



Österreichisches
Institut für Menschenrechte

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OMBUDSMAN BOARD



South-East Europe NPM Network

SEE NPM Network Meeting 2016

Workshop „Homes for the elderly/care institutions and dementia – standards in health care and medication-based deprivation of liberty”

21 April 2016, 9 am – 5.30 pm

Edmundsburg, **Salzburg**

1. Welcome

Ombudsman Mr. Günther KRÄUTER welcomed all participants and especially thanked Prof. Rudolf Feik, Vice Rector of the University of Salzburg, for providing the University's premises to the network. KRÄUTER gave special thanks to the representatives of the international organisations, Mr. Jean - Sébastien Blanc (APT), Mr. Markus Jaeger (CoE), Mr. Miloš Janković (SPT), and Mr. Jari Pirjola (CPT).

Prof. FEIK emphasised the importance of the meeting for everybody. The fact that nowadays people get older is a challenge for the pension system and this financial aspect is crucial for the standards in homes for the elderly. Furthermore, more and more people live as singles and there is nobody looking after them.

JAEGER added that the general knowledge about the topic is still low and in many in particular well developed countries family ties have gone down and therefore social welfare institutions play an essential role.

Prof. Reinhard KLAUSHOFER welcomed all participants in Salzburg and emphasised that the Edmundsburg is a historic place which was once a care home for young boys. He introduced the participants to the topic and expressed his hope of achieving a better understanding of the problems in homes for the elderly, as well as identifying potential standards.

2. Monitoring of care institutions - Presentations by NPMs: focus, problems, medication-based restrictions of freedom

Chair: Michael Mauerer

After a short introduction MAUERER encouraged the participants to give their presentations in an alphabetical order.

Albania:

Ms. Jorida RUSTEMI began her presentation with the fact that the Albanian NPM has a very broad mandate. The office is obliged to visit every public institution where people can be deprived of their liberty.

The Albanian NPM has no right to visit homes for the elderly; however this is covered by the general section of the Ombudsman which controls state-owned institutions. In general, the Ombudsman noticed that the biggest problem for welfare institutions in Albania is the lack of staff and infrastructure. Another problem is the fact that especially in the countryside there are not enough professionals, doctors and nurses.

RUSTEMI noted that although the family ties are pretty strong, there are still a lot of people who are alone and need residential homes. In general the conditions in private institutions seem to be much better.

The Albanian Ombudsman already issued several recommendations to improve the legal and financial rights for the elderly; however these have not passed the parliament yet.

The presentation was concluded with the comment that in Albania people in retirement homes do not have a problem with over-medication but that the real problem is the shortage of medication in public institutions.

For further information see written statement

Bosnia and Herzegovina:

As Bosnia and Herzegovina still has not designated an NPM, the Ombudsinstitution has not conducted any visits to homes for the elderly.

Bulgaria:

In Bulgaria the NPM, which is part of the Ombudsman institution, has the mandate to inspect homes for the elderly. Ms. BETOVA mentioned that the medical conditions of most of the residents are not good and therefore they do not make many complaints. In many institutions the number of inhabitants is too high; however there is no alternative to institutional care so far.

Similar to the Albanian case, the biggest problem in welfare institutions is the lack of professional staff. Often the doctors and nurses live in bigger cities and it is difficult for them to travel to the

villages. Additionally the lack of financial resources worsens the problem. BETOVA emphasised that the Bulgarian NPM found cases in which this problem led to the fact that doctors prescribed medicine and therapies to residents over the phone.

The national strategy for long term care which was passed in 2014 is intended as a major step for the improvement of the care for the elderly. It has not yet been implemented.

For further information see written statement

Croatia:

Ms. Ksenija BAUER started her presentation explaining that the Croatian Ombudswoman takes part in annual monitoring projects for the elderly in residential care, which also helps the work of the NPM. The main issue of examination is the treatment of the residents, but also the legal factors of why a person is living in a resident home. She added that the Croatian NPM is trying to pay special attention to residents with dementia.

In general the Croatian NPM did not find any acts in resident homes, which could be identified as torture; however they found some cases of degrading treatment. Reasons may derive from the lack of knowledge and international standards or the lack of personnel.

Another problem mentioned by BAUER was the level of respect for the autonomy of the residents. It seems evident that they are not sufficiently informed about their rights. In some homes applications for accommodation and contracts are signed by family members or persons who are obliged to pay for the care and not by the patient him/herself.

