

Prison Reform Monitoring

**The report on the situation in the institutions
for execution of criminal sanctions**

Belgrade, February 2016

Prison Reform Monitoring



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REPORT OBJECTIVES AND METHODOLOGY

The Helsinki Committee for Human Rights in Serbia (HCS) continued monitoring the prison system reforms in 2015, i.e. the reform of the institutions for the enforcement of criminal sanctions in Serbia. The project entitled "Continued monitoring of the prison system reforms" was supported by the Civil Rights Defenders.

Visits to the institutions for the enforcement of criminal sanctions and offices for alternative sanctions were accomplished with the permission and support of the Ministry of Justice and the Directorate for Enforcement of Criminal Sanctions, while the visits to the detention units were accomplished with the licence and support of the presidents of higher courts with jurisdictions over the territory in which they are located. The expert team performing the monitoring of the institutions for the enforcement of criminal sanctions comprised the lawyers from the Helsinki Committee, Ljiljana Palibrk and Jelena Mirkov, full-time professor at the Faculty of Special Education and Rehabilitation Dr Zoran Ilić and a specialist of general practice medicine, Dr Aleksandra Bezarević.

During the project that took part in the second half of the 2014, the Helsinki Committee team visited six institutions in the competence of the Directorate for Enforcement of Criminal Sanctions at the Ministry of Justice: five penitentiaries (in Niš, Sremska Mitrovica, Zabela, Požarevac and Valjevo) and Special Prison Hospital in Belgrade. In addition, Offices for Alternative Sanctions in these cities were also visited. The continuation of the project in 2015 encompassed visits to seven district prisons in Subotica, Kragujevac, Belgrade, Zrenjanin, Novi Sad, Smederevo and Pančevo and two visits to penitentiaries in Sombor and Padinska Skela. In 2015, the Helsinki Committee team also visited six offices for alternative sanctions in Subotica, Sombor, Kragujevac, Novi Sad, Smederevo and Pančevo.

The objective of this report is to present the current state in the criminal sanctions system, in institutes and outside of them, in a two year period. The report presents the situation in the facilities for the enforcement of criminal sanctions and the degree in which the rights of the persons deprived of their liberty have been ensured. In addition, the report shows the level of reform of the criminal sanctions enforcement system in line with the adopted Strategy.

During the visits, interviews were conducted with institution directors, chiefs of all services and employees of those services. In addition, the Helsinki Committee held individual and group interviews with persons deprived of their liberty. A partial insight was made into the documentation available to the institutions, while the data in the report were procured from each institution through a questionnaire.

Continued monitoring is especially important in the context of accession negotiations for European Union (EU) membership, i.e. Chapter 23. Serbia adopted a Strategy of Development of the System for Enforcement of Criminal Sanctions for the period 2013–2020 in 2013, amendments to the Law on Enforcement of Criminal Sanctions (LECS) were adopted, as was the Law on Enforcement of Non-custodial Sanctions and Measures. Amendments to the legislation provide the legal grounds for the enforcement of alternative sanctions; however, this process is slow and results insufficiently visible.

Abbreviations:

EMS – Emergency Medical Services

IEMS – Institute for Emergency Medical Services

NHIF – National Health Insurance Fund

CC – Clinical Centre

CPH – Central Prison Hospital

PHF – Primary Healthcare Facility

DP – District Penitentiary

LECS – Law on Enforcement of Criminal Sanctions

PAS – Psychoactive substances

PDL – Person deprived of liberty

DECS – Directorate for Enforcement of Criminal Sentences

ECF – Educational Correctional Facility

PRISON REFORM MONITORING IN 2014

PRISONERS' ACCOMMODATION AND LIVING CONDITIONS

The Changes Observed in 2014

The Nis Penitentiary

Certain changes for the better in prisoner's accommodation have been made since the team's last visit. Some extremely dilapidated pavilions have been reconstructed. Prisoners accommodated in these pavilions have been moved to new, freshly-painted premises with good floors, windows, beds and bathrooms. The prison church has also been constructed in the meantime, its interior painted by prisoners. Reconstruction of the pavilion C is in the final stage. In 2013 the Nis Water Supply Facility lent its lands to the prison, which also did the Army in 2014. The prison's carpentry shop has been making furniture for courts of law. The tire-repair shop opened in late 2013 now provides services to civilians. Despite many jobs available to prisoners under sentence, only one third of total prison population actually work – but not on daily basis but when needs arise.

Although the prison management made obvious effort for improving living conditions, some problems have been additionally plaguing the institution's functioning: the number of security officers has been reduced (the security service needs another 50 officers), the number of educators is inadequate, training and occupational capacities are inadequate, and too many disciplinary procedures have been undertaken. Besides, too many prisoners under sentence, especially in the high-security ward (820 out of 1,256), have been causing problems the officers have to cope with on daily basis and mostly at the detriment of proper functioning of the institutions and prisoners' human rights.

Although according to interviewed officers the newly-introduced prosecution investigation reduced the number of prisoners awaiting trial, the team found as many as 95 of them at the time of visit. The premises accommodating prisoners awaiting trial are in bad condition. Located at the ground floor, they are humid and lack fresh air: windows cannot be opened because of bars. The interviewed officers said this section was to be renovated.

Inspection of the prison records shows that as many as one third of total prison population is made of persons with mental disabilities and dependent on psychoactive substances: 41 are with mental disabilities or disorders, 308 are drug addicts and are persons 84 are alcoholics.

The Sremska Mitrovica Penitentiary

Hardly any investment has been made in the prison over the past year. Conditions in pavilions and premises still do not meet the requirements of dignified and humane living during imprisonment.

The prison is still overcrowded – the team found 2,048 prisoners, while the institution can accommodate 1,300 persons at most. New and new prisoners have been allocated to it all the time: the team found 129 persons in the admission ward at the time of the visit, while the ward itself can accommodate just 96. Prisoners are frequently kept in the ward for more than 30 days as provided under law, waiting for a "vacancy." Overcrowding threatens prisoners' right to proper re-socialization treatment. As many as 89 persons were in the detention ward.

The institution is still understaffed with security officers and educators. Because of large re-socialization groups and a handful of educators more than 70 % of prisoners have been serving their time in the high-security ward. Hence, re-socialization as a purpose of punishment with prison has been hardly attained in the institution.

The Zabela Penitentiary

Living conditions have been slightly improved since the team's last visit: dormitories have been freshly painted and bathrooms in some pavilions reconstructed.

Over the past year the number of prisoners grew from 1,459 to 1,584. The number of prisoners in the high-security ward grew proportionally – from 1,150 in 2013 to 1,261 in 2014.

Only 30 % of total prison population is engaged in occupational activities. Justifying this low %ages, the prison manager says are not interested in labor on the one hand, and jobs are few on the other.

The detention ward is outside the prison complex. It also accommodates persons punished for misdemeanor who are separated from those awaiting trial. According to the prison manager, the number of detainees was reduced to a large extent in 2014 – from 100 to 19. Accommodation in the detention ward has been improved over the past two years: dormitories have been freshly painted and furnished with new beds and lockets.

According to the prison manager, detainees are kept up to four months on the average, though some have been there for more than a year.

The Pozarevac Women's Prison

Though categorized as a semi-open institution the women's prison is actually a closed one. Overall conditions in the prison are such that treatment programs for the women suited for serving their time in open and semi-open wards cannot be implemented. The team was informed that the EC granted 2.5 million Euros, out of which one fifth came from Serbia's budget, for the construction of open and semi-open wards, and improvement of living conditions in the closed ward. The construction is supposed to start in the first half of 2015 and to be finalized in two years. After that, the closed ward would accommodate 160 women prisoners, semi-open 140 and open – 50, while the prison's accommodation capacity would grow from the present 170 to 350. Hence, one can look forward to "better days" for women prisoners. However, the prison's very location overclouds this hope: it is too attractive to potential investors that the city council may decide to relocate the prison outside the town limits. As the things stand now, the upcoming construction works will keep women jammed on the one hand, and pose security risk on the other.

At the time of the team's visit the prison accommodated 251 woman. According to the prison manager, over 50 % of the prison population in 2014 were recidivists – 131. Most women prisoners, 131, are in high-security ward, while 93 are housed in the open or semi-open. The team was left under the impression that not enough woman were engaged in prison work, although, the prison manager claimed that 100 of them are allocated to various jobs – 40 in the sewing shop while the rest were engaged in gardening and cleaning. Bearing in mind the specificities of the prison population, the team takes that woman's prison labor and education are still inadequate.

The women in the high-security ward who are not engaged in the prison work are the biggest problem. Out of 53 disciplinary measures taken against prisoners in 2014, as many as 38 were solitary confinements.

Since the team's last visit, many officers – medical, educators and security – have tendered their resignation.

Special Prison Hospital, Belgrade

The Special Prison Hospital is a closed institution catering for prisoners under sentence, plus mandatory medical treatment for conditions such as psychiatric disorders, drug addiction or alcoholism. Besides, it accommodates detainees in need of medical treatment, rehabilitation, forensic examination of their rationality while committing crimes. Considering the complexity of the institution's tasks, heterogeneity of its population and its primary duty to treat and rehabilitate prisoners or detainees, some major issues arise about its proper position in Serbia's penal and healthcare institutions.

The institution's location and limitations deriving from it: its present location and architecture stand in the way – to a large extent – to the implementation of many standards for the treatment and rehabilitation of its special and vulnerable inmates. Its premises belong to a typical prison institution (the Central Prison) meant for persons deprived of their liberty rather than those in need of treatment and rehabilitation. All reconstruction works so far have been restricted by the actual architecture not suited to hospitalization or rehabilitation.

The problem of jurisdiction over the institution – the Ministry of Justice of the Ministry of Healthcare: an agreement on this issue has to be reached as soon as possible since the actual situation is a threat to medical treatment of persons under sentence or those awaiting trial. Relevant authorities must decide what its primary function is – treatment and rehabilitation or incarceration.

Last but not least, competence of either treatment services or medical services in the treatment of the patients: as the two services have been separated without proper justification over the past years, the team takes that they must work in partnership in the development of treatment programs and standardized procedures.

The prison hospital is overcrowded: the team found 600 patients on its premises, although its accommodation capacity is 450 persons. According to the main administrator, the number of patients in 2013 averaged 700.

At the time of the team's visit reconstruction of the ward E (acute psychiatry) was about to be finalized and opening of the reconstructed facility planned for December 2014. The reconstruction is supposed to adjust the ward to EU standards. Other wards are in very bad state, almost ruined. The situation is especially bad in pavilions C and D with some

dormitories sealed. The roof of the pavilion C leaks abundantly – water is everywhere, in dormitories, halls and the lounge. Radiators are placed only in halls, not in dormitories. The team witnessed many patients trying to keep warm by staying in their beds under blankets. In the pavilion C it saw broken doors to some rooms. The pavilion's recreation hall is out of use since its walls and ceiling are completely ruined.

The prison hospital still copes with the problem of accommodation of juveniles since it is not in charge of them officially. It cannot separate juveniles occasionally allocated to it from other prisoners; so it has to accommodate juvenile offenders together with the prisoners considered less risky to their safety.

According to files, the prison hospital presently accommodates 268 prisoners under mandatory psychiatric treatment, 105 drug addicts and 57 alcoholics.

The Valjevo Reformatory

The Valjevo juvenile prison is the only institution of the type in Serbia, accommodating prisoners under age and young adults. Proper treatment of this category of prison population implies respect for standards of living and treatment, including recruitment of qualified officers. Respect for these standards is hard to expect considering that for years now the institution has been catering for a relatively small number of young adults (up to 8 % of total prison population), a number of first offenders up to 23 years of age and many recidivists punished with up to one-year imprisonment, rather than juveniles. The heterogeneity of the prison populations burdens considerably organisational arrangements and the implementation of treatment programs. Namely, programs for young adults hardly differ from those for the rest. This is particularly evident in the so called high security ward where the same rules apply to all inmates regardless of their age or sentences. Actually, the institution is a juvenile prison on paper only.

The prison was seriously damaged in the May 2014 floods. The detention ward is out of use, the fence and two footbridges are destroyed, while all ground floor and basement facilities have been flooded.

Considerably reconstruction works began in the second half of 2014, all thanks to international donations. Since the kitchen, mass hall, warehouse and a large section of accommodation premises are under reconstruction, prisoners have to be accommodated in a rather small area. Some from the semi-open ward have been moved to the high security one or transferred to other prisons.

Though appreciative of the institution's efforts in fund-raising for reconstruction and construction of new facilities, the team takes that it should have firstly resolved the issue of categories of prison population to be accommodated in the near future with the Central Prison Administration. Ad hoc solutions and transfers threaten to considerably undermine major treatment programs.

At the time of the team's visit the institution catered for 260 persons under sentence, including 14 persons punished with juvenile imprisonment and as many as 104 recidivists.

In 2014, 342 disciplinary measures were taken against prisoners, too many when compared with the number of inmates. Prisoners are most frequently punished with solitary confinement, suspended solitary confinement and ban on packages from home. Days spent in solitary confinement totaled 948.

TREATMENT OF PERSONS DEPRIVED OF THEIR LIBERTY

The Nis Penitentiary

Organisational arrangements

The prison's treatment service recruits 26 officers: the Personality Assessment Department engages 4 officers, while the rest are working in the Reformatory Department. Most of these officers are educators (17): 6 of them are engaged on contractual basis and 3 are working half-time. The number of professionals is not suited to the treatment needs of prisoners and persons punished for misdemeanor. The educators are in charge of groups averaging 80 and 100 prisoners. There is a pressing need for an educator in the detention ward, especially for the treatment of persons detained for more than three months.

Admission procedures

On admission, a team of experts evaluates prisoners' state of health, informs them about house rules, inspects their files, interviews them and determines all the facts important for risk assessment and treatment programs. It suggests treatment programs to the prison manager, along with proper allocation of prisoners. Prisoners are not kept in the admission ward longer than provided under law, while treatment programs and allocation arrangements are verified by prisoners themselves. At the time of the team's visit 38 prisoners were in the admission ward. Most of them were allocated to the so-called high security ward once the team had assessed the type of the crimes committed and the length of sentences. Namely, the great majority of prisoners sent to the institution had been sentenced to 3 to 10-year imprisonment (70 %), meaning that they had committed serious crimes (murders, serious bodily injuries, robberies, etc.) A relatively small number of prisoners are allocated to the semi-open ward under the condition that they consented to prison work. The number of prisoners in the open ward is minimal – 294 at the time of the team's visit – which is a change for the better when compared with the previous period. The change is to be ascribed to the prison management's engagement to ensure prison labor within the institution and outside it. Apart from contributing to prisoners' social rehabilitation, working arrangements for prisoners considerably improve their living conditions.

According to the interviewed educators, development of treatment programs and allocation arrangements are in accordance with the criteria set in the Rules on Treatment of the Central Prison Administration. They said they had some problems with filling the questionnaires dealing with prisoners sentenced to more than three-year imprisonment. They had been inadequately trained for it and, therefore, are faced with dilemmas about risk assessment.

Treatment programs

According to the manager of the treatment department, educators are mostly engaged in scheduled and unscheduled interviews with prisoners at their initiative. Large groups (one educator in charge of more than 80 prisoners) negatively affect the implementation of treatment programs. Apart from interviewing and consulting, other forms of treatment work with prisoners are sporadic. Therefore, the team takes that the department should recruit more educators and start with other educational-corrective activities, including group treatments.

Periodic assessments of treatment programs and evaluations of reallocations are in accordance with prescribed standards. The model of good practice the institution has

recently adopted – involvement of more officers in treatment evaluation – has already produced good effects. The team takes that this practice should be continued and that, in some cases, the periods for reclassification of prisoners could be shortened depending on the progress prisoners have made.

Speaking of educational programs, the prison mostly provides elementary schooling. However, the fact that only 45 % of total prison population participates in the educational programs (one out of five prisoners) indicates insufficient progress in this domain.

Characteristic of the prison is the number persons with mental disabilities and dependents on psychoactive 84) substances. One prisoner out of three is in one of the two categories. Mostly they are drug addicts (308) and alcoholics (84). However, there are no special programs for them. Interestingly, the "Department without drugs" program has been closed.

The Sremska Mitrovica Penitentiary

Organisational arrangements

At the time of the team's visit there were 33 officers in the treatment department, 3 in the occupational section, 6 in the admission department and 19 educators out of which 9 were engaged on contractual basis. Since the number of prisoners averages 2,000 (2,100 were on premises at the time of the team's visit), one educator is in charge of 100 prisoners. One educators works in the open ward treating 58 prisoners; three of his colleagues are in the semi-open ward taking care of 359 prisoners, while the high risk ward has 14 educators in charge of 1,370 prisoners. The team found 129 prisoners in the admission department. Besides, two educators are also engaged in the local office for alternative sanctions. As the educators are rotated through wards the effects of their treatment programs are considerably undermined.

Numbers of prisoners in charge of educators, one third of them engaged on contractual basis, 11 educators working for the institution instead of the planned 35, their inadequate professional training, non-existent in-service training programs for educators, plus the fact that they are rather burdened with administration, clearly indicates that the treatment department cannot function properly and effectively.

Hence, the prison management obviously has to recruit an adequate number of professional educators, solve the problem of their status, introduce proper in-service training programs for them and reorganize the department.

Admission procedures

The 6-member team of experts in the admission department has been evaluating newly admitted prisoners from various angles – pedagogic, psychologic, medical, criminologic, and in terms of risk assessment. The department pays heed to the standards of the Rules on Treatment, develops treatment programs and suggest prisoners' allocation to wards and treatment groups to the prison manager. It has been informing the newly admitted prisoners about their legal rights, house rules and treatment programs to which they have to give their consent in writing.

Interviews and inspection of files testified of the respect of prescribed procedures. Decisions on prisoners' categorization are made within due period of time (30 days), although some prisoners have to wait for a "vacancy" mostly in the high-security ward. Interviews with department officers indicated that they had some problems with questionnaires dealing with risk assessment and inadequate rubrics of the questionnaires for prisoners' reclassification.

The law provides that prisoners shall not be kept in admission department longer than 30 days. No matter how justified their longer stays might be because of overcrowding, nothing justifies the fact that they are not allocated to educational groups. The activities planned for new arrivals in the department cannot boil down to waiting lists. Waiting for vacancies violates their right to treatments suited to their social rehabilitation. As things stand, "waiting" almost equals prolongation of incarceration. As for the problems with evaluation questionnaires, the team takes that they have been developed without proper preparation and uncritically, and should, therefore, be revised. Besides, the department should involve not only prisoners but also educators in proposing treatment programs. A partnership approach to treatment would strengthen educators' sense of responsibility and add to the efficiency of their work for the benefit of prisoners.

Implementation and reconsideration of treatment programs

Educators are mostly focused on individual treatments and mostly on scheduled and unscheduled interviews. Interviews are conducted on daily basis – either at prisoners' request or when need arises – for three or six-month periods of time after which treatment programs are being reconsidered. However, interviewed prisoners said they were meeting their educators rarely and talking to them only at their own initiative, mostly to discuss some personal problem or if subject to a disciplinary measure. Some said they had hardly ever talked to their educators.

Other forms such as group treatments are rare and sporadic, mostly focusing on drug addicts and social therapies. Treatment groups, as a method, exist on paper only and are hardly effective considering their sizes. Educators working in inadequate conditions – either in pavilions or in the management facility – lack of educational tools and their insufficient training in the implementation of contemporary methods and techniques are undermining the effects of their work with prisoners.

Prisoners are given benefits or deprived of them on the basis of an expert team's evaluation of their behavior and dedication to treatment programs. The interviewed prisoners said they were not properly informed about the prerequisites for getting benefits. The issue of benefits is usually discussed when treatment programs are being reconsidered (within three or six months). The team left under the impression that the prison was not keeping prisoners adequately posted on the reclassification procedures and preconditions, that a considerable number of prisoners had never been reclassified and that the expert team suggesting reconsideration of treatment programs was rather restrictive. Besides, the expert team frequently fails to inform prisoners and educators about the rationale behind their suggestions to the prison manager.

On the other hand, disciplinary measures taken against prisoners are many. Prisoners breach discipline mostly by violent behavior (113) and producing, possessing or using psychoactive substances (87). As of the beginning of 2014, 291 disciplinary measures have been taken against 248 prisoners (about 30 % of total prison population). They are mostly punished with solitary confinement (193 prisoners spent 5-20 days in solitaires). This, plus the fact that the great majority of prisoners stay in the high-security ward throughout their time, indicates that the prison hardly serves the very purpose of incarceration.

Obviously, educators have not been provided guidelines for their daily work – from admission of prisoners, compiling their files, risk assessment, treatment needs, development of individual plans and programs, implementation of these programs, through reconsideration procedures to pre-leave programs for various categories of prisoners.

Education, occupational training and prison work

Unlike in the previous period, the prison finally ensured prisoners' right to education. According to available data, 15 prisoners are presently attending elementary education programs, while 45 the secondary school programs. All in all, just 8 % of total prison population is included in these programs, although 810 prisoners are without elementary or secondary school education. Prison officers said prisoners are not interested in schooling. It seems, however, that they have not been motivated enough.

The prison has been implementing several types of occupational training programs with the assistance of the EU. Twenty nine prisoners attend the training in carpentry.

All prisoners do not have access to prison work – just one third of total population (568) serves their time while working, including just 296 from the high-security ward. On the other hand, prisoners show interest in being engaged in some sort of work. This is why the prison management publishes calls for application and selects most suitable candidates. This a number of prisoners are being left out, though eager to work, which in itself preconditions their reclassification and benefits.

Community support and pre-release programs

Prisoners and educators alike say that cooperation with social care centers in the outside community and families are inadequate. They are fully aware that such cooperation is most important for their social rehabilitation and integration upon release. They hope things would change for the better once a law on probation is enacted and probation offices start operating.

The Zabela Penitentiary, Pozarevac

Organisational arrangements

The treatment department has a staff of 18 officers, by far less than planned under the job classification (31). Hence, one educator is in charge of 90 prisoners. The situation is even worse in some of the prison wards – especially the high-security one totaling 1,261 prisoners or 80 % of total prison population – wherein one educators works with 200 inmates. In the so-called seventh pavilion where the treatment programs are needed the most, there are 238 prisoners per an educator. These very statistics are telling of the true possibilities for any serious treatment programs.

