

AUSTRIAN
OMBUDSMAN BOARD



REPORT 2025

Activities of the Austrian
National Preventive Mechanism (NPM)

**Protection & Promotion
of Human Rights**

Annual Report 2025
on the activities of the Austrian
National Preventive Mechanism (NPM)
Protection & Promotion of Human Rights

Preface

This report documents the activities of the Austrian National Preventive Mechanism (NPM) in 2025. It provides a comprehensive overview of the monitoring activities carried out by the Austrian NPM and its commissions in facilities where people are or may be deprived of their liberty, as well as the observation of coercive acts by the public administration, such as during forced returns, demonstrations and police operations.

During the year under review, the NPM commissions carried out 423 visits. The observations made during these visits demonstrate once again that preventive human rights work is indispensable for identifying structural risks at an early stage, highlighting cases of maladministration and initiating sustainable improvements. The focus was on jointly agreed thematic monitoring priorities, as well as current developments and emerging problem areas in the different types of institutions.

The observations of this report make it clear that, in particular, staff shortages, inadequate framework conditions and deficiencies in the protection of particularly vulnerable groups continue to pose key human rights challenges. In 2025, the NPM also observed positive developments, examples of committed practice and implemented recommendations. This demonstrates that improvements are possible when those responsible take human rights standards seriously.

The Austrian Ombudsman Board (AOB) would like to thank the members of the commissions for their high level of personal commitment, their professional expertise and their excellent cooperation, as well as the Human Rights Advisory Council for its valuable advisory support. Our thanks also go to the staff of the Austrian Ombudsman Board, who, through their daily work, make a significant contribution to the quality and continuity of preventive human rights monitoring.

This report intends to contribute to transparency, professional debate and constructive dialogue. It is addressed to the legislature, the administration and all those in positions of responsibility, as well as to the interested public. The aim remains to strengthen respect for human dignity and the protection of human rights in all areas of state action in the long term.

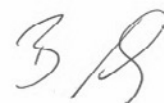
This report will be translated into English and also submitted to the UN Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (SPT).



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Vienna, March 2026

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Introcution

This report provides an overview of the activities of the Austrian National Preventive Mechanism (NPM) in 2025. During this period, the NPM commissions carried out a total of 423 visits, 413 of which took place in institutions and facilities and 10 in the context of police operations. The focus was on monitoring priorities that had been defined in advance in consultation with the commissions and agreed with the Human Rights Advisory Council. In addition, the NPM also addressed other, unplanned but equally relevant issues that arose in the course of its monitoring activities.

423 visits

In retirement and nursing homes, the focus was on the structural framework for long-term care that complies with human rights. The visits continued to determine a significant need for action, primarily due to staff shortages, inadequate violence prevention policies and restrictions on residents' self-determination. The monitoring priority for nutrition management addressed the prevention of malnutrition, particularly in connection with dementia (chapter 2.1.3). In addition, the NPM observed how new challenges such as telemedicine, digitalisation (chapter 2.1.1) and the Assisted Suicide Act (*Sterbeverfügungsgesetz*) were being handled.

Monitoring priority

The monitoring priority 'discharge management system' examined whether discharges from psychiatric hospitals and wards are planned, coordinated and patient-centred (chapter 2.2.1). In doing so, the NPM focused in particular on untimely discharges, a lack of aftercare, insufficient information provided to the persons concerned, and deficiencies in coordination with facilities outside the hospital. The aim was to identify risks to patients' health and safety following discharge and to make recommendations for structural improvements in the management of the transitional phase.

In the area of child and youth welfare services, a focus of the visits was given to the monitoring priority 'the facility as a safe place' (chapter 2.3.1). In this context, the NPM investigated whether out-of-home care facilities of the child and youth welfare services provide physical, psychological and organisational protection. The commissions examined, among other things, admission processes, the welcoming culture, relationship-building, spatial conditions, violence prevention and the handling of boundary violations. The aim is to ensure the structural prerequisites for the safety, stability and participation of children and adolescents.

The monitoring priority in facilities for persons with disabilities centred on 'Augmentative and Alternative Communication (AAC) and decision-making' (chapter 2.4.2). The NPM examined whether persons with disabilities receive sufficient support in institutions and facilities to form, express and assert their will. In particular, the commissions looked at the extent to which persons with disabilities are enabled to communicate, whether they can participate

in decision-making processes and make their own decisions. Furthermore, the NPM addressed the tension between the principle of protection and self-determination in the context of the UN CRPD.

The monitoring priority in the justice sector focused on prisoners with specific needs for mental health care and treatment who are not placed in forensic institutions. The NPM examined psychiatric care, accommodation conditions, crisis management, and structural deficits resulting from overcrowding and staff shortages. The aim is to highlight human rights risks for this particularly vulnerable group and to make recommendations for improvements in the coordination between the justice system, the health care system and social services. The results were presented in March in a special report (see Special Report 2026 – Persons with mental health conditions: Monitoring the care situation in the penitentiary system).

In barracks, the NPM focused on the human rights assessment of inmate cells (chapter 2.6.1). The commissions investigated the infrastructural fixtures and fittings, living conditions, the documentation of detentions, and the legal basis for restrictions on liberty in a military context. In doing so, they also investigated whether inmate cells meet minimum standards and when their use should be restricted or discontinued from a human rights perspective.

The main monitoring priorities for police detention centres concerned the '(standardised) undressing of detainees upon admission to the police detention centre' and the 'proper handling of complaints, in particular regarding allegations of abuse and degrading treatment' (chapter 2.7.1). In the case of body searches, the aim is to prevent the degrading treatment of a person upon their admission to the police detention centre and, in particular, during searches for dangerous or prohibited items. The second monitoring priority aims to provide the NPM with an overview of how allegations of ill-treatment are handled in the police detention centre, in order to make recommendations and thus prevent future abuse. In addition, the NPM examined the implementation of table visits, improvements to fire safety, hygiene deficiencies and deficits in the documentation of detentions.

The monitoring priority in police stations was on the availability of monthly hygiene products in all police stations with custody or detention cells (chapter 2.8.1). Police stations should have sufficient quantities of these immediately available for detained women. Another monitoring priority of the inspection concerned the provision of clean blankets to inmates (chapter 2.8.1). Furthermore, the NPM criticised the inadequate documentation of detentions, the poor infrastructural fixtures and fittings of police stations and the lack of protection for non-smokers.

In the area of coercive acts, the commissions observed targeted campaigns by the police during major events, demonstrations and football

games (chapter 2.9). The NPM monitored the proportionate use of direct administrative power and coercive measures, the treatment of persons concerned, and compliance with other human rights standards.

In addition to regular monitoring visits, continuous dialogue is of central importance for the high-quality work of the NPM – both on current issues and with regard to the further development of preventive activities. For this reason, the Austrian Ombudsman Board engages in an intensive dialogue with the members of all commissions annually during a two-day event to reflect on the experiences gained during the monitoring activities. Among other things, the monitoring priorities of the visits, the survey methodology and the results obtained are analysed and discussed.

Exchange of experiences with the commissions

This exchange of experiences took place on 11 and 12 September 2025. In addition to gathering recommendations, proposals for improvement and feedback on the further development of the NPM, legal experts from the AOB presented the new monitoring priorities for the various types of institutions on the first day. In the subsequent working groups, the experts reported on their experiences during monitoring visits to the facilities and shared their observations regarding the new monitoring priorities.

On the second day, participants took away many new ideas. Tamara Höfer from the association *Richtungswechsel* ('change of direction' in English) spoke about Europe-wide projects on juvenile detention in smaller groups and how adolescent offenders – as well as society – benefit from this alternative. Erwin Ditsios, an expert on illness and school who provides support for a time-out group in Styria, reported on how to minimise school suspensions and violence in schools. In a concluding session, participants learnt how criminal offences, violence and extremism among children and adolescents can be successfully prevented. The two TikTok stars Uwe Schaffer and Ahmad Mitaev, better known as "Cop and Che", the Viennese youth social worker Fabian Reicher, the lawyer Martin Engelbrecht, and the social pedagogue Nicole Ortner, managing director of the Noah Working Group, shared their experiences with violent adolescents and discussed with the participants how to better reach this group and what preventive measures can be taken. In 2025, the new insights and the exchange with the experts proved particularly valuable for all participants again.

However, the Austrian NPM does not only facilitate a regular exchange of views among the commissions. It also fosters communication with a wide variety of NGOs and civil society. With regard to the implementation of children's rights, NGOs and civil society consider the devolution of child and youth welfare services as one of the key issues; alongside child poverty. Since a constitutional amendment in 2019, responsibility for child and youth welfare services has lain entirely with the Laender, a situation which the Austrian Ombudsman Board has repeatedly criticised.

Cooperation with NGOs

FICE Quality Standards for Child and Youth Welfare

During the year under review, the NPM remained in contact with the International Federation of Educative Communities (FICE Austria), an international network for the improvement of out-of-home care for children and adolescents, during the year under review. Together with FICE, it called for nationwide, binding, uniform quality standards in the out-of-home care of child and youth welfare services to put an end to the patchwork of approaches across the *Laender*. FICE Austria published recognised quality standards for these services as early as 2019. These standards are the result of a collaboration between 19 organisations – including the Austrian Ombudsman Board and NPM – which is unique within the Austrian child and youth welfare services landscape. However, due to a lack of enforceability and funding, these are often still not applied today or are not even known to staff. Furthermore, regional differences in staff-to-child ratios, group sizes, training and support services have actually become even more pronounced since the reform of child and youth welfare services in 2019.

FICE 'Action Guide'

As a contribution to improving quality and consistency, FICE Austria published a 600-page 'Handbook for Residential Child Care Facilities – Volume I' in 2025. It is aimed at professionals, owners and operators of child and youth care facilities, training institutions and policymakers, and combines theory and practice using a fictional residential group as a case study. The aim is to strengthen professional standards, bring children's rights to the centre, and support the further development of residential child and youth welfare services. Experts from the NPM also contributed to these standards.

Results of the monitoring visits

The following pages present the results of the NPM's monitoring visits in 2025 in detail. Chapter 1 provides an overview and contains key data on the NPM's mandate, as well as a statistical analysis of the monitoring visits carried out. In addition, it provides information on the NPM's budgetary and staffing resources. The chapter concludes with a summary of the most important events in the area of international cooperation and collaboration, as well as a report from the Human Rights Advisory Council.

Chapter 2 deals with the individual observations from the monitoring visits. Due to the high number of visits carried out, not all results can be presented in this report. Therefore, the focus lies on cases and circumstances that are critical from a human rights perspective and deficits that go beyond individual incidents and point to systemic issues. As in previous years, the chapter is organised by type of institution.

NPM recommendations

The findings arising from the work of the commissions and the resulting recommendations from the NPM are listed at the end of each sub-chapter and highlighted in grey. The recommendations compiled since the start of the mandate in 2012 are available on the AOB website at: www.volksanwaltschaft.gv.at/empfehlungsliste

1 Overview of the National Preventive Mechanism

1.1 Mandat

Since 1 July 2012, the AOB has been entrusted with the protection and promotion of human rights in the Republic of Austria. Together with the commissions it has appointed, it forms the 'National Preventive Mechanism' (NPM). In fulfilment of its constitutional mandate, the Austrian NPM operates under two significant United Nations legal instruments: On the one hand, the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) and, on the other hand, the UN Convention on the Rights of Persons with Disabilities (UNCRPD). On the basis of these treaties, the NPM monitors institutions and facilities where personal freedom is or may be deprived or restricted. This includes correctional institutions, barracks, police detention centres, police stations, psychiatric institutions, retirement and nursing homes, crisis centres and shared accommodation for children and adolescents. The monitoring also extends to facilities and programmes designed to serve persons with disabilities. Furthermore, the NPM monitors the administration when it issues direct administrative orders and carries out coercive measures, for example during forced returns, demonstrations and police operations. The aim is to identify and address risk factors for human rights violations at an early stage.

Mandate

The on-site visits are carried out by commissions appointed by the AOB. Each commission is chaired by a figure recognised in the field of human rights. The AOB has currently established six regional commissions as well as one Federal Commission for the Enforcement of Penalties and Measures. The commissions are composed of experts from various disciplines and are also multi-ethnic in their membership.

7 commissions

Monitoring visits to institutions and facilities and the monitoring of coercive acts are generally carried out unannounced. They are conducted on the basis of a monitoring framework and methodology developed jointly by the AOB and the NPM commissions (www.volksanwaltschaft.gv.at/pruefmethodik; only available in German). The commissions draw up visit reports, in which they provide human rights observations and make recommendations to the AOB on how to proceed.

In addition, the NPM is supported by the Human Rights Advisory Council (HRAC) as an advisory body. The members are appointed by the AOB. The HRAC is chaired by a Chairperson and a deputy Chairperson with proven expertise in the field of human rights and consists of representatives from civil society, the Federal Ministries and the *Laender*.

**Human Rights
Advisory Council**

Intensive monitoring activities In 2025, the commissions carried out a total of 423 visits (2024: 458). In addition to their visiting and monitoring activities, nine round-table interviews were held with facilities or their higher-level department units. In order to monitor facilities regularly and comprehensively, a high number of visits is required. However, alongside quantitative coverage, the quality of the monitoring visits is also of central importance. Particularly in the case of larger facilities, visits that last several days and consist of larger delegations can be useful in order to gain in-depth insights.

Contribution to police and prison guard training The knowledge of staff in individual facilities regarding human rights and their protection is a key factor in effective prevention work. Against this backdrop, AOB staff and members of the NPM commissions have been involved in the training and further education of police and prison guards for many years. As trainees may also come into contact with the NPM in their future professional lives, the NPM and its tasks and working methods are presented in the teaching modules. Furthermore, participants discuss with the lecturers how human rights can be protected and promoted using concrete case studies.

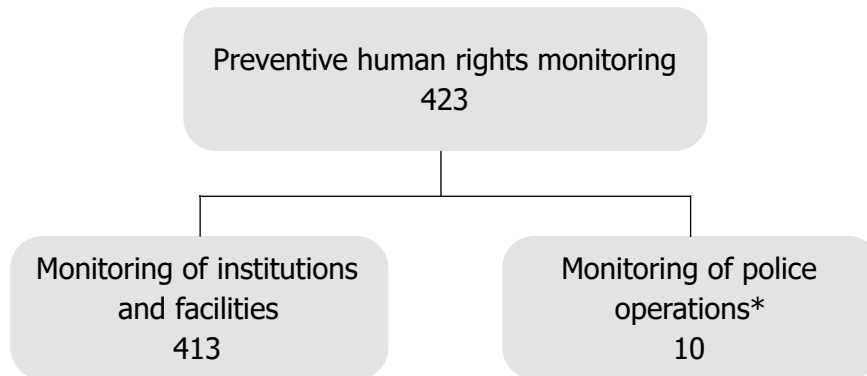
In 2025, the NPM taught 32 classes of basic police training across Austria. The training was delivered in person and took place at the Security Academy's training centres in the *Laender*, namely in Krumpendorf (3), Ybbs (6), Traiskirchen (7), St. Pölten (8) and Vienna (8). As part of the basic training for prison guards, a total of 11 teaching units were held during the year under review.

1.2 Monitoring activities in numbers

In 2025, the NPM commissions conducted 423 monitoring visits across Austria. 97% of the visits took place in institutions and facilities, whilst 3% involved the observation of police operations. As a rule, the visits were unannounced; only 5% were announced in advance. On average, the visits lasted three hours.

413 visits to institutions and facilities The majority of the 413 visits to institutions and facilities took place in so-called 'less traditional places of detention'. These include over 5,300 different locations such as retirement and nursing homes, child and youth welfare facilities, and facilities for persons with disabilities. The commissions conducted 292 visits to these types of facilities, 100 of which were visits to facilities for persons with disabilities.

**Monitoring activities of the commissions in 2025
(in absolute numbers)**

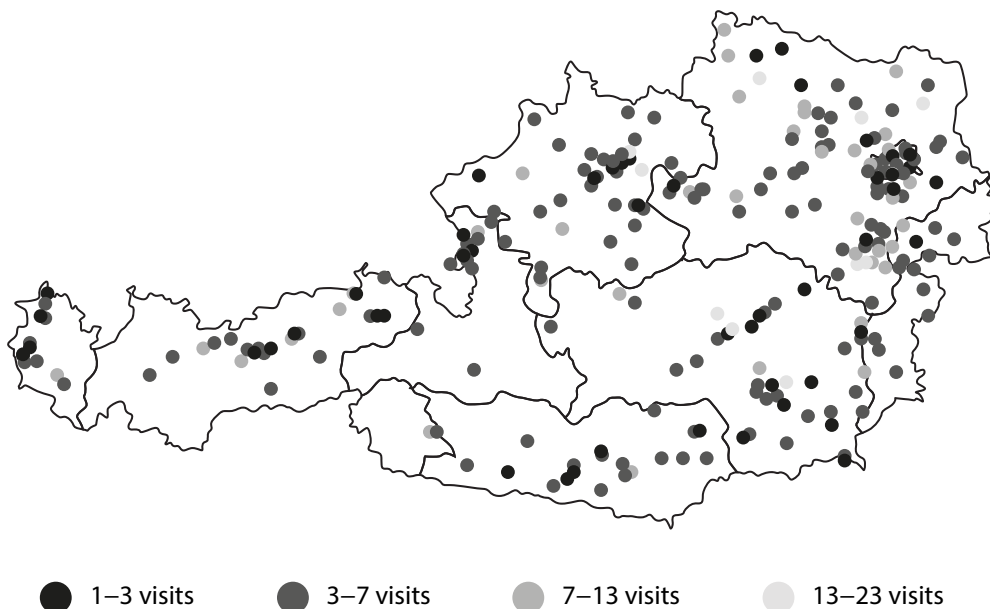


* these include: forced returns, demonstrations, assemblies

The total number of visits carried out does not correspond to the number of facilities visited, as many facilities were visited on multiple occasions. These so-called follow-up visits are necessary to investigate whether the identified deficiencies have already been rectified or whether urgently needed improvements have been made. In particular, correctional institutions and police detention centres are monitored several times a year.