Up until now the Croatian NPM did not focus on medication-based restrictions of freedom, but BAUER added that the NPM checks whether the residents consented to the medical therapy.

For further information see presentation

Greece:

Ms. PANAGOOU started her statement with a short general introduction into the work of the Greek NPM. Greece ratified the OPCAT only in 2014 and designated the Greek Ombudsman as NPM; therefore they have little experience with this topic.

She emphasised that mental health institutions especially got important in Greece after the economic crisis. The demand increased rapidly and at the same time there was a weakening of the mental health facilities because of the lack of funding.

The Greek NPM is just allowed to conduct visits to public places for the elderly, although PANAGOOU mentioned that they recently entered into discussions with the SPT about the need to extend the mandate.

The presentation was continued by Ms. PANTELIDOU, who summarised the situation in homes for the elderly. She explained that the Greek Ministry for Health is about to prepare an action plan to increase and coordinate the surveys of health care. She stressed the need for more education for the staff to cope with the increasing numbers of patients with dementia.

Another key problem the elderly are facing in Greece is that people with very different diagnosis are put together in the same nursing home.

She also added that the NPM uses a toolkit based on the CRPD.

When it comes to the medication, it is difficult to monitor the appropriate medication for a patient. Unfortunately, the Greek NPM still has no psychiatrists or doctors in its team, so they have to get advice from the outside on the fact which medication is suitable.

For further information see presentation

Hungary:

Mr. Gergely FLIEGAUF began his presentation stating that Hungary started with the NPM work on 1st of January 2015. Since then they managed to conduct 18 visits and publish nine reports, of which two were homes for the elderly.

FLIEGAUF focused his presentation on the two visits to resident homes in Pécel and Écs. One of the key problems there was not barrier-free access to one of the homes. The question was raised whether it amounts to deprivation of liberty when someone is physically not able to leave the institution.

Other visits were conducted to places which were not exclusively homes for the elderly but house many old people, too. Here the Hungarian NPM witnessed involuntary placement of some residents. Furthermore, FLIEGAUF mentioned the fact that cage beds were found and sometimes people with dementia were placed in the same rooms with drug abusers, which led to violence and fear.

Additionally, he added that medication-based restriction of patients was witnessed in some cases.

For further information see presentation

Kosovo:

Mr. Niman HAJDARI introduced the Preventive Mechanism of Kosovo which was established in January 2016. In Kosovo there are four homes for the elderly and they are financed by the Ministry for Social Welfare and the municipalities. The fact that they are not all financed by the same institution is problematic for uniform standards. Therefore the Ombudsinstitution emphasised the need for change, especially in the case of institutions in the responsibility of the municipalities which struggle with a lack of funding.

The institutions' buildings were mainly built in the 1960s and therefore the infrastructure is very bad. HAJDARI also added that even some of the newer buildings are problematic because they have no special infrastructure for people with disabilities.

The lack of professional staff and the lack of daily activities for residents in welfare institutions is a problem in Kosovo, too.

The presentation ended with the emphasis that in 2015 the Ombudsman organised a national conference and interacted with other authorities to raise awareness of the problems in social welfare institutions and the need for more homes for the elderly.

For further information see written statement

Montenegro:

Ms. Marijana SINĐIĆ introduced the situation in Montenegro explaining that there are three homes for the elderly within the small country. She explained that in general a complete medical examination of all residents in the institutions is conducted, and that all residents are provided with necessary medical treatment at any moment.

A very positive example is a program for people with dementia, which foresees mental stimulation and exercises. The facilities are in general open and everybody is free to leave. However, there is not the necessary capacity for special treatment of elderly people with dementia. Therefore the NPM tries to encourage the authorities to increase the technical equipment of welfare institutions.

For further information see written statement

Serbia:

Mr. Milan MARKOVIĆ started his presentation explaining that the Serbian Ombudsman performs the duties as NPM. The NPM has a separate budget and staff who is in very close cooperation with the civil society.

When it comes to closed social institutions, the number of visits is increasing constantly, but the main visits are to closed institutions for adults and children with disabilities. The Serbian NPM does not have a lot of experience with homes for the elderly, although the need for such is recognised by the NPM.

