultural events, 78 informational events, 36 art and craft events. Likewise, during the time set in the daily schedule, prisoners can go to the gym and the sports ground. In 2016, 270 religious services were conducted in the Riga Central Prison, there were 207 religious literature study classes, 95 concerts, 126 religious program viewing events, 1048 individual pastoral conversations and 127 classes "Sunday meetings".

In view of the abovementioned, the Administration within their capacity actively organise free time events for prisoners in addition to resocialisation, including education and employment, events.

#### **Paragraph 47**

Administration of Daugavgrīva prison received task to develop and submit to the Administration for agreeing a working plan for partition the toilet facilities from the other cell. The planned term for completing the requisite works is set for the end of 2018.

### **Paragraph 49**

During the period from April 2016 until March 2017, the following repairs were conducted in Grīva division of Daugavgrīva prison:

- Rebuilding punishment solitary cell, thus providing toilet partition and improving the privacy of the prisoner;
- Installation of closet toilets and change of water supply and sewage in all cells of building No.1 (No.1-21), cells No. 70 and 72 of building No.4 and cells No. 73-80 and No.97 of building No.5.

From March 2017, it is planned to install closet toilets and change water supply and sewage in cells of buildings No.2 and 3. If additional funding will be allocated, then, following the working plan for Daugavgrīva prison in 2017 confirmed by the Administration, redecoration will be conducted in cells of buildings No.1 and 5 of Grīva department.

### **Paragraph 50**

The information provided by the Administration shows that, currently, residential cells of Jelgava prison have artificial ventilation system in good working condition. Likewise, the issue of replacing 58 windows in residential cells of Jelgava prison will be solved within the framework of the allocated funding

### **Paragraph 51**

We inform that in 2016 in all buildings (including prisoners' cells) of the Riga Central Prison renovation of the toilet facilities and redecoration were performed, 2 cells in building No.1 in the Riga Central Prison were renovated. The reception cells on 1<sup>st</sup> floor of building No.1 of the Riga Central Prison were closed, the former cell premises were rebuilt, creating educational premises for prisoners (four prisoners' educational classes; two educator's offices; toilet premises). New shower premises were built on 4<sup>th</sup> floor of building No.1 of the Riga Central Prison. In 2018, within the limits of the allocated funding, it is planned to renovate the building No.1 of the Riga Central Prison.

16 cells of building No.2 of the Riga Central Prison were renovated, three shower premises were repaired, and one cell had transformed for television. 35 cells were renovated in building No.4 of the Riga Central Prison, and one cell was transformed for television. In 2017, it is planned to renovate 44 cells.

In 2016, to provide access to the environment to people with functional disabilities (disabled) placed in the Riga Central Prison, a cell of building 1 for placing people with functional disabilities was rebuilt.

In 2016, all cells of the Riga Central Prison buildings were rebuilt to provide 4 m<sup>2</sup> residential space per prisoner, that is, 31 cell was rebuilt in building No.1 for cells for smaller number of prisoners; in building No.2, 17 double cells were rebuilt into single cells, in building No.3 76 cells were rebuilt into cells for smaller number of prisoners, in building No.4 35 cells were rebuilt.

Following an Informative report developed by the Ministry of Justice on the development of prison infrastructure, which on 4 August 2015 was adopted in government, it was decided that the third new prison is planned to be located near Riga, in view of the number of people involved in criminal cases (pre-trial detainees) in Riga, the use of the Riga Central Prison infrastructure, and infrastructural peculiarities, court placement, and the location of the Riga Central Prison in the capital and the ensuing security issues. After the above prison will be operational, the Riga Central Prison will be closed, and the prisoners will be transferred to the new prison.

Renovation of the former Prison hospitals' block in the Riga Central Prison territory currently is not planned. From the point of view of the Ministry of Justice and due to the technical characteristic of this building, investment in this building is not planned.

### **Paragraph 52**

According to Article 13 of the Law on Order of Pre-trial Detention, a prisoner is entitled to at least an hour long (with the indication of a physician, at least an hour and a half long) daily walk. The performance of the above standard is provided within the infrastructure of the Riga Central Prison. Improvement and reconstruction of the walk yard demands the investment of large funds. Therefore, the Administration plans to reconstruct the abovementioned yards in 2017-2018 within the allocated funds. The Administration will take into account the recommendation and in future building objects walking yards will be planned on the ground level.

According to the contract "Technical Project for Building a Walk Court on the Roof of Maintenance Building No.1" signed in 4 January 2017 between the Administration and the company "Projektēšanas birojs Austrumi", a technical project is developed for building a new walk yard on the Riga Central Prison on maintenance building roof (total space 1400 m<sup>2</sup>).

Additionally, the Administration notes that in 2016 the gym was renovated (a new shower premises built in the gym, the floor surface replaced, new lighting and new ventilation installed) with aim to provide prisoners with activities outside the cell.

To facilitate free time activities outside the cells, in building No.4 there is opportunity for prisoners to meet a music educator, famous sportsmen, representatives of other professions, who provide insights and discussions on various issues, for instance, music, sport, healthy lifestyle, and other issues, which generated response and interest among prisoners. According to the information provided by the Administration, other useful and developing activities outside the cell are provided, such as educational opportunities in general education programs and professional follow-up education programs, as well as other events.

### **Paragraph 53**

In Daugavgrīva prison, numerous technical and organizational measures are necessary to provide prisoners with an option to have shower more often than once a week. According to the number of prisoners, it is necessary to introduce additional supervisor officials' positions to ensure that prisoners can be taken to the shower more often than once a week, and supervision of shower attendance. It is also connected with various repairs in the prisons and acquire appropriate materials.



In Jelgava prison, it is theoretically possible to provide prisoners an opportunity to wash more often than once a week by building additional showers and increasing the number of positions for maintenance service personnel of the prison.

Currently, numerous technical and organization measures are necessary in the Riga Central prison to provide prisoners with an option to shower more often than once a week. Only in one prison block it is possible to provide prisoners with an opportunity to wash more often than once a week. Prisoners who are employed have a possibility to go to the shower after work.

To provide all prisoners with opportunity to shower more than once a week, it is necessary to introduce additional supervisor officials' positions and perform large-scale repairs in the prison, and also renovate the prison water supply network (over approximately one kilometer) and build additional showers.

In turn, at many other prisons (for instance, Cesis Correctional Institution for juvenile, Iļģuciema prison, Brasa prison and Valmiera prison) it is theoretically possible to provide prisoners an opportunity to shower more often than once a week by increasing the state funding and the personnel resources.

To solve the problem, the Ministry of Justice and the Administration developed an information report for required activities to provide prisoners an opportunity to shower more often than once a week, which will be submitted to the Cabinet of Ministers in the first half of 2017.

#### **Paragraph 58**

Administration informed that after the Committee' visit, the administration of Riga Central Prison performed measures to additionally involve prisoners in activities outside the cell:

- Social worker classes and invited guest lectures for prisoners were initiated in building No.4. The lectures and classes took place 2-4 times a week, lecture duration was 1.5 hours;
- Prisoner interest group 'You're not alone' was organized and active until now, with the participation of psychologists and representatives of Administration;
- Participants selection for the second group of program "Mirjama" was completed;
- After renovation, the Riga Central Prison gym is actively used, and, if necessary, sport classes for prisoners are organized in the Administrations' Training Centre gym;
- Professional follow – up education programs (160 hours) engaged 50 prisoners in the summer and autumn 2016;
- Sport equipment and table games are acquired and used for the prisoners' needs.

In 2015/2016 academic year in the Riga Central Prison professional education programs (qualification – car mechanic, welders, electricians, waiters, chef assistants, tailors) 76 pre-trial detainees and 81 convicts were involved. In 2015/2016 academic year, in professional education programs (computer studies, small business organization, repair and decoration of premises) for young people under 29, who do not study and work, 70 pre-trial detainees and 10 convicts were engaged. The State Probation Service lectures were attended by 17 pre-trial detainees and 159 convicts. In 2016, 760 convicts and 154 detainees participated in sport activities in the Riga Central Prison.

In 2016 in Daugavgrīva prison (from the beginning of October 2016 until 20 December 2016), an art program “Unusual Christmas Decorations” was organized, engaging life-prisoners. Two groups were organized, attended by seven life – prisoners from lower level of regime and nine life – prisoners from middle level of regime. Administration of Daugavgrīva prison ensure that life – prisoners benefit from regular religious events, for instance, in 2016, six life – prisoners were christened.

Daugavgrīva prison prisoners can study in general and professional education programs. Daugavpils secondary school 17 has 12 detainees studying in academic year 2016/2017. 12 prisoners graduated from Daugavpils Technical School program ‘Information entry operator’ with professional specialization in 2016/2017, five of them detainees. In 2016, in free time events (sport events and physical activities, cultural events, informational events, art and craft events) 304 detainees engaged. The detainees can visit the gym and sport ground following a schedule. In 2016, this option was used by 65 detainees a week. In 2016, resocialisation program ‘Stress reduction program’ took place, there were two self-help groups held meetings, 10 detainees were engaged in professional skills advancement courses, 15 detainees participated in the program funded by the Latvian government “Learning Latvian language”.

Daugavgrīva prison prisoners serving a prison sentence at the lower level of regime can study at general and professional education programs. Daugavpils secondary school 17 has 71 convicts studying in academic year 2016/2017, of them 36 convicts serving a prison sentence at the lower level of regime. In Daugavpils Technical School and Daugavpils marketing professional secondary school, 188 convicts obtain professional education in 2016/2017, of them 50 convicts serving a prison sentence at the lower level of regime. In interest education programs and resocialisation programs 239 convicts, including 82 convicts serving a prison sentence at the lower level of regime, were engaged.

In Jelgava prison, detainees engage in various resocialisation events:

- Concert by pupils of Jelgava Musical secondary school;
- Program by the male vocal ensemble “Dzīvot vērts” of the Evangelical Christian congregation Blue Cross;
- Event dedicated to Easter;
- Christmas concert by the congregation of Jelgava St Simon and St. Anne Orthodox Cathedral, their Easter holiday event with service and film about Easter, Summer festival concert and service;
- table tennis and table games;
- group classes for maintaining communication skills – films and discussions outside the cell;
- Finnish Summer festival congregation concert;
- performance by illusionist Zigmārs Atvars (chaplain of the Latvian Armed Forces);
- Event dedicated to learning and maintaining Christmas traditions with candle making and films on Christmas themes.

From 9 December 2016, musical theory and guitar basic classes are organized for Jelgava prison convicts.

Article 11 of the Law on Order of Pre – trial detention states that detainees are placed separately from convicts except cases where convicts are placed in the investigation prison in relation to another criminal activity committed. In view of the fact that Jelgava prison currently holds only 7 pre – trial detainees, the administration of Jelgava prison cannot engage the detainees in professional education programs (minimum number of pupils is 16) in view of the isolation terms.