Effective treatment of prison population implies continuous in-service training programs – which have never been organized for educators. Two educators have been working part-time for the Pozarevac-based office for alternative sanctions from the very beginning, which, according to their colleagues further undermines the prison's treatment capacities.

The above-mentioned facts indicate that – despite educators' hard work on treatment of the prisoners – the prison management should take the following measures without undue delay:

- Recruit an adequate number of educators, according to the job classification;
- Solve the problem of the part-time engagement of four educators;
- Assess actual needs and develop the program for continuous in-service training programs for treatment officers;

Reorganize the department in accordance to the prison reform strategy.

The team takes that the treatment department should focus on education, vocational training and prisoners' engagement in meaningful work.

Admission procedures

The treatment department includes the admission section led by the head of the section and three officers evaluating the newly arrived prisoners from various angles (psychological, pedagogical, sociological, etc.). Medical officers are also engaged in the section's procedures.

At the time of its visit the team found 40 prisoners in the admission section – which was by far less than on previous occasions. In 2013 the admission section evaluated 556 prisoners under criminal sentence and 115 punished for misdemeanor. Apart from administrative procedures, security-based and medical examinations the newly arrived prisoners undergo evaluation for treatment programs and classification.

The interviews with prisoners and admission officers, and inspection of the files indicated that the admission procedures were generally respected. Decisions on classification are made within the due period of 30 days. Only a few new arrivals are kept longer due to overcrowding in some wards and pavilions. Educators emphasize some problems in the risk assessment process and inadequate "instruments" resulting in the biggest majority of new arrivals' allocation to the high-security ward, especially the "seventh pavilion" accommodating prisoners under long sentence (48 % of total prison population). The team takes that the instruments for risk assessment should be revised and admission officers duly trained in their implementation. Though admission procedures have to be standardized, specificities of the prison population and the effects of their living conditions should be taken into consideration case by case.

Implementation and reconsideration of treatment programs

Specific measures and activities planned under treatment programs are crucial to the purpose of incarceration. They largely depend on the characteristics of the prison population, conditions under which they are taken, and mostly on the experts implementing them.

The prison population is heterogeneous. Most of the prisoners are adults sentenced for most serious crimes (murders, attempted murder – 275, robberies – 274, larcenies – 338, drug trafficking – 351, and rape – 90). 70 % of them are under 3 to 20-year sentence, while 85 % have finished either elementary or secondary schools. More than one third of prisoners have been diagnosed with disabilities or disorders (psychological – 88, dependents on psychoactive substances – 216, alcoholism – 51, etc.).

Eleven educators are allocated to open, semi-open and high-security wards. The team observed that high-risk, criminogenic prisoners are not included in intensive treatment programs for small groups. On the contrary, educators in the high-risk ward work with rather big groups, which negatively affects the purpose of corrections and individualized treatment. Once in three months educators conduct interviews with prisoners in order to assess the need for treatment program reconsideration. They also conduct interviews with prisoners at their request. According to the team's interviews with prisoners, their meetings with educators are sporadic, usually taking place at prisoners' request or in the event of disciplinary measures taken against them. According to the inspected records for 2014, 16 prisoners complained against the treatment department, 20 against medical services and only 6 against security officers. However, the team's interviews with the prisoners indicated that most prisoners were not dissatisfied with their educators.

Speaking of benefits and privileges, the situation is about the same as in other prison institutions. Prisoners are not adequately informed about the preconditions and procedures for getting benefits. Besides, a considerable number of prisoners have never been reclassified – they are kept in the same, high-risk ward, throughout the duration of their sentences. In other words, the rules on treatment – including reconsideration of treatment programs and prisoners' reclassification – are poorly implemented.

In 2014, most of 189 incidents related to inter-prisoner conflicts (73) and the use of psychoactive substances (51). In 119 cases prisoners were punished with solitary confinement. Out of 286 breaches of discipline, 174 disciplinary measures were taken against 435 prisoners. Most of them were punished with solitary confinement – about 50 %. Like in its earlier reports on this prison institution, the team concludes that the purpose of incarceration is not being met to a large extent.

Education, vocational training and prison work

The prison has not organized elementary and secondary schooling. Eighty two prisoners (6 %) have not finished elementary schools and 572 (about 35 %) have. The argument about prisoners not being interested in schooling cannot be justified. The prison is duty-bound to motivate them.

The situation is much better when it comes to vocational training. With the assistance of EU, the prison organized a course of training in furniture manufacturing for 27 participants; a course of training in general carpentry for 30 participants; a course of training in welding for 16 participants, in vegetable growing in hothouses for 20 participants and in bakery for 49 participants. All in all, 9 % of prison population attends vocational trainings – not enough though a progress when compared with the previous period.

The right to work is not ensured to all prisoners. Only 557 prisoners (about 30 %) are engaged in some form of prison work, while the rest (1,000) is kept idle. Most of the latter are from the high-security ward, and not being engaged in prison works considerably undermines their prospects for getting benefits. The prison management justifies the situation with insufficient funds and prisoners' disinterested in work. However, the team left under the impression that the institution has practically "given up" a major segment of prisoners' treatment and improved living conditions.

Community support and pre-release programs

Insufficient experience here impedes development of proper pre-release programs and, consequently, prisoners' reintegration upon release. The idea about forming pre-release groups could be a very good one should the Probation Act take results and effective probation offices be established at local level.

The Women's Prison, Pozarevac

Organisational arrangements

Out of total number of prison officers (79), 9 work for the treatment department (2 social workers, 4 psychologists, 3 special pedagogues and one administration officer). The job classification envisages 16 officers. The department includes the admission department and the treatment section. The team saw that 8 professionals are engaged as educators (2 in the admission department, 2 in charge of two treatment groups each, whereas 4 of one each). One educator implements treatment programs for 14 prisoners in the open ward; three of

them are engaged in the semi-open ward treating 79 prisoners, and 4 are allocated to the high security ward working with 131 women prisoners divided in groups.

Given that 251 women were incarcerated at the time of the team's visit, it could be said that one educator is in charge of 30 prisoners. Although the number of officers has been reduced since the team's last visit (they have retired) the overall situation is good especially when compared with other penitentiaries in Serbia. Over 80 % of prison population is under therapy; 60 % of them are recidivists; 87 are dependent on psychoactive substances, and 20 are alcoholics; more than 50 % have been sentenced for grave crimes (murders, robberies and larcenies). All this indicates that the prison population as such is badly in need of intensive and individualized treatment programs, and consequently, that the prison management should recruit another 6 educators as planned under the job classification.

Admission procedures

Three officers (the head of the department and two educators) are engaged in the admission department where the team found 20 new arrivals. Living conditions are relatively fair. Inspection of files, and interviews with prisoners and the staff indicate that the prescribed procedures are usually respected, including the period of time (30 days) spent in the admission department and decisions on classification. Most prisoners are allocated to the high-security ward. However, living conditions of the women allocated to open and semi-open wards hardly differ from those of their inmates in the high-security one. The only difference is that the latter have more benefits.

Implementation and reconsideration of treatment programs

Eight educators are implementing treatment programs. The most frequent form of correctional work is individualized and is implemented through scheduled and unscheduled interviews. Educators are in daily touch with the groups in their charge. The groups are small and, hence, the quality of work fair. Once women prisoners are placed under "intense supervision" their communication with educators is rather reduced – and it should be the other way round. This is why the team takes that the prison management should revise the criteria for "intense supervision" and its implementation with a view to intensify educators' communication with prisoners under this regime.

In 2014, 43 disciplinary measures were taken against 35 women prisoners. In 38 cases the measure was solitary confinement, in 12 cases conditional confinement, and in 13 cases deprivation of benefits. Two prisoners were punished with bans on packages from their families.

Education, occupational training and prison work

Most of women prisoners (58) have not finished elementary schools, whereas only 60 of them have – which is over 60 % of total prison population. In spite of that, the prison management does nothing to improve the situation of their schooling.

Occupational trainings include sewing workshops (17 participants) and jewelry workshops (15 participants). A handful of prisoners have finished basic and advance courses of training in computer operation. According to the prison management, 100 women prisoners are working, mostly in the sewing shop. The rest are idle.

Community support and pre-release programs

According to the interviewed prisoners and educators, community support and pre-release programs are poor.

Special Prison Hospital in Belgrade

Organisational arrangements

The Special Prison Hospital (SPH) has a treatment department with 19 officers working in two sub-departments: the admission sub-department recruits 7 experts and the corrections 10. The job classification envisages 21 officers. Most experts are educators, there are nine of them. Four educators are in charge of four treatment groups in the narcotism ward, two work with two groups in the alcoholism ward and one educator is in charge of two groups in the internal medicine and acute psychoses wards.

At the time of its visit the team found 504 prisoners on SPH premises. One educator treats 55 prisoners on average, which can be called optimal. The treatment groups in the narcotism and alcoholism groups are rather small (20-40). On the other hand, the need to intensive, correctional activities is much bigger. Educators' engagement in internal medicine and acute psychoses wards is sporadic because, explains the management, the treatment necessitates specialists-psychiatrists. Working conditions of the staff as well as living conditions for the prisoners are not adequate. Some pavilions are under reconstruction to be finalized soon.

Admission procedures

Two psychologists, two social workers and two special pedagogues are engaged in the admission department. The admission procedure also involves medical and security officers. They examine new arrivals' state of health and psychological profiles, make risk assessments, develop treatment programs and suggest prisoners' classification into various sections of the high-security ward. SPH has no open or semi-open ward but can classify prisoners into high-security, semi-open and open sections.

Implementation and reconsideration of treatment programs

Ten officers of the correctional department have to cope with scores of practical problems in program implementations. The population's complex pathologies, their great fluctuation, non-existent in-service training programs, inadequate cooperation with other departments, medical in the first place, are just some of them.

Apart from conducting daily interviews with individual prisoners, the correctional department has been trying, over the past years, to encourage a positive attitude towards treatment of prisoners accommodated in alcoholism and narcotism wards by implementing the following programs:

- Psychosocial treatment of drug addicts;
- Communication skills and assertive trainings;
- Training in social skills;
- Anger management;
- Family counseling.

Daily group sessions for drug dependency have been focused on:

- 1) Resolution of personal problems stemming from drug abuse, family violence, strategies against recidivism and emotional regulation;
- 2) Social skills for the life in the outside community;
- 3) Family counseling.

Upon completion of three-month group programs, the department has been organizing educational and creative workshops for the prisoners willing to participate in them. The

general impression is that prisoners mostly welcomed this form of work and were able to use the knowledge obtained in group therapies. The workshops have been topical, including debates and exercises in tolerance. Later on, many participants were interested in attending other correctional and treatment programs against dependency on psychoactive substances. These programs have bettered the pre-release programs and lessened the risks of recidivism caused by drug abuse.

Education, vocational training and prison work

At the time of its visit the team found the following educational structure of the prison population: 7 prisoners have not finished elementary school, 139 had elementary schooling, 194 graduated from secondary schools and 21 from high schools. Obviously, continuation of schooling has to be ensured for the prisoners. Unfortunately, SPH has neither capacity nor cadres for educational process. All the prisoners from narcotic and alcoholism wards are allowed to either start or continue their schooling out of their own pockets. They are taking their exams at the times scheduled with educational institutions accompanied by educators and security officers (in civilian clothes). Several of the prisoners seized this opportunity in 2014.

CPH does not provide vocational training but just occupational and work therapies.

The Valjevo Reformatory

Organisational arrangements

The treatment department of the juvenile prison recruits 16 officers at present, while its vocational training department three. Six educators work on corrections, whereas the job classification envisages eight. Four educators work in the high-security ward (161 juveniles). The size of treatment groups ranges from 14 (the under age group) to 50. This might be optimal when compared with other prison institutions. At the time of the team's visit 25 prisoners were "transferred temporarily" to the high-security ward for "security reasons." This was an additional burden on educators whose work had to boil down to occasional meetings with juveniles from treatment groups. Interestingly, seven juveniles have been allocated to this ward at their request. From the angle of corrections, organisational arrangements and juveniles' accommodation are more than inadequate in the high-security ward. The much needed intensive treatment is being "postponed" till juveniles' return to their original treatment groups.

The team recommends reorganisation of the treatment department with a view of providing more effective treatment in the high-security ward.

Admission procedures

The admission department can accommodate 16 new arrivals. Living conditions in the department are inadequate. However, it is under considerably reconstruction now.

A pedagogue and a psychologist are engaged in personality assessment, develop treatment programs and suggest juveniles' allocation to wards. A medical officer and security officers are also involved in the process. Within the period of 20-30 days this team of experts examines juveniles' state of health, makes risk assessments, informs new arrivals about their rights and duties, collects and analyses their files, assesses their treatment needs and develops individualized programs each juvenile has to give his consent to.

Apart from speaking about inadequate living conditions, the interviewed new arrivals – the same as other juveniles – complain of being inappropriately informed about their legal rights and, most of all, about everyday routines. The team, therefore, recommends development of a practical guide for juveniles.

Besides, the team takes that educators should also be involved in the admission proceedings, especially in the development of treatment programs and juveniles' allocations to wards and treatment groups.

The interviewed officers of the admission department said that treatment programs and allocations were decided on by the criteria of the rules on treatment, adding that they paid particular attention to risk assessments, treatment needs and possible extra examinations of new arrivals. Taking into account the specificity of the juvenile prison, they argued that the "timing" could not be respected "by the book" given that it has been set for "big system." So, they take that "a simplified procedure" would speed up the process in the department.

Inspection of the files showed that the procedures for treatment programs and allocation were mostly paid heed to.

The inspection also showed that biggest part of the prison population has been allocated to the high-security ward (about 80%). Inadequate preconditions for having open and semi-open wards functional, as well as characteristics of the prison population, cannot justify this practice – as things stand now, it questions the very idea of classification, including benefits and privileges that are most important to juvenile's resocialization.

The team left under the impression that decisions on allocations were guided primarily by the so-called risk assessment, whereas motivating juveniles for changing their behaviors was inadequately taken into account.

Implementation and reconsideration of treatment programs

Treatment programs include planned and spontaneous interviews with juveniles and group therapies. Frequency of educators' meetings and interviews with juveniles depends to a large extent to the latter's initiative but also on educators' assessments of treatment needs.

The team observed that treatment groups function below capacity. "Temporary assignments" of juveniles to the high-security ward undermines educators' communication with them and the atmosphere in treatment groups.

Interviews with educators and juveniles alike, as well as the inspection of prison files showed that individual interviews and relevant observations were duly recorded. It can be concluded then that, despite all the limitations, individualized forms of correctional treatment in the prison are adequate. On the other hand, educators' approaches to different categories of prisoners are hardly differentiated, especially towards persons punished with juvenile prison and especially towards the latter allocated to the high-security ward.

Due attention is paid to periodic assessments and reconsiderations of treatment programs. Changes in treatment programs often imply juveniles' allocation to other therapy groups or wards, as well as transfer to some other institution.

On the other hand, these assessments and reconsiderations are mostly hindered by security officers hesitant to give consent to juveniles' allocation to therapy groups entailing more benefits and privileges. This is mostly the case when it comes to the juveniles from the high-security ward: officers usually take that they should be kept there for "security reasons" until released. And such attitude is hardly justifiable.

Education, vocational training and prison work

Elementary and secondary schooling is organized in cooperation with the Cultural Center in Obrenovac: 15 juveniles attend elementary school classes while two are secondary school students. The actual needs for schooling are far bigger. The reformatory is duty-bound to provide secondary education free of charge to juveniles regardless of the ward to which they are allocated. This mostly affects juveniles with cognitive problems.

The reformatory has also organized courses in vocational training for 40 juveniles, which is a step forward when compared with previous periods.

About one third of prison population is engaged in prison work. This is also an improvement. Juveniles are engaged in reconstruction of prison facilities, and in production of window frames and doors made of PVC.

Community support and pre-release programs

Community support and assistance to prisoners imply a set of activities aimed at solving the problems stemming from deprivation of liberty. Modern treatment of both juveniles and other prisoners has to be channeled towards outcome from the very beginning – to pre-release programs and resocialization. This entails intensive cooperation with families of the detained and local self-governments – probation services in the first place.

The educators working for the reformatory have recognized the significance of such activities. Interviews with them and inspection of relevant files indicated that mostly cooperate with local social care centers. Through this cooperation they are collecting additional diagnostic information about inmates and their families so as to help their families exercise their right to welfare while their members are in detention. However, cooperation with the outside community in pre-release programs is mostly inadequate. Hence, the pre-release programs boil down to mere formality.

The team holds that just informing the services in the outside community about the need for close cooperation is not an effective tool. Instead, the reformatory should motivate them by taking action and suggesting concrete measures from the very beginning of juveniles' incarceration.

HEALTH CARE

The Nis Penitentiary

The healthcare department recruits six medical doctors, one dentist, eight medical technicians, a dentist, a sanitary and a pharmaceutical technician, and one lab assistant. One of the medical doctors has specialized in psychiatry since the team's last visit. A head of the department has not been appointed yet.

The department works in shift, round the clock. In holiday season and on weekends the local ER is available on call from early afternoon till morning hours. Medical examinations are conducted in two offices in the in-patient facility. Doctors are paying visits to solitary confinements and the high-security ward on daily basis. Whenever summoned by security officers, doctors provide first aid in pavilions.

Prisoners are thoroughly examined upon admission. Questionnaires for the symptoms of TBC have been introduced recently. In necessary, prisoners are further tested for TBC. Those with TBC are transferred to the Central Prison Hospital.

Doctors pay visits to pavilions once a week, and more often when necessary. Prisoners punished with solitary confinement are examined thoroughly in the out-patient ward and doctors are visiting them on daily basis. Prisoners working on construction sites are specifically examined once a year. Prisoners also have access to psychiatric, ophthalmologist and internist examinations. For being examined by other specialists prisoners are transferred to the local hospital. On average five such examinations in the outside community are organized per day. Prisoners usually need to see surgeons, endocrinologists, cardiologists, dermatologists, and physiologists.

Injuries are entered in detail in prisoner's medical files and in the general register. The prison management insists on the respect for the protocol given that these files are given to insurance companies and prisoners' lawyers.

A properly equipped biochemical lab is located in the in-patient ward. Virus tests (AIDS, hepatitis) are conducted by the local healthcare institute. Testing implies prisoners' consent, especially when taking virus or drug tests.

The out-patient and the in-patient wards are in the same building. The room with roentgenoscope is presently under reconstruction, but the apparatus is functional. The in-patient ward has four rooms. Whenever necessary the TV hall is turned into a sickroom. The in-patient ward accommodates not only sick or recuperating prisoners but also old, blind or deaf inmates. Other prisoners take care of them.

The prison doctors do not compose menus but do examine weekly ones and suggest changes. Eventually they put their signatures on weekly menus. Together with technicians they try all the meals before serving. Special menus are served to prisoners with diabetes and those to whom religious beliefs forbid some food. According to the interviewed prisoners, meals are poorly prepared and fruits are served to them only occasionally. A technician controls the hygiene in the kitchen and mass hall.

The Sremska Mitrovica Penitentiary

The healthcare department engages seven general practitioners and one psychiatrist, plus another five doctors and a dentist working on contractual basis. There are also twenty two medical technicians.

The department provides services in mornings and afternoons. Doctors are available on call at nights.

Examinations are conducted in three out-patient wards. Prisoners from open and semi-open wards, detainees, new arrivals and those from the high-security ward are examined separately. Whenever there is an emergency doctors are summoned to the pavilions.

The medical procedure conducted in the admission department is the same as in the Nis Penitentiary.

Injuries are recorded by types but records are not kept as duly as in the Nis penitentiary. Hunger strikes have become frequent – 40 prisoners have gone on hunger strike since the beginning of 2014, striking 3-5 days on average. The reasons why they ended their strikes were not recorded in the protocol.

The in-patient ward has 30 sickbeds but can accommodate more prisoners whenever necessary. Most patients are with chronic psychoses and diabetes, but there are also those too old and frail to share dormitories with other prisoners.

Menus are composed on weekly basis and posted for all to see. Special menus are prepared for prisoners with gastric, kidney and liver problems, diabetes and for Muslims. Prisoners with diabetes on insulin therapy complain of irregularity of meals they supposed to get.

The Zabela Penitentiary, Pozarevac

Medical services are provided by three physicians, one dentist and three medical technicians. Doctors work shifts from 7.00 a.m. till 8.00 p.m. Technicians are on duty at night, as well as one doctor who is available on call.

All new arrivals are thoroughly examined within 24 hours. Prisoners punished with solitary confinement are medically examined and visited by a doctor throughout their stays. Examinations by specialists are available to prisoners on weekly basis.

Injuries or self-injuries are duly recorded. Prisoners are physically restrained only at psychiatrist's order and no longer than 24 hours. Since the beginning of 2014, 15 prisoners have gone on hunger strike.

In-patient and out-patient wards are under the same roof. The former has 20 rooms accommodating 85 patients. One third of patients have been hospitalized for long either because of their old age or type of ailment. Whenever a need arises these patients are transferred to the Central Prison Hospital.

The dentist office is fully equipped. One dentist, not assisted by a technician, usually extracts teeth and sees 20 patients per day on average. For more complex interventions prisoners who can afford it are sent to private clinics.

A professional cook composes weekly menus that have to be approved by a doctor. Special menus are prepared for prisoners with diabetes, those with kidney disease and for Muslims.

The Women's Prison in Pozarevac

The healthcare department recruits one female doctor and two nurses – less than at the time of the team's previous visit when three doctors and three nurses treated the prison population. Out-patient examinations are conducted in mornings while those by specialists in afternoons.

All women are thoroughly examined upon admission and sprayed against fleas. About 30-40 examinations are conducted daily in the out-patient ward. Prisoners mostly complain of headaches, high blood pressure and backaches. Four times a month they can make appointments with psychiatrists and dentists, and twice a month with gynecologists, cardiologists, endocrinologists and physiatrists who are being called in.

Injuries or self-injuries are recorded in individual files and in the general protocol. Most injuries are caused by falls on slippery floor in the mass hall. All women punished with solitary confinement are examined and regularly seen by a doctor throughout the duration of this disciplinary measure taken against them. Before being physically restrained they are examined by a psychiatrist.

The prison has no lab of its own. To be tested for hepatitis or AIDS women must pay from their own pockets.