According to MARKOVIĆ a big problem in Serbia is that social welfare institutions are very diverse, and sometimes adults with disabilities, without disabilities, the elderly and children are placed in one institution. Furthermore, many of those institutions are closed and there is no freedom of movement.

The presentation was followed by a specific example of the facility "Veternik" in Vojvodina. This particular facility was already visited many times by the Serbian NPM but also by international bodies. In general, the recommendations of the NPM and the international mechanisms are not implemented yet. The most serious problems are the methods of restraint as well as overmedication.

It was emphasised that during the recent visits the NPM also started focusing on health care institutions. Attention is paid to access to special health care services, the right of consent, the quality of the health care and the medication used.

The Serbian NPM established that one obvious and an urgent recommendation for welfare institutions is a proactive approach to deinstitutionalisation.

For further information see presentation

Slovenia

Mr. Ivan ŠELIH introduced the work of the Slovenian NPM emphasising the importance of social welfare institutions as public service institutions, in particular social security institutions. In Slovenia there are also private institutions, but they need an approval of the Ministry for Social Welfare.

He mentioned that the biggest problem in Slovenia is the fact that most homes for the elderly are already full. What is essential for the Slovenian NPM is also that all activities in these institutions are covered by the law. In Slovenia the Social Security Act and Mental Health Act established in 2008 regulate health care facilities and homes for the elderly.

According to ŠELIH, the purpose of the activities of NPMs should be that these institutions feel like home. It is problematic that these institutions in practice are composed of different departments, which are sometimes open and sometimes closed. ŠELIH emphasised that the NPM has no up-to date list of the institutions with closed departments. He raised the question whether deprivation of liberty in those institutions happens de facto or de iure and how many residents live in homes by their own will or the will of their guardian.

Another problem mentioned by ŠELIH is special protection measures which are allowed in closed institutions. According to the Slovenian law, fixation and isolations are allowed by the Mental Health Act as security measures. However, they are often applied in contrary to the law and without the doctor's approval.

For further information see presentation

Austria:

Ms. Nora RAMIREZ CASTILLO explained that in Austria there are around 800 retirement homes and the average age of the inhabitants is 85. The NPM frequently conducts visits to these institutions and puts a particular focus on the protection of personal liberty, autonomy, self-determination, privacy, quality of care, and prevention of violence.

RAMIREZ CASTILLO emphasised that it is very important to keep the level of self-determination in such institutions as high as possible. Residents should be able to take as many decisions about their daily routines as possible on their own. This is even more important when it comes to people with dementia who have no regular sleeping habits.

An important focus of the work of the Austrian NPM is the medication-based restriction of freedom which is often very hard to detect because people react very differently to medication. Therefore the NPM commissions look at the documentations and check if there is a clear diagnosis.

For further information see presentation

Discussion of the presentations

Chair: Michael Maurer

a. General comment on the topic

As regards the barrier-free access to old people homes Mr. Jari PIRJOLA added that the CPT specifically demand access to corridors. For further information he referred to the [CPT's checklist for visits to social care institutions](#) published on the CPT's website.

b. The mandate of the NPM

MAUERER raised the question whether the NPMs have a broad understanding of their mandate when visiting social welfare institutions and whether they are ever challenged by authorities in this regard.

PANTELIDOU noted that in Greece the NPM is often challenged concerning its mandate but since the NPM is accustomed to the Ombudsman law, this problem was solved.

Mr. Miloš JANKOVIĆ refers to [Article 4 of the OPCAT](#) which states that NPMs visit places where persons are or may be deprived of their liberty. In all of the previously mentioned welfare institutions there is a high level of possibility that people can be deprived of their personal liberty. Therefore, the NPMs need the mandate to visit these institutions. This is also the answer which should be given to the authorities or private organisations if they ever challenge the mandate in this regard. Furthermore JANKOVIĆ also stressed that the argument that legally someone cannot be deprived of his/her liberty in such an institution because he/she is there by his/her own will is very problematic

Ms. Renate KICKER explained that the mandate of the NPM was also discussed by the Austrian Human Rights Advisory Council. In Austria the advisory body concluded that the NPM's mandate should be interpreted as broad as possible. Finally she raised the question of what NPMs are supposed to do if the deprivation of liberty is justified or excused by the need to protect the person from him/herself.