In 2016, various outside the cell activities were organised for the Jelgava prison convicts who serve the sentence in the lowest level of regime. The activities are organized in club hall, where various sport game competitions take place (table games) and the resocialisation premises, where various creative workshops take place (quilling, doll sewing, drawing, origami, making stuffed toys). In 2016, various events were also organized in the Jelgava prison club, where musical performances form performers (choirs) from religious congregations and by music school pupils, also other musicians were performed for convicts in lowest level of regime.

The Administration indicates that administrations of Administration actively organize, within their capacities, activities outside the cell for detainees and prisoners, including convicts of the lowest level of regime, accordingly to the penal institutions' infrastructure and human resources.

#### **Paragraph 61**

On weekends for juveniles in Cesu Correctional Institution for Juveniles sports activities in gym and sports ground are provided in first part of the day, if other resocialisation events are not planned (concerts, meeting with NGOs, etc.)

For weekends and holidays in accordance to the schedule pre – trial detainees are provided with possibility to participate in maintenance works and garden works.

On Saturdays in the morning and in the afternoon Minesota program is provided (also pre – trial detainees is included in group). Once in month on Sunday meeting of Anonymous Drug Addicts is organized.

Pre – trial detainees has possibility to exercise every day time in walking yards equipped with sports inventory.

In Sundays other events are provided, including spiritual events.

Pre – trial detainees who are not on medical quarantine and who are allowed by prosecutor are visiting all events together with other prisoners and also have meals together with other prisoners (aprox.90% of detainees).

#### **Paragraph 62**

According to the Article 50.<sup>8</sup> of the Code, a life prisoner who serves a sentence at the medium or high level of regime in a block with enforced supervision can be transferred for the sentence to premises where convicts, who are not life prisoners, to facilitate the convict's resocialisation. After such transfer life – prisoners have all the rights provided for usual prisoner in this level of regime.

Currently, there are three life prisoners in Daugavgrīva prison, who were transferred and serve the sentence in premises for non-life prisoners in closed prison conditions. In Jelgava prison one life convict was transferred to premises for non-life convicts.

This practice is very recent and Ministry of Justice plan to evaluate results of such transfers in 2018 and then decision of further development will be taken.

In accordance to Article 61.<sup>7</sup> of the Code life – prisoners can attend resocialisation events together with prisoners from the same level of regime or, after evaluation of security reasons, - together with other life – prisoners from different levels of regime. For female life – prisoners resocialisation measures are organised together with other prisoners in the same level of regime.

Additionally, we inform that the above transfers were initiated by the life - prisoners themselves, thus, this practice will be applicable if the convicts wish so and submit respective applications to the Administration.

However Ministry of Justice has developed amendments to the Code envisaging an option for life prisoner to participate in resocialisation events together with non - life prisoners if this will facilitate the convict's resocialisation. The abovementioned amendments were submitted to the Parliament.

The Administration will continue its work for motivation of life prisoners for transfer to premises where non-life prisoners are serving sentences. This will be provided by staff of the Resocialisation unit of prisons, who are daily engaged with these convicts, together with staff the Security Department and the Supervision Department.

### **Paragraph 68**

Acknowledging the essentials of the recommendation, we inform that many issues in improving the prisoners' situation depend on the penal institution's infrastructure and other available resources. As confirmed by the information provided by the Administration, life prisoners in Daugavgrīva prison, who are serving their sentence at the lower level of regime, can participate in physical activities during the walk time (at the walk yard of building No.3 of Daugavpils Department of the prison) every day for at least one hour. Life – prisoners of middle level of regime can use walking yard of building No.2 for physical activities without limitations. Likewise, the administration of Daugavgrīva prison provides an opportunity for life prisoners at medium level of regime to visit four times a week (for 30 minutes) the walk yard of building 3.

Currently, in Daugavgrīva prison, 8 life prisoners (of whom 3 convicts are serving the sentence at the lower level of regime and 5 convicts at the medium level of regime) are acquiring basic and general secondary education at Daugavpils Secondary School No.17. 16 life convicts (among them 7 convicts at the lower level of regime and 9 convicts at the medium level of regime) study in professional education program “Assistant Cook” at Daugavpils Professional Trade secondary school.

Administration of Daugavgrīva prison has provided that prisoners from the lower and medium level of regime jointly attend the classes for both Daugavpils Secondary School No.17 and Daugavpils Professional Trade secondary school.

In 2016, Administration of Daugavgrīva prison organised opportunity for prisoners from the lower level of regime to participate in works without payment (7 life convicts cleaned the snow on the prison territory). Administration of Daugavgrīva prison will continue to consider the possibility for employing life convicts in non-remunerated works. Currently, 2 life convicts (1 convict from the lower level of regime and 1 convict from the medium level of regime) work as maintenance workers in prison.

From 8 July 2016 to the end of October 2016 administration of Daugavgrīva prison provided a weekly opportunity for prisoners from the lower and medium level of regime to leave the building premises and attend the sport field, where they played football for 1.5 hours. Likewise, administration of Daugavgrīva prison provided for convicts from the lower level of regime an opportunity to visit the common premises every day for at least 2 hours. At the common premises, life prisoners can use the table games, musical instrument, the TV set, read books, and communicate with other convicts from the lower level of regime. Currently, 6-7 convicts of the lower level of regime simultaneously use the common premises.

In 2016 (from 16 March 2016 to 18 May 2016 and from 6 October 2016 to 2 December 2016), administration of Daugavgrīva prison organized a participation in resocialisation program “Social skills development and stress decrease program” for life prisoners. Two groups were formed, which were attended by 8 lower and 8 medium level of regime convicts. Throughout the duration of the resocialisation program, the convicts serving the sentence at the lower and medium level of regime were joined together.

In Jelgava prison in addition to the daily one-hour walk in the fresh air the prisoners from lower level of regime can meet other prisoners every day for two to three hours in the common premises, which offers the use of a TV, board games and reading materials. Likewise, in 2016, life convicts and pre – trial detainees regularly participated in various activities outside the cell, such as concerts, festival events, and other above-mentioned events.

In Jelgava prison, life prisoners are informed about the possibility to be involved of professional education program “Tailor” by applying to the Administration to consider the issue of transferring them to Daugavgrīva prison, which has infrastructure required for engaging life prisoners in educational process following the terms of isolation set in normative acts.

Life prisoners serving their sentence in Jelgava prison, are offered an opportunity to participate in varied activities outside the cell by visiting the recreation premises based on the schedule. In the recreation premises, life prisoners can meet and socialise with one another as well as participate in various activities outside the cell – to spend the time by playing table games, reading books and watching television programs together. The schedule for the use of recreation premises is compiled by consulting with life prisoners and ascertaining their preferences and interests regarding other life prisoners, with whom they wish to be in the recreation premises. Life prisoners are entitled to visit recreation premises following the schedule three times a day.

Additionally, we inform that the suggestion mentioned in the Committee recommendations that the opportunity to contact other convicts outside the cell should be extended for life prisoners whose cases are being considered in the appeal court, will be hand over to the working group where elaborations of Code has been worked out.

### **Paragraph 70**

We draw attention to the fact that patients from the Psychiatric Department of Prison Hospital are placed in hospital with acute status and are under the influence of drug therapies prescribed by psychiatrists. Therefore, patients are unable to benefit from psychosocial events. After decreasing or completing the drug treatment, patients of the Psychiatric Department are located in the Latvian Prison Hospital for a short time, and therefore are provided with support events involving psychologists, chaplains, and social workers. Under the current capacity, events are organised for small groups. When prisoner is transferred from the Latvian Prison Hospital, the Administration receive recommendations on the respective prisoner for organising resocialisation events according to the prisoner's health condition.

Likewise, the Latvian Prison Hospital holds both convicts and detainees, who, following the terms of normative acts, are placed separately (in isolation). Therefore, it is impossible to conduct mass-type systematic psychosocial events.

However, we inform that, in 2016, the Administration activated the issue mentioned in the recommendation and will further pay attention to engaging patients of the Psychiatric Department of the Latvian Prison Hospital in shared events.

### **Paragraph 72**

Information provided by the Administration confirms that the psychiatrists of the Latvian Prison Hospital will further assess the capacities of the ailing prisoners and will provide recommendations on psychosocial activities, while in Olaine prison social and resocialisation workers, as well as psychologists, will provide various free - time for ailing prisoners and will engage them in psychosocial rehabilitation events.

Likewise, the Administration indicates that the administration of the Latvian Prison Hospital offers psychiatric patients an opportunity to engage in psychosocial rehabilitation activities in the Emergency Centre of Olaine prison (of Latvian Prison Hospital), with psychologists and other specialists.

### **Paragraph 73**

The information provided by the Administration shows that the practicing psychiatrists of the Psychiatric Department of Latvian Prison Hospital often prescribe for patients' neuroleptics with sedative effect to reduce or avoid the use of tranquilisers, which can cause dependency. Psychiatrists prescribe neuroleptics on an individual basis, guided by medical indications and mainly in cases when patients have psychomotor agitations. The new generation medicine with lesser sedative effect are mainly used by the Psychiatric Department psychiatrists in schizophrenic therapy. According the Administration, the Psychiatric Department psychiatrists provide the treatment of prisoners individually and will also continue to use the new generation medicines.

#### **Paragraph 74**

As the information provided by the Administration shows, the issues mentioned in the Committee recommendation were taken into consideration, and it will endeavour to perform the required actions to ensure that, if restraint systems are used, they are applied under direct supervision of the personnel and such cases would be registered appropriately.

#### **Paragraph 78**

In 2015 and 2016, the Administration independently performed measures to improve the situation in ensuring the completion of medical positions at penal institutions. The above will continue in future.

In the above issue, the Administration actively collaborates with:

- The State Employment Agency, regularly renewing and submitting information about vacancies to the State Employment Agency, which duly published the advertisements at their website <http://www.nva.gov.lv> in the section ‘For Jobseekers’;
- Employment agencies “CV onlain”, “CV Market” and others, which republish information about vacancies from the State Employment Agency on their websites;
- The Latvian Medical Association, submitting advertisements for medical vacancies. The Latvian Medical Association published the advertisements on their website <http://www.arstubiedriba.lv>.

Additionally, the Administration:

- Regularly renews the list of vacancies on the Administration website and regularly places employment offers for medical personnel on the website of the Latvian Medical Association for payment;
- Submits to the Ministry of Health information about physicians – specialists, who in the next five years will be necessary for medical establishments within penal institutions to provide the medical establishments of penal institutions with physicians who are to complete their studies as resident physicians.

Currently, the remuneration of the medical personnel at penal institutions is mostly below that in the medical institutions of the public sector, and the medical personnel is offered no social insurance. Medical personnel at medical establishments outside penal institutions can earn higher salaries, because they can take additional work loads, provide paid services and benefit from other options. Overall, it leads to a situation where working in medical establishments of penal institutions is unattractive, also in view of the patients’ (prisoners’) peculiarities.

In view of the above, the Ministry of Justice as a possible solution for eliminating vacancies for medical personnel at medical establishments of penal institutions set the development of social insurance, planning to introduce more attractive social insurance in service pension on reaching the retirement age for medical personnel working at medical establishments in penal institutions.