Numerous follow-up visits

Regional distribution of monitoring visits to facilities



The following table shows how the visits are distributed across the various institutions and facilities and the police operations monitored in each *Land*.

| Number of visits in 2025 in the individual <i>Laender</i> by type of institution | | | | | | | | | | |
|---|-----------|-----------|-----------|------------|------------|-----------|-----------|-----------|----------|-----------|
| <i>Land</i> | PS | PDC | RNH | CYW | FPD | PW | CI | BAR | OTHER | PO |
| Vienna | 5 | 1 | 17 | 31 | 24 | 8 | 5 | 1 | 0 | 1 |
| Burgenland | 6 | 0 | 3 | 11 | 3 | 0 | 0 | 1 | 0 | 1 |
| Lower Austria | 5 | 2 | 15 | 27 | 27 | 4 | 9 | 1 | 2 | 0 |
| Upper Austria | 12 | 1 | 3 | 9 | 11 | 0 | 4 | 2 | 1 | 2 |
| Salzburg | 4 | 0 | 1 | 11 | 2 | 0 | 0 | 0 | 0 | 1 |
| Carinthia | 5 | 2 | 3 | 8 | 8 | 1 | 2 | 3 | 0 | 0 |
| Styria | 12 | 2 | 6 | 11 | 14 | 0 | 2 | 2 | 0 | 2 |
| Tyrol | 4 | 1 | 15 | 10 | 7 | 5 | 1 | 1 | 0 | 3 |
| Vorarlberg | 2 | 1 | 4 | 7 | 4 | 1 | 0 | 0 | 0 | 0 |
| TOTAL | 55 | 10 | 67 | 125 | 100 | 19 | 23 | 11 | 3 | 10 |
| <i>of which unannounced</i> | <i>54</i> | <i>10</i> | <i>67</i> | <i>123</i> | <i>100</i> | <i>9</i> | <i>20</i> | <i>11</i> | <i>3</i> | <i>3</i> |

Legende:

PS = police stations

PDC = police detention centres

RNH = retirement and nursing homes

CYW = child and youth welfare facilities

FPD = facilities for persons with disabilities

PW = psychiatric wards in hospitals and medical facilities

CI = correctional institutions

OTHER = police departments, Schwechat Special Transit Centre, etc.

PO = police operations

The total row shows how often each type of facility was monitored or how often police operations were observed. The varying frequency of visits and monitoring of police operations corresponds, on the one hand, to the different number of facility types and, on the other hand, to population figures. The following table illustrates this aspect and shows the total number of monitoring visits per *Land*.

| Number of monitoring activities | |
|--|-------------|
| Land | 2025 |
| Vienna | 93 |
| Lower Austria | 92 |
| Styria | 51 |
| Tyrol | 47 |
| Upper Austria | 45 |
| Carinthia | 32 |
| Burgenland | 25 |
| Salzburg | 19 |
| Vorarlberg | 19 |
| TOTAL | 423 |

The results of all 423 visits are available in the form of comprehensive visit reports from the commissions. The commissions identified shortcomings regarding the human rights situation during 264 of its visits. In contrast, 140 visits (130 facilities and 10 out of 10 police operations) did not show any shortcomings. The commissions thus identified shortcomings in 67% of the visits.

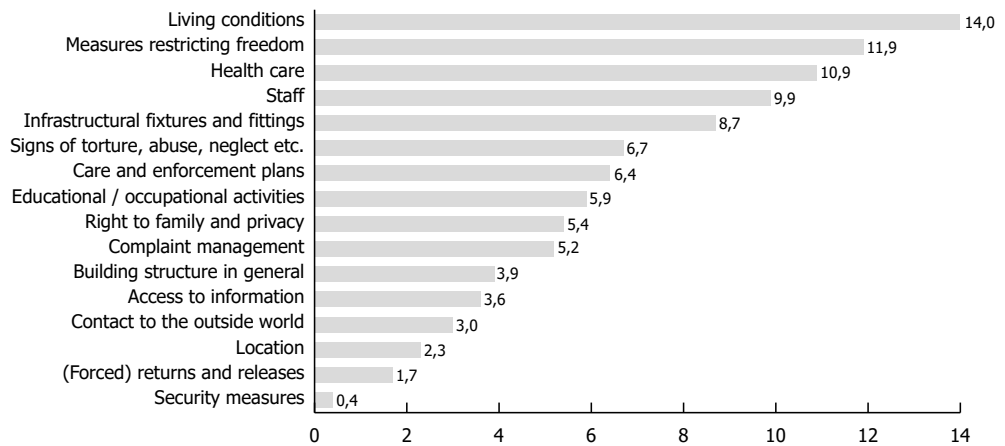
Deficiencies observed in around 67% of the visits

| Proportion of visits in 2025 | | |
|---|--------------------------------|-----------------------------------|
| | shortcomings identified | no shortcomings identified |
| Monitoring of institutions and facilities | 69 % | 31 % |
| Monitoring of police operations | 0 % | 100 % |
| TOTAL | 67 % | 33 % |

The following chart illustrates how the criticism is distributed across the individual topics on which the commissions made observations during their visits. It should be noted that the commissions almost always monitor several areas when they visit an institution or facility. The findings and criticism therefore relate to several subject areas. The topics do not differ significantly from previous years. It should be noted that the topics listed are those with the highest intensity of interfering with human rights. Consequently, 14% of the findings concern living and accommodation conditions. These include,

for example, sanitary and hygiene standards, food or the range of leisure activities on offer. Measures which restrict freedom were identified somewhat less frequently (11.9%). Problems with health care were noted in 10.9% of cases, followed by shortcomings regarding staff (9.9%), infrastructural fixtures and fittings (8.7%) and indications of torture, abuse, neglect and degrading treatment (6.7%).

What issues did the commissions identify as shortcomings?
percentage shares



Observation of 10 police operations

Apart from their monitoring visits to institutions and facilities, the commissions also observed 10 police operations during the year under review, particularly during demonstrations and large operations.

9 round table discussions

In addition to these monitoring activities, the commissions held nine round-table interviews with facilities and higher-level department units.

1.3 Budget

In the year under review, €1,700,000 was made available for the heads of commission, commission members and members of the HRAC. The majority of this budget was used for remuneration and travel expenses of commission members.

1.4 Human resources

1.4.1 Personnel

6 regional commissions

In order to fulfil the new tasks of the OPCAT mandate, the AOB was allocated additional permanent positions in 2012. The staff members within the AOB responsible for NPM activities are legal experts and possess expertise in the areas of the rights of persons with disabilities, children’s rights, social rights,

policing, asylum and the judiciary. An OPCAT Secretariat coordinates the cooperation with the commissions. It also reviews international reports and documents to support the NPM with information from similar facilities.

1.4.2 Commissions

To carry out its tasks, the AOB must set up at least six multidisciplinary commissions. These may be organised according to regional or thematic aspects. The AOB has currently established six regional commissions. Each of these commissions is competent for monitoring visits in a designated geographical area. There, they visit retirement and nursing homes, child and youth welfare facilities, psychiatric institutions and psychiatric wards in medical facilities, facilities for persons with disabilities, and police facilities. They also monitor police operations.

In addition, a federal commission visits police departments and facilities of the penitentiary system and forensic institutions throughout Austria. This commission was established to obtain a comprehensive overview of all facilities the penitentiary system as well as forensic institutions and to better compare the framework conditions. The number of facilities is comparatively small, and responsibility lies with a single ministry. Correctional institutions are managed centrally by the General Directorate for the Penitentiary System and Forensic Institutions established within the Federal Ministry of Justice. The Federal Ministry is also responsible for implementing the recommendations made by the NPM. This makes it easier to identify both, best practice examples and deficiencies.

**Federal Commission
for the Enforcement
of Penalties and
Measures**

Every three years, half of the heads of commission and commission members must be re-advertised and appointed following consultation with the Human Rights Advisory Council. The most recent appointment of new heads of commission and commission members for the next six years took place on 1 July 2024.

1.4.3 Human Rights Advisory Council

The Human Rights Advisory Council (HRAC) supports the NPM as an advisory body. It consists of representatives from the Federal Ministries, the *Laender* and civil society. The Chairperson must have specific skills and expertise in the field of human rights. All members are appointed by the AOB on the recommendation of NGOs and ministries. The appointment of a new deputy Chairperson of the HRAC took effect on 1 July 2024 for a term of six years. The HRAC supports the AOB in identifying monitoring priorities, determining cases of maladministration and making recommendations, ensuring uniform courses of action and monitoring standards, and selecting commission members.

1.5 International cooperation

1.5.1 United Nations

Definition of places of deprivation of liberty

In mid-2024, the UN Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (SPT) published its General Comment on Article 4 of the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). This concerns the definition of 'places of deprivation of liberty'. The NPM had already contributed to the SPT's preparatory work with a statement of opinion in which it advocated a broad interpretation of the definition (see NPM Report 2023, p. 22). As the SPT focuses particularly on the practical implementation of the OPCAT, it organised a webinar on the General Comment in 2025. The aim of the webinar was to enable NPMs from a wide range of member states to exchange views on the implementation of the General Comment. The Austrian NPM took part in this webinar.

OHCHR survey on social rehabilitation after detention

The NPM also took part in a survey on the topic of post-detention reintegration organised by the UN Office of the High Commissioner for Human Rights (OHCHR). The survey forms part of the OHCHR's intention to further develop guidelines for the social rehabilitation of persons following their release from facilities of the penitentiary system or forensic institutions. Among other things, the NPM highlighted that electronically monitored house arrest using an ankle bracelet can play an important role in preserving the social environment of detainees.

1.5.2 Council of Europe

CPT ad hoc visit to retirement and nursing homes

In March 2025, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) conducted an ad hoc visit to Austria. The CPT is a committee of the Council of Europe that has unrestricted access to places of deprivation of liberty in the Council of Europe's member states. The aim of the visit was to investigate human rights conditions in retirement and nursing homes, with a focus on measures involving deprivation of liberty.

Measures involving deprivation of liberty

Before the CPT visited the facilities, it met with the NPM in preparation to discuss human rights conditions and measures involving deprivation of liberty. Among other things, the discussion covered polypharmacy and restrictions on freedom imposed by medication.

Staff shortages a point of criticism

The CPT subsequently visited a total of four retirement and nursing homes: two in Lower Austria and two in Styria. During the CPT visit, residents stated that they held back on expressing their needs due to staff shortages, so as not to be a burden on the existing staff. For example, they did not express a wish to be washed more than once a week or to spend more time outdoors.

This is also consistent with the findings of the NPM.

The findings of the CPT country report and the CPT standards form an important basis for the work of the NPM. The members of the CPT are elected for a 4-year term by the Committee of Ministers, the decision-making body of the Council of Europe. The NPM regards it as a mark of recognition that Ms Rowhani-Wimmer, an experienced legal expert, expert in medical law and human rights, and head of Commission 6, has not only contributed her extensive expertise at national level since the establishment of the Austrian NPM, but has also been re-elected by the Committee of Ministers for a further term from 2025 to 2029 as the Austrian delegate to the CPT.

In June 2025, the annual meeting of the European NPM Forum took place in Strasbourg. This forum – a joint project of the European Union and the Council of Europe – organises regular meetings and discussion forums to strengthen cooperation between NPMs in the member states.

Annual European NPM Forum

A total of 70 representatives of European NPMs exchanged views on preventive human rights monitoring in police detention centres. The conference focused on key issues such as access to legal and medical support and the treatment of vulnerable persons. Drawing on the court rulings of the independent judiciary of the European Court of Human Rights (ECHR) and the standards of the CPT, the speakers emphasised the importance of essential safeguards. These include, in particular, adequate medical care and the proper documentation of official acts.

Monitoring of police detention centres

1.5.3 SEE-NPM-Network

During the period under review, the South-East Europe NPM Network (SEE NPM Network) met twice to discuss best practices and current challenges in preventive human rights monitoring. The first network meeting took place in Ljubljana (Slovenia) in May 2025 and focused on detention on remand. In this context, the role of NPMs in safeguarding procedural rights during detention on remand was discussed. Alternatives to detention on remand, particularly for vulnerable persons, were also addressed. The experts from the South-East European NPMs visited the construction site of a new correctional institution in Ljubljana, which is to be built in accordance with current standards. The meeting concluded successfully with the unanimous adoption of final recommendations by the network members.

Focus on detention on remand

In November 2025, the second network meeting on the placement of people with mental health conditions in criminal and civil proceedings took place in Podgorica (Montenegro). During the meeting, participants highlighted that in some member states, due to a shortage of psychotherapists, the persons concerned are often offered only medical treatment but no therapeutic treatment. According to the NPM's observations, care for this group is also

Focus on people with mental health conditions in criminal and civil proceedings

patchy in Austria. The main reason for this is a shortage of specialist staff, which leads to long waiting times for transfers to forensic therapeutic centres or psychiatric facilities. This meeting also concluded with fully drafted final recommendations on the topic.

1.5.4 Network meeting of German-speaking NPMs

Austria hosts meeting of German-speaking NPMs

Since 2014, the Austrian NPM has been a partner in a programme for the exchange of experience between NPMs in the German-speaking region (Germany, Austria, Switzerland, Liechtenstein, Luxembourg or D-A-CH-LI-LU). The Austrian NPM hosted the annual meeting in the year under review.

Psychiatric care for people in detention

The focus of the exchange at this meeting was on psychiatric care for people in detention. The participants from the different countries reported both a shortage of specialist staff and overcrowding. This leads to a situation where detainees with increased care needs are segregated in solitary confinement for extended periods. This often exacerbates the mental health of the persons concerned. On this topic, the Austrian NPM presented the current monitoring priority for correctional institutions: 'Special care needs of people with mental health issues outside detention in forensic institutions'. The network will meet in Switzerland in 2026.

1.5.5 Bilateral and multilateral cooperation

Obligation to notify degrading treatment

The network meeting of NPMs from German-speaking countries resulted in a round table on the obligation to notify cruel, inhuman or degrading treatment to the criminal prosecution authorities. The Luxembourg NPM invited NPMs from several European countries to discuss online how to deal with such obligations to notify, particularly in States where cruel, inhuman or degrading treatment does not constitute a criminal offence. An expert from the Austrian NPM took part in this.

Project of the University of Leuven

Two experts from the NPM took part in a workshop for European NPMs on the ratification of the OPCAT. They presented the structure of the Austrian NPM and explained how preventive human rights monitoring through the OPCAT and the UN CRPD is embedded there. This workshop was organised by the University of Leuven in Belgium. It forms part of a larger project on the implementation and further development of the OPCAT. The aim of the project is to publish a book in which European NPMs present their experiences with the implementation of the OPCAT. The book, including the chapter by the Austrian NPM, is expected to be published in 2026.

10th Prison Medicine Days in Germany

For the third time, an expert from the Austrian NPM gave a presentation at the Prison Medicine Days in Germany. The conference focused on health

promotion for prisoners and staff, as well as on the spatial conditions of detention and environmental factors that influence their health. Every year, the conference offers an opportunity to discuss current topics in medicine and care in facilities of the penitentiary system and forensic institutions.

As in previous years, the Austrian NPM also cooperated with other NPMs at a bilateral level. In January 2025, the Slovakian NPM visited Vienna. During this work meeting, the two NPMs exchanged views on preventive human rights monitoring in the police sector.

Meeting with the Slovak NPM

In addition, the Austrian NPM held discussions with colleagues from Liechtenstein. The NPM there is currently still in the development phase and the Austrian NPM explained how its responsibilities have been enshrined in the Act on the Implementation of the OPCAT.

Enquiry from the Liechtenstein NPM

1.6 Report of the Human Rights Advisory Council

The Human Rights Advisory Council (HRAC) convened seven times in 2025 for regular plenary sessions. At these sessions and within the framework of its human rights mandate, the HRAC adopted recommendations addressed to the AOB in the form of written statements of opinion, many of which were also published on the AOB's website.

Since 2022, the core internal structure of the HRAC has consisted of six established thematic working groups, which are primarily responsible for drafting the HRAC's statements of opinion. Each working group is chaired by specific members of the HRAC and comprises seven to ten other HRAC members who contribute their own specialist expertise or that of their sending organisations. With regard to the types of facilities to be assessed by the NPM, the following working groups have been established:

Thematic Working Groups

- Police and military
- Justice, including detention in forensic institutions
- Facilities of the child and youth welfare services
- Facilities for older persons and nursing homes
- Psychiatry and hospitals
- Facilities for persons with disabilities

Essentially, the working groups become active under the following circumstances:

- Following submission from the AOB requesting advisory services;

- In the course of developing proposals for monitoring priorities or evaluating the observations derived from these and the recommendations made by the NPM following their completion;
- In connection with proposals to address relevant topics on the working groups' own initiatives.

In detail, the working groups undertook the following activities during the year under review:

Police and Military working group The working group Police and Military contributed a comprehensive statement of opinion to the AOB's reports regarding the results of the monitoring priorities concerning police stations and police detention centres from 2023 and 2024. In addition, it analysed and assessed the monitoring priority proposed for 2025. Furthermore, the Police and Military working group clarified the procedures for the publication of a statement of opinion by the HRAC from 2024 on the topic of 'Absolute medical grounds for exclusion from admission to basic police training'.