ŠELIH described the situation in Slovenia. There the care for the elderly is a special public service for which a concession permit is necessary. Furthermore, in this field the NPMs have a broader mandate than the Ombudsman because they are not just allowed to visit public places but also private institutions. People who are not able to decide by their own will still can be placed to social welfare institutions with the permission of the legal guardian. However, this law is supposed to be changed in June 2016. In the future the courts are going to decide about these people.

JAEGER mentioned another example of the dilemma of the NPMs' mandate. Namely, a private company in Germany that runs a number of elderly homes launched a law suit against the German NPM for making a visit to one of the homes. The company complained that among thousands of elderly homes in the region the NPM singled out one institution for its visit. They questioned the grounds on which the NPM decides which institution to visit.

FLIEGAUF pointed out that it is crucial to control private companies too. Witnessing somebody being fixated in his/her bed is a deprivation of liberty, no matter if it happens in a public or private institution.

KLAUSHOFER explained that the Austrian NPM does not publish the names of private institutions visited in order not to damage a business.

RUSTEMI warned that the rights of people are unchallenged and that NPMs have to protect human rights no matter what. However, the Albanian NPM which falls under the Ombudsman law has problems to visit private institutions and they still wait for help from the CPT and SPT in this regard.

MIRZAEI mentioned that the NPM does not need to distinguish private and public institutions. The NPM needs to look at institutions where people can be deprived of liberty. The question is if it is acceptable to have closed institutions for older people.

BLANC pointed out the example of the French NPM. By law the French NPM has a limitation because they can only look at the legal status of people deprived of liberty who are in these institutions at the request of family members or officials of the state. This means when the NPM visits these institutions they can only talk to these people and they cannot look at the situation of other persons who are also de facto limited in their freedom.

MAUERER mentioned that the Austrian NPM visits private and public institutions. The NPM has to consider that the media might damage the reputation of the facilities after recommendations are issued.

Coming back to the German law suit, JANKOVIĆ emphasized that visits to private institutions are not a question of business, but of whether the business operates according to the law. The NPM has to send the report and recommendations to the authorities, not the private institution.

ŠELIH agreed and added that in Slovenia all recommendations are sent to the Ministry of Social Welfare.

According to JAEGER „naming and shaming“ is part of the job of an NPM. The problem in the German case was that there are so many similar social welfare institutions in this particular region and the NPM specifically picked this one. The NPM can be accused of unfairly selecting the institutions visited. Certainly the NPM is free to choose the places it visits but unfortunately there might be room for corruption and bias.

KICKER emphasized that the state obliges private institutions to follow the same standards as public institutions. Therefore they are bound to international law.

MAUERER clarified that the participants have to distinguish the type of breaches of law. Minor violations are often a matter of the institution itself, major deficits are in the responsibility of the authority issuing the concession. Therefore the Austrian NPM addresses the authorities and additionally gives recommendations on the spot to the institutions. This helps to prevent minor mistakes too. He asked what the NPM should do if private institutions refuse to cooperate.

ŠELIH explained that before releasing a final report the Slovenian NPM prepares a draft report which also includes recommendations which depend on the seriousness of the violations.

JANKOVIĆ once again summarised that the power of the NPM is to give recommendations to the relevant public authorities.

Finally, the Ombudsman of Montenegro, Mr. Šučko BAKOVIĆ expressed his opinion that the NPM is not allowed to control private companies and institutions. As the NPM is bound to the law of the Ombudsman in most of the countries, their mandate is the same as the Ombudsman's.

Therefore they can only control public institutions. The standards in private homes of the elderly are regulated by their managers and can be justified by the contractors. If the Ombudsman or NPM learns about problems in a specific private social welfare institution, they need to let the authorities sanction it. The Ombudsman or NPM is not allowed to control it.

Summing up the first session MAUERER pointed out problems with medical care as well as the problem of isolation that occurs in welfare institutions. However, NPMs should try to have an immediate impact when noticing problems in an institution.

3. International legal standards regarding the monitoring of residential and care institutions

- a. Presentation by Mr. Mario Krešić (Head of the Legal Working Group, NPM Croatia)

KREŠIĆ presented various international legal standards which should be applied in the work of NPMs in this regard. He started the presentation with the fact that the world is facing a demographic transformation where there are more and more old people. In order to cope with the challenges some actions were undertaken on a regional and a European level.