To solve the abovementioned problem, the Ministry of Justice together with the Administration developed a draft for provision the medical personnel of prisons with rights for service pension, ensuring the protection of social interests and compensating for their premature loss of work capacity. The legislation project will be furthered for acceptance following the procedure in spring 2017.

Concerning the provision of primary healthcare in Cesis Education Institution for Juveniles, we inform that, in Latvia, following the terms of normative acts, medical assistants can also provide primary healthcare. In Cesis Education Institution for Juveniles, the above assistance for prisoners is provided by two certified medical assistants. Moreover, if necessary, appointments with specialists or general practitioners in medical establishments outside the penal institution are organized.

The Administration informs that emergency medical assistance for prisoners and medical assistance in acute cases, including for minors, is organized, and provided at all penal institutions around the clock. During the working hours of the Medical Department of prison, emergency medical assistance is provided and organized by the medical personnel of the penal institutions. Medical personnel work all weeks on business days and week-ends, as well as during public holidays on shifts.

Outside the working hours of the Medical Department of the penal institution, first aid is provided by the shift personnel, who are purpose-trained to provide first aid. The shift personnel of penal institutions are also responsible for calling the public-sector emergency medical assistance team and the necessary medical assistance, including provision and organization of hospital medical assistance. The heads of the Administrations' Central Medical Department and penal institutions control the organization and provision of the above measures. Up to now, there were no cases registered when the emergency medical assistance or medical assistance for acute cases was provided with delay.

In 2016, in Daugavgrīva prison, emergency medical assistance team outside the working hours of the Medical Department provided medical assistance 63 times, including 23 times on the sport, while in 40 cases the prisoner was taken to receive medical assistance to a medical institution outside the penal institution.

In 2016, no emergency medical assistance was called to Cesis Education Institution for Juveniles for healthcare services to juvenile prisoners outside the working hours of the Medical Department.

We additionally inform that the Training Centre of the Administration performs training for personnel necessary for quality work. The Training Centre executes a professional continuous education program "First Aid". The personnel of penal institutions who have completed the above program obtain both theoretical and practical knowledge needed for providing first aid. The Administrations' Training Centre trains new employees and repeats training for employees who have already completed training before, every year.

To provide quality dentist services at Daugavgrīva prison, the institution collaborates with Daugavpils Dentist Health Centre and Grīva Health Centre. In 2016, state-funded dentist services were provided to 400 patients, privately funded services to 65 patients, and 14 received services of tooth prosthetist.

The Medical Department of Griva Department of Daugavgrīva prison has a round-the-clock supervisor, who, if necessary, can call assistance. Prisoners are placed in the medical isolation



premises of Daugavpils Department only during the working hours of the Medical Department, to administer the necessary activities. If a prisoner is to be left at the Medical Department at night, the prisoner has a warden attending.

Unfortunately, up to now, no physician with psychiatric or dentist qualification with the right to practice in the Republic of Latvia, with a work permit and knowledge of the state language in compliance with the normative acts, has applied for working at the penal institution for a long time.

Additionally, we inform that, currently, the Ministry of Health is preparing an informative notice to the Cabinet of Ministers concerning the organization and funding of healthcare at penal institutions. The Ministry of Justice will submit to the Ministry of Health all necessary information on problems with healthcare for prisoners, so that it will be included in the notice.

### **Paragraph 80**

The Medical Departments of penal institutions and the Latvian Prison Hospital employ different types and ranges of medicines in treating prisoners. Sub-section 2.4 of the Cabinet of Ministers Regulations No. 276 of 2 June 2015 “Procedure for Administering Healthcare to Convicts and Detainees” specifies that a prisoner freely receives, among others, the most efficient and cost-efficient medicine prescribed by the medical employee of the penal institution. In view of the above, the physician of the penal institution, having assessed the health condition at the particular period of time, prescribes the medicines necessary for treatment. All physicians working at penal institutions are certified, they have respective competences in their qualification, which enables them to perform quality treatment, including deciding on medicine. Moreover, following the terms of normative acts in Latvia, in the treatment, physicians can use only medicines registered in Latvia.

We inform that, for treatment at the medical establishments of penal institutions, medicines are used which can be purchased in the Electronic Purchase System, and, if the medicine prescribed for treating a prisoner cannot be purchased via the above system, the medicine is acquired from wholesalers. The Administration indicated that, following medical indications, there are no restrictions for using the medicine. In practice, the physicians of medical establishments of penal institutions use 352 various medicines for treatment of prisoners, which are bought via the Electronic Purchase System and from wholesalers, and approximately 90 medicines, which are purchased from the public-sector drugstores as compensated medicines. In all, 440 medicines of various titles are used for treating prisoners.

We likewise inform that the Medical Department of Daugavgrīva prison, following the Committee indications on the insufficient range of medicines, performed actions for increasing the range of medicines. In all, the Medical Department of Daugavgrīva prison used 334 titles of medicines for treating prisoners.

### **Paragraph 81**

According to section 2 Regulations No. 276 of the Cabinet of Ministers dated 2 June 2015 “Procedure for Performing Prisoners’ Healthcare,” a particular prison receives primary healthcare for free, provided by the medical personnel of the medical establishment of the penal

institution, excluding regular dentists assistance; emergency dentist assistance; secondary healthcare provided by the medical personnel of the penal institution or the Latvian Prison Hospital, but, of a prisoner requires healthcare services that cannot be provided at the penal institution of the Latvian Prison Hospital, then, based on medical indications, also at medical establishments outside the penal institution; the most efficient and cost-efficient medicines prescribe by the medical personnel of the penal institution; state-funded healthcare services at medical establishments outside the penal institution based on medical indication and according to standard acts of healthcare organization and funding. Likewise, section 4 states that in these cases the above emergency dentist assistance is provided if the prisoner's condition may have critical effect on his health or life and emergency assistance is necessary.

Currently emergency services are provided for prisoners at Daugavgrīva prison in Daugavpils Dentist Health Centre and Grīva Health Centre. To receive services at the above medical establishments, there are waiting lists, and prisoners can receive services only in the waiting list order, similar to the situation in the public healthcare. In 2016, prisoners received dentist services in 479 cases (conservative treatment and extraction). The above services are provided based on the dentist's decision and medical indications.

It must be considered that most prisoners at penal institutions before being placed at penal institutions could not, for various reasons, access dentist assistance, and, thus, have serious problems in the mouth cavity and teeth health.

As the information provided by the Administration shows, to improve dentist services to the prisoners, it has been planned to organize a tender for offering the service to prisoners outside penal institutions.

#### **Paragraph 84**

According to articles 10, 11 and 12 of Cabinet Regulations No. 276 "Provision of healthcare to incarcerated persons" (adopted on June 2, 2015), a medical personnel performs initial health check of prisoner within three days after arrival or immediately upon request of the staff. If an incarcerated person is transferred to Latvian Prison Hospital, a physician on duty performs initial health check of an incarcerated person within two hours after arrival or immediately upon request of the deputy warden.

As evidenced by information submitted by the Administration, either a physician or physician's assistant consults all prisoners, arriving to Daugavgrīva or Jelgava prisons within 24 hours. In 2016 there were no cases, when this check was delayed.

Prison physicians make entries to medical files of the out patients according to Cabinet regulations No. 265 "Maintenance of medical documentation" (adopted on April 4, 2006).

According to article 15 of Cabinet Regulations No. 276 "Provision of healthcare to incarcerated persons", if the health check discovers bodily harm to the prisoner, a physician fills out an injury inspection protocol and attaches it to the medical file. An entry is then made to the injury log and it is the duty of a physician to inform administration of the prison.

At Cesis Correctional Institution for juveniles all injuries, seen, discovered and reported by prisoners are photographed, numbered, recorded in the injury protocol and injury log, as well as recorded in the patient's medical file. If the injuries were discovered upon arrival or sustained during incarceration, all information is recorded in the medical file and injury log, and administration of the facility is also informed about the discoveries.

At Cesis Correctional Institution for juveniles, assistant warden on duty performs visual inspection of the convicts during meetings. If inspection results in a discovery of an injury, the warden is informed. After visual inspection, a convict is conducted to Medical department for a complete examination. If injuries are discovered, a physician immediately reports it to assistant warden on duty, fills out a injury discovery notice, as well as makes a record in convict's medical file. Administration of the facility gathers information and immediately sends it to Internal security bureau.

Administration of Jelgava prison considered recommendations of the Committee and improved procedure of reporting injuries to the convicts, i.e. it is indicated whether, in the opinion of the physician, injuries are consistent with the cause indicated by the convict. Any discrepancies are reported to the warden of the facility.

At Daugavgriva prison all discovered injuries to the convicts are recorded using drawings and recorded in detail in a medical file of the convict, explanations are noted and their consistency with the nature of injuries is evaluated. All injuries are reported to the administration, also, circumstances are inspected and, if needed, materials are submitted to senior inspectors (investigators) of Investigations division of the of the Administration.

According to Administrations' instruction No. 1/12-4 on 4<sup>th</sup> July 2006 "Order, of submission of information on the incidents and crimes, committed in incarceration facilities or affecting their operation", prisons report to the Supervision division of the Administration on all cases of injuries, consistent with complaints of the convict about poor attitude.

According to the letter of the Internal Security Bureau No. 15/445 dated on 7<sup>th</sup> December 2015 "On daily incidents", every time when injuries to the convict are discovered, which, among other things, are consistent with complaints of the convict about poor attitude, Supervision division of the Administration gathers information, received from prison and reports an incident to Internal Security Bureau at once.

Also, Administration almost annually trains heads of medical divisions of prisons and heads of Latvian prison hospital in diagnostic of injuries and violence and proper record keeping. Information about injuries and acts of violence, requested by convicts and other persons, is provided on regular basis, subject to legal requirements.

We would like to point out that the Administration and prisons will consider recommendations of the Committee about checking of information, i.e. consistency between causes of injuries, stated by the convict and objective medical observations.

We would also like to inform that in 2016 Investigations division of the Administration has received 66 reports about mutual violence among the convicts. In 46 cases, decision was made not to initiate criminal proceedings, in 20 cases criminal proceedings were initiated.

### **Paragraph 85**

In Latvia, supervision of HIV patients, including immunity status control and antiretrovirus therapy, is conducted by specialists of AIDS division of Latvian Infectology Centre. Therefore, after initial HIV diagnosis, physicians of prison register a convict in AIDS division of Latvian Infectology Centre, perform immunity status control at the Centre on the regular basis, conduct health monitoring and, if CD4 cell analysis indicates cell count 350, specialist council of AIDS division of Latvian Infectology Centre, where prison physician takes part, is organized. Council decides on further healthcare of the patient – monitoring, medical examination, treatment. All subsequent healthcare measures takes place under supervision of AIDS division of Latvian Infectology Centre specialists.

If necessary, a convict with HIV/AIDS is transferred to Latvian Infectology Centre for medical examination and provision of medical aid.