In terms of content, the Military and Police working group concludes that, during the admission examinations to make a recommendation on fitness for executive service and the associated admission to basic training, care must be taken to ensure there is a sufficient (positive) basis for well-founded decisions on a case-by-case basis. Only in this way can discrimination – which is prohibited both at the national level and under the UN CRPD – be avoided. Absolute medical grounds for exclusion in the case of chronic conditions that are, however, well manageable with drug therapies do not meet this requirement (specifically, the exclusion of HIV patients without viral load from basic police training (see HRAC statement; only available in German: https://volksanwaltschaft.gv.at/MRB/medizinischen_Ausschliessungsgruende_Polizeigrundausbildung_Nov2024.pdf).

Justice working group The Justice working group held an in-depth discussion with the AOB and the Head of the Federal Commission regarding the monitoring priority 'inmates who have specific treatment and care needs due to their mental health condition'. The HRAC showed particular interest in this monitoring priority.

Care Facilities working group The Care Homes and Nursing Homes working group drafted a statement of opinion on the topic 'human rights standards in care facilities and nursing homes – the need for Austria-wide standards'. Recommendations were also put forward regarding the NPM's new monitoring priority 'nutrition management in long-term care facilities – prevention of malnutrition'.

Child and Youth Welfare Facilities working group The Child and Youth Welfare Facilities working group contributed to the translation of the statement of opinion on 'restrictions on contact and the prohibition to return to child and youth welfare facilities' into an easy-to-read language version (see: https://volksanwaltschaft.gv.at/MRB/ES/Betretungs-und_Annaeherungs-Verbot_KJH; only available in German). The subject of

internal deliberations within the HRAC is a position on the topic: 'Human rights requirements for care arrangements for minors in cases of boundary violations and delinquent behaviour'.

The Psychiatry and Hospitals working group is conducting an in-depth examination of the results of the completed monitoring priority 'discharge management systems in psychiatric hospitals and wards'.

Psychiatry and Hospitals working group

Following a submission from the AOB, the HRAC addressed the topic 'police and emergency services ignoring assisted suicide decrees' in a working group. The HRAC adopted the corresponding statement of opinion on 24 June 2025, which was also published on the AOB's website (see: https://volksanwaltschaft.gv.at/MRB/Polizei_Rettungsdienste_ignorierten_Sterbeverfuegung_24.06.2025; only available in German).

Other activities of the HRAC

The HRAC's statutory remit includes consultation on the appointment and dismissal of members of the NPM commissions. In 2025, the AOB held two hearings for candidates for the commissions. The HRAC was represented at these hearings by two members on each occasion and issued a statement of opinion on the suitability of the candidates.

The HRAC set up a special working group on the topic of 'suitability of monitoring priorities' to develop criteria for the assessment and recommendation of priorities for the monitoring of the NPM commissions. It aims to produce a statement of opinion setting out its understanding of the function of monitoring priorities within the NPM and the criteria for their suitability. This is intended to serve as a basis for discussion for the NPM in drawing up a catalogue of criteria. The primary aim in this context is to improve the quality of the advisory process and to promote monitoring priorities with a preventive effect for the NPM commissions.

On 20 November 2025, the annual conference of the Institute for Ethics and Law in Medicine took place at the Medical University of Vienna on 'Between Security and (Un)Freedom: Healthcare in the Context of Restricted Freedom'. The Chairperson of the HRAC delivered a keynote address on this topic, and other HRAC members gave presentations on relevant human rights issues.

On 24 February 2025, a closed-door meeting of the members and substitute members of the HRAC took place, the primary aim of which was to familiarise the new members comprehensively with the HRAC's area of competence and the activities of the NPM commissions, as well as with their role in the selection and evaluation of monitoring priorities.

Closed-door meeting

Following the results of the closed-door meeting, the HRAC subsequently turned its attention to evaluating its internal structures, in particular the formal processing of statements of opinion submitted to the AOB, meeting procedures, and clarifying issues relating to the scope of the duty of confidentiality and the incompatibility of advisory board members.

The discussion led to the amendment of the 'Rules of Procedure' and the introduction of detailed guidelines, which now serve as a handbook for all procedural processes for the members of the HRAC.

2 Findings and recommendations

2.1 Retirement- and nursing homes

Introduction

In 2025, the NPM commissions conducted 67 visits to retirement and nursing homes. The majority of these visits were unannounced. The commissions' observations show that the provision of high-quality long-term care remains one of the central challenges throughout Austria.

67 visits

Some of the issues in the NPM's focus last year relate to structural challenges. This applies above all to the key issue of staff shortages in the care sector. Despite the federal government's nursing care reforms between 2022 and 2024, the commissions continued to see a need for measures to ensure sufficient and qualified staff. The crisis is evident in all *Laender* through admission freezes, despite the existing demand for care home places. In 2025, the NPM once again made the majority of its recommendations for retirement and nursing homes on the subject of staffing. The commissions identified areas for improvement in one in four of the care homes they visited. This related, among other things, to insufficient staffing levels, overworked nursing staff and excessively long waiting times following the activation of an emergency call. In one case, nursing staff described the care situation as 'unethical' in view of the glaring staff shortage. The residents living there were losing their abilities and resources, which could be avoided through daytime stimulation programmes, but these would require enough staff.

Staff shortages a remain key issue

In 19 of the 67 retirement and nursing homes, the commissions identified a clear need for improvement in violence prevention. In most cases, incidents of violence against nursing staff or residents were not addressed, and violence prevention policies were either non-existent or existed only on paper. Training on de-escalation, violence prevention and dealing with challenging behaviour was often insufficient or not provided at all. The commissions also criticised structural practices such as fixed shower days or the routine use of protective clothing ('adult bibs').

Commissions identify need to catch up on violence prevention

A relatively new issue that is increasingly concerning retirement and nursing homes, as well as hospices is the possibility to draw up an assisted suicide decree and make use of assisted suicide under the Assisted Suicide Act (*Sterbeverfügungsgesetz*). This is in place since 1 January 2022. Following initial ignorance and a reluctance to engage with the issue at all, the commissions observed a shift in attitude among many operator organisations in 2025. There are now more information and training events, as well as general strategies on this topic. The commissions noted that this has helped to allay the fears of nursing staff and operator organisations. The number

Changing attitudes towards assisted suicide decrees

of (known) assisted suicides in retirement and nursing homes and hospices remains low. In the few known cases, it was ultimately possible to establish appropriate frameworks, ensure a professional approach and provide support for all the persons concerned.

2.1.1 Telemedicine and digitisation in the care of older persons – benefits and challenges

Like many European countries, Austria faces profound demographic changes. The number of older persons, i.e. over the age of 85, is set to increase strongly in the future – alongside a decline in the number of children and adolescents under the age of 20 (Austrian National Public Health Institute Ltd., *Dementia Report 2025*, p. 32). Whilst the number of care allowance recipients is set to rise from around 466,000 in 2021 to approximately 730,000 in 2050, the staff shortage in the care sector is simultaneously worsening. At the same time, the number of chronic conditions is rising, and with it the prevalence of multimorbidity among older persons (Federal Ministry of Social Affairs, Health, Care and Consumer Protection, *Projections of Public Care Expenditure up to 2050, 2024*, pp. 22–24). This makes care more complex and demanding, not only in quantitative but also in qualitative terms.

Telemedical, technological and digital tools

In view of these demographic developments and the ongoing shortage of care staff, telemedical, technological and digital tools are seen as an increasingly important resource for the high-quality and efficient provision of health and care services (cf. Austrian National Public Health Institute, *Telemedicine in Austria – Results Report 2021*).

Political commitment to expanding digitisation

A commitment to expanding telemedicine and digitalisation in the health and care sector is also found in the current Federal Governmental Programme (*Governmental Programme Austria 2025–2029*, p. 119 et seq.). According to this, the use of digitalisation is intended to create more space for healthcare staff to focus on their core tasks.

Cancellation of 2026 Innovation Fund

This made the criticism from the operator organisations *Caritas*, *Diakonie*, *Hilfswerk*, the Red Cross and *Volkshilfe* all the more vehement regarding the last-minute cancellation of the Innovation Fund announced by the Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection for 2026. According to the operators, this jeopardises the urgently needed digitalisation in the care sector. The Federal Ministry cited the worsening budgetary situation as the reason for its decision.

The growing importance of telemedicine and digitalisation in care is nevertheless reflected in the observations of the NPM commissions. In addition to digital documentation systems used in many retirement and nursing homes, the operators of these homes are now actively participating

in telemedical (pilot) projects or working with digital assistance systems to detect falls and measure vital signs. The NPM reported several years ago on initial experiences with sensors for fall monitoring (see NPM Report 2021, p. 46). Thanks to technological progress, such aids are becoming increasingly sophisticated and taking on further functions. Under the umbrella term Ambient Assisted Living (AAL), technologies now offer automation-supported assistance and care for persons receiving care in many areas (e.g. digital emergency call systems, assistive robots or universal remote controls).

At their core, all these innovations aim to make the best possible use of scarce resources – namely the workforce of healthcare providers such as (specialist) doctors and nursing staff – and to improve the quality of nursing and medical care.

Making the best possible use of scarce resources

The NPM recognises the benefits of technological innovations and sees them as important tools for ensuring more efficient use of staff and reducing the workload on nursing staff. Nevertheless, in line with its core mandate to prevent human rights violations, it is the NPM's task to closely observe whether this results in any detriment to the rights and interests of residents in care facilities. The decision for or against a tool should be tailored precisely to the specific setting and target group. It is also important that new technologies do not lead to a situation where people in need of care receiving less human interaction.

Legal framework

The legal situation regarding digitalisation processes in the health and care sector is still incomplete. This gives rise to legal uncertainties in several areas (Federal Ministry of Social Affairs, Health, Care and Consumer Protection, eHealth Strategy Austria 2024, p. 18).

Incomplete legal situation

However, the trend towards increased digitalisation in the care sector is foreseeable. The Electronic Health File, for instance, is required to include advanced healthcare directives and health care proxies in the future. However, the necessary regulation from the Minister of Health, based on Section 14 d of the Advanced Healthcare Directive Act (Patientenverfügungsgesetz) and Section 28 a of the Health Telematics Act 2012 (Gesundheitstelematikgesetz), is still pending. As of 1 January 2026, significant digital obligations will also enter into force for private doctors. They are required to use the Electronic Health File, the e-card (i.e. the ID-card for Austrian health insurance) and the e-card infrastructure as part of their medical practice (Section 49 (7) of the Act on the Medical Profession 1998). This primarily concerns the use of e-medication and the filing of electronic medical reports. New legal provisions have also been introduced regarding the obligation to carry out and transmit coded diagnostic and service documentation for all services eligible for reimbursement under social security law, and in the filing of vaccines in the e-vaccination record.

Expansion of the Electronic Health File applications

A milestone in digitalisation is the structural integration of care into the Electronic Health File system. This is particularly important to ensure that health and care data is secure, up-to-date and fully accessible, and to facilitate effective information exchange between all stakeholders. This helps to reduce time-consuming research and duplication of effort.

The mandatory obligation of inpatient care facilities to connect to the Electronic Health File was originally scheduled for 1 January 2026. Federal Law Gazette I 71/2025 postponed this obligation by one year to give care facilities more time to prepare. Under the current legal situation, inpatient care facilities and mobile care services will therefore be required to store health care situation reports in the Electronic Health File system as of 1 January 2027 (Section 13(3)(6) of the Health Telematics Act 2012). However, no adjustment in relation to this deadline has yet been made in the Electronic Health File Regulation 2015. This regulation continues to provide for a storage obligation as of 1 January 2026 (Sections 8, 9 of the Electronic Health File Regulation 2015). According to information from the Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection, an amendment and adjustment of the Electronic Health File Regulation 2025 in accordance with Section 13(3)(6) of the Health Telematics Act is planned for early 2026.

The use of telemedicine is also not regulated by a single law, but by a multitude of professional and social security law provisions. It is only in recent years that the legal framework and recognition under health insurance benefits law have been established in the field of telemedical applications – largely driven by the COVID-19 pandemic. The Agreement Implementation Act 2024, Federal Law Gazette I 2023/191, marked the first time that eHealth was structurally enshrined in the legal system. The use of telemedicine was not unknown to the Austrian legal system even before 2024, but was (and in some respects still is) subject to legal uncertainty.

Clarification in Act on Medical Profession

Most laws governing medical and nursing professions stipulate an obligation to practise the profession in person and with immediacy. Section 49(2) of the Act on the Medical Profession 1998 (*Ärztegesetz 1998*) as amended by Federal Law Gazette 2023/191 now explicitly clarifies, however, that the use of telemedical methods is permissible under medical professional law. Accordingly, doctors may practise their profession in person and with immediacy, but also 'through the use of telemedicine'. However, the use of telemedicine is permissible in individual cases if careful medical support or treatment is (still) possible and this if it does not result in any increased risk to the patient.

Clinical and health psychologists, as well as psychotherapists (Section 32a of the Psychologists Act 2013, Section 39 of the Psychotherapy Act 2024), are also explicitly permitted to use telemedical methods. However, comparable

provisions are currently lacking, for example, in the law governing freelance healthcare and nursing professionals (qualified nurses and health care staff) and midwives.

The Federal Government, the *Laender* and the public social insurance carriers concluded a Target Management Agreement for 2024 to 2028, which includes the objective of delivering healthcare services according to the principle of 'digital before outpatient before inpatient'. Patients' routes are to be better managed through the increased use of eHealth and telemedicine. In addition, the Health Service Hotline 1450 is to serve as a low-threshold, digital point of contact for health-related queries. The Austrian Court of Audit also views the use of telemedicine – which still has room for improvement in the 2018–2023 observation period – as a significant opportunity for the further development of health care services in Austria (Austrian Court of Audit, Medical Care in Private Practice 2018–2023, Federal Series 2025/43, pp. 127–128).

Patient care: digital before outpatient before inpatient

In close alignment with the content of the Target Management Agreement, the first nationwide eHealth strategy was presented in 2024. Under the chairmanship of the Ministry of Health the strategy was developed with eight strategic objectives. These include, for example, the objectives S1. 'Enable digital access to the healthcare system'; S2. 'Create telehealth prevention and care services'; S7. 'Make innovation more accessible'; and S8. 'Improve digital skills'. Operational goals and specific measures for achieving them were established for each strategic objective. The implementation period covers the years 2024 to 2030.

First eHealth strategy for Austria

Telemedicine in long-term care

In 2025, the NPM commissions visited several retirement and nursing homes that use telemedicine at various levels. Commission 5 made particularly positive observations during a visit in March 2025 to a Viennese retirement and nursing home. At the time of the visit, the facility was participating in two different telemedical (pilot) projects to optimise specialist medical care for its residents.

Telemedical pilot projects

In a separate meeting following the Commission's visit, the home manager and the medical director of the operator organisation provided Commission 5 with in-depth insights into their experiences with both projects. One telemedical project aims to eliminate transfers of care facility residents to Vienna-based hospitals by providing reliable care in the facility itself. It is a problem – one with which the NPM is also familiar – that older persons with multiple conditions (particularly patients with geriatric psychiatric care needs) are transported to the hospital, spend hours waiting and undergoing assessments, and then have to be transported back to the care facility if they are not admitted as inpatients. This ties up a great deal of resources

Improving admission procedures

and, in addition to costs for the healthcare system, causes further mental and physical strain on patients who are already weakened and disoriented.

As part of the pilot project, a telemedicine-equipped ambulance comes directly to the facility. Paramedics transmit vital signs and medical parameters via teleconference or telemedical consultation to hospital doctors in the emergency department. It is then clarified via video telephony whether treatment can be provided at the facility or whether the person concerned needs to be brought to the hospital.

The digital emergency plan was initially developed as part of a feasibility study in collaboration between the University Clinic for Emergency Medicine at Vienna General Hospital, the Vienna Pensioner Residences Fund (*Kuratorium Wiener Pensionisten-Wohnhäuser*) and the Vienna Ambulance Service (MA 70). It has since been extended to other retirement and nursing homes. The participating Vienna nursing home that does not belong to the Vienna Pensioner Residences Fund therefore considers it desirable to extend the hours during which the telemedicine-equipped ambulance is available (currently Mon to Fri from 7 am to 7 pm). There is, in fact, a practical need for rapid assessment at weekends and at night as well.

A final report, intended to provide information on the experiences of the participating care facilities and possible recommendations for the further development of the project, was still pending at the time of writing this report. If the outcome is positive, the feasibility study is to serve as the basis for the gradual implementation of the concept across Vienna.

More frequent psychiatric support

The second telemedicine project was launched by the operator of the visited facility itself and is carried out in the field of (geriatric) psychiatry. Due to the sharp rise in the number of residents over 85, the number of those suffering from dementia is expected to double by 2050 (Austrian National Public Health Institute, *Dementia Report 2025*, p. 34). Across Austria, however, care facilities are already facing great difficulty in finding psychiatrists who could provide support for their residents. Particularly in the case of people with dementia or behavioural problems, the regular intervals between visits by psychiatrists are insufficient. They often visit the facilities only once every one or two months. However, frequent psychiatric support is especially necessary following psychiatric hospitalisation, new admissions or during acute phases (see also the monitoring priority for 'Discharge management system' in this report, p. 62 et seq.).

One solution could be to offer additional psychiatric assessments and treatment by way of telemedical support. As part of the pilot project, the attending psychiatrist, who consults at the Viennese nursing home in-person every month, makes separate time slots available every one to two weeks for teleconferences or teletherapy. This makes it possible to assess on-site whether medication adjustments or further medical examinations

are required, even in the event of sudden changes in a resident's health status. The facility covered the costs of the second pilot project itself. From its perspective, the benefits of video consultations – in terms of improved quality of care for patients with geriatric psychiatric care needs – outweigh the associated costs for the nursing home. Furthermore, the burden on the healthcare system is reduced, as this can prevent the need for emergency admissions to hospitals. The aim is therefore to secure regular funding that recognises these results.