For further information see presentation

- b. Discussion

Chair: Michael Maurer

MAUERER opened the discussion by asking how NPMs deal with a situation when there are no legal standards and opinions and how they make sure they have the same understanding of an international standard as other NPMs.

KREŠIĆ commented that within the work of the Croatian NPM international standards are always quoted in the reports but they are also referring to domestic law. Sometimes there is a normative gap between the regional or global level and the domestic law and therefore it would be good for the SEE NPM Network to develop something common for NPMs. However, KREŠIĆ added that sometimes NPMs have different point of views and it is good to have own specific standards.

JANKOVIĆ, as a representative of the SPT, clarified that the SPT has not yet developed standards with regard to care institutions and homes for the elderly. He also raised the question if it is necessary to have the same standards for every country. Certainly there should not be different standards in human rights but many things depend on the concrete situations. He compared Serbia to Italy, which - contrary to most South-Eastern Europe countries - has a good system of deinstitutionalisation. It is thus difficult to compare these two countries and give them the same sort of recommendations. While in Serbia the NPM needs to focus on institutions, the Italians can focus on the community. It is possible that each NPM has its individual assessment of situations and act accordingly.

MIRZAEI mentioned that one should be sensitive when talking about cultural differences and standards in human rights. There are countries who take the cultural differences as an excuse for

violating human rights. The countries cannot be all the same, but everywhere there is a minimum of standards.

Finally Ms. Adelheid PACHER raised the question how NPMs can reduce violence in health care institutions and homes for the elderly. There are many regulations within the OPCAT but some forms of violence are not obvious and therefore Austria had to change its approach to a more proactive one. The NPM needs to ask how an institution functions and try to figure out how it can support the institution to improve.

4. International standards in the fields of nursing care, social work and medical science in the context of residential and care institutions

- a. Presentation of Dr. Siroos Mirzaei (Head of the Medical Working Group, NPM Austria)

MIRZAEI presented the various problems of people in residence homes for the elderly, where standards for medical care are often missing.

For further information see presentation

- b. Discussion

Chair: Michael Maurer

ŠELIH started the discussion with a comment on the frequency of showering for people in homes for the elderly. Although he personally considers a daily shower as a basic need, in some institutions often people are showered just once per week because the insurance pays for these activities.

KICKER noted that the problem of showering or the choices of the times for meals are very difficult to argue without legally defined obligations. However, the NPM can look at the overall conditions and analyse if the staff is intentionally refusing to guarantee the wish of a person and if the climate is self-degrading. She also emphasised that the NPM's recommendations in the national field often become standards.

PACHER identified another problem in Austria where the quality of health care institutions and homes for the elderly are usually very good. People can do whatever they want as long as they can do it on their own, but as soon as they need support, suddenly the times of shower are reduced etc. because of a lack of staff. This is an action of discrimination. Personal wishes have to be respected.

5. Geriatric medication management in care institutions

- a. Presentation by Ms. Dietmut Strasser and Ms. Elisabeth Kretschmer (Pharmacists Association)

For further information please see presentation

b. Discussion

Chair: Michael Maurer

KICKER mentioned that the NPMs must examine whether medication should even be given to people with dementia. The project presented by the pharmacists association is a very good example for a project on the national level. Theoretically it could be taken to the international level and become a minimum standard.

22 April 2016, 9.30 am – 1 pm

Uni Park Nonntal, **Salzburg**

The second day of the workshop was kicked off with a short TV programme that was broadcasted on the regional evening news on the occasion of the SEE NPM Network meeting and the situation of people with dementia.

1. Monitoring of care institutions - Presentations by NPMs: focus, problems, medication-based restrictions of freedom

a. Presentation by Prof. Reinhard Klaushofer

KLAUSHOFER presented some theories on how monitoring of care institutions should be carried out. In particular, the relation between professional and legal standards was addressed.

For further information please see presentation

b. Discussion

Chair: Michael Mauerer

The discussion was started by JAEGER who asked for a clarification regarding the opposition of medical and legal standards in health care institutions.

KLAUSHOFER and MARKOVIĆ argued that in practice those standards are quite often opposed. They illustrated it using the example of people who do not want to take a shower or have their rooms cleaned although it would be a professional standard to do so.

KICKER added that the NPM must decide on the basis of legal standards and take principles of health into consideration. It would be difficult to recommend a doctor to listen to the will of the patient when he or she for example refuses to have a wound cleaned and this turns into a sepsis.