The in-patient ward has two rooms. At the time of the team's visit nine prisoners were hospitalized for various reasons, including one who was blind and an elderly inmate. The prison has not procured yet an ultrasound apparatus and an ambulance.

Women are dissatisfied with dental services provided to them. They complain of having to wait as long as six months to get an appointment.

Pregnant women and those with babies are separated from the rest. They are satisfied with their accommodation, meals, medical treatment and material assistance. Mothers say their babies are getting everything they need.

Meals are brought from the Zabela prison every day. Medical officers are trying the meals before being served and verify their findings in writing. The interviewed women said the meals were of poor quality: they are never served fruits, get a glass of yoghurt once a week the same as one boiled egg.

Special Prison Hospital, Belgrade

The Special Prison Hospital (SPH) is the only closed institution in Serbia catering for prisoners sentenced to mandatory psychiatric treatment and those who cannot be properly treated in prison in-patient wards. SPH has seven wards.

Wards A and B are for psychiatric patients attended by two psychiatrists, nine medical technicians, one psychologist and one social worker. About 60 % of these patients have been sentenced for homicide.

Alcoholics are hospitalized in eight rooms of the ward C. They are treated by one general practitioner, 2 psychiatrists, 7 medical technicians and a head nurse.

The ward D caters for drug addicts. Apart from the head of the department – a psychologist who used to work in the Valjevo reformatory – there are another two psychologists and one general practitioner. The entire ward is in deplorable state. Patients who had not used psychoactive substances a month prior to admission are accommodated in the so-called ward without drugs for the period of six months.

The ward E is for acute psychiatric patients tended by 3 psychiatrists and two neurologists.

The ward G is a forensic ward with 4 psychiatrists and 2 psychologists conducting neuropsychiatric examinations and then allocating patients to other wards or institutions.

The ward I accommodates patients with somatic disease, including TBC, hepatitis and AIDS. TBC patients are kept in isolation. The ward recruits 2 specialists in internal medicine, 2 general practitioners and 10 medical technicians.

The prisoners who cannot get proper treatment in SPH are transferred to other specialized institutions. SPH has one ambulance.

Doctors work morning and evening shifts, as well as nurses and technicians. A doctor and a nurse are on premises of each ward at all hours.

Patients are physically restrained by the book, and must be untied when having their meals or going to bathrooms.

Certain patients are allowed to go home – from Wednesdays till Saturdays or from Fridays till Mondays.

About 20 % of prisoners under mandatory psychiatric treatment could be released should other institutions take them in. However, psychiatric hospitals would not take persons under sentence.

SPH is under the jurisdiction of the Ministry of Justice rather than the Ministry of Healthcare. Hence, the Law on Public Servants applies to the entire staff. This is why they are not only paid less than their counterparts in medical institutions but also classified absurdly – doctors are labeled advisors while nurses – junior assistants.

The Valjevo Reformatory

The healthcare department recruits one general practitioner and three medical technicians. The doctor is very young – with less than one year of practice – and works part-time. The technicians are more experienced.

Medical services are available to juveniles throughout the day. A technician is on duty on weekends.

The out-patient ward is properly equipped. The reformatory has no ambulance of its own. The in-patient ward, located in the same building, has eight rooms, presently under reconstruction.

All new arrivals are thoroughly examined upon admission and have to fill questionnaires for symptoms of TBC and AIDS.

Medical appointments are scheduled via security officers. The doctor examines 15-20 prisoners per day, and always before any of them is being sent to solitary confinement. All examinations are conducted in the presence of security officers. To see specialists or to get lab tests prisoners are transferred to the local hospital.

The healthcare department has nothing to do with composition of menus. Prisoners are served fruits, milk, yoghurt and eggs once a week.

OFFICES FOR ALTERNATIVE SANCTIONS

According to the Department of Alternative Sanctions, all offices for alternative sanctions in the territory of Serbia recruit the total of:

- 19 probation officers engaged on full-time basis
- 24 probation officers coming from prison institutions, mostly educators;
- 10 junior assistants
- 46 security officers

Hence, more public servants than those who are not are in charge of alternative sanctions. Public servants – prison officers – are engaged part-time in these offices, while working the rest of their work time in prisons. No doubt that such arrangement negatively affects the quality of prison treatment procedures and efficiency of probation officers alike.

Interviews with probation officers indicated that in their duties they considerably depended on prison institutions. Actually, the government has just provided them with offices. For everything else they have to cooperate with prisons. They even get and send their letters via prison institutions given that they have no seals of their own. They neither have vehicles of their own. When they have to put ankle monitors or bracelets on an individual or visit them they have use the services of prison officers and use their vehicles. This would not pose a big problem should prison institutions have adequate staffs of security officers and educators, and enough vehicles.

In 2014, 613 persons were punished with alternative sanctions. This is less than 7 % of all persons under sentence, are presently more than 10,000 are incarcerated. Nevertheless, progress has been made when compared with 2013 when only 403 persons were under alternative sentences.

Although mandatory public service most rational from financial angle, only 376 persons were punished with it in 2014. According to the head of the Department of Alternative Sanctions none of them had tried to bypass his or her sentence. On the contrary, mandatory public service proved to be most beneficial to sentenced persons and companies engaging them. Many of these companies with positive experience wanted to engage more of them. On the other hand, courts of law rarely pronounce punishments with mandatory public service even when such sentences are quite appropriate to the offenses committed, and even though prisons are overcrowded with persons punished for misdemeanor or those under 1-3 year sentence. Some prisoners punished for misdemeanor told the team judges had turned down their suggestions about serving time under mandatory public service.

Further on, by official sources probation officers supervise only 21 persons on conditional release and just one of them had received support from local community upon release. On the other hand, according to the information obtained in the field, the Valjevo office provides support to 5 released prisoners and the Nis one to one. Obviously, the data have not been updated despite the fact that local offices and the Department are in permanent communication.

The Nis office

The office was opened in late 2013.

Thanks to the assistance from the Nis Penitentiary office premises are decorated and equipped decently.

The office recruits four officers properly trained under the project "Strengthening of the System of Alternative Sanctions in Serbia." One of them, a sociologist, works full-time, the other coming from the prison is engaged on part-time basis, the same as the rest who are supervising home detention and using the office premises for interviews with persons under sentence only.

Taking this into account as well as the number of persons under sentence eligible for supervision, it can be said that the office is inadequately staffed. Engagement of prison officers cannot be a lasting solution. Besides, in-service training courses provided to probation officers were not such as to guarantee their proper work, especially in the implementation of contemporary methods of community-based treatment.

According to available information, the office is in charge of 99 persons (85 in house detention, 13 under mandatory public service and one under conditional sentence). For the time being the office does not supervise released prisoners and has provided community-based support to one prisoner upon release only.

Inspection of the office files and the interview with the probation officer indicated that all persons punished with alternative sanctions were first informed about the prescribed procedure, which they had to verify with their signatures. Eight of them had violated the rules on house detention and some had neglected their duties under mandatory public work. In three cases, at the suggestion of the probation officer the relevant court of law had shortened the punishment with mandatory public work for one fourth.

Apart from keeping a variety of records, filling questionnaires and forms and conducting diagnostic procedures, the office keeps records on surveillance of persons under punishment, including all activities and contacts directly or indirectly related to them. Once in 15 days the office sends the records to the Department. In the team's view the only reason for this procedure is the Department's control over the office. Besides, the fact that the Department makes all the decisions undermines not only the efficacy of the office but also its authority in the eyes of its clients and the local community.

According to probation officers, their cooperation with families of clients and governmental agencies and local institutions is rather smooth. Never the less, the team left under the impression that the office should be more active in awareness-raising about the significance of alternative sanctions and the operation of probation service at local level.

The Sremska Mitrovica office

The office began operating on December 25, 2013. Located in downtown Sremska Mitrovica, it is decently equipped and dependent on the local prison. The office engages four probation officers – one working full-time and the rest from the prison's treatment department working part-time on home detention. So far the office has been in charge of 68 persons under sentence, most of whom were punished with mandatory public work (46). Thirteen are in house detention. Other activities provided under the Probation Law have not taken root yet (post-penal reintegration into society, conditional release, etc.)

Probation officers call their cooperation with governmental institutions and with families of the persons under sentence correct. On the other hand, the team saw that the scope of this cooperation is rather small boiling down to administration.

All administrative activities have to be approved by the Department, via the local prison. This undermines the office's efficiency to a considerable extent.

The Pozarevac office

The office was opened on December 23, 2013. All logistics – including electronic equipment and vehicles – are provided by the local prison. The office communicates with the Department via the prison too. It recruits three officers – a social worker engaged on full-time basis and two coming from the prison and working part-time. The latter supervise home detention.

The office has signed eight agreements on mandatory public work with institutions and companies in the district of Branicevo. So far it has been in charge of 44 persons under following alternative sanctions:

- 1) 1 person sentenced with home detention without ankle monitor;
- 2) 19 persons in home detention with ankle bracelets;
- 3) 25 persons punished with mandatory public work.

Probation officers speak highly of the latter. The same as their colleagues in the Sremska Mitrovica office, they have not begun yet with precautionary supervision and post-penal reintegration.

The Valjevo office

The office is located in a local community center in downtown Valjevo. It was among first probation offices in Serbia, launched in 2012. Presently it has a staff of two – a social worker engaged on full-time basis and a prison officer working three days a week (he is a special pedagogue). At the time of the team's visit the office supervised 53 persons punished with alternative sanctions.

- 40 persons were under supervision by the order of public prosecutor;
- 7 persons were in home detention with or without ankle monitor;
- One was disallowed to meet and communicate with certain persons;
- 14 were punished with mandatory public work;
- One was supervised upon release;
- One was provided post-penal assistance.

The probation officer said he was quite satisfied with his cooperation with other institutions – governmental or local – as well as with the families of persons under sentence.

Conclusions and recommendations:

Probation officers, the same as those working with them but formally employed in prison institutions, are mostly supervising and controlling persons punished with alternative sanctions. Any treatment work with such offenders has been put on the back burner so far. In the period to come, treatment should be given priority while supervision and control implemented more appropriately to the offenses committed. This entails probation officers' more active cooperation with community services and factors, and the latter's involvement in the process.

All in all, it could be said that since their establishment, officers for alternative sanctions have taken certain steps forward that promise more progress – in the quality of probation officers' work and in improved legislation – in the period to come. The initial enthusiasm of probation officers is obvious but cannot by itself contribute much to the reform of Serbia's conservative penal system. Expectations that alternative sanctions would 'save the prison system' and enhance the efficiency of the judiciary were too high. What needs to be done is the realistically assess the attainments made in this area and draw accordingly realistic plans from improvement.

PRISON REFORM MONITORING IN 2015

GENERAL OBSERVATIONS, PRISONER ACCOMMODATION AND LIVING CONDITIONS

District Penitentiary in Subotica

District Penitentiary in Subotica is located in the strict city centre. The penitentiary is categorized as a semi-open institution, intended for the enforcement of prison sentences of up to three months and detentions. However, there are prisoners in the penitentiary with sentences of over a year. In 2014, a new open-type facility was opened in Palić. DP has the capacity to accommodate 250 persons, including the open section. At the day of the visit, there were 173 prisoners in the penitentiary, of which 55 were detainees (of which 5 were female). Capacities are 80% full. There are mostly no juveniles in detention, and when a juvenile is admitted into this penitentiary, it is usually for a serious felony offence. In 2013, all capacities were completely full. In the last year, the number of detainees has decreased as sanctions alternative to detention are usually handed down (there used to be up to 90 detainees in the penitentiary). During 2014, two prisoners were released on the based on amnesty and 11 prisoners were released on parole. The number of repeat offenders in 2014 is 204. Even though this is a prison of smaller capacities, it has about 1000 admissions annually. The largest problems are large numbers of persons convicted of misdemeanours, asylum seekers and foreigners (Bulgarians, Ukrainians, Macedonians and citizens of other ex-Yugoslav countries. The process of extradition is underway for all these persons). Asylum seekers were sentenced for the misdemeanour – illegal border crossing – to 3 to 10 days.

The facility itself has three floors. The persons convicted of misdemeanours and semi-open ward are on the first floor. The detention unit is on the second floor, while the closed ward is on the third floor.

The institution is covered by video surveillance (all corridors and pavilions), but the cameras are very poor and need replacement. Two rooms are under video surveillance (increased surveillance rooms) and these are the rooms used for accommodation of dangerous or suicidal persons. The search room is also under video surveillance, but in this room, or in any other room in the Institute, the team did not observe a notice that the rooms were being filmed. According to the management, notice labels are expected to arrive soon.

All rooms are equipped with a panic button, but with a light signal only.

The institute procures newspapers for prisoners on a daily basis. Legislation is available to all prisoners in Serbian, English, Albanian and Hungarian language. Legislation is kept in the library.

An enforcement judge visits the PDLs twice per month.

The rooms in the semi-open ward need painting, as damp has been observed in all of them. Prisoners spend their time in the so-called "prisoners' hall", and the room also serves as a dining room. There are shelves in the hall with the legislation, intended for PDLs.

Detention rooms have the capacity to accommodate 2 to 8 persons. There is sanitary equipment in each room, comprised of a squat toilet and a sink with a cold water faucet. The lavatory is sparsely equipped and its floors need to be renovated, as they are scratched thin and untiled. Prisoners provide their own TV set. No damp was observed in the rooms,

but they need painting. Rooms are well lit. According to the detainees, walks are organized every day for an hour. As there are many PDLs and a general shortage of security service officers, it is impossible to organize a two-hour walk. The promenade is divided into two sections (for prisoners and detainees), but neither section is sheltered from the elements. When it rains or snows outside, it is impossible to take a walk. There is a basketball court on the promenade. The promenade is under video surveillance, but there is no notice of surveillance. There is a closed gym in the institute, available to the prisoners every day, and all they need to do is to address an educator with a request.

The closed ward is in poorer condition than the detention unit. The rooms have poor natural lighting and one light bulb per room is insufficient to provide light for reading. There is damp in the rooms and they need painting. We observed that some rooms are large and semi-full, while some smaller rooms (room no. 71) are so small that it is difficult to accommodate two persons in them (one person can spend even more than 8 months in such a room). The sanitation facilities within this room (no. 71) are so small that it is difficult to close the toilet door, without hitting your head on it.

Prisoners have mostly complained about the food quality (although there are three types of menus in the institute: regular, diet and religious). Prisoners have also objected to the lack of separate facilities for conjugal visits in the institute. Prisoners also feel that an open-air gym is missing, as is the opportunity to take a shower after using the gym (otherwise, showers are made available 3 times a week). Prisoners wash their wardrobe in the toilet sink, in cold water. Institute bed linens are washed every two weeks. There is no space in the laundry room for hanging the laundry to dry, so the washed laundry is drying on the staircase rails in the hallways. The institute is also lacking in washing machines, because of the two that exist, one is old and dilapidated.

The number of employees in the security service in DP in Subotica on the day of the visit was 36, while systematization prescribes 55. Due to the fact that, in addition to the regular work in the institution, they provide a large number of prisoner escorts on a very large territory, the members of this service are constantly exposed to stress and chronic fatigue, which has a negative impact on their health and is a potential hazard to the entire security system.

Penitentiary in Sombor

Penitentiary in Sombor is an open-type institution. In a special part of the institution, there is a closed ward for the enforcement of detention. For the most part, this institution accommodates first-time offenders.

On the day of the visit, there were a total of 131 PDLs, namely: 19 persons convicted of misdemeanours, 33 detainees (of which two females), 38 persons in the open ward, 35 in the semi-open ward and 6 persons in the closed ward. The management of the institution believes that the largest issues are posed by persons convicted of misdemeanours and persons sentenced to short sentences, as the institution doesn't have the time to work on their treatment or to employ them. In 2015, there have been 5 repeat offenders (sent to this institution by a decision of the Director of the Board), while 18 persons were released on parole the same year.

PDLs have the legislation at their disposal in the library, both in hardcopy and on a computer.

On the ground floor there are detention rooms and one solitary confinement unit. The rooms are sufficiently spacious and each has its own sanitary facilities. However, there is observable damp in all rooms, which needs to be dealt with and the rooms painted.

The dining room is also on the ground floor. Being that it is very small, PDLs eat in groups. There are no windows, natural light or ventilation in the dining room. The entire ground floor, including the kitchen and food storage facilities, are damp and unpainted, so urgent renovation of these rooms is necessary. The Institute lacks large cauldrons for food preparation, as well as plates for serving food. Being that they also lack sufficient freezer capacities, the excess food is stored in cold storage in Apatin.

All hallways, the yard, fence walls and gate are under video surveillance. However, there are no notices in all of the rooms on the fact that they are being filmed. The only notice is posted at the entrance to the Institute.

The rooms in the semi-open ward are based on collective accommodation; there are 8 rooms. Each of the rooms has between 6 and 24 beds. Being that there are many PDLs in the rooms, there is insufficient space for placing large lockers for the prisoners' personal items, so they keep their possessions under their beds.

There were 3 persons in the inpatient unit, at the time of the visit. The level of hygiene in this room needs to be increased, as it smelled of urine.

The dormitory for persons convicted of misdemeanours is based on collective accommodation and has 24 beds. This room also accommodated one person with semi-open treatment. Rooms of persons convicted of misdemeanours are kept locked every day for 7 to 10 hours, on Thursdays for 14 hours, so the prisoners are not allowed to lie down.

All persons objected to quality and quantity of the food. PDLs believe that the quantity of food is insufficient (breakfast is a piece of bread and a cup of tea), that it is bland, they claim they don't get fruit or dairy products and that the last time they had milk was in 2012.

The open ward, Elan, has 8 rooms with capacities of 2-4 beds. Rooms are clean and tidy, as is the entire space in Elan. At the open ward, there is a room for conjugal visits. When a PDL has an approved conjugal visit, the security service drives him to Elan in a car and then returns him back to the Institute after the visit.

The number of employees in the security service in penitentiary in Sombor on the day of the visit was 34, while systematization prescribes 60, which constitutes a little over 50% of the employees. Being that this service's employment capacities are insufficiently filled and that they are heavily burdened with daily activities, the number of employees must be increased as soon as possible, in line with the prescribed systematization.

District Penitentiary in Kragujevac

District Penitentiary in Kragujevac expects the construction of a new facility, funded by the IMF, with 75% of the funds. The construction of a new facility is planned, while the old facility shall serve for the accommodation of persons convicted of misdemeanours and for detention. The new penitentiary will be closed type and will have the capacity to accommodate 500 prisoners. The Institute estimates that it will have to employ between 200 and 250 new employees for the needs of the new penitentiary.

The current penitentiary's capacity is 150 beds. At the time of the visit, there were 99 PDLs in the penitentiary, of which 48 were detainees. The detainment unit has a capacity for accommodating 60 persons. Up to recently, the penitentiary accommodated persons from Morocco, while at the moment, only Albanians are present. Legislation is available to prisoners in their rooms and in the library.

The penitentiary renovated its sanitation facilities and bathrooms recently, as well as its facade and the entrance into the building. The kitchen was also renovated and the problem of leaking roofs was resolved. The prisoners were involved in the work and were compensated by holidays or days off.

The detention unit rooms mostly have 4 beds, but there are also rooms with 2 and 7 beds. The twin bedrooms are intended for solitary confinement, but they are equipped with two beds. There are sanitary facilities within the rooms (with sinks and squat toilets), as well as desks fixed to the walls with chairs. There are alarms with a light switch in the rooms, while the auditory signal is heard in the commander's room. One person has been in detention for two whole years and this person has gone on several hunger strikes in protest of the duration of their detention. According to the Institute's management, an enforcement judge visits the penitentiary once a month.

The semi-open ward was also renovated, the rooms are clean and well maintained and they can accommodate 8 persons. The bathrooms have also been renovated and are clean. The hallway of the semi-open ward is under video surveillance and there is a clearly visible notice that the facilities are being filmed in the hallway.

The closed ward is separated by bars from the semi-open ward, which prevents the mixing of the two categories of prisoners. Rooms are based on collective accommodation, sometimes with up to 17 beds. There is insufficient space for storage lockers and storage of PDLs' personal items. As there is insufficient space and no available rooms, the prisoners from the closed ward mostly spend their free time in the hallway. They have a table and chairs, a coffee maker and a TV set. The prisoners say that what they miss the most is physical activity, as the walk lasts only an hour and there is no gym. On Wednesdays and Saturdays they have an allocated time slot for table tennis.

The number of employees in the security service in DP in Kragujevac on the day of the visit was 40, while systematization prescribes 69. In the previous year, 7 employees have left the service (all retired). The institution has sent a request to the DECS for the employment of 7 employees in the security service (2 women, 5 men). The security service employees have an average of 10-15 prisoner escorts per day, which represents a high burden for this service (both employees and vehicles are lacking).

District Penitentiary in Belgrade

Central Penitentiary in Belgrade is one of the largest penitentiaries at the territory of Serbia, accommodating a large number of detainees. Even though there are also prisoners in this penitentiary, the detainees make up over 70% of the inmate population. The number of prisoners in 2014 was 442, while the number of detainees in the same year amounted to 1,673. The number of prisoners in 2015 was 453, while the number of detainees was as much as 1,742. On the day of the visit, the CP in Belgrade had 665 detainees and 207 prisoners. According to the management's records, the average stay of detainees in this institution is 3-4 years. Some detainees stay for shorter periods, but a half of the detainees who are accommodated in the institution have been there for over a year and they mostly stay longer than the prisoners. The management emphasizes that in the last two years, the number of prisoners increased as persons who have a year of their sentence left and who were convicted of serious offences are being transferred to the CP. The ratio of prisoners sent directly to the CP and those who were transferred from other prisons is 70:30. The number of prisoners released on parole in 2014 was 14, while in 2015, 24 persons were

released on the same grounds. The number of repeat offenders in 2014 was 289, while in 2015, this was 245.

On the day of the visit, there were 34 women in detainment and 3 juveniles. Even though there is no separate unit for juveniles, the penitentiary tries to keep them separate from the adult population at all times and accommodated together. If the conditions and the situation call for the juveniles to be accommodated together with adults, a previous consent of a judge is always requested. There were over 100 foreign citizens in detention at the time of our visit, almost all of them from the countries in the region. Foreigners stay in detention for an equal period of time as our citizens, in most cases. Foreign citizens are accommodated separately from other detainees and the penitentiary management tries to keep them accommodated together. The penitentiary management provides a sworn-in-court interpreter when it is necessary to acquaint foreign citizens with their rights.