We would like to inform that, according to Latvian Infectology Centre specialists, in many cases, health condition of HIV patients has improved during their time in incarceration, compared to time spent in freedom. This means that tightly supervised daily regimen (no alcohol or drugs, normal sleep and balanced diet), as well as regular quality healthcare improve health condition of convicts during their incarceration.

### **Paragraph 86**

We would like to inform that convict health care is organized and provided according to Cabinet Regulations No. 276 “Provision of healthcare to incarcerated persons” and Cabinet Regulations No. 1529 “Organization and financing of healthcare” (adopted on 17<sup>th</sup> December 2013).

In 2015 and in the beginning of 2016, physicians of prisons provided primary and secondary healthcare to prisoners including objective health examination, prescribed and arranged laboratory tests, (blood chemistry, anti HCV test), including in laboratories outside prison facilities, to the convicts, suspected to be infected with hepatothyitis, including hepatothyitis C (HCV). In cases, where tests indicated a pathology, prison physicians prescribed and provided treatment of symptoms.

From 2016 on, it is possible to perform in-depth testing and treatment of HCV in the prisons, and this service in Latvia belongs to tertiary health care level. Initial steps are taken to provide in-depth examination of convicts with HCV in the prisons, available only in Riga and to provide specific treatment, prescribed only by hepatologists of Latvian Infectology Centre.

Presently all convicts who request in-depth testing for HCV and consultation of Latvian Infectology Centre hepatologist, are provided with an examination. Convicts, prescribed specific treatment by council of Latvian Infectology Centre specialists, receive necessary treatment.

National Health Service of the Ministry of Health has set up a quota for HCV specific treatment in 2016, therefore, not all the requestors were able to receive the treatment. In addition, we should inform that in many cases treatment had to cease due to severe complications (caused e.g. reanimation outside the prison). This points out the fact that convicts, who need HCV specific treatment, need serious medical tests and regular supervision during treatment process. We would like to point out that Latvian Infectology Centre has a significant waiting list for mentioned procedures, which includes also persons outside prisons.

Administration shall continue to improve healthcare conditions of convicts with HCV, including:

- creation of convict medical examination procedure;
- meetings with specialists of Latvian Infectology Centre, regarding provision of respective services;
- meetings with representatives of National Health Service of the Ministry of Health, regarding provision of healthcare to convicts with HCV.

### **Paragraph 87**

We would like to inform that the Administration and prisons perform control of sexually transmitted diseases. Administration actively takes part in the development of national “HIV, sexually transmitted diseases, B and C hepatothyitis spread control plan 2016 - 2018” program. This plan includes large number of activities, aimed at incarceration facilities, including prophylactic measures. Educational measures of convicts about transmitted diseases are organized regularly. Convicts are regularly supplied with washing materials; moreover, convicts actively use the opportunity to buy additional wares, including disinfectants and condoms from the prison store.

We also inform you that a pilot project to provide disinfectants and condoms to convicts was conducted in previous years, however, we must admit, the results were largely negative/unproductive, because convicts used condoms and disinfectants for household and entertainment purposes.

In addition, in last five years there was only one reported case, where a convict was infected with a transmissive disease.

It is an opinion of the Administration that a tender to acquire medical services from public sector healthcare establishments would improve convict access to consultations by an infectologist.

### **Paragraph 88**

Convicts with a drug addiction can use the following while in an incarceration facility:

- detox therapy;
- psychotherapy;
- training sessions with a psychologist and social workers;
- long-term methadone replacement therapy;
- participation in resocialization and addiction reduction therapy.

According to Cabinet Regulation No. 70 “Treatment of persons addicted to alcohol, narcotic, psychoactive, toxic substances, gambling or gaming” (adopted on 24<sup>th</sup> January 2012) long-term

methadone replacement therapy is available to those convicts, who were prescribed and provided it prior to incarceration.

On October 5<sup>th</sup>, 2016 a newly built Centre for convicts with an addiction was opened in Olaine prison (Latvian Prison Hospital). Capacity of the center - 200 places and two resocialisation programs are operated there. On February 20<sup>th</sup>, 2017, there were 31 patients at the center.

“Atlantis” program, operated by the Centre, aims at resocialization of the convicts with addiction problems by improving their quality of life, motivating to self-development and growth, thus achieving positive change in all aspects of their lives.

Aim of the “Pathfinder” program is to commence the process of changes in a convict, maintain motivation to live without an addiction and crime, as well as create conditions for successful integration into society after release from prison.

### **Paragraph 89**

According to the decision of the Cabinet of Ministers (article 4 of paragraph 50, October 11<sup>th</sup>, 2016 protocol No. 52) Ministry of Health was tasked to prepare and submit for consideration of the Cabinet, a report, concerning organization and financing of healthcare in prisons. Ministry of Justice shall submit a report to the Ministry of Health, detailing all current problems with convict healthcare, so that the Cabinet will be able to make necessary decisions. Ministry of Justice shall point out the relevant recommendations of the Committee to the Ministry of Health.

### **Paragraph 90**

According to November 29<sup>th</sup>, 2016 order of the chief of Administration No. 295, “On time management in the course of discharge of duty in 2017”, beginning from January 1<sup>st</sup>, 2017, employees with a service rank, who work summary hours, shall discharge their duty in shifts: day shift 8.00 to 20.30 and night shift 20.00 to 8.30. Therefore 24-hour shifts are abolished in prisons.

Regarding vacancies, Administration submits information about existing vacant positions to State Employment Agency on the regular basis. Vacancies are registered and published on the website of the Agency. Administration also posts information on its own website. Training facility of the Administration, in cooperation with the National Police College, organized in 2015 and 2016 campaigns, informing graduates about employment possibilities in incarceration facilities. In 2016, Administration has hired 319 persons: 244 officials, 71 employees and 4 civil servants. At the same time, 253 persons: 196 officials, 54 employees and 3 civil servants were dismissed.

On December 27<sup>th</sup> 2013, the Cabinet the Concept<sup>13</sup> regarding new wage payment system for the officials of Ministry of Internal Affairs and Prisons’ Administration, who hold service ranks (further - Concept). Concept was introduced, based on financial condition of the National budget and starting from January 1<sup>st</sup>, 2016, remuneration of the officials was increased. Then, on

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<sup>13</sup> Approved according to Cabinet decision Nr. 675 of December 27<sup>th</sup>, 2013;

January 1<sup>st</sup>, 2017, regulations<sup>14</sup>, regarding new wage system for the incarceration facilities officials, were introduced, resulting in significant increase in wages.

**Paragraph 91**

We hereby inform that this recommendation shall be considered in the course of drafting of the Criminal Sentences Execution Law.

Additionally, we would like to inform that Training centre of the Administration has produced an instruction, concerning application of special equipment, which includes instructions on the use of the baton. The recommendations mentioned herein will be assessed by an independent working group for complimenting the Code.

**Paragraph 93 – Paragraph 97, Paragraph 101**

The recommendations mentioned herein will be assessed by an independent working group for complimenting the Code.

**Paragraph 98**

This recommendation is already included in existing legislation, concerning juvenile convicts. The Committee recommendation concerning adults will be assessed by an independent working group for complimenting the Code.

**Paragraph 99**

Section four of article 41 of the Code states that in prison with an order of the warden a detailed daily routine is introduced. Article 41 of Cabinet Regulations No. 423 “Internal regulations of the incarceration facilities” (adopted on of 30<sup>th</sup> May 2006) describes the duties of the convict. According to subsection 44.1, it is the duty of the convict to follow daily routine, whereas, subsection 44.4 states that it is the duty of the convict to maintain the sleeping place according to unified standard between waking and night’s sleep.

This means that a convict, who lie down in his bed during the day time, does not break the sentence execution conditions if the bed conforms to unified standard. A convict may sit or lie down on the bed, thus providing rules of daily routine of the facility. If the condition of the bed does not fit to unified standard, rules are broken. Usually, this results in correctional interview. Disciplinary sanctions are applied only when the interview failed to correct convict’s behavior or when there are systematic breaches of internal rules.

The recommendations mentioned herein will be assessed by an independent working group for complimenting the Code.

**Paragraph 100**

The Administration has provided information that the convicts are entitled to receive decision on the application of the disciplinary sanction and are informed about rights to appeal, which they

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<sup>14</sup> Cabinet Regulations No. 810 of December 13<sup>th</sup>, 2016, “Regulations, concerning classification of positions, held by officials of the Internal Affairs system and Prisons’ Administration, who have a service rank” and Cabinet Regulations No. 806 of December 13<sup>th</sup>, 2016, “Regulations, concerning wage and bonus amounts of the officials of the Internal Affairs system and Prisons’ Administration, who have a service rank”

actively use. Convicts, upon discovery of the breach, are acknowledged with report on breach, which provides the details of event, and gave their explanation. Administration has no information about any complaints from convicts, who demanded and did not receive a copy of the decision.

Administration demands and evaluates all materials in every case, where a convict appeal against the applied punishment.

Additionally, we would like to point out that a convict, who wishes to receive a copy of the decision, may do so by filing an application with the warden. The recommendations mentioned herein will be assessed by an independent working group for complimenting the Code.

### **Paragraph 105**

The Ministry of Welfare is the institution responsible for implementation of de-institutionalization measures. We inform that there are regular meetings for all parties involved, where the topical issues of deinstitutionalisation are discussed, including those of mental health services. Consequently, Latvia continues to work on the issues when in situations where a person's state of health it allows, a person receives a maximum of community-based services.

### **Paragraph 108**

Placing of patients in the hospital wards depends on the number of patients treated and the severity of their mental status. Patients placed in the round-the-clock psychiatric hospital are mainly in acute and urgent condition and it is necessary to monitor them during early treatment phase.

After mitigation of acute symptoms and less necessity for continuous surveillance round the clock, patients are moved into smaller rooms, thus respecting their privacy and confidentiality, reducing interpersonal disturbances and allowing to achieve faster the health outcomes in more comfortable conditions, eventually reducing the length of stay in hospital and allowing to continue treatment in day-care or out-patient facilities.

The issue of accommodation of patients to ensure adequate patient privacy and living space by appropriate transformation of premises, will be gradually solved within the available budget resources.

### **Paragraph 110**

Often the users of mental health services due to their mental and personality disorders live or stay in unsanitary conditions, sometimes without the possibility and desire to keep themselves clean and dressed in clean clothes. Often patients are brought to the hospital in completely worn and hygienically inappropriate clothing, so until you have the opportunity to provide patients with private clean clothes, he is offered the available hospital clothes (pajamas).

The use of hospital clothing guarantees the meeting sanitary and epidemic requirements and protects against infection and insects brought into the hospital wards.



It is always a possibility to wear the own clothing in the hospital if it is clean and meets all sanitary-hygienic requirements. Consequently, it is not prohibited to the relatives of patients to bring the patient's personal clothing, which could be worn during hospital treatment.

### **Paragraph 111**

In psychiatric hospitals for patients who do not pose risks to themselves or to others due to their mental condition, who are aimed to cooperation and take part in mental health care process, sufficient time in fresh air every day is ensured; of course, preferably when there is no precipitation. In bad weather conditions the walking time for high risk patients is being changed in accordance with the staff schedule as far as possible.