As can be seen from such projects, telemedical applications can be a valuable and important addition to existing healthcare services. Measures such as these could help to increase the availability of specialist medical expertise and thus the quality of medical care, not only in cities, but also in retirement and nursing homes in more remote rural areas.

Valuable addition

Digitisation in long-term care

In 2025, the NPM also examined other new technologies in the care sector in detail. In June, Commission 2 visited a retirement and nursing home in Upper Austria that considers itself to be Austria's 'first fully digitalised nursing home'. The facility's flagship project is a digital assistance system installed in early 2025.

Systems of digital assistance

During its visit, Commission 2 therefore paid particular attention to this project. Radar sensors were installed on the ceilings in all residents' rooms, as well as in communal areas, exit routes and escape routes. These can be configured to trigger an alarm for predefined incidents, which can be accompanied by short sequences (image, sound) (e.g. 'leaving the bed', 'leaving the room', 'fall detection', 'call for help'). Depending on the alarm settings, the competent nursing staff receives a notification on a dedicated smartphone either immediately or after a few minutes. In the event of a fall being detected, a pixelated image of the resident is transmitted. These functions help to enable a partially preventive approach. The assistance system responds to calls for help and triggers an alarm without having to press emergency buttons. The 'bed exit function' enables the preventive avoidance of falls, as nursing staff are called to assist with getting up. Prompt and targeted care support following an alarm is also provided, for example, for disoriented residents who leave their beds or rooms but then cannot find their way back.

Radar sensors for alarm systems

The NPM rated several aspects of this digital assistance system positively. In addition to fall detection, the radar sensors also offer the monitoring of vital signs. This allows to take blood pressure measurements and to measure blood glucose levels or oxygen saturation without the use of needles. Significant time savings were also observed in the management of care documentation, as data is automatically filed and electronic fall reports

Time savings

are generated. Nursing staff can add further details via the 'voize app'. This information is then automatically transcribed and incorporated into the care documentation.

When questioned by Commission 2, the nursing staff were predominantly satisfied with the use of the digital assistance system. Response times following fall reports and long walking distances are said to have been significantly reduced, as the new technology helps to set priorities correctly and intervene in a targeted manner. A reduction in workload is particularly noticeable during the night shifts. Staff in the facility rated the overall satisfaction with the new technology as high. This is also attributed to the fact that initial scepticism was successfully addressed through information and training.

The commission viewed the AI-supported system that transcribes voice notes for the care documentation as a particularly positive and useful measure for reducing paperwork. This reduction in workload gives staff more time for core care activities and personal contact with residents.

Concerns However, the commission also expressed concerns regarding the protection of freedoms and personal rights. All rooms, those in the communal areas as well as the rooms of the residents, are equipped with radar sensors. During the Commission's visit on one floor of the facility, the 'leaving the bed' alarm was activated at night (between 8 or 9 pm and 7 am) in 26 out of 40 rooms, and the 'leaving the room' alarm was activated at night in 13 of these rooms.

Obligation to notify under the Nursing and Residential Homes Residence Act?

For the commission, the main question remained as to what follow-up measures the staff take after an alarm is triggered. This could not be ascertained from the care plan. The NPM assumes that this way of monitoring whether residents leave the bed, the room or a certain area of the facility may constitute a restriction on liberty and is thus subject to the obligation to notify under the Nursing and Residential Homes Residence Act (*Heimaufenthaltsgesetz*), particularly in the case where residents have a tendency to wander off. This would specifically be the case if the sensor system prevents residents from leaving a certain area. Case law makes it clear that restrictions on liberty already exist if the persons concerned must gain the impression, from the overall picture of events, that they are no longer permitted to leave certain locations. Measures which restrict freedom and which are subject to the obligation to notify exist when care recipients don't even leave unlocked areas because they must expect to be prevented from leaving or to be 'brought back in' (see, inter alia, Supreme Court 23 October 2006, 7 Ob 226/06w). By contrast, merely persuading a person to remain in a specific area, or encouraging them to accompany staff voluntarily without coercion or pressure, does not constitute a restriction on liberty (Supreme Court 31 August 2016, 7 Ob 126/16d). Due to a lack of documentation, it is always the facility which must prove that no directives

are issued to bring the person back when the alarm was triggered. The NPM therefore recommended that the retirement home seeks general clarification from the residents' representatives.

The use of an electronic monitoring system may also constitute an encroachment on fundamental and personal rights (the right to one's own image, the right to protection of privacy and intimacy, and the right to data protection). Despite the fact that the image of individual residents is pixelated when transmitted following alarms, clear personal attribution or identification is still possible on the basis of the rooms.

Potential encroachment on personal rights

The commission was critical of the fact that it could not ascertain whether the residents concerned were sufficiently informed prior to the deployment of the technology and whether they (or their legal representatives) had given their consent. On-site, it was reported that there was no knowledge of any declarations of consent. During an ad hoc visit to Austrian retirement and nursing homes in March 2025, the European Committee for the Prevention of Torture (CPT) also identified a need for improvement in the provision of information and the obtaining of declarations of consent – specifically prior to medical treatment (CPT/Inf (2025)35, p. 16).

Sufficient information and consent?

In the NPM's opinion, electronic sensor and assistance systems should only be used following detailed information and once a written declaration of consent could be obtained. Based on the commission's observations, the AOB initiated investigative proceedings, reported on the positive and critical findings, and requested a statement of opinion from the care home operator and the residents' representatives.

The residents' representatives replied that the care home operator had sought contact following the commission's visit and that they were endeavouring to clarify any existing obligations to notify under the Nursing and Residential Homes Residence Act as soon as the specific areas of application of the technology and the subsequent measures were set out transparently.

Residents' representatives' view on 3D room sensors

In its statement of opinion, the facility operator assured that the data recorded by the digital assistance system is only stored for as long as it is technically necessary to identify a hazardous situation (analysis). The data is then immediately deleted from the sensor's volatile memory and is not processed for any other purposes. The use of the digital assistance system is based on written and informed consent given by the persons concerned or their representatives (Articles 6 (1) (a) and (2) (a) of the General Data Protection Regulation). Consent forms were presented, explained in person and, where applicable, signed upon admission to the care home. Furthermore, written information on data protection aspects of the digital assistance system, as well as options to object in accordance with Articles 13 and 14 of the General Data Protection Regulation (*Datenschutz-*

Data protection aspects

Grundverordnung), are provided for the residents' information. In addition, this information is displayed in the living areas and is therefore generally accessible. Following the conclusion of the pilot phase in 2024/2025, the use of the technology is based on the fulfilment of the care home agreement (Articles 6 (1) (b) and 9 (2) (h) of the General Data Protection).

During other OPCAT visits, it also became apparent to the NPM commissions that digitisation processes facilitate day-to-day care, save time for nursing staff and can lead to an improvement in the quality of care. Digital and AI-supported voice documentation models were also seen here as a particularly useful tool. In some retirement and nursing homes, documentation is still carried out (entirely) by hand. As Commission 5 noted during a visit to a nursing home in Vienna, this unnecessarily ties up nursing staff's capacity and is associated with a higher risk of errors. To save time, but also to ensure consistency and improve readability and traceability, the NPM recommended switching to a digital documentation system.

Apps to ease burden on nursing staff

The Carinthian Regional Government has also recently placed strong emphasis on the widespread promotion of voice-controlled documentation systems in retirement and nursing homes. The voice documentation app 'voize' transfers spoken entries by nursing staff into the existing documentation system. This has resulted in a time saving of one hour per day as well as an improvement in the quality of care documentation.

Digitisation of medical prescriptions

In a retirement and nursing home in Burgenland, the commission identified a need to catch up in the area of digitisation. At the time of the commission's visit in May 2025, all medical prescriptions were issued by hand and subsequently entered into the IT system by qualified nursing staff. This not only led to duplication of effort and extra work, but also posed a potential risk of errors in data entry. For this reason, Commission 6 recommended the full digitisation of medical prescriptions.

This recommendation has since been implemented. As of 1 January 2026, the Burgenland care facility will be connected to the Electronic Health File, thereby ensuring the end-to-end digitisation and standardisation of medical prescription processes. In addition, the general practitioner now has access to the facility's in-house electronic care documentation system and independently documents medical visits and directives there.

Conclusion

Increasingly important role

The experiences of the NPM, as well as legal and political developments, show that the use of telemedicine and digitisation is playing an increasingly important role in the inpatient care of older persons. At the same time, more and more AI systems are being developed that could be used to provide support (e.g. for monitoring wound healing processes).

The benefits of such tools and technologies are clear: specialist and human resources can be deployed more efficiently and freed up for core medical and nursing tasks. However, this is only the case if nursing staff are involved in change processes at an early stage, informed continuously, receive adequate training and are familiar with using these tools. Telemedical and nursing assistance solutions could also improve care services outside urban centres. From the NPM's perspective, the sensible use of telemedicine and digitisation can make an important contribution to ensuring high-quality mobile or inpatient care, the right to the highest attainable standard of health (Article 25 UN CRPD), and respect for physical and mental integrity (Article 17 UN CRPD).

At the same time, the NPM is aware that new technologies also involve risks and profound changes to care work. With a view to safeguarding the freedoms and personal rights of people in need of care, and considering the potentially far-reaching consequences for the interpersonal relationship between nursing staff and care recipients, the use of such technologies must be closely monitored and observed to prevent abuse of constant surveillance. Staff cuts or a reduction in personal support can under no circumstances be justified by the use of digital and technological aids.

Risks and profound changes

To safeguard the constitutionally protected freedoms (Article 5 ECHR; Article 1 Federal Constitutional Act on the Protection of Personal Freedom) in the best way possible, the use of a digital assistance and monitoring sensors should be carefully assessed in consultation with the residents' representatives and in accordance with the obligations under the Nursing and Residential Homes Residence Act (*Heimaufenthaltsgesetz*). This applies in particular where residents with mental health conditions and a tendency to wander off are prevented from leaving a specific area by alarm settings.

In connection with the use of new technologies, the right to data protection and other personal rights (e.g. the right to one's own image) must be safeguarded. Prior to using such technologies, a written declaration of consent must be obtained from the persons concerned or their legal representatives following explanation and the provision of information.

Personal rights must be protected

To ensure that technological innovations and telemedical applications can be used to their full potential, training for nursing staff and greater interdisciplinary collaboration with the fields of IT and digital health should be pursued.

Training and collaboration

Finally, the NPM considers it necessary to establish reliable framework conditions (particularly with regard to funding and investment) and a clear legal framework for processes in the field of digitalisation and telemedicine.

Clear legal framework and investment

50 million euros from federal funds had been explicitly announced in the Governmental Programme for 2026 to address the long-overdue digitisation

drive in the care sector and had already been set aside for this purpose in the financial equalisation scheme. Shortly before the end of the year, however, the Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection decided that, contrary to all commitments, the payments would be postponed to 2027 due to 'budgetary challenges'. This has not only a counterproductive effect on digitisation projects that are already underway. It also significantly complicates the connection of all care providers to the Electronic Health File, which is legally mandatory by 2028, as it requires time-consuming and costly preparatory work to digitise care documentation nationwide and create the necessary interfaces with the Electronic Health File.

The NPM will continue to observe the use of new technologies in inpatient care and advocate for the sensible expansion of telemedicine and digitisation whilst safeguarding the rights and interests of those receiving care.

- ▶ ***From the NPM's perspective, the application of telemedicine and digitisation can make an important contribution to safeguarding the quality of care and ensuring the right to health in inpatient care for older persons.***
- ▶ ***The use of technological and telemedical aids must take place whilst safeguarding the freedoms and personal rights of the persons concerned. Data protection issues must be clarified.***
- ▶ ***In cases of individuals with a tendency to wander, the residents' representatives must be notified in case of doubt before digital assistance systems are used. The actions to be taken by nursing staff following the triggering of an alarm must be set out in writing in the care plan.***
- ▶ ***Before digital assistance systems are used, the persons concerned must be fully informed and briefed. A written declaration of consent must then be obtained from the person concerned or their legal representative.***
- ▶ ***From the NPM's perspective, the use of digital and technological aids can under no circumstances justify staff cuts or a reduction in personal support can.***
- ▶ ***To ensure the optimal effectiveness of technological innovations and telemedical applications, training for nursing staff and closer collaboration with other disciplines are required, particularly in the fields of computer science and digital health.***
- ▶ ***Reliable (financial) conditions and a secure legal framework must be established for the use of telemedicine and digitisation in the care sector.***

2.1.2 Violence against women in retirement and nursing homes

Current statistics show that now one in three women experiences physical and/or sexual violence during her lifetime. This finding is a central starting point for violence prevention measures at international and national level. With the ratification of the Istanbul Convention (Council of Europe Convention on preventing and combatting violence against women and domestic violence, Federal Law Gazette III No. 164/2013), Austria has committed itself under international law to protect women from all forms of violence and to prevent, prosecute and eliminate violence against women and domestic violence. To implement these obligations, the Federal Government developed the National Action Plan (NAP) 2025–2029 to combat violence against women and girls. Within this NAP, the working group on ‘Violence-free through early detection in the health care sector and physical self-determination’, care and nursing facilities for older persons are identified as relevant settings for violence prevention. Furthermore, the working group ‘Violence-free through consideration of particular vulnerability’ addresses the special need for protection of groups facing multiple vulnerabilities. This applies in particular to women with dementia in institutional care settings. The NAP emphasises the importance of raising awareness and improving access to the AOB as the central body for protection and oversight.

NAP to combat violence against women

As part of its mandate, the NPM investigates long-term care and support facilities with regard to violence in all its forms, as well as structural risks. Starting in 2026, the AOB, in cooperation with the foundation *Forum Verfassung*, will implement an initiative to raise awareness and to educate on gender-based violence, as well as its early detection and prevention in everyday working life, particularly in the fields of social work, social pedagogy and the health professions. The initiative will launch on 27 February 2026.

Awareness-raising initiative

Care facilities and nursing homes are places where people, due to age, illness or a need for care, are highly dependent on support in key areas of their lives. Care and support therefore take place within a relationship of dependency and trust. Violence is often not reported or visible.

Unreported cases

Retirement and nursing homes are heavily feminised, both in terms of residents and nursing staff. Due to their higher life expectancy, women make up the vast majority of very old residents and those in need of care in retirement and nursing homes. At the same time, care and support work in retirement and nursing homes is predominantly carried out by women. Violence in the care context therefore affects women to a particular degree, both as residents and as staff. This dual impact makes a gender-sensitive violence prevention in care facilities necessary.

Dual impact on women

The World Health Organization (WHO) defines violence as the intentional use of threatened or actual physical force or power against oneself or another

WHO definition of violence

person, against a group or a community, which results in, or has a high probability of leading to injury, death, psychological harm, maldevelopment or deprivation (WHO, 2002). The WHO and the International Network for the Prevention of Elder Abuse (INPEA) define violence against older persons as a single or repeated act, or an omission to respond appropriately within a relationship of trust, which causes harm or suffering to an older person (WHO/INPEA, 2002).

Article 16 of the UN CRPD is a key human rights basis for the protection of persons with disabilities against violence, abuse and exploitation. This duty of protection also applies to people living in care facilities and nursing homes who are particularly dependent on support due to their need for care. Furthermore, a comprehensive prohibition on violence in care arises from Article 3 of the ECHR, which prohibits inhuman or degrading treatment. This prohibition on violence is also inherent in federal and *Laender* provisions governing care and residential care law.

Scope of the Code of Ethics

The Code of Ethics of the International Council of Nurses (International Council of Nurses, 2021) is the internationally recognised ethical basis of the nursing profession. The central concern of the Code of Ethics is the protection of human dignity, safety and integrity of all those involved in the care process. This protection explicitly applies to both, people in need of care and nursing professionals. People in need of care are entitled to care that is free from violence, neglect and degrading treatment. Nurses are entitled to protection from violence and overwork, as well as to safe and health-promoting working conditions. The Code of Ethics makes it clear that the protection of people in need of care and the protection of care professionals are inseparably linked. This gives rise to a responsibility that extends beyond the actions of individuals and places obligations on facilities, owners and operators, as well as government agencies.

Violence against residents can take various forms. It ranges from physical, psychological and sexual assaults to neglect, restrictions on self-determination and structural conditions that impair dignity, autonomy and individual lifestyles.

Structural violence

During visits to retirement and nursing homes, it became apparent that care procedures in several facilities were organised in a highly standardised manner, leaving only limited scope for individual needs. This practice conflicts with the normality principle and is closely linked to organisational and staffing conditions that shape the living situation of residents.

Fixed time for hygiene and meals

For instance, fixed shower days were repeatedly observed, which were primarily based on organisational requirements and only allowed little flexibility. In a nursing home in Vienna, the majority of the residents were showered only once a week. In a residential home in Lower Austria, residents stated that the scheduled shower day was cancelled without replacement

in the event of illness and was only rescheduled for the following week. According to the residents interviewed, flexible adaptation to individual needs was not provided for due to staff shortages. The same occurred with regard to mealtimes. The facility showed little ability to adapt to the personal habits and needs of the residents. Lunch was served at a fixed time of 11.30 am. There was no leeway regarding mealtimes or portion sizes. In one facility, residents reported that relatives come to assist with eating, as they fear the care provided is inadequate.

A similar pattern was also observed in this facility regarding the use of clothing protectors and bibs. During an afternoon visit, the NPM commission observed that several residents were still wearing clothing protectors in the common area, even though lunch had taken place some time earlier and people were no longer eating. The routine use of these items did not appear to be justified on an individual basis and may be perceived as degrading by the residents concerned. As an alternative to the uniformed use of such aids, the commission recommended cloth or paper napkins.