In the recent years, the CP has worked on renovating the institution, so of a total of 12 blocks existing in the institution, 5 have been renovated. Once the new blocks are complete and put in use, the institution will have the capacity to accommodate 900 persons, plus 100 beds in the detention unit in Ustanička street. The reconstruction project will last until 2017, when the completion of reconstruction of blocks 1 and 2 is planned (the so-called new semi-open ward and the women's ward).

The accommodation conditions for prisoners and detainees certainly differ from pavilion to pavilion, as some pavilions have been reconstructed, some are undergoing renovation, while others are waiting for funds to be procured. The closed type block has satisfactory conditions for the accommodation of prisoners. The rooms are clean, well maintained, with sufficient natural light and artificial lighting on the ceiling. Rooms are spacious and comply with the prescribed standards. The rooms are furnished with a table and benches for sitting, and have their own sanitary facilities comprising toilet bowls and sinks. Heating is satisfactory. Prisoners have their lockers for the storage of personal items. There is no panic button in the rooms to call the guards, so the prisoners summon the security service by banging on the door. The security service claim that the absence of panic buttons represents no problem and that they always hear when someone is trying to call them. The hall is under video surveillance, but there is no notice anywhere that this part of the block is being filmed.

Prisoners from the closed ward, with whom we have spoken, objected to the quantity and quality of the food. They believe that the food is insufficiently tasty and that it is uniform, as well as that the servings are small. They get fruit once to twice per month, and dairy products rarely (they get yogurt sometimes, never milk).

Walks are available to prisoners every day, for two hours and mostly at the same time, which the prisoners don't always find convenient. The promenade is divided into 3 sections, each of which has different recreational facilities (basketball court, gym, promenade). The promenade has partial shelter from the elements and is equipped with a bench for sitting. The walk schedule has been planned so that the prisoners change the section they use every day, so that all the recreational facilities would be available to them. However, according to the prisoners, the recreational facilities at their disposal during the walk are very modest and they would like to see the conditions in the gym improve so that they could use it more. There is a pre-determined schedule of phone use in the institution, so that each prisoner is allowed to use the phone 4 times a week for 15 minutes.

Block 3-1 on the first floor is the detention block that was renovated. All rooms have panic buttons, the hallway is under video surveillance, but we have not observed a notice of

that fact here either. The rooms in the detention can accommodate 8 to 10 persons. There are toilets with toilet bowls and sinks with cold water faucets in the rooms. There are heating elements in the rooms, but the detainees complain that the heating is poor.

Situation in block 5-1 (closed ward) is completely different. The common rooms in which the prisoners spend their time are unpainted, dirty and dilapidated. The prisoners use the dining room as a living room to watch TV. The dining room is not used for eating, the food is only distributed in this room and the prisoners eat in their rooms. The prisoners from this block also objected to the quality and quantity of food (small servings, uniform diets, fruits and dairy products are rare). Even though this is a closed unit, the rooms are not locked and the prisoners are free to walk around the block. The rooms are based on collective accommodation, also unpainted and hygiene is at a very low level. The prisoners claim that they are not issued sufficient quantities of products for cleaning and disinfection of the rooms, which is the reason why they are in this condition. According to them, heating works only for one hour during the day, in the mornings. The team of the Helsinki Committee can attest to the fact that the rooms were cold. In the hallway, on the wall, there is a shelf with House Rules and different forms for prisoners' petitions (Request for confidential interview with the Warden, Appeal to the parcel unit, Complaint to the Director of the Directorate for the Execution of Criminal Sanctions, Request for court protection to the enforcement judge, Request for legal assistance, Plea to the Chief of Service or another competent person of the appropriate penitentiary body etc). The hallway is under video surveillance, but there is no visible notice of that fact.

Bad conditions were also observed in the unrenovated rooms of the detention block, which serve for isolation. Rooms have no natural light, they are dark, with only a single light bulb on the ceiling. There are no heating elements in the rooms, the radiators are situated in the hallways which certainly affects the temperature and the poor heating. The rooms have their own toilets with cold water only. There are no panic buttons in the rooms. At the time of our visit, only one woman was in isolation. No disciplinary procedure had been initiated against her, but the isolation was performed only for an hour, until the agitated detainee calmed down.

The semi-open ward comprises two separate units, the first unit on the first floor, the so-called Minel, and the second unit separated from the building and located in the garage near to the kitchen. In the first section, Minel, on the day of the visit there were 30 prisoners, while in the second section there were 11. All prisoners work. Accommodation conditions can be rated as satisfactory, even though not all wards have been renovated. Room size differs, from 4 to 10 beds. Prisoners in Minel have, at their disposal, different facilities for physical activity: gym, table for table tennis, while the prisoners in the garage lack more sports activities and a walk during the day.

The number of employees in the security service in the DP in Belgrade was 208 on the day of the visit, while systematization prescribes 245. In addition to the regular work in the institution, members of this service provide a large number of prisoner escorts, set to increase with the introduction of public prosecutors' investigation, which exposes them to constant stress and chronic fatigue. This has a negative impact on their health and is a potential hazard for the entire security system, but it also endangers the rights of prisoners, e.g. at the semi-open ward (the so-called garage), where the prisoners complain that they frequently can't use their walk as there are insufficient members of the security service to provide surveillance. The upcoming retirement of 16 members of this service will additionally exacerbate the problem.

Penitentiary in Padinska Skela

Penitentiary in Padinska Skela is a semi-open and open facility accommodating persons serving their prison sentences, as well as persons convicted of misdemeanours. Since two years ago, this institution also has a closed ward for the persons transferred from other penitentiaries (primarily from Zabela), who have up to a year of their sentences left. On the day of our visit, the number of prisoners in the semi-open ward was 104, open ward 61, admission 13, misdemeanours 15, while the closed ward accommodated 114 persons. The institution has the capacity to accommodate 450 prisoners. In 2015, 43 persons were released on the grounds of pardon and 160 persons on parole. The number of repeat offenders in 2015 is 86.

The institution has no detention unit, women's or juveniles' unit. At the time of the visit, there were no foreign citizens among persons convicted of misdemeanours, but this was previously the case (they mostly stayed for 5-10 days, after which they were referred to the camp). Approximately 1000 persons convicted of felonies and misdemeanours pass through this institution every year and the average sentence duration in the Institute is over 4 months.

Rooms in the semi-open unit and unit for persons convicted of misdemeanours can be rated as inadequate for accommodation, being that this is an old institution requiring constant renovations. The rooms need to be painted and the hygiene maintenance increased in both the common areas and in the prisoners' quarters, as some rooms give off an unpleasant odour. These rooms have 4 to 12-bed capacities. The room in the semi-open ward on the first floor with 4 beds is the only room not meeting the requirements for accommodation of the planned number of prisoners, so an alternative solution needs to be found and the number of prisoners living in it decreased. Otherwise, the Helsinki Committee's team did not observe overcrowding in the dormitories during its visit, even inpatient rooms, which are of smaller capacity, have beds available. Prisoners have lockers in their rooms for the storage of personal items. Within the rooms, there are tables and chairs where prisoners can eat if they do not wish to eat in the dining room (i.e. TV room that also serves for meals). There are direct heating sources in the rooms, through heating elements – radiators, and the prisoners say that their rooms are heated until 10 p.m. Hot water is available every day and prisoners are allowed to bathe whenever they wish. In the semi-open ward, on the first floor, there is no video surveillance, while in the semi-open ward on the ground floor there is video surveillance in the hallway, but no notice on this fact is posted anywhere. For the prisoners from the semi-open ward, there is a large yard with a sheltered gym for exercise, as well as football and volleyball courts. In the wintertime, physical activity takes place indoors, in a sports hall.

The ward for persons convicted of misdemeanours is in very poor condition. Hygiene is at a very low level, there is an unpleasant odour coming from the bathrooms, i.e. toilets, which are inside the rooms. According to the persons convicted of misdemeanours, it is difficult to maintain hygiene because the sanitary fixtures are old and dilapidated.

Prisoners had no objections to the work of the services, but mostly to the food quality, which in their words is very poor, so they are forced to bring food from home.

The closed ward is within the penitentiary grounds, but forms a separate facility. It is secured by a high wire fence and a gate that is kept locked at all times, completely preventing the mixing of the prisoners from the closed ward with other persons. The building housing the closed ward was reconstructed two years ago, so this ward is in a much better state, in terms of accommodation conditions, than the remaining wards of the Institute. In addition to the ground floor (housing inpatient units), the building has two floors. Rooms are clean

and well equipped (institution TV, prisoners can bring their own DVDs) and each room has a bathroom with a toilet bowl, sink and shower. Even though the rooms are designed to accommodate 2-4 persons and are not kept locked, there is insufficient space for free movement of the prisoners. On the first floor of the closed ward, there is a tea kitchen used by the prisoners, but no tables or chairs which, according to the security service, are undergoing repairs. Within the closed ward, there is a separate promenade comprised of three sections: a section for walking, a gym section and a section for basketball, and the prisoners choose their activities at will. Unfortunately, there is no shelter over any part of the promenade, so during rainy days, the prisoners cannot engage in any physical activity outside, not even walks.

There are 4 rooms set for solitary confinement in the closed ward. They are 3 x 3 m, they have a toilet and a sink and they share a bathroom. There are panic buttons in the rooms.

The room for free visits is under video surveillance, but there is no visible notice posted on this fact.

The number of employees in the security service in penitentiary in Padinska Skela was 55 on the day of the visit, out of which 7 were sent from other penitentiaries as aid (2 from Zrenjanin, 2 from the new penitentiary in Padinska Skela and 3 from the DP in Belgrade). According to the old systematization, the institution lacks 14 employees, while the prison management believes that twice as many would be necessary due to the increased number of prisoners moved into the penitentiary (mostly from Zabela), because of which this open-type institution got its closed ward. On the day of the visit, there were 307 prisoners in the penitentiary, as many as 114 in the closed ward and almost all of them were from Zabela. Even though the security service is handling the new circumstances very well, the number of prisoner escorts has doubled, as has the territory on which they take place.

District Penitentiary in Zrenjanin

District Penitentiary in Zrenjanin is located in the strict city centre, in the same building which is the seat of the basic and higher court. Architecturally speaking, this is a very old building that does not meet the contemporary conditions for a penitentiary, and due to its position, the building cannot be reconstructed or adapted. Due to limited capacities, the penitentiary had to reorganize the space that used to serve as the common room and equip it for accommodation of persons from the semi-open ward.

The penitentiary has a capacity for accommodating 150 persons. At the time of the visit of the Helsinki Committee, there were 9 persons in the admission unit, 25 in the open ward (economy), 15 in the semi-open ward, 63 in the closed ward and 16 persons convicted of misdemeanours. There were 86 persons in detainment, of which 81 were adult males, 4 were juveniles and 1 woman. The penitentiary has no separate ward or space to accommodate juveniles. Due to frequent fights and abuse, the penitentiary decided to separate the juveniles from each other and now they are accommodated with adults. The penitentiary also has no separate ward for women. The only woman, who has been in detainment for over 19 months, is accommodated on her own in a very small room. Her detainment is practically solitary confinement, which is unacceptable, especially bearing in mind the duration.

According to the information received from the management, the total number of detainees in 2014 was 163, and 313 in 2015. According to the Warden, the number of detainees increased in the last year by 100%. The most frequent felony for which detainment is prescribed is domestic violence.

In 2014, 15 persons were released on pardon, while 6 were released in 2015. In 2014, 22 persons were released from the institution on parole, and 38 in 2015. The Warden believes that the number of paroles is very low, which she attributes to the lack of trust among the judges and frequent refusal of parole requests.

In 2014, 237 prisoners were admitted to serve their prison sentence, of which 146 were repeat offenders, or, expressed in %, 61.6%. In 2015, ending with the month of November, 241 prisoners were admitted to serve their prison sentence, of which 134 were repeat offenders, or, expressed in % – 55.6%.

The general impression is that there is no clear division and segregation of prisoners based on treatment, so the population is mostly mixed together. Persons from the semi-open ward are accommodated in room 25 (former common room), and on the day of our visit, this room housed 15 persons deprived of their liberty, including one person convicted of a misdemeanour. The room is based on collective accommodation (surface area 30 m²) and has 11 bunk beds. There are tables and chairs in the room for sitting, and prisoners have lockers to store their personal items. There is a toilet inside the room. The ward is kept unlocked, so the prisoners can freely move about the building and use the telephones located at the floor below and showers on the ground floor, which are shared by all persons deprived of their liberty. In this room, we found an 84-year old man. Being that this is an elderly person, hardly ambulatory, other prisoners assist him in maintaining his personal hygiene and in moving about the penitentiary (they carry him to the bathroom, shave him). Prisoners from the semi-open ward had complaints about the food quality (uniformity and lack of fruit in the diet), although they judged the quantities of food as adequate.

Rooms for persons convicted of misdemeanours are at level one, which is also the location of the detention rooms. Although the rooms for persons convicted of misdemeanours are not kept locked, their freedom of movement is restricted as they are not allowed to mix with the detainees, so the persons convicted of misdemeanours mostly stay in their quarters. An additional problem is that the rooms for persons convicted of misdemeanours are inadequate for the accommodation of such a large number of people. Although there are available beds in the rooms, we can safely say that the rooms are overcrowded. They were designed to accommodate 4 persons, but having in mind the prescribed standards, a maximum of 2 persons could be accommodated in the rooms of that size. The rooms are so small that the persons convicted of misdemeanours cannot pass between the beds. There is a small toilet within the room that is not physically separated from the rest of the space, so the separation has been improvised by a screen. There is no space in the room for table or chairs, so the persons convicted of misdemeanours have nowhere to sit. Rooms are neglected, untidy and an unpleasant odour permeates the space.

Prisoners in closed treatment wards and the admission unit are located at level three.

Rooms in the closed ward are based on collective accommodation (up to 14 beds), with bunk beds. There is an en-suite toilet, while a sink with a cold water faucet is located in the room itself. The rooms are locked at 7 p.m. but until that time the prisoners are allowed to move about the penitentiary and to descend to the second level where the phone booth is. As for the accommodation conditions, the prisoners complained about food and cold rooms. As for the food, they said it was uniform, that they were not given meat but soy and that they get no fruit. When it comes to dairy, they get powdered milk suspended in water and cheese is on the menu every other day. Certain prisoners complained of difficulties in signing up for an interview with the Warden. Although they write to the Warden for a confidential interview, the interviews never take place. One of the prisoners told us that

they had clearance for an interview with the Warden, but 6 months had passed since and the interview had not taken place. Prisoners from the closed ward complained the most about the possibility and conditions of conjugal visits in prison. According to the Warden, there are no conditions, but there is also not a dire need to provide a room for conjugal visits.

The rooms in detainment are the same as the rooms in the closed ward. They are based on collective accommodation, with up to 14 beds. The detainees complaints mostly pertained to the duration of criminal proceedings and, consequently, the time spent in detainment. Since there is no special treatment for the detainees, they spend most of their time being idle in their rooms. One of the detainees that we had the opportunity to see was barefoot, with no socks. Being that he was limited in his capacities for communication, the other persons told us he had nothing to wear and that they gave him trousers and slippers. The detainee confirmed these statements and said he was cold. We acquainted the Warden with this case and were promised that she would pay him a visit and that they will try to find him suitable clothes.

At the time of the visit, there was a woman in detainment that had been there for 19 months. Seeing as how she is the only woman in detainment, she is alone in her room. She had no objections to the work and conduct of the penitentiary's services, but did express severe dissatisfaction with the fact that the criminal proceedings against her were taking so long and that the court dates were often postponed. According to her, on one hand she is spending 19 months in detainment while on the other hand, the execution of criminal sanctions awaits her in the women's penitentiary in Požarevac.

All persons deprived of their liberty are allowed to spend time outside in the fresh air for 1 hour. The promenade is common for all persons deprived of their liberty and is located within the penitentiary grounds, in its central part. The promenade has no shelter. Of possible facilities for physical activity, prisoners have at their disposal a basket and an open air gym. In case of precipitation, the prisoners do not go out on walks as the promenade offers no shelter.

The number of employees in the security service in DP in Zrenjanin was 33 on the day of the visit, which is insufficient bearing in mind the regular tasks inside the institution as well as a large number of prisoner escorts. There are no females among the security service staff, but women are often admitted to the penitentiary.

After the visit was complete, the Helsinki Committee team shared its observations with the President of the Higher Court in Zrenjanin, who accepted our invitation and visited the penitentiary together with the team members.

District Penitentiary in Novi Sad

District Penitentiary in Novi Sad is a semi-open institution intended for serving prison sentences of up to 1 year. However, there are persons in the penitentiary serving prison sentences ranging from 1 month to 15 years (those with longer sentences are prisoners transferred from other institutes). In 2014, 536 persons were admitted to the penitentiary and 496 in 2015. The total number of detainees was 512 in 2014, while the total number of detainees in 2015 was 541. The number of releases on pardon in 2014 was 24, while this number was much smaller in 2015, amounting to just 2. The number of paroles has increased almost double in comparison to 2014. In 2014, 28 persons were released on parole, while in 2015 this number was 51. The number of repeat offenders in 2014 was 439, while in 2015, this was 325.

The penitentiary has accommodation capacities for 350 persons. On the day of the visit from the Helsinki Committee, there was a total of 457 persons in the penitentiary, of which 135 were men, 6 women and 4 juveniles. Based on the data received it can be concluded with certainty that the DP in Novi Sad is overcrowded, but unlike the previous years, prisoners no longer sleep on the floor. Beds have been provided for all prisoners. There are two rooms in the penitentiary intended for the accommodation of juveniles. If the number of juveniles exceeds these capacities, they are not mixed with the other prisoners but moved to the women's ward.

In the previous period, the infirmary has been adapted for use, the promenade has been cleaned and bathrooms renovated. According to the warden, the prisoners complain mostly about the quality of food and healthcare. The Warden has ranked cooperation with courts as satisfactory. An enforcement judge regularly visits the penitentiary, and the same judge accepted the invitation of the Helsinki Committee to visit the prisoners and detainees together with the team members.

The detention unit is situated in a separate building of the District Penitentiary. The ground floor comprises the women's ward, separated by bars to form an independent unit with a hallway, comprised of four rooms – dormitories, common bathroom and promenade. Damp has been observed in the majority of dormitories in the detention unit. In some rooms, the plaster is peeling off the ceilings. There is floor heating installed in the rooms, so the rooms are sufficiently warm and the floors are in a good state. The rooms are mostly designed to accommodate 4-6 persons. However, some rooms are too small to accommodate so many persons, even though not all beds are filled (e.g. room no. 6 comprises 6 beds and accommodates 4 detainees). There are no special facilities in the detention unit to be used as living rooms for the detainees.

Detainees complained the most about the duration of detention. One juvenile (now already an adult) has been in detention in DP in Novi Sad for five and a half years. The trial started in 2011 for felony murder and has not yet been completed, even though proceedings against juveniles should be conducted via an accelerated procedure. The juvenile's detention was extended due to flight risk, despite the person turning himself in voluntarily.

Other complaints of the prisoners pertained to food quality, to the lack of toiletries and hygiene products for the maintenance of dormitories (they get only two rolls of toilet paper in the parcel which is insufficient, women's razors, there are insufficient bathroom cleaning products). Detainees have also complained about the bad organisation of visits and the long time their families have to wait outside of the prison prior to being let in for the visit. When the weather is bad, there is no separate room where visitors could wait in line, so they are stood outside in the cold or rain. The second complaint of detainees pertaining to visits relates to the penitentiary's practice of returning the visitors if any prohibited object is found on their person (phone earphones, USB). The Helsinki Committee knew about this practice from before, so the Helsinki Committee reiterated its view to the Warden on the need to change this practice. The prohibited items should definitely be seized, but this cannot serve as a reason to deny the detainee their right to visitation.

Detainees are allowed walks every day, for an hour and a half. However, detainees feel like they don't have sufficient physical activities, they miss running and a gym. In their words, running is not allowed in the yard. The Warden and security service have informed us that this decision has recently been changed and that the detainees are now allowed to run during their stay outdoors. The detainees were not aware of this decision.

There are no panic buttons in the detainment unit for men, while the women's promenade is not covered by video surveillance.

Persons convicted of misdemeanours are accommodated in a dormitory on the first floor of the building, which is also the location of the semi-open ward. Accommodation is organized in "blocks", comprising dormitories, common living space and common sanitary facilities. The dormitory doors are always unlocked. Dormitories look well maintained, no damp was observed, the walls have been painted and the hygiene is good.

Accommodation in the semi-open ward is also organized in "blocks". Being that this pavilion was renovated in 2006, dormitories are tidy, there is no damp, walls have been painted and hygiene is good.

The number of employees in the security service in DP in Novi Sad was 72 on the day of the visit, half as many as prescribed in the systematization (150). On the day of the visit, the number of PDLs was 457 (capacity of the penitentiary is 350), so over-crowdedness and high security risk are evident.

District Penitentiary in Smederevo

District Penitentiary in Smederevo is a semi-open institution for the enforcement of prison sentences of up to 3 months, with a closed ward for detainment. The majority of prisoners serving prison sentences in the penitentiary are serving sentences of 1 to 6 months, but there are also those serving sentences of over a year. From September 2015, the penitentiary has been conducting both external and internal renovations and refurbishing the prisoners quarters. A part of the funds was procured from the institution's own income and the remaining funding was provided by the Ministry. Prisoners participated in the renovations.

During 2014, a total of 180 prisoners were accommodated in the institution, while in 2015 the total number was 198. The number of detainees in 2014 was 91, and in 2015 – 122. In 2014, 16 persons were released on parole and in 2015, 20. The number of repeat offenders in 2014 was 169, while in 2015, this was 181.

The penitentiary has accommodation capacities for 120 persons. On the day of the visit, there were 10 persons in the admission unit, 13 in the semi-open, 38 in the closed ward and 4 in misdemeanours. There were 32 detainees, of which one woman. The longest stay in prison is five and a half years, while one of the detainees has currently been in this institution for 3 years. According to the Warden, these are rare cases and the average stay in the prison is about 4 months.

There were no juveniles at the time of our visit, but there are usually several (2-3 persons). Being that the institution has no separate facilities or juveniles wards, they are mostly accommodated in the same rooms as adults.