At the same time the gradual addition to the infrastructure such facilities as shelters or pavilions could solve the increase walking and physical activity volume. Taking into account the above mentioned, this issue will be addressed taking into account available funds.

### **Paragraph 112**

The Ministry of Health has identified the problem thus launching reforms in the health sector, including provision for human resources with the aim of increasing the number of staff in medical institutions, including psychiatric hospitals.

At the same time we emphasize that in patient treatment and care in mental health facilities a multidisciplinary teams working principle is used as far as possible, which includes clinical psychologists, psychotherapists, occupational therapists, social workers, specialists of different therapies.

This approach allows to better draw up a treatment plan from multidisciplinary perspective and to begin its implementation immediately after the patient's accession to a mental health facility. In implementing this approach, rehabilitation and re-socialization process it expected to have a better result and a person's fuller return to society.

Clinical psychologist services are available in Strencu Psychiatric Hospital for patients with the recommendation from the attending physician, in addition there is a possibility for patient upon their wish to visit a psychologist individually (paid service). The hospital staff is working hard to activate patients, each ward has a specialist who works with sleeping patients, some patients choose to attend occupational therapy sessions, fitness classes outside the ward, thematic activities in the Patient club. Patients' interests and expectations are identified through patients questionnaires, which are analyzed and the results presented for management of each division. In 2017 it has been possible to recruit 2 additional psychiatrists to work in hospital from October.

### **Paragraph 113**

Patient's treatment is started according an individual treatment plan, that is, by taking the necessary examinations by which patient's objective health status is fixed, according to which the patient's treatment is determined, including medications used. The treatment plan is reflected in the patient's medical record. The patient's individual treatment plan is regularly reviewed and updated and, if necessary, additional tests are administered and therapy adjusted.

Taking into account the recommendations, the possibility of developing a form to reflect a summary of treatment plan will be considered.

#### **Paragraph 114**

The medicines for patients are prescribed and used in accordance with the clinical condition and symptoms of mental disorders. In medical treatment of patients of certain disorders' groups the various mental disorders diagnosis and treatment guidelines are used, which are developed by health professionals developed and evidence-based, and have a recommendation's nature.

If the patient has long been ill and has received previous generation medications, it requires a gradual transition to the latest generation of drugs (cannot accept medication or it does not give effect). Therefore, a gradual change of medication takes place, giving up the previous generation of drugs.

All psychotropic agents are administered to patients in authorized and recommended doses.

#### **Paragraph 115**

Admission of patients in psychiatric wards is well defined and is implemented according to the guidance, that involves assessment of psychic well-being, neurological and somatic investigation, including the situation on inter-current diseases, social issues and gathering other data.

Taking into consideration the expressed recommendations, an assessment on medical documentation with a possibility of supplementing with body card images will be made, accordingly implementing the needed changes in regulatory framework.

We are clarifying that in the cases when the accident and emergency medical staff or the doctor of the reception department states that the person has bodily injuries, and or if the medical staff has the basis to consider that the patient has suffered from violent attacks, medical institution immediately, but not later than 12 hours, informs about that the State police. Therefore by informing the relevant institution, the current procedure provides the safeguarding of individuals' rights in Latvia.

#### **Paragraph 116**

In psychiatric wards the autopsies are carried out according to the law "On the deceased person's body's protection and on the use of human tissues and organs in medicine". This rule states that the deceased person's pathological investigation (autopsy) can be carried out if this person, during his lifetime has allowed it by writing, as well if the relatives are demanding for it. If the deceased in his lifetime has prohibited carrying out an autopsy by writing, it can only be mandatorily carried out in exceptional cases stated by law.

According to the 6th article of the law "On the deceased person's body's protection and on the use of human tissues and organs in medicine", a deceased person's will that he has made during his lifetime can be ignored if a pathological investigation has to be carried out due to the following reasons:

1. The possible cause of death is an infectious disease

2. The cause of death is undiagnosed illness or undiagnosed preventive measures or disease complications happened in the deceased person's lifetime
3. Forensic investigation is required by the investigator, coroner or prosecutor.

Although the autopsy is not carried out to the every patient, during the meetings psychiatric ward doctors in clinical conferences analyse every case by evaluating the possible cause of death. At the same time educational events are carried out to fill a more complete medical history by reflecting the deceased person's diagnosis and the possible cause of death.

Taking into consideration the recommendations, the current regulatory framework according to international conventions on the established principles of human bodily protection will be evaluated.

### **Paragraph 122**

In relation to patients who have been hospitalized in the psychiatric wards without their consent, as well as patients whose treatment in the psychiatric medical institutions has been prescribed as medical compulsory measure, their foreclosure procedures and conditions are regulated by the Cabinet of Ministers 12 July 2016 rule No. 453 "Rules on the order in which patients should be restricted, and objects that are prohibited in psychiatric institutions" (forward – rule No. 453). Depending on patient's threat to himself or to others, according to the rule No. 453 article 2, medical staff can apply physical restrictions to the patient, mechanical restrictions, injection of medicine against patient's will (instead of chemical restrictions) or patient placement in an observation chamber.

Every health institution has a joint registration journal that states cases of restrictions (an example of this journal is defined in the annex of rule No 453). In this journal every case of restriction, including medical restriction, is recorded by medical staff – both about the start and end of the use of restrictive medicines, the cause of using this medicine, as well about different circumstances around the restriction causes.

According to the rule No. 453 article 4, the restrictions of patients are not carried out in the presence of other patients.

Application of mechanical restrictions and its monitoring requirements are regulated in rule No. 453 article 10 and 11, foreseeing that adult patient can be placed in continuous restricted position no longer than two hours in one case of restriction, but a minor – no longer than an hour. After this timeframe patient is being freed and his behavior is assessed. Moreover, medical staff is responsible to check adult patient's state of health every 15 minutes, but a minor's – every 10 minutes.

At the same time rule No. 453 states that immediately after the end of the restrictive measures, patient should be informed that the restrictive measures have been used for his own good and people's surrounding him safety – therefore a conversation with the patient should be carried out by the medical staff.

**Paragraph 123**

The Ministry of Health agrees that in cases when a voluntary patient endangers himself or others and when restriction measures are being implemented on this person, a patient's legal status should be reviewed, patient's health situation should be assessed by psychiatrist council and the decision on provision of psychiatric assistance without the consent of patient should be confirmed by the court.

**Paragraph 124**

The conditions of the psychiatric assistance without the patient's consent are laid down in the Medical Treatment Law's article 68, in the first part, therefore hospitalisation without consent is being practised only in cases when the patient is threatening people around him or his own safety according to the points stated in the Medical Treatment Law.

Forms can be found in hospitals and they clearly state that the patient's consent is being asked in order to hospitalise them in stationary. Despite the fact that the patient has a guardian and patient can be hospitalised without his consent, psychiatrist also takes into consideration patient's willingness or unwillingness for a treatment and acts according to the norms in the Medical Treatment law.

**Paragraph 127**

In cases when the voluntary patient wants to stop the treatment, but there are grounds to believe that patient still needs a treatment, the council of psychiatrists by assessing patient's state of health and posed threat to the public decides whether the psychiatric help without the consent of patient should be carried out, and in this case, a procedure according to the defined procedures in the Medical Treatment Law article 68 is carried out – within 24 hours the court is informed, court later assesses the case in a closed meeting in a psychiatric institution, and so on.

**Paragraph 128**

Regarding the treatment consent form improvement, as well as informed consent for treatment request from both the voluntary and involuntary inpatients, the Ministry of Health is committed to assess the existing order and review laws and regulations so that this requirement is fulfilled for all patients.

**Paragraph 130**

When possible, hospital provides the opportunity for patient to participate in the court session regarding the psychiatric treatment without patient's consent, as well as ensures a lawyer and, if necessary, an interpreter. Only in cases when patient's mental or physical condition (for example, catatonic condition) does not allow his or her presence at the court session, or patient's condition is characterized by pronounced aggression and is threatening for the court members, a court session is conducted without patient's participation.

Furthermore, when patient's health state precludes his or her participation in the session, the judge has the right to visit patient in hospital.

Examining the case materials, judge hears out representative of the council of psychiatrists, patient's representative or lawyer, patient himself (if possible), as well as public prosecutor and

then decides whether to approve or reject council's decision on psychiatric treatment for the period up to two months.

**Paragraph 131**

Mandatory introduction of this kind of requirement could impede the timely preparation of council's opinion. In addition, when deciding on involuntary admission, court is entitled, if necessary, to require forensic psychiatric expertise.

At the same time, there are medical institutions that once in a quarter of a year invite psychiatrists from other institution to take part in the council of psychiatrists.

**Paragraph 132**

After the trial patient receives a copy of court decision, where possibilities to appeal are described. These possibilities are widely used by patients.

At the same time, consideration will be given to the opportunity to make a mark in medical documentation whether a patient has received appropriate information.

**Paragraph 135**

According to Section 605 (7) of the Criminal Procedure Law, if a person against whom proceedings are taking place for the determination of compulsory measures of a medical nature has not participated in a court session due to the nature of his or her illness, a court shall send a copy of the court decision to such person, which can be further appealed.

Patients whom compulsory measures of a medical nature are determined by court decision, every 6 months receive an opinion of the medical commission on their mental condition and the necessity for hospital treatment.

**Paragraph 136**

Patients get informed on hospital internal regulations in the admission section, as well as confirm by signature that are familiar with the internal regulations of the specific hospital section. Also, the patient is prompted to indicate names and contact information of his or her relatives, and the kind of information medical practitioner may provide to these parties.

At the same time, the Ministry of Health is committed to ensure that the information about the patient's rights in hospitals is available in a form of brochures or information leaflets.

**Paragraph 137**

Patients have a guaranteed opportunity to write and submit complaints to the institution management in a simple and accessible form. Patient questionnaires are available in every hospital section, so that each patient can anonymously express his or her claims or appreciation of the in-hospital experience, which are widely used by patients.

## **Paragraph 140**

We hereby draw your attention to the fact that in Latvia, according to the Disability Law, there are three disability groups<sup>15</sup>, but, according to the Law on Social Services and Social Assistance (hereinafter – the Law), the State-funded social care and social rehabilitation services are available to persons with severe mental disabilities with 1st and 2nd group disability.

In accordance with information provided by the State Social Care Centre (SSCC) “Latgale”, to the benefit of the persons themselves and other clients (e.g., clients with disorientation in space and time), a physician-psychiatrist establishes a terminable supervision regime in line with the client’s health condition, making a corresponding entry in the client’s record. The necessity for extra supervision is revised at least twice a year. In accordance with the client absence rules at SSCC “Latgale”, the terminable supervision regime established by a physician-psychiatrist is considered in deciding on the client’s ability to leave the establishment.

Therefore, for the purposes of their own safety, the freedom of movement is partially restricted for clients who completely depend on others, that is, they must be taken care of or supervised due to mental or intellectual disorders. In cases like these, it is established that clients are free to leave the territory of branch “Litene” only accompanied by a staff member or a relative; however, in the territory of branch “Litene”, their movements are not restricted in any way.