Standardised use of bibs

Furthermore, the NPM observed early bedtimes, a lack of activities to structure the day, and limited mobility throughout the day in some facilities. In a facility in Vienna, the commission found residents sitting in the corridor in their nightgowns even before dinner. In another nursing home, residents were already in bed in darkened rooms by early afternoon, some of them wearing institutional nightshirts. Some residents told the commission that nobody had time to help them get up or leave the bed. Commission 5 pointed out that the combination of early bedtimes, restricted mobility and rigid care routines increases the risk of violence.

Rigid daily structures

These structural aspects of daily life also include restrictions on privacy and personal space. In a Viennese care facility, the commission criticised that people were accommodated in twin or shared rooms without adequate privacy screens. In particular, during care procedures, there was a lack of suitable privacy screens, such as folding screens, meaning that intimate care situations were visible to fellow residents. Furthermore, it was observed in one facility that residents' access to the garden or outdoor areas was restricted because no accompanying staff were available.

Restriction on privacy and freedom of movement

During a follow-up visit to a nursing home in Lower Austria, the competent commission observed further deficits in the area of violence prevention. Serious incidents of violence had already occurred at this facility in the past, leading to nursing staff being convicted of a criminal offence. Despite this history, no sustainable structural improvements in the area of violence prevention were apparent. In particular, the commission again observed a glaring staff shortage, which is a significant risk factor for further incidents of violence. Although a written violence prevention plan was in place, neither the staff nor the management were aware of it. The facility also had no

No structural improvements following incidents of violence

violence protection or violence prevention officer. Even the ombudsperson appointed by the owners and operators was unknown to both staff and residents. It is not enough to refer to a written violence prevention plan drawn up by the owners and operators; rather, it must be put into practice and made effective through the appointment and introduction of a clearly designated violence prevention officer as a low-threshold point of contact. Measures only become instruments of empowerment if they enable residents to recognise their rights and options for action and to acquire the tools to defend themselves and make their voices heard. In another facility in Lower Austria, it was problematic that the nursing service management assumed the role of violence prevention officer, which can inhibit the willingness to report incidents.

Assessment tools In an Upper Austrian facility, Commission 2 observed an injury to a resident's forearm, which had not been documented in the care records. The commission identified shortcomings, because no efforts had been made to investigate the causes, nor was there a care plan in place to manage the injury. Indications of rough behaviour by nursing staff eventually prompted the nursing home to conduct an internal investigation into the allegation of violence. The employee against whom the allegation was made is no longer employed at the facility. It is positive to note that, in response to the incident, care procedures and existing documentation practices were amended. Standardised assessment tools have now been introduced, including for assessing the risk of decubitus, fall prevention, pain recognition, determining nutritional status, and making recommendations regarding independence or the need for care. In addition, wound documentation is regularly monitored and evaluated. Training sessions for staff on the topics of care documentation, wound treatment, violence prevention and de-escalation have been announced for 2026.

Violence against nursing staff Violence in care facilities affects not only the residents but also the nursing staff. During the commission's visits, structural conditions were observed that significantly shaped the nursing staff's day-to-day work. Staff shortages, high workloads, staff turnover and limited time resources were repeatedly described. Care tasks often had to be carried out under severe time pressure, and additional demands were almost impossible to manage. In a facility in Lower Austria, nursing staff described, in tears, how completely overwhelmed they felt and spoke of being so 'exhausted' that even their free time was no longer enough to recover. Against the backdrop of prolonged emotional exhaustion, which has a negative impact on physical and mental health, this can lead not only to increased irritability, depression and a loss of empathy towards those in need of care. Several studies have examined the links between exposure to aggression and violence in the workplace and the various dimensions of burnout, observing that the aggression and violence health care workers experience in the workplace are a major risk factor for burnout.

People who work in care professions run the highest risk of experiencing aggression and violence, with nursing staff in psychiatric facilities, emergency departments, care homes for older persons and hospitals reporting the highest prevalence rates. Time and again, the NPM commissions have observed incidents of violence and aggression against nursing staff alongside the structural pressures described. In a Viennese care facility, a lack of sensitivity was observed regarding violence perpetrated by residents against nursing staff. The staff reported recurring verbal abuse, threats, as well as discriminatory and racist remarks. However, the management did not classify this as violence, but rather accepted it as part of everyday working life and consequently did not document or address the problem. Nor was any follow-up care provided to the persons concerned. It was also striking that, when asked about incidents of violence against staff, management made no reference to a physical assault that had only happened recently and in which nursing staff had been injured by a resident hitting them in the chest. In a care facility in Lower Austria, the commission observed that the existing violence prevention policy did not address inappropriate behaviour by staff towards residents at all. In general, knowledge and awareness of how care facilities can reduce the negative impact of aggression and violence in the workplace on the mental health of nursing staff appear to be very limited.

Inadequate understanding of violence

In a Tyrolean care centre, the commission reported on a challenging care situation involving an aggressive resident, which placed a considerable strain on the care team. Nevertheless, there was no systematic debriefing through reflection processes or supervision sessions. Regular supervision and structured meetings following stressful incidents are central to dealing with violence professionally.

Lack of reflection and supervision structures

In another Tyrolean facility, care staff reported incidents of violence involving punches. Commission 1 took a critical view of the failure to address the incident, as well as the lack of systematic training on violence prevention, de-escalation and conflict resolution. Particularly when dealing with persons receiving care, or those with dementia or psychiatric conditions, knowledge of targeted strategies for de-escalation and managing aggression is vital to prevent future incidents of violence as far as possible. Training can help to reduce the stress level of staff, minimise risks, limit the use of measures which restrict freedom, and improve the quality of care. In many cases, however, the commissions observed that few further training initiatives are available on these topics, that there are long waiting lists, or that the such training takes place exclusively or predominantly online.

Inadequate training initiatives

A facility in Lower Austria identified, documented and addressed inappropriate behaviour towards both staff and residents by setting clear boundaries. However, deficiencies were identified in the area of documentation. The forms provided for recording incidents of violence (the so-called 'EVA reports') were difficult for staff to locate and were not fully

Documentation shortcomings

readable when printed out. Furthermore, staff expressed little motivation to document incidents, as they felt that reports had little impact. The commission recommended revising the forms to make them easier to use and more comprehensible.

Vicious circle of mutual stress and violence

The examples gathered during the visits illustrate that violence in care facilities does not occur in isolation towards residents or nursing staff, but develops from mutual pressures within the same institutional framework. Structural pressures, limited staff and time resources, and a lack of support and opportunities for reflection lead to nursing staff feeling overwhelmed, insecure and demotivated, and impair their ability to deal professionally with challenging behaviour. As a result, residents increasingly react with restlessness, resistance or refusal, which heightens the potential for conflict and increases the risk of violence and aggressive situations. This further increases the strain on nursing staff, exacerbating their existing sense of being overwhelmed. This creates an escalating cycle of strain, conflict and violence.

Violence in retirement and nursing homes is a key issue, particularly with regard to women, who are disproportionately concerned in care settings. In order to observe and identify violence in everyday care work, it is necessary to raise awareness and sensitivity to different forms of violence, power imbalances and gender-specific vulnerabilities. On this basis, practical skills can be developed that enable nursing staff to identify violence and respond to it professionally, in order to protect both residents and themselves. This requires training and further education, as well as a working practice in which reflection and supervision are an integral part of everyday professional life. Furthermore, documentation and reporting structures must be in place, contact persons in the form of violence protection and prevention officers must be clearly designated, and staffing levels and organisational frameworks must be established that enable professional action. Only through an institutionally embedded comprehensive strategy can violence protection be implemented effectively and sustainably.

- ▶ ***Protection against violence in retirement and nursing homes requires a binding violence prevention policy that is truly put into practice in day-to-day care, known to the entire staff, and communicated on a regular basis.***
- ▶ ***The protection of residents and nursing staff requires adequate staffing levels, mandatory further education on violence prevention and de-escalation, and regular supervision for reflection.***
- ▶ ***To prevent incidents of violence, clearly defined responsibilities for violence prevention, effective reporting and documentation mechanisms, and the systematic use of appropriate tools and assessments in day-to-day care must be ensured.***

- ▶ *Protection against violence requires an institutional culture of empowerment that enables residents and staff to identify and address boundary violations and to access support easily.*

2.1.3 Monitoring priority: 'nutrition management in long-term care facilities'

Nutrition influences the health and prognosis of older persons, as malnutrition and undernutrition can contribute to the progression of age-related diseases and syndromes such as sarcopenia (muscle loss) and the risk of falls. The right to adequate food is a human right, and the International Covenant on Economic, Social and Cultural Rights (ICESCR) addresses this in greater detail than any other instrument of international law. In its General Comments on Article 11 (ICESCR General Comment No. 12: The Right to Adequate Food, Article 11 of the Covenant), it emphasises that actual access to healthy (i.e. safe and nutritious, appropriate to age, gender and state of health) food is of particular importance for vulnerable groups. Consequently, the NPM encounters issues relating to nutrition and meals in various forms during almost all its visits and in all types of facilities, but most notably in retirement and nursing homes.

Right to adequate food

Moving into a care facility represents a major disruption to one's usual daily routine. Meals provide structure to the day, offer opportunities for participation and interaction with others, and, not least, reflect customs, culture or religion. This makes it all the more important that consideration is given to preferences and aversions to certain foods, as well as to dietary and eating habits, and that residents are able to participate in decisions regarding the food on offer. The dining atmosphere and environment (sufficient time, suitable rooms, appealing presentation of food, etc.) also play a major role and are crucial in determining whether those in need of care feel at home in the nursing facility.

Meals play a major social role

However, when it comes to everyday life in care homes, the commissions repeatedly make critical observations. In many facilities, meal times remain rigid or are unusually early. Nursing staff often lack the time needed to support residents with reduced independence or to assist them with meals in a sensitive and attentive manner. From the perspective of human dignity, the commissions criticise the use of clothing protectors, provided they are standard practice and not limited to mealtimes. However, there are also negative examples regarding the dining environment and table manners. In a facility in Lower Austria, for instance, residents have to eat in the corridor due to the outdated building structure. This is also where the rubbish trolleys are permanently stationed, which is disturbing and causes unpleasant odours. In some care homes, the commissions observed loud, disruptive radio music or televisions in the dining area during their visits. On the other hand, there are

Critical observations

also examples of best practice, such as the 'Dysphagia Project' (swallowing disorder) at a care facility in Lower Austria (see chapter 2.1.6 of this report) and care facilities that are implementing the NPM's recommendations on nutrition and catering swiftly and comprehensively.

Malnutrition Generally speaking, the requirements for adequate nutrition and fluid intake increase with age. There is clear evidence that nutritional and therapeutic measures can improve functional parameters such as muscle strength, enhance quality of life, and reduce cases of readmission to hospitals as well as mortality rates. Malnutrition was already an issue during visits of the commissions in the context of managing the COVID-19 pandemic. The NPM observed that residents who had recovered from a COVID-19 infection often still showed signs of malnutrition months later. Accordingly, the European Society for Clinical Nutrition and Metabolism (ESPEN) has also advocated for consistent screening and the integration of nutritional therapy for COVID-19 patients (ESPEN expert statements and practical guidance for nutritional management of individuals with SARS-CoV-2 infection).

There is no uniform and universally applicable definition of the term 'malnutrition'. Common (medical) definitions are those of the WHO, the German Society for Nutritional Medicine (DGEM) and the German Network for Quality Development in Care. The NPM applies a broad understanding of the term faulty, mal- or undernutrition. This includes individuals who have a clinical-medical ICD-10 diagnosis of 'malnutrition' (ICD-10 diagnoses E40–E46) or a nursing diagnosis of 'malnutrition', as well as individuals for whom relevant measures relating to eating, drinking or their weight are planned as part of their care plan, such as 'remind them to eat and drink', 'cutting food into small pieces', 'assisting with meals' or 'monitoring weight daily/weekly'.

Nursing expertise is indispensable A review of documentation revealed that the restricted nutritional status of residents is sometimes not given enough attention. The commissions observed numerous deficiencies, ranging from risk analysis, diagnosis and the resulting care planning to support with the intake of sufficient nutrients and fluids in day-to-day care. One of the NPM's core demands has therefore always been that 'all individuals admitted to an inpatient care facility must undergo a standardised nutritional screening upon admission'. This requires nursing staff who are competent in recognising signs of impending or existing malnutrition (screening) and who can carry out an in-depth assessment of the nutritional situation and the factors influencing it (assessment). Nursing expertise is also required for other complex nutritional problems, such as swallowing disorders or the identification and full utilisation of all therapeutic measures prior to enteral or parenteral nutrition and fluid intake. The implementation of the relevant nursing standards is inconceivable without sufficiently trained and motivated specialist staff. It is therefore necessary to determine existing structural challenges, such as a lack of staff resources and/or an insufficient provision of relevant training courses.

The large number of people with dementia in nursing homes and the associated increased risk of malnutrition also played a significant role in determining the monitoring priority. This is also against the backdrop of critical reports by the commissions, which indicate that the development of dietary histories, regular weight checks and risk screenings are not standard practice, and that the actual amounts of food and drink consumed by residents with dementia are sometimes overestimated. In the context of preventive monitoring, it is therefore of interest to know what specific measures retirement and nursing homes take for this target group – for example, whether the entire care team is aware of residents' eating and drinking behaviour, whether residents are actively encouraged to drink, and whether finger food and additional (high-calorie or protein-rich) foods are offered when residents show an increased urge to move.

Risk: dementia

In light of the considerations outlined above, the NPM agreed on the monitoring priority 'nutrition management in long-term care facilities' following consultation with the Human Rights Advisory Council (HRAC) in 2025. The NPM developed a questionnaire and an information sheet, incorporating recommendations from the HRAC. Following a brief pre-test phase, the monitoring priority commenced in December 2025 and will be applied for approximately one year. The aim is to raise awareness among facility and care managers that eating can be enjoyable, even though nutritional requirements change with age, and that appropriate nutritional therapy must be initiated at an early stage, namely when there is an existing risk of malnutrition. Furthermore, difficulties with food and fluid intake should always be seen as a combination of physical and psychological limitations paired with social, cultural and environmental factors.

New monitoring priority since December 2025

2.1.4 Inadequate offers for deaf people

For deaf people, sign language is the primary and most natural form of verbal communication. Austrian Sign Language has been recognised as a language in its own right since 2005 and is enshrined in Article 8(3) of Federal Constitutional Law (*Bundes-Verfassungsgesetz*). It is an independent, linguistically fully-fledged and natural language with its own grammar and syntax. Furthermore, in accordance with Article 2 of the UN CRPD, the term 'language' includes sign languages and other non-spoken languages. At the same time, barrier-free accessibility is one of the guiding principles of the UN CRPD, from which clear guidelines regarding communication support can be derived. Among other things, Article 9 requires that persons with disabilities have access to information and communication that enables them to lead independent lives and participate fully in all areas of life. Article 19 of the UN CRPD recognises the right of persons with disabilities to live in the community with the same choices and autonomy as persons without disabilities. Finally, Article 30(4) of the UN CRPD explicitly refers to

Participation through sign language

sign language as part of identity: 'Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture'. Deaf people must be given the same opportunities for social participation as hearing people.

A visit by Commission 2 to a large private retirement home in Upper Austria revealed that the linguistic and cultural needs of this group are not always adequately met. Seven deaf people live there. A sign language interpreter and an expert on the behaviour of deaf people accompanied the commission. The residents clearly enjoyed the opportunity this provided to have interviews and they were happy about every single sign. They described feelings of isolation and loneliness, as well as an urgent desire for more and better communication in sign language in everyday life. The interviews translated by the interpreter demonstrated that, despite receiving care, the majority of the deaf people living in the home are still able (to varying degrees) to communicate using sign language.

**Lack of training
in Austrian Sign
Language**

However, the facility does not have staff sufficiently trained in Austrian Sign Language for either care or leisure activities. Only some caregivers know individual signs. Upon reviewing the care plans, Commission 2 also observed that the issue of 'deafness' was not included at all. Nor were there any specific measures that could be used to improve communication, such as communication via writing, the use of pictograms or communication using basic signs. It was merely noted that communication was possible through facial expressions and gestures or by lip-reading.

**No specific offers
for deaf people**

Participation in leisure activities would also be physically and cognitively feasible for most of the persons concerned, provided suitable options were available. At the time of the visit, however, there were no specific activities on offer for this target group. Activities such as music and exercise, singing or creative groups cannot be meaningfully utilised due to the communication barrier. Nor is there the opportunity to undertake activities outside the home with trained support. The only diversion is the weekly visit to the outpatient clinics for deaf persons at the nearby hospital. The NPM naturally views this arrangement as a positive initiative, as it works very well from the perspective of the persons concerned. The same applies to the fact that, since autumn 2025, an intern proficient in sign language has been visiting the home once a week. Overall, however, this does not appear sufficient to provide support that meets the needs of people who have been socialised primarily through sign language.

The NPM therefore primarily recommended that the facility expand basic sign language courses for caregivers and include a fixed budget allocation for sign language interpreting services, so that sign language interpretation is available at events such as residents' and relatives' meetings or other

important appointments . Furthermore, the NPM noted that employment opportunities must be created which can also be meaningfully utilised by people with sensory impairments living in the home.

The owners and operators subsequently announced a series of measures: a six-hour sign language course for nursing staff in the residential area is to be offered again in early 2026. In addition, the content of the care plans is to be revised, and an interpreter is to be brought in for events such as celebrations or family evenings. The social programme previously run at the Institute for the Deaf People by a member of staff who is proficient in sign language is to be moved to the residential area in the future.

Owners and operators announce measures

The NPM also called for support in other retirement and nursing homes for people with communication impairments. Commission 6, for instance, noted in a nursing home in Lower Austria that many residents communicate non-verbally or have speech impairments. Although the care staff, thanks to their long-standing support, could assess what the persons concerned wanted or did not want, no visual aids were being used. There was a clearly identifiable need for additional, inclusive means of communication for this group, including with regard to pain assessment. Appropriate scales were partially available on site, but not accessible to all staff. However, pictograms and standardised pain assessment tools must be accessible in all living areas and integrated into everyday care to prevent potential human rights violations. The NPM was assured that there would be a greater focus on Augmentative and Alternative Communication (AAC) and an improvement in pain assessment; pictograms were being developed.