According to the Warden, an enforcement judge regularly visits the penitentiary and the last such visit was in December 2015.

Detainment unit is situated on the third floor and it is a completely renovated ward (refurbished floors and painted rooms), while the II floor is currently being renovated. The hall is under video surveillance and there is a notice posted that this part of the building is being filmed. The rooms comply with the prescribed standards in terms of the number of prisoners per m², however, the Helsinki team found one person sleeping on the floor. Detainees have, in their rooms, LED TVs, fridge, lockers for the storage of personal items.

Rooms have both natural and artificial lighting. The bathroom is en suite, i.e. within the dormitory, and is equipped with a toilet bowl, sink and mirror. Each person deprived of their liberty gets a basin and a glass upon admission, to be able to maintain their personal hygiene easier. All toiletries are kept in special lockers in the hallway. The institute washes the laundry for all persons deprived of their liberty once per week.

The closed ward is also on the second floor, while the semi-open ward is on the first floor. Being that the prison is being renovated, the semi-open ward is currently overcrowded since the prisoners from the second floor have been transferred here. This part of the penitentiary has not yet been renovated and there is a large difference between this part and the renovated part. There is a mailbox in the pavilion hallway for the complaints to the Ombudsman. The mailbox key is kept by the Warden. Lockers with personal toiletries are located in the hallway outside of the dormitories. There are insufficient personal item storage lockers in the room, so the prisoners keep their possessions in cardboard boxes and under the beds.

There is a promenade for persons deprived of their liberty in the institution, but it has no shelter. According to the persons deprived of their liberty, the walk usually lasts an hour. There is no special indoor facility for recreation of the prisoners and there are no facilities for physical activities on the promenade. Phone booths are in the yard. Living and dining rooms are on the ground floor and open out into the promenade. The living room is a smoking area, while the dining room is a non-smoking area.

There are no separate rooms for conjugal visits in the institute.

According to the security service, there are frequent incidents among prisoners in the penitentiary as there are many informal groups. When an incident takes place, problematic persons are isolated into special rooms (mostly the leaders of the informal groups). There have been 7 such isolations in 2015.

The number of employees in the security service in DP in Smederevo was 29 on the day of the visit, so compared to the systematization, the service lacks 21 employees. The penitentiary is of semi-open type, but it has a closed ward, as well as a detention unit. Penitentiary capacity is 120, although at the moment there are fewer PDLs (a total of 102) as the entire II floor is undergoing renovations. However, compared to 2014, a trend of increase in the number of prisoners, as well as detainees, is visible in this penitentiary as well. Due to the transfer of prisoners from Sremska Mitrovica and Zabela, who have 1 year of their sentences left, the DP has an increased number of prisoner escorts and the territory covered is also enlarged.

District Penitentiary in Pančevo

District Penitentiary is located in the strict city centre. The institution is a semi-open institution for the enforcement of prison sentences of up to one year for primary offenders, three months for repeat offenders, persons convicted of misdemeanours and detainees. The penitentiary in Pančevo has a department in Vršac also accommodating prisoners, persons convicted of misdemeanours and detainees (a total of 47 PDLs). Realistic capacities of the penitentiary in Pančevo are for the accommodation of 100 persons deprived of their liberty. On the day of the visit, there were 143 persons deprived of their liberty (including the department in Vršac): 3 on admission, semi-open – 30, closed – 66, 6 persons convicted of misdemeanours and 38 detainees. There were 2 women in detainment in DP Pančevo and one in Vršac.

The number of prisoners in 2014 was 197 and in 2015 – 199, while the number of detainees in 2014 was 288 and 191 in 2015. The number of prisoners released on parole in 2014 was 22, and in 2015 – 41. There were as many as 254 repeat offenders in 2014, while this number in 2015 was 182 (over 80%). Even though this is an institution for the enforcement of sentences of up to one year, due to the transfers from other institutes and consecutive sentences, there are persons serving up to 10 year sentences (long sentences are seen in the prisoners transferred from other penitentiaries and in persons who serve consecutive sentences).

An enforcement judge visits the prisoners and detainees twice a month, which is recorded in the penitentiary's logs. The enforcement judge accepted the Helsinki Committee invitation and attended the introductory interview with the team and the Warden. According to the judge, since he had been appointed to this position, he received 9 complaints about the PD in Pančevo, mostly pertaining to acceleration of criminal proceedings. The judge conducts individual interviews with persons deprived of their liberty and keeps individual minutes of each interview. According to the Judge, the Court in Pančevo rarely sentences juveniles to detention, so at the time of our visit, there were no juveniles in detention. According to the data available to the Warden, 20 juveniles from Pančevo are in the ECF in Kruševac.

Bearing in mind the age of the building and the fact that there have been no recent major adaptations or renovations, the accommodation conditions can be rated as inadequate. Even though the penitentiary maintains the hygiene of the rooms (regular cleaning, painting...) some dormitories do not have natural light and ventilation, but are lit and ventilated through the windows in the hallway, while some dormitories have small windows with bars. The rooms in detention need renovations and cleaning. In some, a complete refurbishment of the floors is necessary (there are holes in the floor in some rooms), some only require painting, while some require complete renovation of the bathrooms due to damp. All dilapidated and rusty fixtures in the bathrooms need to be replaced. Detention rooms have no panic buttons. The hall in detention unit is under video surveillance, but there is no notice anywhere that the facilities are being filmed.

There are two promenades in the institute: one for detainees, and the other for prisoners. Promenades offer no shelter or benches for sitting. In addition, there are no physical activity facilities on the promenades, except a few improvised weights. Persons deprived of their liberty are not allowed to run on the promenade. Walks mostly take an hour.

The admission unit is comprised of two connected rooms, each with 4 beds. Rooms are sufficient for accommodation of the planned number of persons, they have sanitary capacities and natural light and ventilation. The rooms need painting and floor refurbishment.

The semi-open ward is separate from the remainder of the building and is entered into from the yard. The ward is comprised of two joint dormitories with 6 beds in each. All persons from this ward work (economy, kitchen, maintenance). Prisoners from this ward complained about the quality of food (uniform diet, no fruit or dairy). Although some prisoners have the right of weekend leave, those who do not have this extended right believe that the penitentiary lacks a room for conjugal visits.

The closed ward has dormitories based on collective accommodation (20 beds) and smaller rooms accommodating up to 3 persons. The rooms are similar to those in the detainment unit, with no natural ventilation or light. Within the rooms there are sanitary facilities, separated from the rest of the room with only a screen. Prisoners keep their personal items under the beds because the lockers don't provide sufficient storage space.

The number of employees in the security service in DP Pančevo was 38 on the day of the visit, while the department in Vršac employs 15 people. Systematization envisages 74 officers for this service. The penitentiary is of semi-open type, but it has a closed ward, as well as a detention unit. On the day of the visit, there were 105 prisoners and 38 detainees in the penitentiary, at three locations – in a facility in town, in the economy ward and in Vršac. The central facility accommodating the largest number of PDLs, in Pančevo, is completely inadequate and presents a security risk, both due to the location and lack of space, but also due to a very complex offender demographic. Due to the structure of this institution, the security service works in very harsh conditions and provides prison escorts for a very large territory.

TREATMENT OF PERSONS DEPRIVED OF LIBERTY

District Penitentiary in Subotica

Organisational arrangements

DP Subotica has a special service – Department for the Treatment of Convicted Persons, comprised of 3 officers (Department Chief, psychologist and 1 treatment officer employed on a fixed-term contract). Systematization envisages 4 treatment officers.

DP Subotica employs 50 employees for enforcement of prison and detention sentences. Only 6% of the expert staff handle the treatment tasks, which is insufficient, bearing in mind the number and structure of the prisoners (173) and detainees (139). This is additionally emphasized by the fact that 1 treatment officer is also engaged in the Commissioner's Office in Subotica. In addition, there is a clear need for their engagement in the treatment of detainees.

Admittance and direct educational and correctional work

Following admission to the DP, all prisoners and persons convicted of misdemeanours are sent to the admission department in which they spend up to 15 days. DP has two separate rooms for this purpose. On the day of the visit, there were 9 convicted persons in the admission department. Treatment officer (psychologist) conducts the necessary interviews and ascertains the facts relevant for risk assessment, as well as treatment needs. Being that the majority of those admitted to the DP are sentenced to up to 3 years, a shortened version of the risk assessment questionnaire is filled in. In addition to the treatment officer, healthcare staff (doctor) and representatives of the security service also take part in these activities. Based on their assessments and harmonized proposals, the DP Warden issues a decision on assigning the prisoner into individual departments and categories, as well as the treatment program in such conditions. A high rate of repeat offences (90%) in the population of prisoners and persons convicted of misdemeanours, as well as the other elements of the structure of the population of convicted persons (duration of the sentence, type of offence, age etc) impose the need for their assignment to closed and semi-open wards. On the day of the visit, the majority of the prisoners were in semi-open (50) and closed (44) wards, while a relatively small number of persons were accommodated in the open ward (10). It was ascertained that there are no significant differences in the accommodation conditions between the semi-open and closed wards. The only visible difference between them is in the benefits to the prisoners.

According to the officers from the treatment department, a significant number of prisoners is assigned to the closed ward even after a medium-level risk is found, and even with their proposals to assign the prisoner to the semi-open ward. The influence of the security service, which uses generalized criteria in the risk assessment as guidelines (safety elements) is evident. It is also emphasized that the values of certain elements from the risk assessments are relatively high and that more weight must be given to the assessment of the prisoner's behaviour during their stay in prison, especially when deciding on re-classification, i.e. on modifying the type of treatment.

Positive effects of the subsequent reclassification in the DP are visible. Almost 90% of the population is classified into a group with a higher level of special rights – benefits. In the first half of 2015, there were only 7 cases where the prisoner remained in the same program or status after re-evaluation.

Based on the insight and interviews with the treatment officers, it can be concluded that their work takes place, for a large part, through the scheduled and unscheduled interviews with the prisoner (individual work). During 2014, treatment officers in DP Subotica conducted 3576 interviews (planned, unplanned, informative etc). Other types of educational-correctional work are applied sporadically, despite the provisions of the Rulebook on the Treatment of Convicted Persons. Organisation of the staff's educational work clearly points out its incompliance with the organisation of life and classification of the prisoners by wards and groups. Work is conducted according to the treatment officer's tasks for individual prisoners. Thus, one treatment officer (educator) is charged with 10 prisoners from the open ward and 23 prisoners from the semi-open ward, while the other is charged with the prisoners from the closed ward and 30 prisoners from the semi-open ward.

DP Subotica is also specific in that it does not put efforts into organizing and encouraging prisoners to get involved into some type of education during their stay in prison, even though there is a need for that (20 prisoners have not graduated from elementary school and 25 only have the primary level of education). The number of prisoners involved in the training process is almost negligible. In 2014, 4 prisoners completed training to become gardeners, while in 2015 8 prisoners were trained for tile-laying.

Prisoners mostly work inside the institution itself. The number of those working in the economic ward has recently increased. The demand for prisoners' work outside of the institution is minimal, which can be justified by the fact that they don't meet all work requirements.

The number of prisoners with developmental issues and addicts in DP Subotica is relatively high (53 – more than 30%). The majority are in the addicts category (90%) – 60% addicted to PAS and 17 (about 40%) addicted to alcohol. Activities of the institution aimed at their treatment and rehabilitation have not been observed. It is our recommendation that work on promotion and development of these activities in the DP would be necessary.

Penitentiary in Sombor

General note

According to the LEPS and the Ordinance on the Establishment of the Institute for Execution of Penal Sanctions, penitentiary in Sombor is an open-type institution that should not have any physical barriers preventing prisoners from escaping, i.e. an institution in which matters and issues pertaining to the physical and technical protection of prisoners should not be at the forefront. However, this has not been carried through completely

in practice. This, as well as all other penitentiaries – open type institutions, pay special attention to the issues of physical security and technical protection. This is why it is difficult to make out significant differences between these and other institutions for the execution of penal sentences (penitentiaries) in Serbia. In addition, in all penitentiaries there are closed, semi-open and open wards for the accommodation of prisoners. The specific characteristic of this institution is in that the majority of the prisoners are accommodated in the open (33) and semi-open (36) wards, while the closed ward accommodates 6 prisoners recently moved from the penitentiary in Sremska Mitrovica. It is difficult to find a serious, science-based explanation for such a status of an open type penitentiaries.

Analysis of the prisoner demographic structure clearly shows that, in line with the type of offence committed and the duration of the sentence, many of the prisoners do not belong in this institution. In addition, the detainee population (29) and the population of those convicted of misdemeanours (12) should not be admitted into an institution of this type. Location and architecture of the closed and semi-open wards in penitentiary in Sombor are such that it is more reminiscent of a closed type institution – a classic prison.

Organisational arrangements

Penitentiary in Sombor has a treatment service as a separate organisational unit in the institution. Treatment service has 7 employees, of which 2 are hired for record keeping, one is working at the Commissioner's Office as a full-time employee, 1 officer (psychologist) is currently on maternity leave while one treatment officer works half-time at the Commissioner's Office. Therefore, it can be said that the treatment service is functioning with 2.5 employees, which can be characterized as severely inadequate. Practically, this service is working at half its capacity: 1 educator leads a group of 35-40 prisoners in the open ward and also leads the prisoners' free time activities, but is also involved, at the same time, with the tasks pertaining to execution of alternative sanctions in the Commissioner's Office. The Department Chief and psychologist manage the semi-open and closed ward (50 - 60 prisoners) and take part in the admission of prisoners and persons sentenced for misdemeanours. Treatment officers are not directly involved in the treatment of the detainees, which comprise about 30% of the persons deprived of their liberty in this institution.

Admittance and direct educational and correctional work with convicted persons

Penitentiary in Sombor doesn't have a special admissions department, just an admission room – a space in which the prisoner stays until activities of admission (physical, getting acquainted with the rules of life and work – house rules, risk assessment and treatment needs, development of an action program and classification) are complete. At the day of our visit, only 2 persons were in this room. The prisoner is kept in the admission for 15 days at most, while classification and transfer to the appropriate ward and category are conducted after getting acquainted with the individual treatment program. Being that the majority of the prisoners in penitentiary in Sombor are admitted with a sentence of 1-3 years (49 on the day of the visit) and 3-10 years (21), as well as the fact that they were tried for criminal offences without intent – for manslaughter (6); rape (7); domestic violence (8); robbery and grand larceny (8) and endangerment of traffic (14); that these are primary perpetrators; they are, for the most part, classified in the semi-open ward (36) and open ward (33). The open ward is situated outside of the city, where prisoners work and live, which is certainly a strong factor in their resocialisation and integration into society. Accommodation conditions in this ward are at an enviable level.

The treatment program, classification decision and later, reclassification decision are based on strict adherence to procedures and criteria prescribed by the Rulebook on Treatment and Directives of the Board Director. Treatment officers emphasize that there is a problem in the application and interpretation of the assessment tool, primarily in the values of specific elements from the risk assessment that heavily influence the final – overall assessment, especially in the case of reclassification.

As is the case with other penitentiaries in Serbia, in this institution as well the direct work of the treatment officers-educators takes place predominantly at an individual level, i.e. through scheduled and unscheduled interviews with the prisoners. Other types of educational-correctional work are sporadic. There is a clearly defined need for additional training of treatment officers, in the application of contemporary communicational instruments in their work, foreign languages and, most of all, training and professional development in the application of other forms, methods and techniques – educational skills.

Penitentiary in Sombor has no activities aimed at encouraging and including the prisoners into the educational process, even though the data show that over 30% of the prisoners have only completed elementary school. There is no special education organized for the prisoners at the Institute. However, within the business unit of the institution, the prisoners are being trained in practical skills in working with different types of carpentry equipment.

When it comes to persons with developmental problems and addicts, the majority of such persons are not in the prisoner population, but in the population of those convicted of misdemeanours (19) and detainees (22). Alcoholism and PAS addiction are predominant.

District Penitentiary in Kragujevac

Organisational arrangements

DP Kragujevac has no special service for the treatment of prisoners. All tasks from this domain are performed by 3 professionals (social worker, pedagogue and special pedagogue). Two experts work part time at the Commissioner's Office. One employee is employed on contract. On average, there are 15 to 20 prisoners and detainees in all categories per expert. Prisoners are assigned by ignoring the fact that they belong to certain wards and categories. This practically means that the educator-professional is individually charged with the prisoner or person convicted of a misdemeanour – there is no educational group as an organisational-methodological operational form, or as a living community.

Prisoners are assigned according to the case load of each educator. Educational-correctional work is mostly conducted individually – scheduled and unscheduled interviews, while other types of work are not used.

The number of prisoners (42) and those convicted of misdemeanours (6) is currently lower than the number of detainees (49), so it could be said that the DP is more of a detention facility than a penitentiary. For a successful performance of treatment objectives, and in line with the officers' recommendations, it would be necessary to employ at least 3 educators on a full-time basis. The need for employing treatment officers for the work with detainees who have been deprived of their liberty for over 3 months is clearly visible as well. They comprise more than 60% of the population in DP Kragujevac.

Admittance and direct educational and correctional work with prisoners

Prisoners and those convicted of misdemeanours are accommodated in the so-called "admission room" upon admission. DP Kragujevac has no admissions department – and

does not have the conditions for establishing one. The prisoners spend most of their time in admission in the common room – living area – together with other prisoners and persons convicted of misdemeanours. The expert team (doctor, educator and security service manager) perform all the necessary tasks and conduct the appropriate interviews – assess risk and treatment needs and initiate the development of a classification and treatment program proposal. A prisoner spends 10 days at most in the admission. At the moment of the visit, there was only 1 prisoner in the admission.

Following their stay in the admission room, the majority of prisoners are assigned into semi-open (27) and closed (13) wards and classified into categories. There is one prisoner currently accommodated in the open ward.

Officers-educators emphasize that the treatment programs for individual prisoners and decisions on classification are made based on the adherence to all necessary requirements and procedures prescribed in the normative acts, as well as that the prisoners are acquainted with these documents and then consent to them – by signing them. By viewing the documentation, and through the interview with the prisoners, it was ascertained that these procedures are strictly adhered to.

The most common type of educators' direct work with the prisoners takes place through scheduled and unscheduled individual conversations, based on which the need for individual types of assistance and support is ascertained. By direct view into the documentation, and through the interviews with prisoners and officers, it was ascertained that the educational group, as a living community and as an organisational-methodological form of work in the DP is not functioning – not in existence – even though it is prescribed by the Rulebook on the Treatment of Prisoners.

When it comes to assigning or revoking special rights, it has been ascertained that these are realized in adherence to standards and normatives. Prisoners have stated that they have no significant objections, except to insufficient and untimely information on the procedures for the appointment or revoking of these rights, as well as the decisions on modification of the treatment program – reclassification.

District Penitentiary in Belgrade

Organisational arrangements

District Penitentiary (DP) Belgrade has a treatment service employing eight officers, which is a little below the envisaged number – systematized needs (10). The ratio of treatment officers to the total number of employees is extremely unfavourable (2.23 %), as is the ratio to the total number of persons deprived of liberty (approximately 109 to one). A slightly more favourable ratio pertains to the number of treatment officers compared to the number of persons serving their sentence (207), i.e. the ratio is 26 to one. It should be said that the total number of prisoners in this institution has increased (2014 – 442 and 2015 – 453), as well as that the number of detainees is still high (over 1700 in 2015), so the institution is almost filled to capacity (about 1000); as well as that the institution also encompasses persons accommodated in the special ward in Ustanička. Of the total number of officers, three work in the admission department (pedagogue, psychologist and social worker), while four officers are employed on direct implementation of treatment programs, so the size of the educational groups per officer – direct implementator – is between 45-50, which can be characterized as relatively favourable. However, there is also a need for the treatment of detainees, especially those categories that spend over a year in detention (50

%), as well as juvenile detainees. Based on the treatment officer's statements, their work with this category of persons deprived of their liberty is almost negligible.

Age and educational structure of the treatment service employees is relatively favourable. The majority are 26 to 40, with the adequate higher education degrees (special pedagogues, psychologists and social workers). For effective work with detainees and prisoners, additional and continual educations are necessary, but have not been organized for treatment officers.

Based on the above facts, as well as positive assessments, obvious efforts of the officers in this service to respond to the treatment needs of prisoners and detainees in such conditions, it does not have the adequate status or capacity to do so.

Admittance, development of treatment programs, classification of the prisoners and direct educational-correctional work

In DP Belgrade, there is an admission department within the treatment service employing three officers (a pedagogue, a psychologist and a social worker). At the moment of the visit, there were nine prisoners in the admission unit. Prisoners in the admission department undergo certain interviews, risks and needs are assessed, a treatment program is formulated and based on these, a proposal is submitted for their assignment and classification into individual wards and groups. The prisoners are most often assigned to the closed (146) and semi-open wards (52). DP Belgrade does not have an open ward, as there are no adequate conditions for one. Based on the direct insight and interviews with prisoners and expert workers in the admission department, the established procedure is mostly respected – classification decisions are issued within the prescribed time frame; however, there are noticeable problems in the application of the risk assessment tool, i.e. they are unobjective in a number of cases, security risks are dominant and the majority of prisoners are assigned to the closed ward.

In many ways DP Belgrade is a specific institution for the enforcement of prison and detainment sentences. The number of persons convicted in recent years is increasing in comparison to the previous period, when this institution was predominantly used for detention. Prisoners are a heterogeneous population in terms of the duration of the sentence. The majority serve sentences from three months to a year (204 – 2014; 217 – 2015), although the number of those convicted to more than a year (152 – 2014; 150 – 2015) is not negligible either. According to the educational level, the majority are with secondary education (level III – 126, level IV – 128, level V – 2), although the number of those with higher and high education (22) is not negligible. The number of prisoners in the category without, or with incomplete primary school is 24 in 2015.

Based on the insight and interviews with the treatment officers, it can be concluded that their work takes place through scheduled and unscheduled interviews with the prisoners (individual work). Organisation of the educational work is not harmonized with organisation of living and classification of prisoners into groups. The educational group, as a living community, and its potentials are used to a minimum.

Prisoners mostly work inside the institution itself. The majority of prisoners take part in the current maintenance work in the institution itself. There is almost no work outside of the institution. Bearing in mind the relatively small number of prisoners with educational needs, DP Belgrade has no special training programs or programs for the integration of prisoners into the educational process.