The aforementioned absence rules are imposed upon the clients of branch “Litene” because due to the said reasons the free movement of these clients would prevent from securing safety both for the respective persons and others. Whereas the free movement of the remaining clients is not subject to limitations because during the day they are allowed to freely move and independently leave the territory of branch “Litene” by informing regarding the intended time of return. Furthermore, all visits to relatives are agreed upon in advance by agreeing on the date of return.

We hereby inform you that on 12 January 2017 the Saeima (Parliament) of the Republic of Latvia adopted amendments to the Law. Amended Section 31(1) specified rules as to the free movement of persons establishing that the head of the institution or a person authorized by him or her may take a decision concerning necessity to restrict person’s rights to free movement for a specific period of time, provided that such supervision is necessary based on the person’s state of health, or has been established in the person’s individual rehabilitation or care plan.

At the same time we hereby draw your attention to the fact that partial restrictions are attributable solely to a specific type of clients, e.g., suicidal clients, clients with self-destruction experience, clients with disorientation in space, clients with a tendency to wander, clients with psychotic tendencies and aggression episodes, epileptic clients. Furthermore, in case the clients’ health condition worsens, the Emergency Medical Service (*hereinafter – EMS*) is called to provide emergency assistance and, if necessary, to admit the patient to a hospital.

Therefore, partial restrictions of freedom of movement are necessary for persons who potentially present any endangerment, so that it would be possible to ensure safety for these persons

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<sup>15</sup> Disability group I — especially severe disability; disability group II — severe disability; and disability group III — moderate disability.

themselves and those around. At the same time, the Ministry of Welfare (MW) will instruct SSCC “Latgale” to ensure that the established partial restrictions affecting the ability to move outside the territory of branch “Litene” are regularly revised; furthermore, over the course of supervising the operation of the SSCC, the MW will ensure implementation of the aforementioned recommendation.

#### **Paragraph 141**

The clients of the SSCC have access to health care in line with the procedure established throughout the country, that is, mostly outpatient health care is ensured (consultations given by and tests indicated by general practitioners and specialized physicians). Admission to a hospital takes place only in case of an acute disease or aggravated chronic disease. The clients are admitted to a hospital due to the fact that those with psychiatric diagnosis also suffer from severe somatic disorders, including diseases requiring regular treatment and medical manipulations that can be performed at a medical treatment facility. This approach allows to ensure the availability of health care services for the SSCC’s clients.

Having regard to the above mentioned interdisciplinary issues, the MW hereby explains that, based on the deficiencies in ensuring access to health care for the SSCC’s clients as pointed out in the reports drawn by the Ombudsman of the Republic of Latvia, an interinstitutional task force was established back in 2013, including representatives from the MW, the Ministry of Health (*hereinafter – the MH*), the National Health Service and the Health Inspectorate. The task force developed amendments to the Cabinet of Ministers Regulations No. 60 “Regulations Regarding Mandatory Requirements for Medical Treatment Institutions and their Structural Units” adopted on 20 January 2009, incorporating therein requirements for a health care site of a prolonged social care and social rehabilitation institution. In 2013, based on the amendments applied to the regulatory enactments, the SSCC served as a base for establishing medical treatment structural units (health care sites) in order to improve primary health care and ensure the accessibility to laboratory tests; these sites were also registered in the Register of Medical Institutions. To further improve the accessibility to services for people with especially severe mobility disorders, five minibuses were purchased for, among other things, transporting clients in a reclining position.

The SSCC’s health care sites both ensure organizational dimension of the health care field and services provided by medical nurses, physicians or physician’s assistants. Furthermore, at these sites, clients can register themselves with a general practitioner or to follow through the treatment plan indicated by the general practitioner (including both medication treatment and performance of other types of treatment). The health care sites allow to monitor clients’ health condition under dynamics (changes in body temperature and weight, or in physical and mental condition) and to register these changes in medical documentation. Furthermore, once a year at these sites clients have access to preventive examinations. The SSCC also has separate offices where patients have access to health care services provided by such specialists as psychiatrist, paediatrician, internist and rehabilitologist, as well as physiotherapy, physical therapy, services by nurse dietitian, palliative care, services by speech therapist, dance, movement and musical therapy, etc.

Furthermore, we also hereby explain that, according to information provided by SSCC “Latgale”, when compared with 2016, the number of health care specialists working at branch “Litene” has increase by one new position. We also inform you that amendments made to the Law<sup>16</sup> consolidated a norm stating that a long-term social care or social rehabilitation institution is allowed to establish a structural unit for ensuring health care services. Furthermore, amendments to the Law mandated the Cabinet of Ministers to determine the necessary number and qualification of personnel involved in the provision of health care services at a long-term social care or social rehabilitation institution. Currently Draft Regulations of the Cabinet of Ministers “Regulations regarding Social Care Services” are under way.

Thereby, once the regulations will be adopted, the necessary number of medical treatment specialists for each level of client care groups will also be determined; furthermore, the number of personnel at SSCCs, including SSCC “Latgele” branch “Litene”, will also be reviewed.

### **Paragraph 142**

In accordance with information provided by SSCC “Latgale”, high attention is paid not only to improvement of quality of services provided to clients but also to consolidation of employee’s professional knowledge. In 2016, employees had a chance to improve their knowledge and skills in various seminars where information was given regarding working with depressive clients as well as clients with mental illnesses, alternative communication methods in working with clients with functional and mental disorders.

To improve cooperation skills of medical practitioners and social work specialists, on 13 October 2016 a seminar “Successful Cooperation between Medical Practitioners and Social Work Specialists: Important Precondition for Qualitative Services” took place. During the seminar the most common problem situations while working with clients were analyzed. Employee meetings constantly serve as a space for discussing questions regarding communication with aggressive clients and actions that must be taken when facing blatant aggression.

Within SSCC “Latgale”, there are strictly determined ethics requirements which employees must observe while performing their professional duties. In accordance with the by-laws of the Ethical Commission of SSCC “Latgale”, an application concerning breach of the ethical regulations may be lodged with the Ethical Commission not only by employees of SSCC “Latgale” but also by clients of SSCC “Latgale”.

The MW will consider recommendations and send suggestions to all SSCCs regarding measures to be taken to improve employees’ attitude, e.g. organization of personnel trainings. To further implement recommendations, the MW is to immediately instruct the management of SSCC “Latgale” to pay additional attention to all matters relating to the employees’ attitude, to ensure communication and contact trainings for employees who work with clients, and to ensure constant supervision of employees. At the same time the MW will supervise the SSCC and secure that the aforementioned recommendation is implemented by SSCC “Latgale”.

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<sup>16</sup> Section 28(1<sup>1</sup>).



Furthermore, we hereby also inform that on 20 April 2017 there was a meeting “Current amendments to regulatory enactments and client safety questions in State-funded long-term social care and social rehabilitation institutions” held between the MW and employees of SSCCs. During the meeting representatives of SSCCs were notified regarding recommendations on respecting human rights.

### **Paragraph 143**

In accordance with information provided by SSCC “Latgale”, starting from 2017, there is one new health care and medical rehabilitation position at branch “Litene”. At the moment, these services are provided by 13 specialists (7 medical nurses, 1 masseuse, 1 physical medicine nurse, 2 physiotherapists, 1 physician-gynecologist and 1 physician-psychiatrist). At the health care site of branch “Litene” services by medical nurses are available around the clock, because there are two medical nurses working at the health care site. Starting from 2017, a physician-psychiatrist consults twice a week (Mondays and Thursdays) while in 2016 a physician-psychiatrist consulted only once a week. Whereas services by a psychologist have been available to clients starting from 2013 (one position); starting from 2015, these services are provided by two psychologists.

At the same time it is important to note that at branch “Litene” there is a unit for clients with especially severe functional disorders. In the aforementioned unit, there are 72 clients who are serviced by 11 specialists (6 caregivers, 3 social caregivers, 1 social rehabilitator and 1 social worker). It must be noted that the personnel has faced changes not only as a result of reviewing the proportion of technical staff and care personnel but also due to decrease in the number of clients<sup>17</sup>.

When placing clients in the same room, their medical diagnosis, care level and psychological compatibility are considered. In total, about half of clients in branch “Litene” with psychical and mental development disorders live together. On a positive note, it must be recognized that such client placement leads to a situation where clients with mental disorders are more socially active and thus positively encourage clients with development disorders. Furthermore, they inform the staff regarding changes in behavior or health condition of clients with development disorders. As a downside it must be noted that while closely living together, there are more everyday conflicts.

To reduce client safety risk, including inter-resident aggression, on 26 January 2017 the Ministry of Welfare sent the SSCC guidelines regarding measures to be taken to prevent emergencies and to ensure client safety. The guidelines provided instructions as to the preventive measures to be taken to avert emergencies, including with respect to work organization and risk assessment, e.g. recognition and prevention of suicide attempts. Furthermore, the guidelines targeted client awareness and involvement (participation measures) in the overall process of providing services; moreover, attention was also paid to ways how to purposefully spend free time.

While supervising the SSCCs, the MW is to oversee measures implemented by SSCC “Latgale”. As we already answered in Paragraph 142, the MW is to organize a seminar where attention will

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<sup>17</sup> Number of clients at branch “Litene” has been reduced from 310 to 260.

be paid to emergencies and ways how to prevent them as well as client safety matters. During the seminar attention will be paid to ways how to reduce inter-resident violence.

#### **Paragraph 144**

In accordance with information given by SSC “Latgale”, clients at branch “Litene” are allowed to personalize their rooms, provided that other roommates agree to this. The clients use their own money to purchase household goods and furniture; 33 clients at the branch live in personalized environment.

Having regard to recommendations as to the introduction of more personalized environment, we hereby inform that the MW currently develops guidelines for introducing social rehabilitation service “halfway home”; this is done in order to further introduce de-institutionalization measures and improve social rehabilitation processes. The guidelines target both improvement of clients’ self-care skills and preparation for independent life.

Since the quality of services must be improved within the limits of the available funding, the services are improved by making them as flexible and client-oriented as possible; however, this is done solely by estimating that the overall number of clients is to decrease. We hereby explain that in order to ensure that the area of living rooms – bedrooms per one person complies with the hygiene requirements<sup>18</sup> by temporarily suspending placement of new persons, the overall number of clients at SSCCs has been decreased ever since 2013. From April 2013 to March 2017, the number of sites that fail to comply with hygiene requirements has been reduced from 457 sites in 17 branches to 26 sites in 4 branches. Thereby, the overall number of SSCC sites has been reduced from 4,659 to 4,306 (that is, by 7.6%).

The infrastructure at SSCCs is also gradually improved year by year by advancing living conditions of clients and working environment for specialists. We hereby draw your attention to the fact that repair works take place at buildings and premises of other SSCCs as well. Within the budget available, these efforts mainly have been directed towards perfecting buildings for the purposes of client safety. At the same time, there are several buildings of SSCC branches that have been targeted for more long-term investments.