The NPM will continue to monitor this issue. In this context, the monitoring priority 'Augmentative and Alternative Communication (AAC) and decision-making as steps towards violence prevention' has, since late autumn 2025, addressed the aspect of supporting persons with communication impairments (see the chapter 2.4.2).

New monitoring priority since October 2025

- ▶ ***Deaf people receiving support must be afforded greater barrier-free accessibility in communication and greater social participation.***
- ▶ ***Facilities which accommodate deaf people, therefore must employ sufficiently trained staff and Austrian Sign Language must be used in practice.***

2.1.5 First ad-hoc visit by the CPT to Austria

The European Committee for the Prevention of Torture (CPT), established by the Council of Europe, sends independent experts to conduct visits to all places of deprivation of liberty. All visits are announced to the Member State concerned, which is obliged to grant the CPT unrestricted access at all

CPT visits four nursing homes

times to all institutions where persons are detained. Whilst periodic visits are publicly announced one year in advance without specifying exact dates, the public is only informed of ad hoc visits after they took place.

With the aim of investigating the treatment of persons in nursing homes, the CPT visited four privately run nursing homes in March 2025, two of them in Lower Austria and two in Styria. The corresponding report, together with recommendations, was published on 6 November 2025, as was the Austrian Federal Government's statement of opinion (see <https://www.coe.int/en/web/cpt>). In summary, the CPT notes that many residents spoke very positively about the nursing staff and that the atmosphere in the homes visited was generally relaxed and friendly. Living conditions in terms of accommodation and hygiene were found to be good to very good.

Measures which restrict freedom

The CPT expressly regards the Austrian system, where measures that restrict freedom are observed by the residents' representatives combined with the possibility of judicial monitoring under the Nursing and Residential Homes Residence Act (*Heimaufenthaltsgesetz*), as an extremely effective safeguard.

Inconsistent reporting practices

In its report, however, the CPT expressed concern that not all cases of medication-based measures restricting freedom were documented and reported as such. Rather, the CPT observed a relatively inconsistent interpretation of the Nursing and Residential Homes Residence Act in the visited facilities. This meant that medication which should be regarded as a restriction on liberty was always reported in two homes, whilst in the other two it was reported only in certain cases or very rarely. The Austrian authorities should ensure a consistent application of the Nursing and Residential Homes Residence Act across all *Laender* and, consequently, the comprehensive reporting of all medication-based restrictions of freedom. The CPT viewed the regular dialogue with residents' representatives regarding what constitutes a restriction on liberty – particularly through the use of psychotropic medication – as positive and therefore made the recommendation that this be implemented in all care homes.

In its response, Austria referred to a facility established on the initiative of the Federal Ministry of Social Affairs, Family and Youth and the Federal Ministry of Justice to address the issue of inconsistent reporting practices. In consultation with representatives from the *Laender*, the facility is working on, among other things, training concepts for targeted, low-threshold further education of nursing staff to ensure a uniform and legally compliant application of the Nursing and Residential Homes Residence Act.

NPM recommendations

The NPM also regularly notes that staff must be made aware of the need for adequately handling of restrictions on liberty, and that this requires appropriate training and cooperation with residents' representatives.

Furthermore, raising awareness regarding ways to avoid, in particular, medication-based measures which restrict freedom is an integral part of the NPM's work. The aim of medication-based treatment must always be to maintain or enhance well-being. Treatment with psychotropic medication should only be initiated once somatic, psychosocial and environmental causes of 'problematic' behaviour can be ruled out and alternative care measures were unsuccessful. Psychotropic medication should only be administered for as long as is absolutely necessary, and regular attempts should be made to taper off and discontinue the medication to prevent potentially inappropriate medication.

During their visits, the commissions therefore emphasise the need for doctors to define an explicit symptom that is to be treated with sedative agents. It is necessary to clearly define specific therapeutic goals, agree on criteria for success, and regularly evaluate the effects of the substances administered. A notification to the residents' representatives may only be rightly omitted, if this evaluation clearly shows that the restriction of movement is an 'unavoidable side effect' in the treatment of an underlying mental illness, such as depression or anxiety disorders. Following a recommendation from the NPM, facilities – in collaboration with general practitioners and/or the residents' representatives – very often carry out an evaluation of both the medication and the reports made under the Nursing and Residential Homes Residence Act.

Staff shortages, dental support, polypharmacy and activities

The CPT issued further recommendations, the content and objectives of which largely coincide with those expressed by the NPM in recent years. It observed staff shortages in three of the four care homes visited. Many residents told the CPT delegation that the nursing staff were overworked. As a consequence, residents often forego personal needs, such as showering more frequently or being accompanied by nursing staff when wishing to go outside in a wheelchair, so as not to be an 'additional burden'. The CPT noted the facilities' efforts to improve the situation through the use of agency staff or staff from abroad and an admissions freeze, as well as the fact that Austria has introduced certain measures through the 2022/23 nursing care reform to make the care profession more attractive. However, as a further increase in staffing requirements is expected – by 2030, around 51,000 additional nursing staff will be needed in acute and long-term care – the CPT strongly recommends that the Austrian authorities step up their efforts to ensure a sufficient number of appropriately trained nursing and support staff are available. The authorities should also ensure that all statutory further education courses are actually completed and that the supervision and counselling services – which have been very well observed in a Lower Austrian facility – are introduced in all care homes.

Staff shortages

Specialist medical care In the area of specialist medical care, the delegation observed critically that only one of the care homes visited provided the possibility of dental support outside the home. The CPT therefore recommends that adequate dental care, including preventive and conservative dental treatment, be ensured in all care facilities. It should be borne in mind here that dental treatment requires structural and hygienic conditions that are only available to a limited extent in nursing homes. Furthermore, particularly in rural areas, there are often fewer specialist doctors available, resulting in fewer preventive home visits, for example in the fields of dermatology, ophthalmology and dentistry. In principle, however, the NPM shares the CPT's call and has already made several recommendations that specialist medical care must also be guaranteed without restriction for residents of nursing homes. Due to the complexity of multimorbidity, this care must cover the entire spectrum of prevention, health improvement and maintenance. In this sense, the NPM also considers dental visits in care homes – at least for preventive care and monitoring – to be sensible.

Polypharmacy In all four care homes visited, the CPT also observed cases of polypharmacy and considers the regular evaluation of medication necessary to optimise treatment and prevent harm to health – as does the NPM (see most recently NPM Report 2024, p. 34 et seq.).

Activities must meet residents' needs With regard to the quantity and variety of leisure activities, the CPT highlights one of the facilities visited in Lower Austria as an example of good practice. In two other care homes, however, a lack of activities and offers was observed, particularly for people with dementia. The CPT recommends offering a wide range of individually tailored activities in all care facilities. This also applies to homes where people with very different profiles and needs are accommodated, e.g. chronic, mental illnesses or dementia. This will also require more qualified staff, for example from the fields of occupational therapy, special education and psychology. In this context, the NPM regularly refers to the normality principle and the right to self-determination enshrined in the UN CRPD, and notes that the nature of the activity must always correspond to the care situation and the needs of the residents (see in detail NPM Report 2024, p. 36 et seq.).

2.1.6 Positive observations and implemented recommendations

In 2025, the NPM gained a very positive impression of numerous care homes and observed examples of good practice in many areas.

Concept for promoting quality of life In the opinion of the NPM, a Viennese facility for persons aged 60 and over with mental illnesses is a comprehensive example of good practice. The facility pursues a holistic quality-of-life concept aimed at empowering

residents to lead a good life on an individual basis. In addition to a wide range of meaningful individual and group activities, the facility organizes excursions and involves ten volunteers. Two 'culture buddies' accompany residents to the cinema or concerts, with the costs also being covered by the owners and operators of the facility. The NPM also rated the high professional qualifications of the staff at the facility, particularly their psychiatric further education as very positive.

A facility in Styria stood out for its numerous partnerships. For instance, there is a collaboration with a teacher training college: students organise activities with the residents and bring food they have prepared themselves. In another partnership with a service provider, external groups carry out simple tasks in the home on a weekly basis. Furthermore, concerts are held in partnership with the University of Music and Performing Arts Graz, and pupils from a grammar school are given the opportunity to gain an initial insight into the care sector.

External partnerships

In Lower Austria, one care home stood out for its lively and welcoming atmosphere, where many residents – some even from their beds – enjoyed spending time in the communal areas for extended periods. Furthermore, the smell of freshly cooked food and seasonal decorations contributed to a homely and everyday atmosphere.

Lively social interaction

There were also positive examples in the area of nutrition in several facilities. Commission 5 particularly praised the 'Dysphagia Project' (swallowing disorder) at a care home in Lower Austria. Innovative forms of puréed food were developed, and residents were actively involved in test phases, tastings and satisfaction surveys.

Participatory dysphagia project

In a facility in Burgenland, dinner is served at a comparatively later time of 5.30 pm. A facility in Lower Austria takes particular account of individual daily rhythms and offers the option of a late meal at 10 pm. This practice is highly appreciated by both residents and nursing staff.

Needs-based dinner timers

In a care home in Vorarlberg, the commission identified the care documentation as an example of best practice. The care reports were clear and respectful in tone. The documentation followed the 'observation – intervention – effect' principle and enables a structured presentation of the care process as well as professional communication within the interdisciplinary team. The commission also made a very comprehensive observation of the care documentation in a facility in Burgenland. It includes individual care and action planning with a resource-oriented approach, biographical content and the use of standardised risk assessment tools.

Best practice: care documentation

A comprehensive sex education programme at a facility in Lower Austria proved to be convincing. It supports intimacy between residents and provides private spaces for couples.

Dealing with sexuality

| | |
|---|---|
| Access to information and complaints | At a facility in Burgenland, the commission rated access to information and complaints management positively. Already in the entrance area, there were information leaflets regarding advanced healthcare directives, the residents' representatives and patient and care advocates, as well as recommendation and complaints boxes and corresponding questionnaires. |
| Clear organisational structures | The commission also highlighted a facility in Lower Austria with clearly defined organisational structures and responsibilities in the areas of quality management, practical guidance, palliative care, hygiene, occupational safety, fire safety and health promotion. In the NPM's view, the broad professional framework significantly contributes to quality assurance, to reducing staff workload and to the professional care of residents. |
| Improving barrier-free accessibility and orientation | In 2025, too, facilities continued to implement the commissions' recommendations and suggestions for improvement in many areas. One facility in Tyrol removed the door thresholds between balconies and residents' rooms, whilst another Tyrolean facility replaced the lighting fixtures floor by floor, paying particular attention to ensuring adequate basic night-time lighting. |
| Design of dining area encourages residents to spend time there | A Tyrolean nursing home relocated the dining areas of all living quarters to quieter parts of the new building, which had a positive effect on the atmosphere and the length of time residents spent there. |
| Secure storage of medication | Another Tyrolean facility raised awareness among all nursing staff of the need to keep medicines securely locked in medicine trolleys and to lock these properly after each use, as well as to keep duty offices consistently locked, particularly when staff and caregivers are absent. |
| Revision of measures which restrict freedom | With regard to the NPM's core mandate concerning measures which restrict freedom, a Viennese facility discussed medication-based measures which restrict freedom with the residents' representatives and reported such measures to them in accordance with legal requirements. It updated all documentation relating to the care process and revised it in consultation with the head of the Medical Service department and the competent external specialists. |
| Protection of privacy and self-determination | In a Viennese facility, the NPM succeeded in ensuring that, in the case of mirrors fitted next to room doors which allowed a view of the resident's room from the corridor, consent or refusal regarding the open door was documented and regularly evaluated. In addition, the facility amended its rules to allow relatives to be present during care procedures 'where appropriate' with the consent of the residents concerned. |

2.2 Hospitals and psychiatric institutions

2.2.1 Monitoring priority 'discharge management'

2.2.1.1 Background and hypotheses

If the discharge management system does not work optimally, there is a high risk of a problematic transition from inpatient care to care outside the hospital for persons with mental illnesses. If the organisation of follow-up care fails, the medical success of inpatient care is jeopardised. Pauses in the treatment, unstable home care arrangements, or the failure to initiate follow-up care measures in a timely manner or to select appropriate measures can lead to health and social problems as well as functional impairments in patients. The long-standing staff shortages and the resulting lack of beds in inpatient psychiatric institutions suggest increased pressure to discharge patients.

Follow-up care difficult for persons with mental health conditions

At the same time, the NPM has for years criticised the lack of specialised follow-up care in facilities outside the hospital or other suitable outpatient care services for people with psychiatric diagnoses. This can lead to gaps in care, which have numerous negative consequences. International studies emphasise that an early, interprofessional discharge management system which is tailored to individual needs increases attendance at outpatient follow-up appointments (Smith T.E., Abraham M., Bolotnikova N.V., et al.: Psychiatric inpatient discharge planning practices and attendance at aftercare appointments. *Psychiatric Services* 2017, 68: 92–5). At the same time, readmission rates can be significantly reduced (Hegedüs A., Kozel B., et al.: Effectiveness of Transitional Interventions in Improving Patient Outcomes and Service Use After Discharge From Psychiatric Inpatient Care: A Systematic Review and Meta-Analysis. *Frontiers in Psychiatry* 2020; 10:969).

The aim of a well-functioning discharge management system is therefore to provide patients with continuous follow-up care. This is particularly important to reduce treatment discontinuation following initial stabilisation and thus also readmissions, to improve long-term compliance, and to enhance the satisfaction and quality of life of the persons concerned as much as possible.

Continuous follow-up care is essential

2.2.1.2 Procedure and approach

In 2024, the NPM agreed on a new nationwide monitoring priority on the topic of 'discharge management' to determine the extent to which this objective is already being met in Austrian psychiatric hospitals and departments, and to identify areas which need improvements.

Preparation of monitoring priority

The monitoring priority was developed in a tried-and-tested manner through an internal NPM process involving experts from all commissions and with

the involvement of the Human Rights Advisory Council. As usual, a data entry form was first drawn up with the involvement of the Institute for Empirical Social Research to define the subject areas that will be looked into in more detail. A large part of the subject areas focused on the clear and efficient organisation of documentation and information flows, as well as on interviews with staff and management teams in the departments visited. The data entry form was supplemented by a guide for patient interviews to assess satisfaction and empowerment.

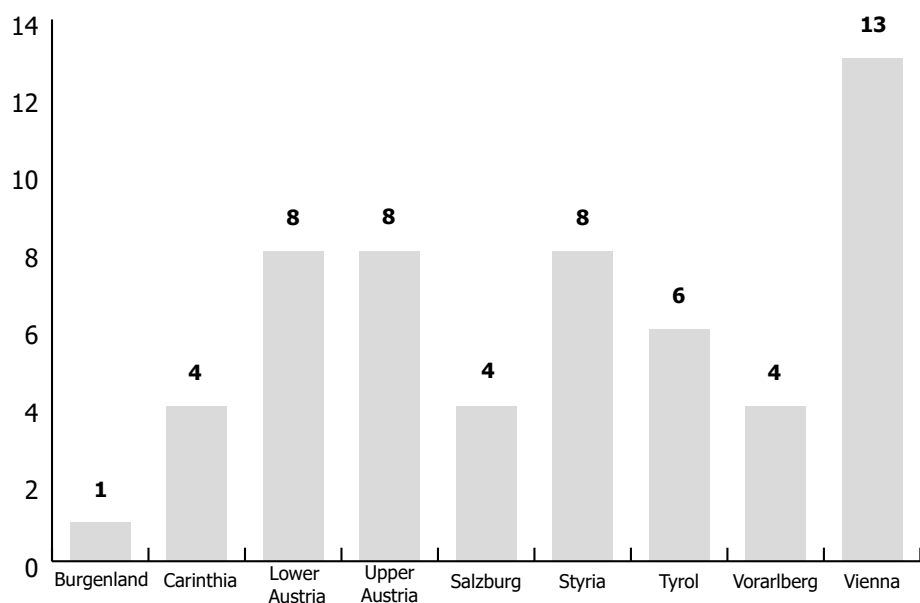
Compliance with quality standards

The Quality Standard for Admission and Discharge Management of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection (Quality Standard for Admission and Discharge Management, 2024, Vienna; with further references) served, among other things, as a reference for the categories determined in the course of the monitoring priority. The overarching aim of quality standards in health care is to support cross-sector, high-quality health care services and thereby create optimal conditions for informed decisions in the best interests of patients. The Ministry’s Quality Standard for Admission and Discharge Management is intended to help ensure the continuity of care in terms of quality. It primarily relates to organisational framework conditions. The NPM therefore also puts a focus on the process steps of referral, admission, discharge preparation and discharge.

Nationwide visits

Following the preparation of the working materials, the NPM commissions carried out a number of test visits in March 2024 to refine the practicality of the data entry form. The actual visits for the monitoring priority took place between April 2024 and March 2025.

Breakdown by Land



During this period, the commissions visited 56 inpatient psychiatric wards nationwide: 13 wards for child and adolescent psychiatry, one ward for transition psychiatry, 36 wards for adult psychiatry and six wards for geriatric psychiatry.

The NPM presented the commissions' observations and recommendations to the relevant decision-makers or sought separate statements of opinion from them on the matter.

2.2.1.3 Overview of the results

In order to address patients' needs as individually and needs-oriented as possible, the discharge management system must be continuously monitored – from admission through to follow-up care. The data entry form therefore aimed to map this process as chronologically as possible.

Key recommendations

Structured discharge management is applied in around 84% of patients. It is striking that only 55% of the departments visited have a written discharge management system.