KREŠIĆ argued that all of these arguments are legal standards as well. The NPM and the institutions have to build its work based on legal standards. But these legal standards again should be based on the principles of health.

MARKOVIĆ considers the situation more complex. The physician has to do a health procedure in a certain way but legally a patient can refuse it. So the NPM has to evaluate if the right of the patient was respected. If a medical professional is not respecting the will of the patient this constitutes involuntary treatment.

Another example was then put to discussion by KLAUSHOFER who explained that part of the professional standards in a facility in Austria is to do biography work with the elderly. He asked if it could be seen as ill treatment if the staff does not do so.

MIRZAEI commented that there needs to be a difference between insufficient and ill-treatment. This was also supported by PIRJOLA who said that to qualify something as inhuman treatment it

must reach a certain point to become a breach of standard. Patients always have the right to refuse a treatment.

KREŠIĆ added that to define an action as ill-treatment it has to pass a certain threshold. Not providing biography information may lead to ill-treatment in the long run. It may not amount to ill-treatment on its own, but it is important to register and prevent other, bigger problems

The discussion was followed by a comment by JAEGER who raised the question where the personal will of the patient comes in. This was also supported by MARKOVIĆ who underlined the ultimate value of self-determination and autonomy.

KICKER asked what the free will of the patient means for the staff. If a patient refuses the professional standards, the nursing staff might risk violating their professional obligations.

KREŠIĆ and PIRJOLA underlined that the NPMs need to balance legal principles and be context-sensitive. MIRZAEI added that there are also professional legal standards (e.g. Physicians Act). Only in cases of emergency doctors can be act against the patients'will.

JANKOVIĆ summarised the discussion arguing that there are three aspects, namely professional standards, domestic legal standards and international standards. In Serbia, for example there is no differentiation between international and national standards because international standards are implemented into the Serbian law. There is no provision about the mandate of the NPM because it is clear that Serbia ratified the OPCAT and thus it is part of the domestic law. Problems can however arise on a different level. For example the [Declaration of Malta](#) states that people on hunger strike are not allowed to be fed. This is problematic as people can easily die when taking the strike too far.

MAUERER concluded the first session underlining that the tasks of the NPMs are not to be mixed up with the quality management of health care institutions although certainly there are interactions.

2. Reference criteria and methodology of visits in the context of residential and care comes

a. Presentation by Prof. Reinhard Klaushofer

For further information please see presentation

b. Discussion

Chair: Michael Mauerer

MAUERER invited the participants to present how the NPMs conduct visits to social welfare institutions.

BLANC underlined that it would be very important to include the residents' perspective, as well as the perspective of the family members during the visit of an institution. Attention must also be paid to discrimination against minorities, like for example the LGBT community which faces a lot of problems in health care institutions.

BETOVA continued the session with a description of how the Bulgarian NPM conducts visits. She highlighted the case of an institution that refused to let the NPM enter. After confronting the authorities with this, the problem was solved.

JANKOVIĆ stressed that the Serbian NPM does not have a lot of experience with homes for the elderly and residents with dementia but they frequently visit welfare institutions for persons with disabilities. Their visits are joined by associations for persons with disabilities and their families. This significantly helps the NPM to prepare the visit. Another important question is if NPMs have the power to access the private medical documentation of a patient or if the NPM is allowed to access video surveillance. He emphasized that NPMs need to adopt a more holistic approach. Old people should not be kept in dislocated closed institutions, but get old in their local community. For him the overall question remains if the NPMs can be satisfied if all the recommendations are implemented, but the people still live in an isolated institution.

BAUER commented that in Croatia the NPM always asks for the permission of the patient to access the documentation and in most of the cases it is given. She also underlined that after follow-up meetings the NPM often sees on the spot how successful its work is and that there are very good institutions in Croatia.

FLIEGAUF raised the topic of trainings for NPMs. Especially when it comes to interview techniques it would be crucial to get training from the outside, as it is very difficult to be the head of the department and the trainer at the same time. Furthermore, he stressed that it is crucial for the work as NPMs to have debriefings.