#### **Paragraph 146**

In accordance with information provided by SSCC “Latgale”, approximately half of clients with mental health and development disorders at branch “Litene” live together. When placing clients in the same room, their medical diagnosis, care level, and psychological compatibility are considered. On a positive note, it must be recognized that clients with mental disorders are more socially active and thus positively encourage clients with mental development disorders. Furthermore, they actively inform the staff regarding changes in behaviour or health condition of clients with mental development disorders.

At the same time, the MW agrees that living close together may possibly lead to more everyday conflicts. Therefore, the Ministry has developed suggestions to SSCCs by instructing to evaluate

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<sup>18</sup> Cabinet of Ministers Regulations No. 431 “Hygiene Requirements for Social Care Institutions” adopted on 12 December 2000.

whether it is possible to place clients with mental development disorders and organize their classes separately from persons with psychotic disorders.

#### **Paragraph 147**

Having regard to the CPT's statement that 24-hour shifts have a negative effect on the performance of professional duties, we hereby explain that the matter regarding workload of medical treatment specialists is mostly related to the insufficient number of employees at the SSCCs. Furthermore, according to the Labor Law, it shall be prohibited within the aggregated working time to make an employee work for more than 24 successive hours and 56 hours per week; furthermore, resting time must be given to an employee immediately after performing working duties. Furthermore, it shall be noted that in February 2017 the General Agreement was repeatedly entered into by the MW, the Latvian Health and Social Care Workers' Trade Union, the Latvian State Institutions, Local Governments, Enterprises and Financial Workers' Trade Union, and the Latvian Medical and Nursing Staff Trade Union, providing for shorter working hours for employees involved in taking care of clients and subjected to special level of risk. Thereby, although within the aggregated working time the medical treatment staff (medical nurses) work up to 24 hours, the overall weekly hours do not exceed the established shorter working time.

Although any increases in the staff are hindered by the limited number of positions in all SSCCs (including SSCC "Latgale") and, moreover, there is shortage of specialists with adequate qualification, in 2017 branch "Litene" slightly increased the number of health care and medical rehabilitation employees (as already stated under Paragraph 142).

Furthermore, we hereby also draw your attention to the fact that in 2011 along with establishing Task Force "*On improvement of long-term social care and social rehabilitation services and feasibility assessment as to integration of health care services*", suggestions were drawn to ensure client-oriented services, including securing sufficient staffing. In 2012 and 2013, based on results of the said task force, pilot project "*Suggestions for grouping clients and determining the necessary extent of services*" was carried out within which the following was done:

- The clients' self-care, independence and independent life skills were assessed and the necessary care level was determined.
- The manual was drawn for working with clients according to care levels, including determining the necessary number of employees in each client group.
- The employees of SSCCs were trained in working with each care level.

In 2015, an expert was involved to repeatedly assess all SSCC branches as to the compatibility of client grouping process with the developed methodology; furthermore, client assessment instrument "*Instrument for assessment of an adult's self-care, independence and independent life abilities and skills*" was adjusted by carrying out repeated trainings for the employees of SSCCs in applying the aforementioned methodology.

As already stated in Paragraph 141, pursuant amendments to the Law, a long-term social care and social rehabilitation institution is allowed to establish a structural unit for ensuring health care services; furthermore, the Cabinet of Ministers was mandated to determine the necessary number and qualification of personnel involved in the provision of services at these institutions,

as well as to set criteria for determining care levels and performing client assessment as well as rules for receiving social care services at a place or residence or institution.

As of now, the project of social care service provisions is under development. Once the aforementioned provisions will be adopted, attention will be paid to additional employee positions and attraction of funds necessary for securing additional employees. At the moment, the issue of shortage of personnel is being solved by reducing the number of clients and keeping the number of employee positions without any changes. Furthermore, we also draw your attention to the fact that on several instances it has been reviewed how maintenance and technical staffing could be optimized both at SSCC "Latgale" and other SSCCs; as a result, the number of employees directly involved in client care, including medical practitioners, has been significantly increased.

Therefore, the recommendations are to be implemented by introducing a new approach to providing services by shifting to client care according to care levels, including determining the number of employees to be attracted for each care level group.

#### **Paragraph 149**

MW hereby explains that, according to Section 6 of the Law on the Protection of the Body of Deceased Human Beings and the Use of Human Tissues and Organs in Medicine, pathological-anatomical examination shall be performed mandatorily without taking into account the will of a deceased human being expressed during his or her life, if:

- 1) the possible cause of death is an infectious disease;
- 2) the cause of death is a disease non-diagnosed or complications of prophylactic measures, medical treatment or disease non-diagnosed during his or her life; or
- 3) the forensic examination is requested by the performer of an inquiry, investigator or prosecutor.

In accordance with information provided by SSCC "Latgale", a client's death in branch "Litene" is determined by a medical treatment specialist (medical nurse) who then informs a general practitioner. The general practitioner determines the fact of death and issues a medical certificate as to the cause of death. In cases when the general practitioner cannot determine clear cause of death, an order is given to perform autopsy. In 2016, from 12 client deaths only one autopsy was performed but as of 5 March 2017 from 4 client deaths one autopsy has been performed. The fact of the client's death is documented in the Client Registration Journal held by branch "Litene". In accordance with order issued on 27 June 2016 by SSCC "Latgale" concerning provision of information, data regarding client admission to hospital and death (specifying the cause of death, description of the client's health condition, consultations given and assistance during the last 72 hours as well as information as to whether autopsy has been performed) is now given to the management of SSCC "Latgale". The management of SSCC "Latgale" has not had any reason to doubt an opinion of a certified general practitioner regarding causes of death of clients.

At the same time, the MW agrees with the recommendations suggesting that the fact of death must be duly confirmed and, therefore, the Ministry will instruct SSCC “Latgale” to keep on securing that all cases of client deaths at branch “Litene” are determined by a physician. On 14 March 2017 representatives of the MW already met representatives of the MH to discuss possible solutions for the purposes of implementing the recommendations. We hereby inform that the MH intends to carry out educational events concerning more complete filling-in of the patient’s case history while reflecting diagnosis and possible cause of death of the patient.

### **Paragraph 150**

A health site is established in SSCC “Latgale” branch “Litene” that is registered in the Register of Medical Treatment Institutions in accordance with the Cabinet of Ministers Regulations No. 60 “Regulations regarding Mandatory Provisions for Medical Treatment Institutions and their Structural Units” adopted on 20 September 2009. In accordance with the above regulations<sup>19</sup>, in the health site there is a room for observing patients with unclear diagnosis or for isolating patients with infectious diseases, as well as a room for observing and isolating dangerous and aggressive clients. The clients who endanger themselves or other persons are isolated in accordance with SSCC “Latgale” rules for client isolation by registering the fact of isolation in the Client Isolation Journal. In line with SSCC “Latgale” internal client regulations, clients’ rights to free movements may be restricted for a time period up to 24 hours. The clients may be isolated in cases when safety of clients themselves or those around is endangered for a time period leading up to the arrival of the Emergency Medical Service. However, it is important to stress that, according to information provided by SSCC “Latgale”, from the beginning of 2014 up to 20 March 2017 there has not been a single case when a client at branch “Litene” has been isolated, because in cases when actions taken by the client due to aggravated health condition endanger himself/herself or other clients, the Emergency Medical Service arrive to give the necessary assistance and, whenever necessary, the client in question is admitted to a hospital.

In accordance with Section 31(2) of the Law on Social Services and Social Assistance, if a person with his or her actions endangers his or her health or life or the health or life of other persons, the head of the relevant institution or his or her authorized person may take a decision, making note in the person’s file regarding the isolation of the person for a period not exceeding 24 hours in a room specially arranged for such purpose, where the necessary care and continuous supervision of the person shall be ensured. At the same time we hereby remind that, according to recommendations listed in the report of the Ombudsman of the Republic of Latvia No. 1-12/2 of 15 February 2013 “Report of the Ombudsman of the Republic of Latvia “Regarding State Social Care Centres for Adults with Mental Disorders””, the time period allowed for isolation of clients must be determined in a proportionate manner – not exceeding 3 hours. Therefore, instructions have been given to SSCCs stating that clients can be isolated for a time period not exceeding 3 hours.

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<sup>19</sup> Section 63<sup>37</sup> (1.4) and Section 63<sup>37</sup> (1.5).

The amendments to the Law also provide for responsibility of the head of the respective institution for respecting the rights of clients in the institution and labor organization necessary for this purpose<sup>20</sup>. It is also determined that the head of the institution or his or her authorized person shall be entitled to take a decision regarding necessity, within a certain period of time, to restrict a person's rights to free movement in cases where such supervision is necessary based on the person's health condition and is determined in his or her individual rehabilitation or care plan.<sup>21</sup>

### **Paragraph 152**

The treatment of basic disease, including drug therapy, for clients with psychotic diagnosis is prescribed by a certified physician-psychiatrist but psychotropic medicines to be used are prescribed by certified physicians-psychiatrists whose professional activities are supervised by the Health Inspectorate. Medical nurses consult clients and ensure that the treatment plan is followed. Drugs are administered only when approved by a physician. In cases when a client has "typical" onsets manifesting as, e.g., aggression or depression, a physician-psychiatrist notes in the client's medical card medicines that must be administered.

The MW agrees that the use of restrictive measures causes risk of unfounded violation of personal rights; therefore, the Ministry, through consultations with the MH, the responsible Ministry in the field, will invite physicians-psychiatrists working for SSCCs to assess possibility of prescribing other psychotropic drugs to avoid the use of restrictive measures (chemical restriction).

### **Paragraph 153**

As already explained in Paragraph 150, from the beginning of 2014 up to 20 March 2017 there has not been a single client isolation case at branch "Litene". Furthermore, it is important to note that clients are isolated only for a time period leading up to the arrival of the Emergency Medical Service. The aforementioned necessity to use temporary isolation arises from the fact that due to the distance it is not possible to ensure immediate arrival of the Emergency Medical Service.

In accordance with Section 31(2) of the Law, if a person with his or her actions endangers his or her health or life or the health or life of other persons, the head of the relevant institution or his or her authorized person may take a decision, making note in the person's file regarding the isolation of the person for a period not exceeding 24 hours in a room specially arranged for such purpose, where the necessary care and continuous supervision of the person shall be ensured. As already mentioned in Paragraph 149, in accordance with recommendations given by the Ombudsman of the Republic of Latvia, SSCCs were advised to determine that clients cannot be isolated for a time period exceeding 3 hours (leading up to the arrival of the Emergency Medical Service).

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<sup>20</sup> Section 29(3).

<sup>21</sup> Section 31(1).

At the same time, the MW agrees that the restriction of personal rights may be considered solely as a measure of last resort in emergency situations when there are no other options how to ensure safety of the person himself or herself or that of others. Therefore, the Ministry is to instruct SSCC “Latgale” to assess in cooperation with a physician-psychiatrist other alternatives so that in future persons also would not be placed in isolation rooms. Furthermore, recommendations are also to be given to other providers of state-funded services.