The number of prisoners with special needs – development issues and addictions – is relatively high. The majority are classified in the category of PAS addicts (103 PAS, 11 alcohol – 2015). Activities of the institution aimed at their treatment and rehabilitation have not been observed.

Penitentiary in Padinska Skela

Special note

Penitentiary Belgrade – Padinska Skela is one of four open-type institutions, as prescribed in the provisions of the LEPS and the Ordinance on the Establishment of the Institute for Execution of Criminal Sanctions, intended for the enforcement of prison sentences for categories of prisoners that are special in many ways. However, the practice imposed radically different solutions that fundamentally challenge the existence of such a type of penitentiary. Prior to the establishment of this institution, a special unit of the District Prison (DP) in Belgrade – popularly called "Padinjak" – was operating at this location, as a unit for serving prison sentences for prisoners and persons convicted of misdemeanours. A special annex was built right next to the institution – a unit where one of the special wards of the penitentiary – the hospital – was to be housed, which was never put in practice. Bearing in mind the intended use of the constructed facilities, their architectural layout is not adequate for institutions of this type. Without serious reconstructions of facilities and space, it was impossible to expect that re-defining the intended use of the facilities would lead to a favourable outcome. Change of the name and the organisation of this institution were not sufficient to turn it into an open-type penitentiary.

On the other hand, it was expected that the adequate external classification-categorisation of penitentiaries in Serbia – would allow this institution a chance to change from within by changing the demographics of its prisoners, which would encourage reconstruction and organisational changes in its operation. Unfortunately, this did not occur. Economic crisis, increased pressure on institutions for the enforcement of criminal sanctions – a turn towards a harder penal policy lead to this institution being similar, in many ways, to the closed and semi-open type penitentiaries in the RS.

Penitentiary Padinska Skela, as well as other types of penitentiaries in Serbia, has a security service as its central service with the largest number of employees (48 – 59 %); closed ward (from 2014) accommodating 114 prisoners, semi-open ward – 104, open ward – 61; unit for misdemeanour sentences (15); significant number of relapses – 86; very diverse prisoner demographic, in terms of the type of offence and duration of sentence (from one year, to 10 years and above); a large number of prisoners transferred from other penitentiaries – in 90 % of the cases, from penitentiary in Zabela; significant number of addicts and persons with developmental issues (211); other auxiliary services that are relatively small, by number of employees, and within that framework, a treatment service with 3 employees! The only thing this institution does not have in its structure is a detention, which can be characterized as a good solution.

Organisational arrangements

Penitentiary Padinska Skela has a treatment service as a special organisational unit with 6 employees (about 7 % of the overall number of employees), including its Chief, three educators, a psychologist and a social worker. Three treatment officers are employed on fixed-term contracts (two educators and the social worker), while three are employed on

full-time basis. During the last two years, 1027 prisoners and 820 persons convicted of misdemeanours passed through this institution, requiring different types of efforts from the treatment service – from admission, classification, treatment to preparation for release. From that viewpoint, it can be said that there is a need for more employees, especially for the direct work with the prisoners: three educators, of which two do not have the adequate legal work status cover all three wards with, on average, 100 prisoners per educator. Education group is fictitious and does not have the characteristics of a living community.

Admittance and direct educational and correctional work with prisoners

Penitentiary Padinska Skela has a special admission unit, in which 13 prisoners and persons convicted of misdemeanours were accommodated at the moment of the visit. Expert team (psychologist and social worker), in cooperation with the competent officers from the security service and healthcare service – healthcare staff – implement all prescribed activities in the optimum time. Classification of the prisoners into appropriate wards and categories is performed after getting them acquainted with individual treatment programs. Bearing in mind the prisoner demographic (by type of offence – property offences are dominant with 352, as well as offences against life and body – 175) and by sentence duration – sentences of over a year dominate – 581:376; the largest number of prisoners is assigned to the closed – 114 and semi-open – 104 wards, which can be characterized as unfavourable because a penitentiary is an open-type institution.

The treatment program and subsequent reclassification are based on strict adherence to procedures and criteria prescribed by the Rulebook on Treatment and the Directive. Treatment officers point out that there are certain limitations when it comes to a closed-type ward, as well as visible issues in the interpretation of the weight of individual elements prescribed in the assessment instruments (risk has a dominant weight over treatment needs).

In the majority of cases, direct work of the penitentiary's educational staff takes place through the implementation of individual treatment plans. However, the service does not neglect other forms of educational-correctional work either. At the moment, there is an ongoing education pertaining to alcoholism – a single group with 14 participants; group for constructive resolution of problems – 10 participants; group for relapse prevention and social support – of a counselling nature. There is a visible need for additional types of education of treatment officers in the field of contemporary means of communication and especially in the application of specific methods and techniques – the skills of educational-corrective work.

Even though a significant number of prisoners (99) have not completed elementary school, the penitentiary is not working on encouraging and including the prisoners into the educational programs, nor are there specially organized trainings for individual occupations. For a relatively small number (10) of prisoners, vocational training in vegetable farming was organized in a protected area, with the support and direct involvement of the Centre for Continual Education of Adults – Technical School in Belgrade. Some of the prisoners work, both on auxiliary tasks inside the institution (about 30) – maintenance, work on agricultural tasks, kitchen, bakery; as well as outside the Institute (14) in companies and in the special penitentiary in Belgrade on maintenance.

Persons with developmental issues and addicts are present, in a significant number, in the categories of prisoners and persons convicted of misdemeanours. In this group, PAS addicts are the most numerous (76), followed by alcoholics (70), but the number of persons with developmental issues is not negligible either (65).

District Penitentiary in Zrenjanin

Organisational arrangements

District penitentiary (DP) Zrenjanin has a special treatment service comprised of the Chief of Service, two educators, a psychologist and an associate for cultural and educational activities (a total of five). In addition to regular tasks, the Chief participates in admission, observation, risk assessment as well as in the development of treatment program for prisoners and persons convicted of misdemeanours. Employees of the treatment service (educators and psychologist) participate in the tasks of enforcement of alternative sanctions at the local office, in addition to the implementation of treatment programs – realization of group and individual work and psychosocial counselling. They specifically take part in the enforcement of the so-called house arrest (with or without electronic surveillance), house detention, as well as public service sentences. It should be pointed out that three employees of the treatment service are employed on fixed-term contracts. Bearing in mind that in 2014 and 2015 479 prisoners and persons convicted of misdemeanours, as well as 476 detainees, stayed in the DP, of which 60 % are repeat offenders, as well as bearing in mind the previously presented data on the number and work engagement of the treatment officers, it can be said that the situation is unfavourable.

Admittance and direct educational and correctional work

In DP Zrenjanin, all prisoners and persons convicted of misdemeanours are sent to the admission department in which they spend up to 10-15 days at most. At the moment of the visit, there were nine persons in this unit. As already pointed out, these tasks are performed, for the most part, by the Chief of Service. He conducts the necessary interviews, ascertains facts for the assessment of risk and needs and initiates the development of a treatment program. High relapse rate (70 %), as well as other elements of prisoner demographics (sentence duration, type of offence and age) impose a need for their assignment into closed and semi-open wards. On the day of the visit, there were 63 prisoners in the closed ward, 16 persons sentenced for misdemeanours, while 15 were accommodated in the semi-open ward and 25 in the open – economic – ward. There were 86 persons in detention on the day of the visit, among which five were juveniles (four male and one female). It was ascertained that there are no significant differences in the accommodation conditions between the semi-open and closed wards. The differences lie only in the benefits awarded to the prisoners.

According to treatment officers, the majority of prisoners are assigned to the closed ward; in this institution, as well as in the majority of others in Serbia, the dominant influence of the security service in risk assessment is evident. Weighting of individual elements in risk assessment is high, and the behavioural assessment of prisoners during their stay is not used to its fullest potential, especially when reaching decisions on the modification of treatment – reclassification.

The work of educators-treatment officers (two) takes place predominantly through their efforts in implementing scheduled and unscheduled interviews – individual work. Each of the educators is charged with about 40 prisoners, while education groups are not classified by wards. A relatively equal representation of persons, in terms of the estimated risk, capacities and needs is insisted on.

During 2014 and 2015, in cooperation with the Chemical-Alimentary School "Uroš Predić" from Zrenjanin, vocational training for prisoners was organized. Ten prisoners successfully completed training to become bakers, 99 for cattle farming, for grain farming

– 18, for vegetable growing – 40, for landscaping – 18. In addition, the institution itself organizes training for sous-chefs and other types of kitchen work (46). Treatment service has also organized training for the development of self-efficiency, in order to better prepare them for the post-penal period and help them adapt to the social environment more quickly (employment etc). In 2015, this training encompassed 55 prisoners.

The number of prisoners with development issues and addicts (to psychoactive substances and alcohol) in the DP is relatively high. During 2014 and 2015, 180 persons were recorded as having intellectual difficulties; 162 with psychiatric issues; 153 PAS addicts and 216 alcoholics. The data should be taken with a slight reserve, especially if compared to similar data from other institutions in Serbia, as well as because of the fact that diagnostic assessments are quite easily proclaimed.

District Penitentiary in Novi Sad

General note

District Penitentiary (DP) Novi Sad is a semi-open institution intended for the enforcement of detainment sentences, as well as prison sentences for prisoners and persons convicted of misdemeanours. The institution has a capacity of 500 (156 for detainment, 292 for prisoners and 52 for misdemeanour prison sentences). In the recent years, this institution has suffered a large pressure from various categories of persons deprived of their liberty. Thus, in 2014, 536 persons deprived of their liberty were accommodated in the institution, exceeding the institution's capacities. On the other hand, there has been a significant decrease in the number of employed officers, so the discrepancy between the needs and the actual situation is significant (214 to 129). This especially pertains to the security service that was even halved at one point in time, in comparison to the needs, which jeopardized the entire functioning of the institution.

In 2015, there has been a gradual decrease in the number of persons accommodated in the institution, dropping below the prescribed capacities (457). However, this did not significantly improve the conditions in the institution, bearing in mind that the number of employees continued to decrease (employment prohibition), and there were no significant investments in the reconstruction of some of the accommodation facilities. This especially pertains to the detention unit, but conditions are no better off in the closed ward (damp, overcrowding, insufficient space for daily activities etc).

Organisational arrangements

DP Novi Sad has a separate service for the treatment of prisoners, comprised of 15 officers (six in full-time employment and nine as part-time staff). Compared to the total number of employees in the institution (129), the treatment service has a 12 % share, which can be characterized as favourable. However, if the number were to be compared with the planned necessary number of employees (214), then this share would drop to 7 %. This cannot be characterized as favourable, especially bearing in mind that two thirds of them (nine) have been employed on fixed-term contracts or as the result of takeovers from other institutions, also on a fixed-term basis, as well as that there is a need for the members of this service to take part in the treatment of both those sentenced for misdemeanours and the detainees, which hold a 50 % share in the overall population. In addition, the number of direct employees of the treatment service-educators is significantly smaller (seven), while a certain number of them is not working at the moment (maternity leave, suspension, health issues).

Educational-correctional work

DP Novi Sad has an admission unit where all prisoners and persons convicted of misdemeanours are sent. Three treatment officers partake in the tasks pertaining to admission (a psychologist, a pedagogue and a social worker). In addition, representatives of the security service and healthcare service also partake in the tasks pertaining to admission, risk assessment and formulation of a classification proposal. All procedures pertaining to admission are mostly adhered to and all decisions, or proposals to the Warden regarding classification are adopted as team decisions with full agreement of all participants. In this institution, same as in the majority of others in Serbia, there is a high relapse rate (about 80 %) among the prisoners and those convicted of misdemeanours, which, together with other elements of the prisoner demographics (sentence duration, type of offence) has a significant effect on the need to assign them to a closed or semi-open ward. DP Novi Sad has two semi-open wards for prisoners, one for persons convicted of misdemeanours and two closed wards. The majority of prisoners are assigned to the closed ward. DP Novi Sad has no open wards.

In terms of direct work of the educational personnel with prisoners and persons convicted of misdemeanours in the DP Novi Sad, it has been established that the number of members of the education group per educator is unfavourable. This especially pertains to the closed ward, where this number exceeds 60. It has also been ascertained that assigning prisoners to the care of individual educators has not been harmonized with the living arrangements of the prisoners (living community). Four plus two educators partake in the direct tasks of educational-correctional work, which can be characterized as insufficient. A solution should be sought in the increase of the number of educational groups, i.e. decrease in the number of prisoners per education group, which in turn requires an increase in the number of educators, i.e. treatment officers charged with direct work.

Based on the insight and interviews with treatment officers, it can be said that their work takes place, for a large part, at the individual level. This also gives rise to the issues of defining and achieving individual goals which need to be redefined and thus made more quantifiable. Based on the interviews with the prisoners, we have concluded that there are certain issues in the conditions of accommodation of the prisoners in the closed ward and in the possibilities for them to change their category – reclassification. Certain objections have been made regarding the relationship and conduct of individual educators (lack of interest for these issues).

District Penitentiary in Smederevo

Organisational arrangements

It could be said that the District Penitentiary (DP) Smederevo both has – and doesn't have – a treatment service; it is comprised of two officers (a psychologist and a defectologist – special pedagogue), of which one is employed on a fixed term contract). Even though the report states that the District Penitentiary (DP) has a separate treatment service, it can hardly be called a service with no Chief and two officers, one of which is employed on a fixed-term contract. Systematization prescribes two treatment officers.

In DP Smederevo there is a total of 43 employees working on enforcement of prison sentences (41 full-time, two on fixed-term). The majority (62 %) works on security and general tasks (21 %), while the share of training tasks and tasks pertaining to employment and treatment of prisoners is represented with two employees each, which can be characterized as insufficient. In addition, there is a legal obligation for them to partake in the treatment of

detainees, which have been represented by 36 % of the total population accommodated in this institution in the last two years.

Admittance and direct educational and correctional work

Following admission to the DP, all prisoners and persons convicted of misdemeanours are sent to the admission department in which they spend up to 20 days at most. At the day of the visit, there were 10 prisoners in the admission unit, which is somewhat more than the average number of prisoners in detainment in the last two years. Treatment officers, together with other employees (healthcare and security service) conduct the necessary interviews and collect pertinent facts relevant for the adequate assessment of risks and needs for treatment. Bearing in mind that, for the most part, the institution accommodates prisoners sentenced to up to a year (more than 80 %), a shortened version of the assessment tool is used. Once the proposals are harmonized, the Warden will issue a decision on assignment – classification of the prisoners into individual wards and categories, as well as the treatment program in such conditions. A very high %age of relapse (over 90 %), as well as other characteristics of the prisoners, together with the limited accommodation facilities (at the time of the visit, a large renovation project was underway for the facilities for accommodation of prisoners and detainees) have imposed the need to classify the majority of prisoners into the closed ward. At the time of the visit, approximately 60 % of prisoners and persons convicted of misdemeanours were accommodated in this ward, while only 13 prisoners had the semi-open treatment. DP Smederevo does not have an open ward.

Treatment officers emphasize the issue of implementation and procedures, especially the weighting of individual segments in the implementation of the risk and treatment needs assessment tool and the specially inadequate conditions for the implementation of special forms, methods and techniques in direct treatment.

Implementation and reassessment of the treatment program during the prison sentence is the most important link in which experts – treatment officers – play a major role. Insufficient number of treatment officers (1+1) working directly with prisoners, inadequate conditions for the implementation of treatment procedures, heterogeneous prisoner demographic (by type of offence and duration of sentence) seriously limit the results of their efforts. Their direct work takes place, for the most part, at the individual level (scheduled and unscheduled conversations with prisoners), while other forms of corrective work have been brought down to a minimum. The work of treatment officers takes place by allocating work by charges – each individual officer will take charge of and follow a prisoner, from admission to release. Educational group, as a living community and form of educational work, does not function in the DP. The lack of an open ward significantly limits the possibilities of encouraging prisoners to change their behaviours, and the possibilities and potentials of the semi-open ward are severely limited.

District Penitentiary in Pančevo

Organisational arrangements

District Penitentiary (DP) Pančevo is an institution primarily intended for the enforcement of prison sentences up to a year in duration, prison sentences for misdemeanours and for detention. In the last two years, 479 detainees were accommodated in the DP (288+191), as well as 396 prisoners (197+199). At the day of the visit, there were 99 prisoners, 6 persons sentenced for misdemeanours and 38 detainees in the DP – a total of 143. Prisoners and persons convicted of misdemeanours are accommodated at three sites (Pančevo – centre:

closed ward – 15+17; semi-open – 8+4; Vršac Department: closed – 23; semi-open – 8; misdemeanours – 3; Pančevo – economy: closed – 10; semi-open – 12 on the day of the visit). DP has no open ward, even though prisoner demographics and conditions at certain sites would allow it.

DP Pančevo has a separate treatment service comprised of six officers (Chief, four educators and one substitute educator). Two healthcare workers and a doctor working on contract are also a part of this service. Compared to the total number of employees (77), the treatment service comprises about 8 %, which can be characterized as insufficient, especially bearing in mind the need to involve a significant number of detainees in the treatment, as well as their participation in the enforcement of alternative sanctions at the territory covered by the office for alternative sanctions in Pančevo. In the existing conditions, treatment officers predominantly work on admission, classification and treatment of prisoners and persons convicted of misdemeanours. Average work load of an educator, in terms of the number of prisoners, is optimal (20-30 per educator).

Admittance and direct educational and correctional work with prisoners

DP Pančevo has facilities for the accommodation of prisoners and persons convicted of misdemeanours upon admission. On the day of the visit, there were three prisoners in the admission unit. The treatment officers conduct the necessary interviews and ascertain the facts relevant for risk assessment, as well as treatment needs. Each officer takes charge of a certain number of prisoners upon admission and handles their cases until their release. In addition to treatment officers, healthcare staff and representatives of the security service also take part in activities upon admission. Among the prisoners and persons convicted of misdemeanours, there is a high relapse rate (about 80 %), which is listed as one of major elements for their classification in the closed ward. On the day of the visit, there were 66 prisoners in the closed ward and 30 in the semi-open. In terms of accommodation conditions, there are significant differences between the semi-open and closed wards. The decision on classification, issued by the Warden, is the result of full consent of all participants in the admission activities. According to the treatment officers, there are problems in the implementation of the risk assessment tool.

DP Pančevo does not invest significant efforts into organizing and encouraging the prisoners to take up any form of education, despite the fact that a significant number of prisoners (53) has not completed elementary education. When it comes to training, activities in this field are visible. This pertains to internal training (191).

The number of prisoners with developmental issues and addicts in the DP Pančevo is relatively high. The majority suffer from psychiatric issues (174), alcoholism (43), PAS addiction (18). Treatment officers emphasize good cooperation with the healthcare service and other local community stakeholders.

HEALTH CARE

District Penitentiary Subotica

Healthcare service organisation

In the healthcare service of this institution, which is organized as a separate unit, the medical staff comprises only one nurse in full-time employment (5-6 years of service in the institution, previously employed in the city hospital).

The second position for a medical technician is filled in by a security officer who has completed secondary nursing school, department for laboratory technicians. She has worked as a security officer for 19 years and 11 as a medical technician. During the visit, one of the medical staff was present on site. She was wearing the uniform of a security officer.

There are two doctors employed on contract in the institution. Every day, one doctor is in the office for at least two hours. If necessary they will stay longer, but will also come on call throughout the rest of the day. One doctor is a specialist of emergency medicine (has his own private practice) and the other is a specialist of occupational medicine.

A dentist is also employed on contract. He will come on call as well, but he is obliged to come once per week regardless. He works without a dental technician and performs only tooth extractions. In his private dental office, he provides other dentistry services to the prisoners, who pay for them themselves.

In the last 20-25 years, the institution has not had a permanently employed doctor. The hiring process was initiated several times, but there were no applicants. According to the Warden, the reason lies in a lower salary compared to civilian institutions, poor social status and lack of perspective (specialisation, further career development), as well as in the requirement of three years previous experience.

Cooperation with the city emergency service is good: they come on call. In addition, if there is a need for transport to the Central Prison Hospital in Belgrade, in addition to the security officers, the whole team (doctor and technician) will perform the transport with no compensation.

If there is a need for a specialist examination, the prisoners are referred to the city hospital. These examinations are not scheduled.

Morning and afternoon therapy is distributed to cells by medical technicians, while the security service dispenses the evening therapy.

Infirmary is located on the 3rd floor, it is spacious and well lit. In addition to two desks and an ottoman, this room also comprises a dental chair. Medical equipment in the infirmary comprises a blood pressure meter and glucometer, but there is no sterilizer, medicine cabinet and medicine trolley, or oxygen tank. Minor injuries are treated by hydrogen peroxide and iodine and then dressed with sterile gauze (original packaging) and dressings. Next to the infirmary, there is a two-bed cell (with bunk beds) that can turn into an in-patient unit if needed.

The institution does not have a laboratory. If necessary, this service is provided by the city hospital.

Medicines are procured through a public procurement process. Prisoners are also obliged to procure their own medication if they suffer from chronic illnesses. The court procures medications for chronic conditions for detainees. All medication is stored in a medicine cabinet, which was not built for this purpose, in the infirmary, locked. The most frequently used medications are: sedatives, analgesics (diclofenac, paracetamol), antihypertensives, antibiotics, uroantiseptics. Methadone therapy is administered in the infirmary. Every day, when receiving this type of treatment, the prisoner signs a protocol clearly documenting the daily dose of this medication. Parenteral treatment is not administered in this institution, although there is a complete anti-shock treatment kit in the infirmary. Prisoners are not allowed to have medications with them.

Upon admission to the institution, each prisoner is referred to the doctor. At this time, a health record is opened. The prisoner must fill in a tuberculosis detection questionnaire.

If the prisoner suffers from any illness, they report it to the doctor. Physical examination is performed as needed, but not on all prisoners. Doctor's appointments are scheduled through the security service. Prisoners are seen the following day, except on weekends. Examinations are performed in the absence of the security service. The security service evaluates whether a situation is urgent if the medical staff is not present in the institution, regardless of not being especially trained to do so, and calls the EMS. Routine physicals of prisoners are not performed. Prisoners in solitary confinement are visited by doctors every day. On average, about ten physicals are performed each day. Prisoners most frequently complain of headache, sore throat and sore ears. Being that the interview was conducted with the nurse who is also employed in the security service, there is no accurate data on the number of those suffering from diabetes melitus, hepatitis or HIV. At the time of the visit, of 173 prisoners, three were with psychiatric issues, two were on methadone therapy, 29 were addicted to psychoactive substances and 17 to alcohol. Testing for psychoactive substances is conducted when the security service suspects that a prisoner may be under the influence. An approval from the warden and the prisoner's consent are necessary. If the prisoner does not consent to the testing, he undergoes a disciplinary procedure.