After a short introduction to the challenges of the NPM in Greece where the NPM does not have psychologists or doctors on their team, PANTELIDOU asked for recommendations for professional training. MAUERER explained that it is important for everybody to improve their interview skills and that the Austrian NPM turns to trainers who follow the interview techniques of international guidelines. Furthermore, he raised the question if the other participants have full access to medical documentation even when it is located outside the visited institution and connected to a legal guardian.

KLAUSHOFER explained that the Austrian NPM tries to work with peers in the commissions to include different views and build a diverse team. He agreed with JANKOVIĆ that the final goal is deinstitutionalisation but that better conditions in institutions are essential too. Regarding the mandate of the NPM he added that the Austrian commissions concentrate on the mandate of the NPM, but the recommendations always go beyond that in order to achieve a preventive input.

The discussion was followed by a comment by PACHER who emphasised that in Austria several institutions were already closed because of the recommendations of the NPM. She suggested discussing this dilemma of not knowing what happens to the inhabitants of recently closed institutions at the next meeting of the network.

KREŠIĆ redirected the conversation back to the topic of institutions and emphasised that NPMs are obliged by the OPCAT to raise awareness. NPMs should not focus on finding mistakes but also monitor and support how institutions can improve in the future.

Finally JANKOVIĆ explained that in Serbia people are often institutionalised in welfare facilities where their age or health situation is disregarded. The role of the NPM is to visit these institutions and control the conditions and the treatment, but the result of this can and must be to achieve deinstitutionalisation. The Serbian NPM first tries to get the situations in welfare facilities in accordance to the law. As the next step the NPM starts criticising the law and suggesting amendments.

He agrees it would be problematic to recommend closing all institutions as there are almost no alternatives at the moment.

3. Conclusions

The meeting was closed by words of thanks by KRÄUTER and MAUERER.

List of Participants

Albania	Ms. Alma Llukacaj Alibali	Assistant Commissioner
Albania	Ms. Jorida Rustemi	Head of the Albanian NPM
Bosnia and Herzegovina	Ms. Rada Kafedžić	Head of Department for Following of Detainees/Prisoner Rights
Bulgaria	Ms. Stefania Betova	Chief Expert - Directorate for NPM
Bulgaria	Ms. Mariana Patrikova	Chief Expert - Directorate for NPM
Croatia	Mr. Mario Krešić	Deputy Ombudsman
Croatia	Ms. Ksenija Bauer	Advisor to the Ombudswoman
Greece	Ms. Aimilia Panagou	Senior Investigator, Department of Social Protection (NPM)
Greece	Ms. Fotini Pantelidou	Senior Investigator, Department for Human Rights
Hungary	Mr. Gergely Fliegau	Head of OPCAT NPM Department
Kosovo	Mr. Niman Hajdari	Legal Advisor of the Ombudsman Institution
Kosovo	Ms. Lulkuqe Gashi	Medical Advisor of the Ombudsman Institution
Montenegro	Mr. Šučko Baković	Ombudsman
Montenegro	Ms. Marijana Sindić	Advisor to the Ombudsman
Serbia	Mr. Milan Marković	Research Fellow
Serbia	Mr. Miloš Janković	Deputy Ombudsman
Slovenia	Mr. Ivan Selih	Deputy Ombudsman
Slovenia	Mr. Jure Markič	Senior Advisor
Council of Europe	Mr. Markus Jaeger	Head of Division, Human Rights Policy and Development Department
European Committee for the Prevention of Torture	Mr. Jari Pirjola	Member of the CPT and Senior Legal Advisor, Parliamentary Ombudsman of Finland
Association for the Prevention of Torture	Mr. Jean-Sébastien Blanc	Detention Advisor
Austria	Mr. Günther Kräuter	Ombudsman

Austria	Ms. Renate Kicker	Chairwoman, Human Rights Advisory Council
Austria	Mr. Reinhard Klaushofer	Director of the Austrian Institute of Human Rights and Head of NPM Commission 2
Austria	Ms. Adelheid Pacher	Chief of Cabinet, Ombudsman Kräuter
Austria	Ms. Martina Cerny	Chief of Cabinet, Ombudsman Fichtenbauer
Austria	Mr. Michael Mauerer	Chief of Cabinet, Ombudswoman Brinek
Austria	Mr. Siroos Mirzaei	Head of the Medical Working Group, NPM Commission 6, Doctor of Medicine
Austria	Ms. Nora Ramirez-Castillo	NPM Commission 4, Psychologist
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