Written discharge plan necessary

At the recommendation of the NPM, all the visited facilities that did not previously have a written discharge management system were willing to draw one up.

Discharge management is predominantly carried out by multi-professional teams. Doctors are specifically responsible for admission and discharge consultations, treatment plans and medication. Nursing and social work staff are responsible for advising and informing patients and their relatives, as well as organising the follow-up care required in individual cases (establish contact with follow-up care facilities, determine care needs following discharge). Dedicated discharge managers who act as process leaders are largely absent. Furthermore, in 80% of all departments visited, no peer support is available.

Responsibility lies with multi-professional teams

With regard to training for staff, the commissions enquired whether, and if so, which professional groups (in 2023) had taken part in further education or training (explicitly) on the subject of discharge management. The results showed that 33% of nursing staff, 31% of doctors, 17% of therapeutic staff and 12% of social workers had completed such training.

Lack of training offer

There appears to be little or no awareness of the need to acquire specialist knowledge on discharge management as a core task through training, or to further deepen existing knowledge. For patients and their relatives, however, there is a very wide range of training available, 88% of which covers the topics of care measures and medication.

- ▶ ***Training in the area of discharge management should be expanded for all professional groups in order to create greater structural awareness of necessary processes and to improve interface management between the inpatient sector and care outside the hospital.***
- ▶ ***To meet the demand for peer workers, there is a need for regular training programmes with sufficient training places, as well as quality standards and content requirements for the curriculum of such training.***

Phases of discharge management: admission – stay – discharge

Risk assessment usually upon admission The commissions enquired whether an initial (criteria-based) assessment of the expected care and/or support needs is carried out with patients (or their relatives or trusted persons) within 24 hours of admission. According to the survey results, such a risk assessment regarding post-discharge support needs is carried out predominantly at admission, but only in 38 % of cases 'always'.

Findings during the stay However, during the course of the patient's stay, an assessment of problems, resources and goals in relevant areas of life is carried out 'always' in 82 % of the wards visited. An assessment of ongoing care and support needs following discharge is also carried out 'always' in 86 % of the wards.

Coordination with follow-up care facilities Coordination with follow-up care facilities usually takes place in good time before discharge (86 % of the visited departments stated 'very frequently' or 'frequently'). Coordination with other facilities (e.g. schools, training centres) and authorities takes place somewhat less frequently. In the vast majority of cases (89 %), case-specific, cross-institutional support team meetings are held.

Wide range of support services It is positive that the visited departments offer a wide range of support to help patients cope with everyday life. In particular, they offer psychoeducation, social skills training (cooking, household management, medication management, learning coping strategies), advice on financial or legal matters, as well as support for relatives. Standardised preventive tools, such as crisis or treatment plans, are also frequently used (in 41 and 40 of the 56 visited departments, respectively).

Preparation for discharge Discharge planning is predominantly carried out jointly with the patients, or with their greatest possible involvement (70 % 'always', 25 % 'frequently'). All key aspects are discussed with patients again 24 hours before discharge (92 % 'always' or 'predominantly'). Relatives or trusted persons are involved in 51 % of the cases, either always or predominantly. The significantly lower percentage here is attributable, among other things, to the fact that patients do not wish them to be involved (for example, because they do not have a good relationship with their relatives) or that relatives or trusted persons are not available. A handover of care to the facility providing further care or to mobile care or support services is offered to a high degree (86 % of cases).

Forms of post-hospital care

In the interests of sustainable medical interventions, psychiatric departments should not merely arrange for immediate follow-up care. Through profound counselling, patients should be informed about further therapy options and information services available for the period following their hospital stay. Persons concerned should be empowered to better cope with crisis situations caused by illness or disability in the future. In hospitals, social services in particular reach those groups of people who - as experience shows - are unlikely to seek out outpatient or community-based counselling services on their own initiative.

Therapy offers following hospitalisation

According to the surveys, 52 % of the visited departments do not offer home treatment. However, the actual percentage of departments that do not offer such follow-up care is likely to be significantly higher, as some of the departments visited generally understood 'home treatment' to mean support provided at home, i.e. also by other facilities or services (e.g. psychosocial services, 24-hour care and the like).

Home treatment

However, 'home treatment' in the strict sense refers to support provided by the department, e.g. through mobile teams, ideally to prevent or shorten (further) inpatient stays. Multidisciplinary treatment, which is comparable to the inpatient setting, as well as a higher intensity and flexibility in treatment (compared, for example, to outpatient services), promote the autonomy and self-efficacy of the persons concerned, without interrupting the continuity of life in the family, social and educational spheres due to an inpatient stay.

All commissions noted that the existing offers and projects in this area should definitely be expanded (and for all patient groups). However, they were also able to identify some good practice models (see chapter 2.2.1.7).

Individual follow-up contact within 48 hours of discharge (e.g. with discharged patients, their relatives, the facility providing follow-up care or mobile services) rarely takes place (32 out of 56 departments visited). Where necessary, discharged patients or their relatives can contact the discharging medical facility or department spontaneously by telephone (52 out of 56 departments visited), as well as via outpatient visits (47 departments) and by email (31 departments).

Support services by clinics following discharge

Evaluating the implementation of discharge planning

An evaluation of the implementation of the previously drawn up discharge plan is predominantly (in 54 % of the cases) not carried out. The visited departments cite a lack of resources as the reason for this (in 70 % of the cases).

Lack of resources lead to inadequate evaluation

Potential for improvement

High need for networking and coordination

When asked for suggestions on how to improve discharge management, the visited departments reported that more staff resources should be made available for this purpose (61 % of respondents answered 'yes, definitely'). They also saw a need for more time for networking and coordination with follow-up care facilities, services or authorities (48 % answered 'somewhat yes').

Ongoing exchange in Vienna

During a visit to a semi-supervised residential facility for persons with psychosocial disabilities, which is funded by the Vienna Social Fund, the NPM, in line with the feedback mentioned, criticised the fact that continuous communication from the point of inpatient admission until discharge (and return to the follow-up care facility) only took place in isolated cases. In its statement of opinion, the Chief Executive Office of the City of Vienna explained that, as part of the Psychiatric and Psychosomatic Care Plan 2030, a pilot project entitled 'Regional Care Platform Favoriten' had been established at the Favoriten Clinic site (and thus close to the partially supervised facility visited) from 2022 onwards. Regular platform meetings bring together those involved in psychosocial care from the region, thereby promoting regular exchange. The concept is being rolled out to other regions of Vienna on an ongoing basis.

Furthermore, a regular exchange had been successfully established between the psychosocial services, the Favoriten Clinic and the operators' association. This was further intensified through the regular participation of all stakeholders in the Favoriten Regional Care Platform. The psychiatric department of the Favoriten Clinic also provided professional supervisory support for teams working outside the hospital and was available at all times to answer specialist questions.

Networking activities in Lower Austria

With regard to child and adolescent psychiatry, the NPM also observed that networking between the inpatient sector and community-based care providers or other stakeholders (e.g. substance abuse support services, the police) could be improved. A statement of opinion from Lower Austria indicates in this regard that numerous networking activities with various stakeholders take place, for instance by the department of child and adolescent psychiatry and psychotherapy of the district hospital in Mödling (at the Hinterbrühel site).

Special needs of dementia patients

The significant need for networking and coordination between the hospitalised and outside the hospital sectors was also recently highlighted by the case of a very old patient, who was suffering from dementia among other conditions, and who was discharged from the Pyhrn-Eisenwurzen Clinic in Steyr (Upper Austria) at her own request and without prior notification to her relatives or the follow-up care services. Following her discharge, the woman was left to fend for herself and passed away shortly afterwards.

Better coordination with care providers outside the hospital and with relatives (where available and desired by the persons concerned) can help to prevent such incidents and ensures that patients receive adequate follow-up care following inpatient stays.

Psychiatric care in Austria must be urgently expanded, both in hospitals and in the sector of office-based doctors. It should also be emphasised once again here that, in view of demographic trends, a greater number of patients with dementia-related conditions is to be expected in the future. More services should therefore be created for this patient group. As already outlined in the NPM Report 2024 (p. 67 et seq.), there are hardly any specific services to prevent, or at least reduce or delay, the need for care of persons suffering from dementia. In the year under review, the Austrian Pension Agency had already acknowledged that there were, for example, no specific rehabilitation programmes for people with dementia. The NPM therefore once again advocates the creation of dedicated services to address the needs and requirements of this group as effectively as possible and to ensure appropriate care.

As the data entry form explicitly addressed the potential for improvement in the area of discharge management from the perspective of the visited departments, the responses in this regard – apart from recommendations for improving communication structures – largely highlighted the inadequate follow-up care and aftercare situation (see above).

- ▶ ***In view of the rising incidence of psychosocial disabilities, mental health must be recognised as a key health policy priority.***
- ▶ ***Sustainable coordination processes are required to promote continuous exchange in the healthcare system, i.e. between hospitals and stakeholders providing care outside the hospital, with a view to ensure needs-based (further) care for patients.***
- ▶ ***Dialogue and networking among the stakeholders involved must be promoted accordingly and the necessary human and financial resources must be made available, particularly for the evaluation of measures planning a discharge.***

Specific issues regarding the Hospitalisation Act

The reform of the Hospitalisation of Persons with Mental Illnesses Act (*Unterbringungsgesetz*) aimed at providing as clear a provision as possible for the human rights framework governing the appropriate treatment of persons with psychosocial or intellectual disabilities in cases of involuntary treatment. Specifically, this was achieved through instruments designed to emphasise the central importance of patients' self-determination, such as the preliminary decision on medical treatment (Section 36a Hospitalisation Act), the mandatory effort to involve a support network (Section 35 (3)),

a comprehensive concluding meeting with a doctor (Section 32b (1)) and the agreement on a treatment plan in the event of renewed inpatient treatment (Section 32b (2)).

Treatment plan as a basis The treatment plan provided for in Section 32b (2) of the Hospitalisation Act is to be drawn up 'at the patient's request' and may, in the event of further admission, serve as a useful guide as to how the person concerned should be treated in future. Such a plan can, for example, individually indicate which medication (and at what dosage) was helpful or less effective during the last inpatient treatment, which coercive measures, if necessary, are to be applied, which interventions had a de-escalating effect under which conditions, or even which trusted relatives and friends are welcome as visitors and which contacts are to be declined. The agreed treatment plan must be documented in the medical record and a copy provided to the patient.

Duties of the head of department Where indicated, the head of the department must also demonstrably endeavour to arrange for social and psychiatric support following discharge (Section 32b (3) of the Hospitalisation Act). Furthermore, the head of the department must immediately notify the court, the patient's representative and, where applicable, their trusted person of the termination of the placement (Section 32b (4)). This is intended to ensure that information reaches the persons or institutions mentioned and enables and facilitates their action in the patient's best interests.

More treatment plans required The findings observed within this monitoring priority showed that staff in the visited psychiatric wards are, for the most part, fulfilling their obligations under the Hospitalisation Act. The only notable issue is that the preparation of treatment plans (as required by Section 32b (2) of the Hospitalization Act) is only a standard procedure in 43% of the visited wards. An increase in this percentage would be necessary. According to a British study, a reduction in involuntary hospital admissions and in the use of coercive measures was achieved after such a plan had been drawn up together with the patients (C. Henderson, C. Flood, M. Leese, G. Thornicroft, K. Sutherby and G. Szmukler, 'Effect of joint crisis plans on use of compulsory treatment in psychiatry: single-blind randomised controlled trial', Ministry of Justice, Vol. 329, No. 7458, July 2004, p. 136). This contrasts with a later study which, whilst failing to observe a reduction in coercive measures, did demonstrate positive effects on the therapeutic relationship (G. Thornicroft, S. Farrelly, G. Szmukler, M. Birchwood, W. Waheed, C. Flach, B. Barrett, S. Byford, C. Henderson, K. Sutherby, H. Lester, D. Rose, G. Dunn, M. Leese, and M. Marshall, 'Clinical outcomes of Joint Crisis Plans to reduce compulsory treatment for people with psychosis: a randomised controlled trial', *The Lancet*, vol. 381, no. 9878, May 2013, pp. 1634–1641).

- ▶ ***Treatment plans (Section 32b(2) of the Hospitalisation Act) strengthen the relationship between doctors and patients and provide important information for any subsequent placement (to the same psychiatric ward).***
- ▶ ***It should be ensured that treatment plans are viewed as tools for self-empowerment and are drawn up as standard, as they help to reduce psychological stress.***

2.2.1.4 Main point of criticism: untimely discharges

Around 69% of patients are discharged at the appropriate time from a specialist's perspective, around 18% later than medically indicated, and around 13% earlier than medically indicated. The data collected by the commissions revealed that pressure to discharge (e.g. due to bed shortages caused by building works or staff shortages) is very rarely (30%) or rarely (45%) the reason for a premature termination of inpatient care.

Time of discharge

Discharge later than medically indicated is predominantly justified by the fact that no suitable care option is available outside the hospital (very frequently 35% or frequently 56%). This applies not only to the shortage of suitable nursing home places for older patients with chronic psychosocial disabilities, but also to the lack of rehabilitation clinics, specialised facilities or residential places to facilitate the transition from acute care back into the environments of the persons concerned (e.g. for persons with substance use disorders and comorbidities, people with dementia, people with conditions in the schizophrenia-spectrum, people suffering from severe post-traumatic stress or borderline personalities, and children and adolescents in the autism spectrum, etc.).

Shortage of care home places and specialised facilities

The NPM has outlined in numerous reports that there are significant structural deficiencies in the development of needs-based social and health services for persons with chronic psychosocial and intellectual disabilities, which often result in undesirable interruptions of treatment and consequently a further deterioration in the health of the persons concerned. The situation is particularly precarious for homeless psychiatric patients, people with a forensic background, and persons with chronic psychosocial disabilities and without a residence permit in Austria. Due to a lack of appropriate services that are tailored to their life situation and promote their social and health well-being, these groups of people must be admitted to psychiatric clinics on an acute basis more frequently. The boundaries drawn between prevailing notions of what is normal and a behaviour that deviates from these due to illness call into question the identity of the persons concerned and also jeopardise their social integration (NPM Report 2015, p. 85 et seq.).

Homeless people and persons without residence permits

In the course of its monitoring priority, the NPM has not become aware of any systematic expansion strategies between the Laender, nor of any projects for

cross-institutional and cross-organisational data collection and planning to address the current lack of support and care outside the hospital. Nor has the NPM been made aware of any initiatives for healthcare research – taking into account the needs of persons with chronic mental illnesses – that would be guided by the current state of knowledge in sociology, psychiatry and psychotherapy.

Lack of transparency in admission criteria for residential facilities

Admission criteria for residential facilities are often opaque and at times clearly driven by interests that have a discriminatory effect (e.g. 'clients must already have achieved a high degree of independence'). It can happen that, following acute inpatient care, no facility with an admission or care obligation can be found (not even in the patient's own region). This then leads to a form of selection to the detriment of those with the most severe chronic conditions. Patients who require a very high level of support in performing basic, everyday tasks and who display significant deficiencies in social interaction cannot always be discharged into the care of psychosocial support facilities if these do not offer the continuous presence of specialist staff and/or flexible care models (e.g. night shifts). It would therefore be necessary to reduce the fragmentation of care services that extends across different settings.

Gaps in the care for people with eating disorders

The NPM has recently highlighted, across Austria and particularly in relation to the *Land* of Salzburg, that there is a serious gap in care regarding the treatment of people with eating disorders, especially for (predominantly female) adults. Anorexia, bulimia and orthorexia are complex psychiatric clinical pictures with high numbers of unreported cases and, in some instances, chronic courses with an increased mortality rate of 5 to 10%. Given the scarcity of low-threshold services, there are limitations on care options for patients with a BMI below 15, which is why the emerging risk to life can often only be averted by admission to intensive care units or medical wards. Subsequently, repeated transfers to psychiatric wards must take place (see Report to the Diet of Salzburg 2023/2024, p. 39 et seq. - only available in German). However, this group of long-term patients requires moderate or even years of multi-professional support in order to remain stable in everyday life, which cannot be provided within the framework of acute psychiatric treatment in medical facilities. There is a lack of rehabilitation services and places in highly specialised day clinics for the intensive treatment of people with chronic eating disorders throughout Austria.

Inappropriate placement

There is an urgent need to strengthen low-threshold psychosocial care, including through nationwide networks of psychosocial centres offering psychosocial and psychiatric counselling, support and treatment for persons with psychosocial disabilities and their families. To this day, residential facilities for people with disabilities that are not designed for this purpose, or placement in homes for older persons, are inevitably considered for these patient groups. The NPM considers this to be highly questionable from a

human rights perspective (see most recently NPM Report 2024, p. 108 et seq.). The NPM highlighted such inappropriate placements of young people with chronic conditions in all Laender. In particular, the Styrian Regional Government's course of action of encouraging nursing homes to admit chronically ill people of all ages through psychiatric surcharges, rather than redirecting existing funds towards establishing and expanding adequate treatment services and tiered care options, including residential groups, partially assisted living, and medical, social and vocational rehabilitation. The NPM classified this as a gross violation of the UN CRPD (NPM Report 2017, p. 38 et seq.).

In view of the challenges currently facing the social and health care sectors (changing age structure, increase in chronic and multiple conditions, as well as over-, under- and misallocation of care), concepts for patient-centred, continuous, cross-sectoral and/or interdisciplinary care must be funded and implemented, as the imperative need to achieve the best possible outcomes with limited resources is undeniable. This call applies to all public social insurance carriers, local authorities and other stakeholders in the health care sector.

Furthermore, the commissions noted that there are often differing expectations among the individual stakeholders involved (e.g. nursing homes versus inpatient psychiatric institutions; in many cases, a 'cure' for patients is not possible).