The following logs are kept in the infirmary: the log of physicals performed on detainees, prisoners and persons sentenced for misdemeanours, foreign citizens sentenced for misdemeanours, the log of physical injuries obtained in conflicts, the log of occupational injuries, self-harming incidents and deaths. During 2015, two cases of self-harm were recorded: an attempted hanging by the leg of a sweat-suit and a swallowed spoon handle.

Prisoners procure their own toiletries. The barber shop is on the 2nd floor. Shaving kits are kept in locked cupboards. The bathroom is on the ground floor and each prisoner is allowed to use it three times per week. Cells are either two-bed or eight-bed, poorly lit and poorly ventilated.

Every prisoner can order goods through the canteen twice per week. The most commonly ordered goods are cigarettes, milk, meat delicacies and personal hygiene products. According to the warden, the prices are the same at which the goods were procured.

Food is prepared in the kitchen and 90 % of the groceries are supplied from the prison's own sources. There are three types of menu: regular, diet and religious. The medical staff monitors the compliance of the prepared food. Prisoners are not satisfied with the food, milk and fruit are missing.

Penitentiary in Sombor

Healthcare service organisation

In the healthcare service of this institution, there are two doctors working on contract, one internist (retired) and one psychiatrist with a subspecialisation in forensic psychiatry (employed by the city hospital, 20 years of service), one medical technician in full-time employment (2 years of service, first job) and one technician on fixed-term contract (previously employed for about ten years in the gerontological centre). The healthcare service is under the "auspices" of the director, it is not an independently organized service like other services.

Education of medical technicians is provided, to allow for gathering the so-called credits, with the institution paying the registration fee. There is no cooperation with the institutions of the same type, except with the Central Prison Hospital, but only for hospitalization of

the prisoners. According to the Warden, the institution needs one doctor in full-time employment.

Working hours of the service are from 6 a.m. to 2 p.m. and from 1 p.m. to 9 p.m. for medical technicians, while the doctors are obliged to have one of them working the infirmary at least two hours a day. Depending on their schedules, they may stay longer.

There is no dentistry service in the institution, or a laboratory.

The institution has a good cooperation with the Primary Healthcare Facility, General Hospital and Institute for Public Health. There are special referrals for referring to specialist examinations in these healthcare institutions. There are separate referrals for prisoners and detainees. The referrals for prisoners clearly state that the "costs of medical care are to be paid from the budget of the Republic of Serbia".

Medical technicians dispense therapy to prisoners in their quarters.

The infirmary is located on the ground floor. The room is small, with insufficient natural light. The furniture includes a desk, a chair, an examination bed, treatment cabinet and wardrobe, while the medical equipment comprises: one mercury sphygmomanometer, two digital sphygmomanometers and one glucometer. In front of the infirmary, there is a larger, well lit room with a large table. This room is used by the security service for resting, but also as a waiting room for prisoners awaiting a medical examination, while at the same time being a walk-through room on the way to the promenade. The inpatient unit is separate from the infirmary and located on the same floor with the other prisoner quarters. This is a room containing two beds and a bunk bed. At the time of the visit, there were three prisoners in the inpatient unit. One of the patients is convicted of a misdemeanour. During his stay at the penitentiary, diabetes melitus was diagnosed and insulin treatment introduced. He is stationed at the inpatient unit more for safety reasons, due to his conflict with the other prisoners, rather than for medical reasons. The second prisoner has been sentenced to three years and is at the inpatient unit for multiple injuries to his skeletal system, acquired prior to his admission into the institution. He is under trodon caps. therapy. The third has been sentenced to two years and has been at the inpatient unit for five months. He suffers from bronchial asthma and his legs are swelling. He receives only diuretics as treatment, he doesn't use BA treatment except in exacerbation, when he is given an i.v., but this occurs rarely.

Medications are procured through a tender and at a private pharmacy. This pharmacy has supplied its prescriptions to the penitentiary. Medications are neatly arranged in the therapy cupboard, but also in the wardrobe, and are kept locked. The infirmary administers parenteral therapy, both antibiotic and analgesic, as well as antitetanus treatment, but only in the presence of a doctor. Being that one of the specialists is a subspecialist in forensic psychiatry, there are numerous medications for the treatment of psychiatric illnesses in the pharmacy. For the treatment of addiction, buprenorphine is administered and not methadone. During the visit, there were no prisoners undergoing such treatment. Testing for PAS is conducted at the proposal of the security service with the approval from the Warden. Prisoners who refuse testing undergo a disciplinary procedure. The security service also has the so-called balloons for checking for alcohol intoxication.

The first physical is administered within the first 24 hours of the prisoner's admission. At this time, the doctor opens a medical record and fills in the following questionnaires: for the detection of tuberculosis, on work ability and health status significant for the prescription of treatment for the prisoner in question. The physical examination is not performed on all prisoners, but as needed. Physicals are not conducted following temporary leave. Prisoners

schedule medical exams through the security service. There is a log for appointments into which the name of the prisoner, date of request, reported symptoms and any notes are entered. The most common complaints are headache and insomnia. The field for "notes" is used to enter admission. The physical is most often conducted a day after the request is submitted, without the presence of the security service. Approximately fifteen examinations are conducted each day. There are three logs for entering all examinations, as well as injuries and self-harm incidents: for detainees, persons sentenced for misdemeanours and prisoners. There are no other logs, not even occupational injury log. At the economic unit situated outside the city, there are 38 prisoners in the open ward. At this location, prisoners also do carpentry. Each Monday, a team from the Institute for Occupational Health and Safety from Novi Sad visits and assesses the work ability of the prisoners. Prisoners admitted to the semi-open ward also work at the economic unit. One member of the education and employment service is responsible for work-related injuries. There is an injury log, but no protocol. For each injury, there is a statement from the instructor, the injured party, witnesses as well as a medical report if the injured was taken to the hospital for treatment. The Institute for Occupational Health and Safety from Novi Sad and the National Labour Inspection are notified about the injury immediately; they are also notified of the severity of the injury following a medical examination. If the injury is severe, one of these institutions will conduct an investigation. The most frequent injuries are cuts, partial or total finger amputations and, among the less severe injuries, eye injuries caused by dust. From the beginning of the year, there have been three injuries, of which one was a partial amputation of the distal phalange of a finger. On this occasion, emergency medical service was called and the injured party was transported to the hospital.

Prisoners purchase toiletries in the canteen, or get them in parcels. For the prisoners who are unable to purchase or acquire toiletries, the institution provides a toiletries package that comprises all the necessary products. Hygiene products for the maintenance of the facility are also provided. It should be noted that smoking is prohibited in dormitories, but there are ashtrays in the hallways.

Prisoners purchase the items they have previously ordered in the canteen, twice a week.

In this institution as well, the prisoners are dissatisfied with both quality and quantity of meals. There are special menus for those suffering from ulcers, diet, fasting and menu for persons following Islam.

District Penitentiary Kragujevac

Healthcare service organisation

The service is organized separately. The doctor is employed on a fixed-term contract, she is a substitute to a doctor who is currently on specialization in internal medicine (specialization was approved by the Central Prison Hospital). She has been in the institution for 4.5 years. Previously, she worked in the Gerontological Centre in Kragujevac (about 2 years) and Institute for the Accommodation of Adults in Male Pčelice (1.5 years). During her maternity leave (8 months), she received a summons from the Employment Service for this post, without prior training. The service also employs two nurses on fixed-term contracts. One has been working for 24 years, the other for less than 2.

Healthcare workers provide for their own continual development educations (one-day). The Coordinator of the healthcare services within penal institutions organized a gathering

of the healthcare workers employed in such institutions in 2011 and 2012 for the education on the referrals of prisoners to the Central Prison Hospital. At this time, the employees presented the problems from their everyday practices and organisational issues, but no improvements were made.

The working hours of the healthcare service are 7 a.m. to 3³⁰ p.m. and 1 p.m. to 9 p.m. The work is organized in two shifts on Monday, Tuesday and Wednesday, and on Saturdays and Sundays, only in the morning. Thursdays, Fridays, Saturdays and Sundays, the security service dispenses evening therapy, while medical technicians do so on the remaining days. During the night, in case of emergency, the security service will call IEMS. Cooperation is satisfactory.

In addition to the general practice doctor, a psychiatrist from the Primary Healthcare Facility visits the institution once a week as a consultant.

There is no dentistry service in the institution. Laboratory analyses are performed, as needed, in the Clinical Centre.

The infirmary is spacious (about 20 m²), but with insufficient natural light (there is a window in one corner). In addition to two desks, a treatment table and ottoman, the medical equipment comprises a sterilizer (acquired on loan from Zabela), a body weight scale, an inhalator, a sphygmomanometer, pulse oximeter, two glucometers, an ORL set. In addition to physicals, injury treatment and administration of parenteral therapy also take place in the infirmary. There is no inpatient unit. There used to be one, but as the room was inadequate for the purpose (no windows), it is now a warehouse.

Medications are procured by tender. Medications in the form of tablets are procured in line with the positive A list of the NHIF (medications that, for civilian purposes, are acquired on prescription and do not require participation). Of the parenteral treatment, the following are acquired: diclofenac and zodol (analgesics), gentamicin (antibiotic), lasix, bensedine, haldol depo. Methadone is acquired once a week from the CC. The institution notifies the Psychiatric Clinic of the CC on the prisoners on buprenorphine (patients addicted to PAS) and they then procure the medication for the prisoner in cooperation with the prisoner's relatives.

The first physical is administered within the first 24 hours of the prisoner's admission. Security service escorts the prisoner to the doctor immediately after the initial search. At that time, a health record is opened. Once the physical is complete, weight and height measured, the prisoner provides the data on previous illnesses and injuries, smoking, alcohol consumption and PAS use, if any. The questionnaire for the detection of tuberculosis symptoms is also filled in, as well as the questionnaire on work ability. During the initial physical, the doctor provides an opinion on the health status relevant for the determination of treatment for the prisoner. Each following physical is scheduled by the prisoner, through the security service. If a consultative examination by a specialist is required, the doctor will refer the prisoner to the CC. Being that these physicals are paid by the Basic/Higher Court in Kragujevac for the detainees and District Penitentiary for prisoners, there are also two types of referrals. On average, 15-20 exams are conducted each day. In May this year, 842 GP examinations and 39 psychiatric examinations were conducted. The most frequent findings are psychiatric illness – 43, cardiovascular disease – 14, respiratory and gastrointestinal disease – 7, locomotor disease – 3, neurological – 1 and others – 8. At the time of the visit, two prisoners were suffering from hepatitis B, 11 from hepatitis C. Three prisoners were undergoing methadone therapy and three buprenorphine. One prisoner, suffering from

DM, was on insulin therapy and one was on oral antidiabetics. Outside of the institution, the following examinations were carried out: 4 psychiatric, 2 internist, 9 surgical, 6 orthopaedic, 3 dental, 4 laboratory and 22 other examinations. If necessary, the prisoners are hospitalized at the CC, but no longer than 2-3 days after which they are moved to the Central Prison Hospital. Special examinations for working at heights are performed by the Occupational Medicine Department of the PHF Kragujevac. A physical is mandatory prior to solitary confinement. If it pertains to a prisoner suffering from a psychiatric condition, the examination is conducted by a psychiatrist, while the others are examined by a GP doctor. Prisoners addicted to PAS, or those with a history of self-harm, are not sent to solitary confinement. A doctor visits the solitary confinements every day, logging the visits in the protocol. The following logs are kept in the infirmary: the log of physicals for prisoners, detainees, psychiatrists' examinations, parenteral treatments, work-related injuries (2 in 2014, 1 in 2015), strike (most often due to dissatisfaction with the work of the courts and doctors), deaths (1 in 2013), PAS tests, narcotics tests (phenobarbitone, methadone, buprenorphine). There is no self-harm log. Self-harm incidents are recorded by the Chief of the Security Service in electronic format. In addition to names, status (prisoner or detainee) and date, place and manner of injury and measures taken are also entered into the log (all are referred to the CPH Belgrade). During 2014, two cases of self-harm were recorded, both among detainees (swallowing a lighter and cutting with a piece of glass), while in 2015 there were 5, one prisoner and 4 detainees (two cuttings of the left hand, one attempted hanging, stitching of the mouth using a spring and one swallowing of a foreign object).

Activities in health education are rarely organized, once a year. In 2013, a recovered PAS addict spoke to the prisoners, while in December 2014, a doctor, social medicine specialist from the Institute of Public Health in Kragujevac gave a lecture on the transmission of sexually transmitted diseases. The management is not interested in organizing such lectures.

Prisoners are satisfied with meals, although they could be a little more copious. They usually get a quarter of bread, pâté, sardines or jam for breakfast, two boiled eggs and a hot dog for dinner, twice a week they have meat for lunch and dairy once a week.

District Penitentiary Belgrade

Healthcare service organisation

This institution's healthcare service is organized separately. Of 17 employees, 5 are doctors, 1 dentist, 1 dental technician, 1 pharmaceutical technician and the remaining employees are medical technicians. One doctor and the dental technicians are on a prolonged leave of absence (maternity leave).

The Chief of the Service is a doctor, specialist of internal medicine with 15 years work experience. Her first post was in PHF Zvezdara, where she worked for three years.

Aside from the security check prior to their appointment into service in this institution, no healthcare professional received any previous training for work in such facilities. Despite that, the patients do not endanger their safety, even though the security service is not present during examinations.

Salaries are regular, all employees have reduced service years for retirement.

The work is organized in two shifts, 7³⁰ a.m. to 3³⁰ p.m. and 3 p.m. to 10 p.m. on work days, 7³⁰ a.m. to 12³⁰ p.m. on Saturdays, while passive on-call service is organized for

weekends and nights. On holidays, the on-call service is taken over by the Central Prison Hospital (due to proximity).

The Chief of Service attends staff meetings of the Warden with all services in the institution three times a week, as well as staff meetings of the Central Prison Hospital (once a week). Cooperation with the Warden and other services is satisfactory.

Within the service, staff meetings are held each day, as part of the shift change. The relationships are amicable, there are no frequent or prolonged sick leaves, absences or infringements on work obligations.

Consultation examinations are organized in such a way that a physical medicine specialist is employed on contract and will come when needed. A psychiatrist comes twice a week, more often if needed, an ophthalmologist once a week, a neurologist as needed. All specialists of the Central Prison Hospital perform consultation examinations: sonograms of the abdomen, soft tissues, thyroid, neck blood vessels, x-rays. If a specialist examination exceeding the capabilities of this institution is necessary, the prisoners are referred to the MMA.

The institution has three well equipped infirmaries. In addition to three sphygmomanometers, ECG device, glucometer, defibrillator, pulse oximeter, body weight scale, the service also has a sterilizer as well as an electrical cauter and other necessary instruments for minor surgical interventions. There is no inpatient facility, CPH is located in the same building. There is no laboratory in the institution, CPH performs the necessary analyses on demand.

Procurement of medications, both in tablet and in vial form, is through tenders. The positive list of medications of the NHIF is adhered to. Prisoners suffering from hypertension get 7 days worth of treatment, while therapy for other patients is distributed individually. If the institution does not have, or is not obliged to have, a certain medication, the doctor will write a prescription to be submitted either to the prisoner's family or to their lawyer, who will bring the medication in and give it to the pharmaceutical technician, who will provide the prisoner with his individual dose every day. The service provides the prisoner with necessary and expensive medication, as well as those outside of the list, with the Warden's approval. Methadone treatment is conducted in the infirmaries, according to appropriate protocols. The most frequently used medications are anxiolytics (bromazepam, bensedine, lorazepam), analgesics (ibuprofene, diclofenac), anticoagulants (fraxiparine).

Dental office is equipped according to standards. The doctor of stomatology is approaching retirement. Examinations, treatments and extractions are provided, but prosthetics are not. Dental treatment is available outside of the institution, at the prisoner's request, but at the prisoner's expense.

The initial physical of detainees and prisoners is conducted within 24 hours of admission into the institution. At this time, a health record is opened. In addition to a general physical, comprising the measurement of blood pressure, auscultation of the heart and lungs, description of any deformities or injuries, a previous medical history is taken. Screenings for tuberculosis and hepatitis are always performed. At this time, no laboratory analyses are performed. Other examinations are scheduled through the security service, until 6 p.m. each day and are performed the following day. Each doctor is in charge of a specific block. Once every ten days, a doctor will make rounds through the block, while the medical technicians do so three times a day, which coincides with therapy dispensation. On Saturday evenings, Sundays and holidays, therapy is dispensed by the security service. Approximately thirty

examinations are conducted each day. In emergencies, such as chest pain, suffocation, epileptic seizures, a medical team will enter the prisoner's quarters.

Medical documentation is kept regularly, in health records and e-charts, as well as in logs (of examinations, injuries, narcotics).

A doctor will control menus, as well as kitchen hygiene and conduct sanitary examinations of the cooks. Nutrition is adapted to the needs of those suffering from diabetes (menu for diabetics), kidney disease as well as to prisoners of different religions.

Penitentiary Padinska Skela

Healthcare service organisation

This institution's healthcare service is not separately organized. One general practice doctor, with 15 years of experience, is employed in the service (her first post). At the beginning, she had a lot of help from the dentist who had already been employed there. The nurse also has 15 years of service. Previously, she used to work in surgery (a total of 30 years of service). Both are employed on a full-time basis and have reduced service years for retirement.

Cooperation with other services and the Warden is satisfactory, in the words of the employees. The doctor does not attend staff meetings that the Warden organizes with other services.

Working hours are 7 a.m. to 3³⁰ p.m. On Saturdays, Sundays and holidays, the doctor is on-call. Staff working overtime get a day off. For emergencies outside of working hours, members of the security service will contact the Emergency Medical Service.

Infirmery is spacious and equipped to standard, as confirmed also by the committee of the Ministry of Health. Namely, 2-3 months ago, at the request of Ministry of Justice and State Administration, this Committee issued a decision and assessment on the compliance with operational requirements in the penitentiary. The infirmery comprises the following equipment: sphygmomanometer, glucometer, oxygen tank, ECG, instruments for minor surgical interventions, sterilizer. The institution also has an inpatient unit. In the closed ward, there are two, while in the semi-open ward there are three inpatient rooms, with 4-bed capacities. The inpatient unit is reserved for the elderly prisoners, as well as those suffering from chronic illness, due to better accommodation.

Laboratory analyses are performed at CPH Belgrade, but blood samples are taken in the institution.

Of the consulting physicians, a dentist comes once a week (about ten examinations), a psychiatrist once a month, while other necessary consultative examinations are performed at the City Hospital Zvezdara.

Medications and medical supplies are procured through tenders. Methadone therapy is provided through the Special Hospital for the Treatment of Addiction Diseases in Belgrade. The most frequently used medications are: bensedine, bromazepam, diclofenac. Prisoners suffering from cardiovascular diseases and diabetes melitus are provided with therapy for 10 to 15 days, i.e. one insulin cartridge. Evening therapy, as well as therapy on weekends and holidays, is dispensed by the security service.

The initial physical is performed within 24 hours of the prisoner's admission in to the institution, at which time a health record is opened. In addition to measuring blood pressure and listening to heart and lungs (auscultation), the skin is described (scars, tattoos, injuries), chronic illnesses and addictions are logged. Laboratory analyses, lung x-rays, HIV and hepatitis screening are not performed. Prisoners schedule examinations through the security service. Approximately thirty examinations are conducted each day. Once a week, the doctor works in the new building (across the road from this one), which has no organized healthcare service as of yet. There are no periodical physicals. Examinations are performed in the absence of the security service. The most prevalent chronic illnesses are: bronchial asthma and diabetes. At the time of the visit, 16 prisoners had hepatitis C, while there is no record on addictions, although there are currently no prisoners on methadone and buprenorphine therapy. Scabies is common, brought into the institution by prisoners being admitted. Of injuries, sports injuries are the most common, others are rare. In November this year, one prisoner (PAS addict) committed suicide (by hanging), outside of the institution, during his weekend leave.

Healthcare personnel conducts health educations. Topics are: domestic violence, addiction to narcotics, alcoholism, HIV.

District Penitentiary Zrenjanin

Healthcare service organisation

This institution employs, on a full time basis, a medical technician with 3.5 years of service. He worked in Novi Sad for 5 years. He does not have reduced service years for retirement. A doctor works on contract, he is employed full-time at the Institute of Public Health. He spends at least two hours in the institution every day.

The medical technician's working hours are 7 a.m. to 3 p.m. If needed, he stays longer.

The infirmary is inadequate. It is situated in a small room, narrow, poorly lit. Of the equipment, it has: a sphygmomanometer, ECG, oxygen tank, sterilizer, ORL examination set. The prisoner's health records are also kept in the same room, as are the old records (mandatory keeping for 10 years). Inpatient unit is comprised of one patient bedroom and two group bedrooms. Prisoners with disabilities and those suffering from chronic illnesses undergoing exacerbations are accommodated in an inpatient room. Prisoners with psychological disturbances are accommodated in group bedrooms upon the proposal from a psychiatrist.

Laboratory analyses are performed at the Primary Healthcare Facility, to which the prisoners are taken. Dental services are provided in a state-owned institution on Fridays, for emergencies on other days as well.

Medications are procured through the Pharmaceutical Institution Zrenjanin, every month to month and a half. The most frequently used medications are: bensedine, bromazepam, ibuprofen, analgin, febricet. Detoxication therapy is conducted in the institution (bensedine, analgesic, loperamide, klometol) for prisoners addicted to psychoactive substances. Methadone therapy is not administered because the Warden opposes this type of treatment.

A psychiatrist visits the institution once a week, conducting about fifteen examinations. The most common diagnoses are: neurotic disorders and specific personality disorders. Other consultative examinations are conducted at the City Hospital.