#### **Paragraph 154**

In accordance with the Law and the Cabinet of Ministers Regulations No. 288 “Procedure for Receiving Social Services and Social Assistance” adopted on 21 April 2008, the client’s wishes are to be respected during all processes associated with the receipt of social services, that is, not only while receiving services but also in case of changing the service provider or terminating services. At the same time, the MW hereby informs you that before any services can be received, the SSCC enters into an agreement with the client; the content of the agreement before signing is clearly explained to the client or his or her relatives, if any.

In accordance with information provided by SSCC “Latgale”, a decision concerning termination of services is taken based on the submission lodged by the person, including a person with limited capability to act. Before a decision to terminate services is taken, SSCC “Latgale” makes sure that the municipality selected by the client will ensure a place of residence. In 2016, there was one client who moved from branch “Litene” to live in a municipality (as of 1 march 2017 – one client). Both clients got into touch with the social services working in the respective municipalities and moved to live outside the institution. In 2014 and 2015, there also was one person in each year who moved from branch “Litene” to start life in a municipality.

Over the course of the last six years, there have been certain changes in the operation of SSCCs subordinated to the Ministry of Welfare, because refusal to use buildings dangerous and unfit for clients has led to closing of six SSC branches. At the same time, since the last visit to social care institutions, there has been certain actions taken to begin a transition to a new social care and social rehabilitation services model, thus introducing major reforms in the field of social care. To introduce de-institutionalization (hereinafter – DE) and improve at the same time the quality of long-term social care and social rehabilitation services by ensuring access to the most appropriate social care or social rehabilitation services, on 19 November 2013 the Cabinet of Minister approved “*Guidelines on Development of Social Services 2014-2020*”<sup>22</sup> (hereinafter – the Guidelines). There are three development directions specified under the Guidelines:

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<sup>22</sup> Approved pursuant to the Cabinet of Ministers order No. 589 issued on 4 December 2013 (<http://polsis.mk.gov.lv/view.do?id=4558>).

- 1) Introduction of DI measures by encouraging a part of clients at the SSCCs to move to live in a municipality and to receive needs-appropriate alternative social care and social rehabilitation services at the place of residence.
- 2) Development of alternative social care and social rehabilitation services (*hereinafter – community-based services*) for persons with mental disorders who live in a municipality.
- 3) Effective management of social services contributing to the raising of quality of services and overall growth of services, primarily targeting ways how to respect clients' rights and raising quality of life for persons living in the institutions who wish to opt out from participating in DI measures.

To reach the aforementioned goals, funding has been attracted within activity “*Transition of persons with mental disorders from long-term social care institutions to life in society*” included in the European Union (EU) structural funds planning period 2014-2020 both to implement the DI measures and to develop the community-based services. However, development of such a system requires not only a lot of finances but also time resources and incentive for municipalities and clients. Furthermore, public awareness and support are also important factors for the success of DI measures.

As of now, assessment of individual needs of persons from the target groups included in the project's activities, including adult persons with mental disorders and children in extra-familial care, as well as development of care plans, come closer to final stages. The developed support plan for persons in the project's target groups allows municipalities to commence in their territories planning and providing the necessary services; whereas SSCCs are thus able to gradually prepare persons for life in a municipality.

The MW hereby inform you that on 20 August 2013 the MW sent developed guidelines to SSCCs and the Social Integration State Agency that coordinates the state-funded services so that Section 28(3) of the Law could be applied. The aforementioned guidelines specify duties of SSCCs in their work with clients, provision of information and cooperation with the municipality's social services. In order to strengthen respect for rights of clients, on 22 December 2014 “Guidelines on Measures to be Taken to Improve Safety of Clients at the State Social Care Centres” were sent to the SSCCs, instructing all SSCCs, among other things, to update the internal regulatory enactments by harmonizing these instruments in line with the Civil Procedure Law, that is, providing for a participation of a person with restricted capability to act in decision-making process during the whole period of receiving services. While harmonizing the internal regulatory enactment projects lodged by SSCCs, the MW strives to achieve that these regulatory enactments do not include any norms restricting personal rights.



At the same time we hereby draw your attention to the fact that usually client absence cases are related to a spontaneous actions stemming from aggravated health condition which might endanger the person himself or herself. Therefore, if a client arbitrarily leaves the territory of the branch or fails to return without giving any notification, he or she is considered to be absent without knowing where he or she is. In such cases, employees act in accordance with the internal enactment of SSCC “Latgale” providing for staff’s actions in emergency situations<sup>23</sup>, involving the municipal police in the search of the missing client.

### **Paragraph 155, 156**

As mentioned in Paragraph 154, in accordance with the Law and the Cabinet of Ministers Regulations No. 288 “Procedure for Receiving Social Services and Social Assistance” adopted on 21 April 2008, the client’s wishes are to be respected during all processes associated with the receipt of social services, that is, not only while receiving services but also in case of changing the service provider or terminating services. At the same time MW informs you that before any services can be received, the SSCC enters into an agreement with the client; the content of the agreement before signing is clearly explained to the client or his or her relatives, if any.

In accordance with information provided by SSCC “Latgale”, a decision concerning termination of services is taken based on the submission lodged by the person, including a person with limited capabilities to act. Since there are not too many clients leaving branch “Litene”, we do agree that clients living in SSCCs should have more options how to start independent life in municipalities by receiving social care or social rehabilitation services suitable for their needs.

In this regard, the MW informs that Latvia has started to develop services provided by a support person to people with mental disorders, including persons with limited capabilities to act. To reach the aforementioned goals, the EU funding has been attracted within activity “*Development of social services support system*” included in the European Union (EU) structural funds planning period 2014-2020. The project will allow to develop the mechanism for introducing services provided by a support person, including description of the services provided by a support person; development of organizational and financing procedure; furthermore, a pilot project on services provided by a support person will also be implemented. The pilot project is to be implemented for no longer than 24 months during which services provided by support person will be ensured for 330 adults with severe or very severe mental disorders (group I or II disability), including persons with limited capabilities to act. Within the pilot project, these persons will be given comprehensive support in making everyday decisions at least in the following fields: legal aid, support with finances, learning and developing everyday skills, support in the field of health care (outside the doctor’s office). However, the supporting person will not have rights to operate instead of the person receiving the support. The supporting person will be a specialist who will help the person with mental disorders or other health issues to plan and take decisions pertaining to his or her own life, health or social care, finances and properties.

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<sup>23</sup> SSCC “Latgale” procedure No. 1.1.-29/15 “Actions Taken by the Personnel of State Social Care Centre “Latgale” in Emergency Situations” approved on 31 July 2015.

**Paragraph 157**

In accordance with Section 355 of the Civil Law, trustees of adults shall be appointed pursuant to judgment of a court by the appropriate Orphan's Court, which shall find out the opinion of the person regarding a trustee to be appointed, provided that such person is able to formulate it. The Orphan's Court may appoint as trustee a trustee selected by the person, the spouse of the person to be placed under trusteeship or one of the nearest kin, as well as the Orphan's court shall observe the last will instructions of such person who has left him or her an estate.

In accordance with information provided by SSCC "Latgale", due to the fact that these clients do not have any relatives or other persons who could be appointed to be guardians, employees are repeatedly appointed to become guardians. At the same time it must be noted that recommendations have been already given to SSCCs to engage in active cooperation with the Orphan Courts to settle this matter; however, due to the aforementioned factors, as of now this matter still remains unsolved. Therefore, the MW will repeatedly give recommendations to SSCC "Latgale" as well as other SSCCs to continue their cooperation with the Orphan's Courts to find solutions as pertaining to appointing guardians outside the institution.

**Paragraph 158**

In accordance with information provided by SSCC "Latgale", all guardians were well-informed regarding the necessity to apply to the court to review restrictions imposed on capabilities to act. As of 20 March 2017, the extent of restrictions imposed on capabilities to act has been reviewed, pursuant to a court decision, for 63 persons out of 69 clients living at SSCC "Latgale" branch "Litene" who, according to a court decision, were recognized as persons incapable to act. A partial restriction on capabilities to act (without affecting personal rights) was determined for them. This means that it is determined for the person what kind of activities he or she is allowed to perform individually, what kind of activities can be done together with the guardian, and what can only be done by the guardian.

The number of guardians (employees) has remained the same as in 2016 (19 employees appointed to be guardians), because the Orphan's Court has not been able to appoint persons who, according to requirements specified in the Civil Law, have rights to become guardians.

At the same time, we are to continue to seek solutions how to appoint persons, who do not have labor relationships with the institution where the client receives services, to be their guardians.

**Paragraph 160**

The Law provides for participation of persons in the process of providing services. In accordance with the Cabinet of Ministers Regulations No. 288 "Procedure for Receiving Social Services and Social Assistance" adopted on 21 April 2008, the social services shall be granted based on an application lodged by the person or his or her legal representative. In accordance with the Cabinet of Ministers Regulations No. 291 "Requirements for the Social Service Providers" adopted on 3 June 2003, in the client's personal file there must be an agreement concerning the receipt of services; furthermore, the said Regulations provide that over the whole course of providing services, the client must be informed regarding the work organization of the social service provider; regarding the social services to be provided and the possibilities of receiving such services, the objectives, potential impact of self-care and improvement of social functioning

of the clients, and regarding the price of each social service and the payment procedures. At the same time the institution must ensure access to information pertaining to the client as well as the use and storage thereof in accordance with the status of restricted access information. Furthermore, an institution shall ensure the possibility for a client or the legal representative thereof to submit complaints or provide oral or written proposals regarding the improvement of the work of the social service provider.

The MW hereby informs that, according to information provided by SSCC “Latgale”, the client internal procedures of SSCC “Latgale” provide that a client shall be entitled to submit written and verbal complaints or proposals regarding the improvement of the service received. On the ground floor of the building, clients of branch “Litene” have access to the Box of Complaints and Proposals. The average number of proposals per quarter: 2 submissions. Once the management has examined the written information received, the situation is discussed with the client. Furthermore, any complaints are examined during the sessions held by the Social Care Council during which client proposals regarding the improvement of services and conflict situations with clients are discussed. We hereby inform that, according to Section 30(1) of the Law, the Social Care Council is established in order to promote respect for the rights of the persons living in long-term social care and social rehabilitation institutions; the Council shall consist of the persons living in the long-term social care and social rehabilitation institution, their relatives, employees of the institution and representatives of the local government. Decisions of the Council shall have a recommendatory nature. In 2016, the management of SSCC Latgale” examined complains lodged by 2 clients regarding inappropriate actions taken by the staff; in 2017, there has been one complaint regarding possibilities to terminate services. Once facts laid down in the complaints were examined, clients received written answers.

Furthermore, the MW hereby also draws attention to the fact that both while developing guidelines for promoting respect for the rights of clients of SSCCs and while performing examinations in SSCCs, attention is paid to ensure that clients have access, in a language they understand, to ways how to lodge complaints; furthermore, it is also examined whether these complaints are examined and answers are given to persons submitting them. The MW hereby also acknowledges that further attention will be paid to ensure that this recommendation is implemented.