The first physical is administered within the first 24 hours of the prisoner's admission. Detainees are examined immediately, the doctor is called in if he is not present in the institution. During the initial physical, blood pressure is measured, skin status and tattoos described, TBC screening is conducted and work ability assessed. Members of the security service are not present during the physical, neither is the medical technician. Prisoners schedule their appointments through the security service and are most often seen the following day. Parenteral therapy is rarely administered in the infirmary, except in emergencies (bronchial asthma). From the interviews with prisoners, we learned that i.v. therapy is administered at the approval of the doctor, even if he is not present (not in the institution at the time). Minor surgical procedures are performed (wound management in cuts, superficial injuries). During the working hours, therapy is dispensed by a medical technician, and in the evenings and during non-working days, security service. In consultation with the medical staff, on the weekends and at night, the security service can administer treatment outside of the regular therapy (bensedine, painkiller). Prior to the admission to solitary confinement, the doctor will conduct a physical. Those suffering from obstructive pulmonary illnesses and psychiatric illnesses are not sent to solitary confinement. The doctor visits the solitary confinement each day. In emergencies, such as suffocation, epileptic seizures, injuries, the doctor or medical technician will enter into prisoners' quarters. PAS tests are performed with the Warden's approval and prisoner's consent (in 2015, 15 were conducted), while the security service administers alcotests.

The following logs are kept: examinations, psychiatric examinations, self-harm incidents. In 2015, 9 self-harm incidents were recorded, most often with a razor. 5 injuries were treated in the infirmary.

At the time of the visit, 4 prisoners suffered from diabetes, 8 were hepatitis C and one was hepatitis B positive, there were 46 addicted to PAS and 36 alcoholics.

Once a year there is a lecture on hepatitis.

The menu is compiled by the cook and the doctor corrects it if necessary. In addition to the main menu, there are additional menus for other religions, for diabetics and those suffering from illnesses of the digestive tract.

District Penitentiary Novi Sad

Healthcare service organisation

The service was formed in 2012. The Chief of Service is a doctor who worked half his working hours as a doctor and half as the Chief of Treatment Service prior to the establishment of the current service. The service employs 3 general practice doctors on fixed-term contracts, 1 dentist, 1 medical technician full-time, 3 on fixed-term and 2 on contract. One doctor works in the receiving infirmary, and three times a week with the persons sentenced for misdemeanours. His working hours are 7 a.m. to 3 p.m. He has been employed in the institution since 2014 and was previously working at the PHF Kula and EMS, during his 20 years of service. The other two doctors work from 7 a.m. to 3 p.m. and 8 a.m. to 2 p.m. One doctor has one year of service, the other 7, with previous experience in PHF Kula and PHF Vrba. The dentist has been working in the institution for 5.5 years and this is his first post. Medical technicians work in two shifts, from 7 a.m. to 3 p.m. and from 12 p.m. to 8 p.m. On Saturdays, Sundays and holidays, the technicians work from 7 a.m. to 7 p.m. In line with the Ombudsman's recommendation, a three-shift schedule is planned for medical technicians.

Cooperation with the other services is satisfactory. The Chief of the Service is in contact with the Warden every day. Meetings within the service are also held on a daily basis.

Salaries are regular. Full-time employees have reduced service years for retirement (Chief of Service and Head Nurse).

There are 3 well equipped offices in the institution, of which one is equipped for minor surgical procedures. In addition to the sphygmomanometer, they are equipped with: a defibrillator, ECG, reanimation set, pulse oximeter, glucometer, ORL set, sterilizer. In the semi-open ward, there is an inpatient unit next to the office: 3 patients rooms and a living room. These rooms have 4 to 8-bed capacities. One toilet is equipped for persons with disabilities.

Laboratory analyses are performed at the Primary Healthcare Facility. The laboratory technicians comes on Fridays to take blood samples. There are on average 10 to 15 samples.

The dental office is spacious and well equipped. Working hours are 7 a.m. to 3 p.m. In terms of dental services, they provide dental first aid and tooth extraction. A member of the security service is always present during examinations. Upon admission, initial dental examination is not conducted. Approximately 20 examinations are performed daily.

The pharmacy is located in a separate room. Medications are procured through tender, adhering to the positive list of medications of the NHIF. The doctor writes the medication name, dosage and period of treatment on a piece of paper, while a medical technician packs the therapy in dispensers. The most frequently used medications are: bensedine, lorazepam, ksalol. Methadone is procured through the institution that provided it to the prisoner while he was a civilian. A psychiatrist's report is necessary for psychiatric treatment. Medical technicians dispense therapy to prisoners.

The Warden monitors the work of the healthcare service.

With the assistance of the Global Fund, in 2005, as part of a project for the treatment and prevention of addiction, the treatment service held weekly workshops together with the doctor. The workshops are now organized monthly, in the admission ward. Individual health education is far more common. Prisoners have access to brochures on: hepatitis B virus, sexually transmitted infections, HIV infection, voluntary and confidential counselling and HIV testing, prisoners' healthcare.

Within the first 24 hours upon admission to the institution, each detainee and prisoner is given a physical. At this time, a health record is opened. In addition to measuring blood pressure, height and weight are logged, skin is examined (injuries, tattoos, scabies, lice). At this time, the prisoner provides his previous medical history. TBC screening is performed. Periodical physicals are conducted every 6 months, during which the height, weight and blood pressure are measured, but no further physical is administered (heart and lung auscultation, abdominal palpation). Prisoners schedule examinations through the security service. Up to 70 examinations are performed daily. If a prisoner declines treatment, he must sign a note to that effect in the presence of the Commander. A physical is mandatory prior to being sent to work, as well as prior to solitary confinement. Psychiatric examination is also mandatory prior to solitary confinement. The doctor visits the solitary confinement each day. Of consulting staff, the institution employs: a surgeon, an internist and a dermatovenerologist (twice a month), an infectologist (once a month), a psychiatrist (twice a week, works with PAS addicts). Each office comprises a log of strikes and injuries. Among injuries, sports injuries and self-harm (razor, light bulb) are frequent.

This year, three attempted hangings were recorded, of which one was successful (detainee, suffering from a psychosis, was detained for about a year). This October, during the night, one person convicted of a misdemeanour passed away. The pathologists report states as Dg: aortic rupture.

At the moment of the visit: one prisoner suffered from TBC, 48 from hepatitis C, 3 from insulin-dependent diabetes mellitus, 64 were PAS addicts (11 undergoing methadone and three undergoing buprenorphine therapy), 58 were alcoholics.

In addition to the basic menu, there is a menu for those suffering from DM, TBC, as well as snacks for juvenile detainees.

District Penitentiary Smederevo

Healthcare service organisation

This institution's healthcare service is organized separately. A doctor is employed on contract, he is a retired general practice specialist. He has been working in the institution for 8 years. A medical technician is employed full-time, no reduced service years for retirement, 9 years of service and was previously employed in the city hospital. Working hours of the service are 7 a.m. to 3 p.m. with the doctor working full working hours three days a week and shorter working hours two days a week.

Cooperation with the other services is satisfactory. Healthcare workers do not attend staff meetings. The Warden monitors the work of the healthcare service, there is no additional control.

Three years ago, a room was renovated and equipped as a medical office. It is equipped with: a sphygmomanometer, stethoscope, glucometer, body weight scale. The inpatient unit, i.e. resting room, is separate from the infirmary and situated on the fifth floor. It currently accommodates 6-7 prisoners, with a capacity of 8.

Laboratory services are provided by the PHF, if needed on a daily basis. PHF also provides dental services in emergencies, at the institution's expense.

The pharmacy is located inside the infirmary. Medications are procured through tender, adhering to the positive list of medications of the NHIF. In exceptional cases, medications are procured by the institution. The most frequently used medications are: bensedine, lorazepam, xalol. Of the parenteral therapy, the antibiotics: garamycin and lincocin are used, penicillin is not. The infirmary also has a complete anti-shock therapy set. At the time of the visit, one prisoner was undergoing treatment for PAS addiction (buprenorphine). There is a log of narcotics. Morning and afternoon therapy are dispensed by medical technicians, while the security service dispenses the evening therapy. For administering treatment without approval from the doctor, a medical technician was penalized with 20 % salary reduction for two months.

The institution does not provide consultative examinations. Cooperation with civil healthcare institutions is good. The most frequent consultative examinations are: psychiatric, pneumophysiological, dermatovenerological, dental, as well as laboratory services. Prior to being referred to the CPH Belgrade, a report from the city hospital psychiatrist is needed. When visiting other healthcare institutions, the medical technician accompanies as escort.

Upon admission to the institution, a health record is opened and the initial physical conducted. Since 5-6 months ago, the doctor also fills in the admission sheet for detainees,

prisoners or persons convicted of misdemeanours. The admission sheet comprises basic information (name), medical history (the doctor indicates if there are any conditions of the locomotory system, respiratory system, digestive, nervous system, mental disorders (mandatory F code), diagnoses, treatments, whether the prisoner is a smoker, addicted to PAS or consumes alcohol). At the end, the doctor will prescribe abstaining from work duty, if necessary. TBC screening has not been performed in the last few months. The doctor provides an opinion on the health status relevant for the prescription, or modification of treatment to the prisoner. Up to 30 examinations are performed daily. Examinations are not attended by the security service. A physical is mandatory prior to solitary confinement. Solitary confinement is visited daily and visits entered into the log. There is also a log for room rounds. The doctor makes the rounds once to twice a month. At the moment of the visit, three prisoners suffered from diabetes, 6 from hepatitis C, 19 were addicted to PAS and 14 were alcoholics.

Food quality is monitored by the doctor and Chief of the Security Service. The menu is compiled by the cook and the doctor corrects it if necessary.

District Penitentiary Pancevo

Healthcare service organisation

From a year and a half ago, the healthcare service is included in the treatment service. This is the doctor's first job, she has been employed since 2014, while the medical technician has 7 years of service in total and has been in the institution since March 2014. Healthcare staff is hired on contract. Salaries are regular, lower than in civilian service but also in other prison institutions. At the proposal of the Warden, for the first week, a doctor from Padinska Skela worked alongside the resident doctor.

Working hours are 7³⁰ a.m. to 3³⁰ p.m. The service does not work on Saturdays, Sundays and holidays. During the night, the doctor is on-call from 11 p.m. – 12 a.m., when she will come on call. Cooperation with the EMS is good.

Cooperation with the Warden and other services is satisfactory. Staff meetings of all services are held once a week.

The infirmary was constructed by sectioning off a piece of the hallway. It is small. In cooperation with the Warden, it is currently being equipped. At this time, it is equipped with: sphygmomanometer, ECG, pulse oximeter, glucometer, intubation kit, laryngoscope, minor surgical interventions kit and dressings, negatoscope, sterilizer, bed. There is no inpatient unit in the institution.

Laboratory services are provided by the PHF. Among laboratory analyses, the most common are: blood panels, SE, glycaemia, lipoprotein profile. Virusological analyses, HIV, hepatitis are performed at the Institute of Public Health.

Urgent dental interventions, as well as tooth extractions, are also performed at the PHF. All other dental interventions have to be paid by the prisoner.

Medications are procured by tender. They are very rarely purchased at the city pharmacy. Procurement adheres to the positive list of medications of the NHIF and 90 % of the medications are in the form of tablets; among parenteral treatments, anti-shock therapy is available. The most frequently used medications are: bensedine, lorazepam, karbapin, leponex. Methadone is procured through the Special Hospital for the Treatment of Addiction

Diseases in Belgrade. Methadone is kept in a fridge in the canteen. There are currently no prisoners in the institution undergoing methadone or buprenorphine therapy. There is no narcotics log. Daily therapy is dispensed by the medical technician, while the security service dispenses therapy in the evenings, on weekends and holidays.

Consultative examinations are performed at the PHF, General Hospital and CPH Belgrade. The doctor regularly escorts the prisoner to consultative examinations.

The Chief of the Treatment Service and Warden monitor the work of the Healthcare Service.

After admission, the prisoner is given a physical within 24 hours, at which point a medical record is opened. During the initial physical, the prisoner provides his medical history, weight and height are measured, heart and lungs auscultated, blood pressure is measured and TBC screening performed. At this time, the form on work ability is filled in. A physical is mandatory after returning from weekend leave. When using restraining measures, the prisoner is seen by the doctor within the hour. The next examination is within 12 to 24 hours. Examinations are scheduled, but not attended by, the security service. Approximately thirty examinations are conducted each day. Emergency interventions are infrequent, but in case of a collapse or epi seizure, the doctor will go to prisoner's quarters. Those addicted to PAS are issued bensedine as therapy until seen by a psychiatrist. Testing for PAS is conducted with the approval from the Warden, at the proposal of the security service. The most frequent form of self-harm is by razors. There are no logs. All changes in health status, injuries, substitution therapy for addicts are entered into the health record and, instead of keeping logs, the doctor writes reports to the Warden. Health educations are conducted through brochures.

Medical staff controls the food. In addition to the basic menu, there is a menu for diabetics and for persons of different religions.

OFFICES FOR ALTERNATIVE SANCTIONS

The Helsinki Committee team visited 7 Offices for Alternative Sanctions in 2015, in the following cities: Subotica, Sombor, Kragujevac, Zrenjanin, Novi Sad, Smederevo and Pančevo. There are special offices in these cities employing one or two commissioners, except in Zrenjanin where the office has not been founded yet.

The situation observed in the alternative sanctions offices that we visited in 2015 is similar to the situation observed during the monitoring of these offices in 2014. Even though following the amendments of the Law on Enforcement of Criminal Sanctions and the adoption of the Strategy of the Prison System Development offices were open in almost all cities in which there are institutions for the enforcement of criminal sanctions, we believe these are only the first steps that have been made in providing the alternative to the prison system. Even though Helsinki Committee commends the state's efforts in the direction of reducing the prison population and promoting alternative sanctions, we believe that the alternative sanctions system has not yet come to life in its full capacity or scope, as well as that the Commissioners are still not doing the work they are supposed to be doing. The Commissioner's status is still not clearly defined, there are no procedures or protocols that they would use in their work, so they solve all issues as they emerge. Even though they perform the same job as the prison services, they have no reduced service years for retirement and their salaries are lower.

The first criticism of the alternative system pertains to the fact that the alternative is still completely dependent and interconnected with the prison system and the Directorate for the enforcement of criminal sanctions. This dependence is observed through technical support and through support in terms of manpower (receiving mail, stamp, vehicle, employees). The alternative sanctions offices have been opened in almost all cities with Higher Courts and there are now a total of 25. However, the situation pretty much remains the same. Even though there are 24 Commissioners, 4 offices don't even have a single employed Commissioner. Other employees in the offices are still recruited from the prison system, from the treatment service. All house detention and arrest sanctions are managed by the prison service, i.e. the treatment service with the support of security service. In addition, offices don't have their own vehicles but loan them from prisons, while some Commissioners use their private vehicles. According to the Commissioner, they lack additional training and professional development, as well as establishment of good teams in all offices to allow the system of alternative sanctions to provide results.

All in all, the Commissioners and alternative sanctions have completely lost the significance they had, i.e. in this case we could say that they failed to build them in the first place. The Commissioners have drawn our attention to the problem of an absence of recognition of the Commissioner service, its work and competencies, by local government bodies, Centre for Social Work and the Police. In some cities, even judges have expressed scepticism about the system of alternative sanctions, so there are very few alternative sanctions handed down in these cities. The Commissioners also objected to the heterogeneous court practice in handing down alternative sanctions. There have attempts by certain commissioners to organize joint meetings of the offices and the courts to discuss the issues, but judges thought that this type of meeting should be initiated either by the Ministry or by the Directorate and thus did not respond to the invitation. When discussing heterogeneity of court practice, e.g. the Court in Novi Sad does not have the practice of sentencing offenders to public service,

while the Court in Smederevo does not have the practice of submitting the verdict to the Commissioner if the offender was sentenced to one of the non-custodial sanctions. Such conduct of the judicial bodies towards the alternative sanctions system certainly makes the work of the offices even more difficult and makes the purpose of alternative sanctions redundant. Commissioners believe that additional efforts should be invested into the promotion of the alternative sanctions system, that judicial bodies need to be educated, as well as lawyers and the entire local community. On not so infrequent occasions, companies will turn down cooperation with the alternative sanctions office due to prejudices towards persons sentenced for felonies or misdemeanours.

What we were able to observe during our meetings was that the work of the Commissioner has been reduced to mere administration of the enforcement of non-custodial criminal sanctions, which are, in fact, completely dependent on the prison system. The Commissioners spend least of their time managing the treatment of the sentenced offenders, their resocialisation or their post-penal reintegration. Commissioners believe that their work has been left devoid of all purpose and creativity and that the jobs they perform (administration) could be performed by a clerk, while they should be devoting their time to the treatment of the sentenced individuals. The Helsinki Committee has already brought attention to the necessity of employing additional administrative personnel in the offices or allowing some form of volunteering and internship.

What we also observed was that no Commissioner's office, sadly, is managing post-penal acceptance, while only 4 sentences of surveillance of the released persons are being implemented (one in Kragujevac and three in Smederevo).

The work of the Commissioner mostly boils down to the enforcement of the public service sentence and house arrest sentence, with or without electronic surveillance. In house arrest sentences with electronic surveillance, there is most often a problem due to the lack of equipment (ankle bracelet) and their frequent malfunctions. This is why Commissioners often have numerous sentences waiting for enforcement (there are 20 sentences of house arrest in Pančevo on hold). There is also a problem with the enforcement of house arrest without electronic surveillance, as there is no possibility of controlling the sentenced individuals. The only way in which the Commissioners could control them would be to go on unannounced visits. Frequent visits to these persons would be possible if the offices employed a larger number of Commissioners and if they would have, at their disposal, their own vehicles. The Commissioners also believe that house arrest sanctions need to be organized differently, perhaps using the English model, by which a person is sentenced to house arrest and some other measure (e.g. public service or mandatory treatment).

The problem in enforcing sanctions is also observable in persons abusing psychoactive substances who have been sentenced to one of the non-custodial sanctions. These persons frequently continue to abuse psychoactive substances during the sentence as well, and the Commissioners have no opportunity to test them, while the Courts are very slow in issuing testing decisions. The courts are inefficient even in other situations. The Commissioners in the Smederevo office have told us about an example of a prisoner who left his residence 40 times, before the court finally reacted and revised its decision.

The Commissioners see the increasing number of sentences to house arrests for the felony domestic violence, as a negative trend. The question arises on what is the purpose of such sanctions, if the convicted person serves their sentence for the criminal act in the same house in which the victim of violence lives.

While the number of detainees in prisons is decreasing, on one hand, the courts have begun sentencing offenders to house arrest on the other. This viewpoint and practice of the courts could have been regarded as a positive step (due to the reduction of the number of detainees and better conditions available at home), if the courts had not made certain errors and if they were not sentencing persons who are multiple offenders to this measure, without informing the Commissioner that the said person is a multiple offender.

Sentences of detention for juveniles are also enforced in some cities (Smederevo, Pančevo). Pursuant to the Law on Execution of Criminal Sanctions, juveniles serve the sentence of house arrest without electronic surveillance, i.e. ankle bracelet. Commissioners find this measure very problematic as they are unable to monitor its enforcement.

Based on the information provided to the Helsinki committee by the offices, there have been 8,000 fines for misdemeanours that were substituted for public service (a total number of fines from three courts). In 2014, 2315 such sanctions were imposed, but only 9 were enforced. In most cases, persons convicted of misdemeanours do not get around to serving out these sentences (they mostly avoid the Commissioner's summons), which brings into question the rationale behind this legislation and the purpose of imposing such sentences.

For all offices that were subject to monitoring, we state the data on the number of cases currently being processed, because the number of sentences handed down is not equivalent to those served (either because the persons convicted of felonies or misdemeanours avoid summons, or due to the impossibility of implementing the sentence in practice for technical reasons, insufficient number of ankle bracelets, lack of telephone lines, insufficient number of companies in which the sentence would be implemented). The Office in Kragujevac processed a total of 259 cases in two years and the one in Smederevo – 52. The Office in Pančevo had 90 cases during 2014, and 176 in 2015. Although the Office in Zrenjanin is still not opened, the educators from the penitentiary implement and manage house arrest sanctions and there have been a total of 139 such sentences processed. According to the educators, the Court in Zrenjanin has imposed over 2,500 alternative sanctions but they have not been implemented due to the lack of the Office in Zrenjanin, and educators cannot manage to implement these sanctions. The largest number of alternative sanctions was recorded by the office in Sombor, which has processed as many as 925 sentences (of which 502 were public interest labour). Even though the Office employs only one Commissioner, with good organisation and cooperation with other institutions, this Office implements a large number of sentences, which is very commendable. The Office in Subotica processed 161 cases in 2015.

PROBATION SERVICE IN THE NETHERLANDS

The Probation Service in the Netherlands has been in existence for over 200 years, but not in the form or the scope it works in today – the service constantly improves and develops. Probation Service is not a state institution but a foundation, but funded 98% from the budget of the Ministry of Justice and 2% from the local budget. Even though the service functions as a non-governmental organisation, its work is defined in the law and bylaws adopted by the Ministry of Justice. There are over 2,000 probation officers in the Netherlands, for the 17 million inhabitants. The Netherlands has 5 regions and the Commissioners are regionally instituted. Each region has 60 to 70 units, with 6-7 Commissioners working in each unit.

On average, one probation officer is in charge of about 20 sentenced persons. Probation officers determine which type of intervention each individual will respond to. Each sanction must correspond to the offence committed, so a good assessment is necessary. The low risk of repeat offenses and low damage risk is not in their scope of work, because they cannot resolve or prevent all offenses within the society, so the probation service handles serious offences. They study the factors that contributed to the offence and in which way these factors can be decreased to prevent repetition.

The Probation Service is interlinked with all other institutions in the country: Ministry, Courts, public prosecutors, psychiatric hospitals (for the sake of forensic patients), companies. The opinion of the probation officers is highly appreciated, so they advise the prosecutor, courts and penitentiaries whenever needed. If their view or opinion differs from that of the Ministry of Justice, they will always attempt to find a mutually acceptable solution, in order for the alternative sanctions system to function better. Probation officers are present every time a person is arrested, detained or kept in custody in the police station, as they are always notified by the courts and they are allowed to see any detainee in a penitentiary without permission. Probation Service has access to all data available to the Police and Public Prosecution Office through a secure network. All institutions find it very important to keep the probation service involved in the treatment of convicted persons from the very start.

There are about 35,000 sentences of public service implemented in the Netherlands annually and approximately 20,000 measures of protective surveillance.