In addition to inpatient care settings for different target groups, there is a shortage of health insurance accredited doctors and an adequate range of psychotherapy services, for which there is likewise insufficient funding. The hospital staff surveyed during the commissions' visits to the departments predominantly rated the availability of office-based specialist doctors in the psychiatric institution as poor (50% of the respondents) or very poor (23% of the respondents). The provision of outpatient psychotherapy was rated as poor by 43% of the respondents and as very poor by 23% of the respondents. The NPM's observations largely correspond with the findings of the recently published report by the Austrian Court of Audit on 'Medical Care in Private Practice 2018 to 2023', according to which the density of care offers, particularly in rural regions, deviates in some cases significantly (by more than 30%) from the target values in the Austrian Health Care Structure Plan (see series BUND 2025/43, chart on p. 119).

Lack of offer for specialised care and psychotherapy by health insurance

Patients are therefore have to switch to alternative private healthcare options more and more often, for which only a subsidy is provided that falls far short of covering the full costs. However, psychiatric patients in particular often lack sufficient funds to finance necessary medical services themselves. As a consequence, considerable waiting times for services funded by the health insurance scheme are to be expected.

Problem region: During a visit to Lienz District Hospital (East Tyrol), the NPM highlighted the impact of an inadequate offer of follow-up care facilities and options for care outside the hospital in the region. The professional staff at Lienz District Hospital are working hard and with great dedication to ensure good aftercare for patients. However, across the entire district there is only one health insurance accredited psychiatrist and no child and adolescent psychiatrist, meaning that the existing demand cannot be met. As a result, the department visited at Lienz District Hospital itself must provide services that are usually provided by office-based doctors. Due to a lack of care outside the hospital, (repeat) admissions are necessary to ensure that the persons concerned receive specialist treatment.

East Tyrol

Furthermore, in many cases there are no suitable facilities available to provide follow-up care for patients who are about to be discharged. This situation is exacerbated by the fact that the already overcrowded regional nursing care clinic is located in North Tyrol (Hall). Similarly, the psychogerontology department competent for East Tyrol and thus for the Lienz district, as well as the department of child and adolescent psychiatry, are located at Hall Regional Hospital, which is why the psychiatric department of Lienz District Hospital must also step in to provide care for these patient groups in the Lienz district when the long journeys to North Tyrol are impossible or unreasonable for patients and stand in the way of necessary treatment.

There is also a lack of parent-child facilities, and there is an urgent need for additional funding for psychotherapy. Shared accommodation for psychiatric patients is lacking in East Tyrol, as well as in the short-, medium- and long-term sectors. Services for young adults are completely absent. There are insufficient outreach services, particularly in the field of addiction. There are waiting times of up to one and a half years for aftercare services for both young patients, as well as patients with geriatric psychiatric care needs, which is why places must be sought in other *Laender*. In the district of Lienz, there is a single dementia ward in the long-term care sector, namely at the Lienz nursing home, where the waiting time is up to two years. The only long-term care facility offering care for (older) psychiatric patients is the regional nursing care clinic in Hall.

In a statement of opinion, the *Land* of Tyrol acknowledges the NPM's observations and admits that there is a need for improvement in the area of non-hospitalised care. The *Land* of Tyrol is endeavouring to provide the persons concerned with services close to their homes, which requires coordination between all system partners.

The Austrian Public Health Insurance Office pointed out that the number of patients at its contracted provider is in line with the Tyrolean average when compared across districts. However, the Austrian Public Health Insurance Office is nearing completion of the planning for the 'Regional Health Care

Structure Plan 2030'. According to this, at least one health insurance funded position is to be created in the field of child and adolescent psychiatry (for the related care deficits, see also chapter 2.2.1.6).

The already precarious care situation is exacerbated by the cuts that have already been mooted for 2026 as a result of budget consolidation. As a result, extensive cuts in the provision of care for persons with psychosocial disabilities – such as in the City of Vienna – are to be expected. The City of Vienna, for instance, is withdrawing funding from a Caritas socio-psychiatric facility in Vienna as of January 2026. From the start of the year, around 100 persons with chronic psychosocial disabilities or schizophrenia-spectrum conditions will lose the support from social workers that they have previously received to help them cope with daily life, as well as their daily structure, including leisure activities and group therapy sessions. In the future, and according to the City of Vienna, clients of the Caritas facility will be able to make use of the daily structures provided by the psychosocial services in Vienna. Nevertheless, from the NPM's perspective, such cost-cutting measures must be strongly criticised, as they affect the most vulnerable groups in society without simultaneously envisaging targeted and sustainable reforms.

Cuts exacerbate an already precarious care situation

Like Caritas, numerous other owners and operators of facilities in the health and social sectors are facing existential challenges. As a result, persons with chronic psychosocial disabilities are losing their last remaining social support networks. For instance, the counselling centre *Hilfe für Angehörige psychisch Erkrankter* ('Help for Relatives of Persons with Psychosocial Disabilities') has suffered severe budget cuts. Far-reaching cuts have recently also affected labour market projects for people with substance use disorders and for those with intellectual impairments. Valuable projects that have achieved significant success in the field of prevention in recent years, such as community nursing projects, are not being continued due to a lack of funding.

In the NPM's view, comprehensive structural measures should be considered to ensure the care of persons with chronic psychosocial disabilities in a sustainable manner at all levels, thereby preventing additional costs in the long term.

Other reasons identified for a later discharge than indicated included the termination of shared accommodation or care home agreements by the operators during the period where the person concerned is in inpatient psychiatric care (see also NPM Report 2024, p. 62) or a lack of entitlement to cost coverage (e.g. due to the absence of a residence permit). Long waiting times, e.g. for follow-up care from the psychosocial services, are also (very) frequently (54 %) the reason for a delayed discharge from psychiatric care in medical facilities. Problems also arise if the appointment of adult representatives proves necessary during the stay.

Other reasons for delayed discharges

- ▶ ***Structural measures need to be considered across Austria to ensure that persons with chronic psychosocial disabilities are cared for in a sustainable manner and at all levels, thereby avoiding additional costs in the long term.***
- ▶ ***Sustainable concepts for adequate, cross-sectoral and interdisciplinary care must be implemented without delay. Particular focus should be placed on establishing and expanding multi-professional facilities and outreach services (e.g. home treatment).***
- ▶ ***Care provided by office-based and contracted specialist doctors and psychotherapists should be urgently expanded in line with current (rising) needs.***

2.2.1.5 Differing observations regarding geriatric psychiatric facilities

In 2023, there was a higher average occupancy rate in (the visited) geriatric psychiatric wards (around 82 % occupancy) compared to the overall analysis across all psychiatric wards (around 77 % occupancy). In contrast, the re-admission rate in geriatric psychiatric wards was lower than the average across all wards.

Delayed discharges are more common

In geriatric psychiatry departments, discharge often occurs later than medically indicated (namely in 34 % of cases; overall average: 18 %). The reasons for this are a glaring lack of support services outside the hospital for this target group (89 % of the visited departments cited this as a very frequent or frequent reason) and the sometimes long waiting times for the appointment of adult guardians (88 % very frequently or frequently). Appointments with follow-up or aftercare providers that are accompanied by staff from the ward or department, are only offered in some cases.

Lack of suitable facilities

According to the findings, outpatient assisted living and housing for patients with geriatric psychiatric care needs is very poorly developed (67 % rated it as very poor). There is also a lack of both supported housing facilities (66 % very poor or poor), specialised transitional care and support facilities (83 % very poor or poor) and specialised long-term care facilities (84 % very poor or poor). Furthermore, there is a lack of rehabilitation places available, or services that are tailored to the needs of the very old patients.

From the perspective of 50 % of the visited departments, long waiting times (for follow-up support services, funding confirmations, adult guardianship) are always obstacles to a successful discharge management in the field of geriatric psychiatry.

- ▶ ***Concepts for adequate, multi-professional and comprehensive services for patients with geriatric psychiatric care needs should be developed with the involvement of all relevant stakeholders.***

- ▶ ***Interface management should be implemented to improve coordination and ensure the necessary transparency regarding the availability and allocation of follow-up care places.***

2.2.1.6 Differing observations regarding departments of child and adolescent psychiatry

It is now broadly recognised that adequate care for children and adolescents with mental health conditions is of essential importance. Mental health conditions often manifest in adulthood as well, which is why it is all the more important to carry out targeted health promotion and prevention work in this area too.

The care situation in child and adolescent psychiatry in Austria has been precarious for years. A 2025 report by the Austrian Court of Audit on 'Child and Adolescent Psychiatry – Care Planning and Implementation' (Series BUND 2025/28, p. 12 et seq. with further references) informs that the monitoring done within the Austrian Health Care Structure Plan for the year 2022 revealed a nationwide shortfall of at least 103 beds in the hospitalised sector of child and adolescent psychiatry, with significant variations in the care situation across the *Laender*. Outside the hospital, too, the figures for 2022 painted a similar picture: only ten (out of 32) care regions had more than one health insurance accredited doctor specialising in child and adolescent psychiatry. Even when including elective doctors, only 20 of the care regions had more than one office-based specialist in child and adolescent psychiatry. The non-hospitalised care was inadequate in at least twelve care regions. At the time of the audit, 'no specific, nationally uniform criteria or minimum standards for multi-professional facilities' were available. According to a finding of the Austrian National Public Health Institute in 2023, services aimed at strengthening the psychosocial health of children and adolescents were not coordinated or, in some cases, were only available regionally.

Austrian Court of Audit confirms precarious care situation

Whilst many areas of physical medicine regularly carry out evaluations on health and preventive measures, there is a lack of comparable representative evaluations on the mental health of children and adolescents. From the perspective of the Austrian Society for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, this lack of representative data not only makes it difficult to identify risk factors but also impossible to make recommendations about the effectiveness of measures.

A visit by Commission 4 to the Department of Child and Adolescent Psychiatry at Hietzing Clinic – conducted outside the scope of the monitoring priority – revealed that in 2025, beds were consistently kept vacant due to staff shortages, with an average of around seven (out of a total of 43) in January and February, 14 in March, and 18.5 in both April and May. Due

Admissions freeze at Hietzing Clinic

to the reduced bed capacity the average occupancy rate had risen from around 55 % in February to 79 % in May. In addition to the lack of staff, the commission criticised the continuing problematic spatial and structural conditions and once again highlighted the deficiencies in the offer of aftercare for children and adolescents.

The evaluation conducted as part of the monitoring priority 'discharge management' also revealed similar results. According to the assessment of the medical experts working in the visited departments, patients are discharged at the appropriate time in 70 % of the cases. However, there are sometimes very significant regional differences in the care offers available, particularly following acute hospital stays.

No inpatient ward in Burgenland

During a visit by Commission 6 to the department of psychiatry and psychotherapy at the Hospital *Barmherzige Brüder* in Eisenstadt, it became clear once again that there is also an urgent need in Burgenland for a dedicated inpatient child and adolescent psychiatric facility. Both the staff interviewed at the facility and the visits at child and adolescent psychiatry departments in neighbouring *Laender* highlighted a steadily increasing and now very significant need for inpatient beds for this target group, particularly in the area of transitional psychiatry (i.e. the age group of 16 to 22). Although the social services of Burgenland make a significant contribution to the outpatient support of children and adolescents in mental distress, in many cases, particularly for the rapid stabilisation and treatment of young patients, inpatient admission is essential at the beginning.

In its statement of opinion, the Land of Burgenland pointed out that acute inpatient care is currently provided by the Baden-Mödling-Hinterbrühl Regional Hospital (for Northern and Central Burgenland) and the Graz II Regional Hospital (for Southern Burgenland). In addition, a transitional psychiatry unit (ten beds) is planned at the Hospital *Barmherzige Brüder* in Eisenstadt for the 16 to 24 age group. The master plan up to 2034 includes eight beds for children and adolescents with psychosomatic symptoms. Staffing and spatial adaptations had already been approved for 2024 to enable the allocation of four beds within the existing paediatrics and adolescent medicine ward. The Centre for Curative Educational Care in Rust is a special medical facility with twelve places, which served the diagnostic assessment, treatment and support of children and adolescents aged three years up to the end of compulsory schooling.

Whilst the NPM acknowledges the aforementioned efforts to improve the situation, it considers the establishment of a dedicated inpatient facility for child and adolescent psychiatry in Burgenland, essential to adequately meet the growing demand. Furthermore, Commission 6 observed that the costs of emergency transport across the *Laender* are now only covered in acute cases, which further exacerbates the situation for the children and

adolescents in Burgenland who require inpatient treatment in Lower Austria or Styria. It is, for example, incompatible with children's rights that the return transport of minors suffering from severe mental distress – who have been admitted to psychiatric clinics as acute cases following several suicide attempts and self-harm and are receiving medication there – takes place at night, unaccompanied and by taxi.

The establishment and expansion of capacities in and outside the hospital is therefore urgently required – as the NPM has been requesting for years. The visited psychiatric departments largely rate the offer of specialised transitional care and support for children and adolescents (42 % rated it as very poor) and the provision of continuous care by health insurance accredited doctors in child and adolescent psychiatry (75 % rated it as very poor or poor) as inadequate. The same applies to psychotherapeutic services and psychosocial support.

Waiting times of up to six months for further treatment or therapy are a consequence of the fact that standard care is stretched beyond its capacity limits and overburdened. The NPM therefore reiterates its long-standing demand, particularly in view of the inadequate care structures in the field of child and adolescent psychiatry, for appropriate measures to be taken to ensure adequate and needs-based care nationwide.

**Long waiting times
for further treatment**

- ▶ ***There is an urgent need to expand both in- and outside-the-hospital psychosocial services in the field of child and adolescent psychiatry.***
- ▶ ***Appropriate measures must be taken – with the involvement of all stakeholders – to ensure adequate care for children and adolescents with mental health conditions.***
- ▶ ***To this end, concrete plans must also be developed to enable all areas of care (outside the hospital, outpatient and inpatient) to be established and expanded in an adequate manner.***

2.2.1.7 Successful model of home treatment

As briefly outlined in the NPM Report 2024, (p. 69 et seq.), very good results have been achieved in the area of home treatment in recent years. The aligns with the observations the NPM made within the framework of the current monitoring priority on 'discharge management'.

In Vienna, for example, the Psychiatric and Psychosomatic Care Plan 2030 has been in implementation since 2020. The aim is to provide assistance at the 'best point of care', i.e. as close to the patient's home as possible, and tailored to their needs and requirements. The focus is on low-threshold services, the most comprehensive networking of practitioners possible, and tailored support for patients based on the principle of 'outpatient care

**Home treatment
offered in several
Laender**

before day clinic care before inpatient care'. As part of the Psychiatric and Psychosomatic Care Plan, home treatment is also offered in the field of child and adolescent psychiatry (Medical University of Vienna/Vienna General Hospital and psychosocial services in Vienna).

Comparable home treatment services in the field of child and adolescent psychiatry are now also available in individual clinics in Lower Austria, Salzburg, Styria and Tyrol (see <https://oegkjp.at/hometreatment>, as of 11 March 2026 - only available in German).

A statement of opinion from the *Land* of Tyrol in response to a visit at the Department of Child and Adolescent Psychiatry at the regional hospital in Hall indicates that home treatment services – as outlined by the NPM – are very well suited to shortening or even replacing inpatient treatment (particularly in the field of child and adolescent psychiatry). It was announced that the Target Steering Committee of Tyrol intended to decide in early November 2025, whether the local home treatment project will be continued for a further year (2026) and extended to other districts of Tyrol. No outcome was available at the time of going to press.

Integrated Care Salzburg has been transitioned from a pilot project into a standard system. Multi-professional treatment teams offer, among other things, home treatment for adult patients at the Salzburg Regional Clinics (a non-profit operating company) and at the Kardinal Schwarzenberg Clinic. The focus is on reducing inpatient stays and enabling patients to lead as independent a life as possible. An evaluation showed that the length of stay of the participating patients could be reduced by 80 %.

Nationwide expansion desirable

In light of the positive experiences and clear results of the evaluations carried out, the NPM reiterates its recommendation to expand existing home treatment services across Austria and for patients of all age groups.

- ▶ ***Home treatment programmes have proven to be highly effective in shortening or even replacing inpatient treatment.***
- ▶ ***The NPM therefore reiterates its recommendation that such services be made available nationwide and for patients of all age groups.***

2.2.1.8 Further positive developments

Vienna: ward for children and adolescent psychiatry planned at Floridsdorf Clinic

During a visit to the, department of psychiatry and psychotherapeutic medicine (Ward 01, transitional psychiatry) at the Floridsdorf Clinic, the NPM observed that the staff of Ward 01 consisted entirely of staff from the adult psychiatry department. In its statement of opinion, the City of Vienna explained that there is a lively exchange of medical expertise between the outpatient child and adolescent psychiatry and the transitional psychiatry. It is a shared aim to deploy more specialists in child and adolescent psychiatry

within the transitional psychiatry in the future. Furthermore, the opening of a dedicated child and adolescent psychiatric ward is planned for 2026.

In addition, on the occasion of a visit to the University Clinic for Child and Adolescent Psychiatry at Vienna General Hospital (AKH), the City of Vienna noted that the Penzing Outpatient Clinic for Child and Adolescent Psychiatry of the Psychosocial Services in Vienna has now commenced operations on the grounds of the Baumgarten Care Facility of the Vienna Health Care Association. In addition to providing general psychiatric care for children and adolescents, the outpatient clinic also focuses on children and adolescents who are in the care of Vienna's child and youth welfare services. A socio-pedagogical residential group and the close cooperation between various stakeholders ensure high-quality, adequate treatment for the young patients.

Vienna: new outpatient clinic for child and adolescent psychiatry in Penzing

In response to the criticism expressed by the commissions regarding inadequate care structures, some *Laender* have already announced improvements:

On the occasion of a visit by Commission 5 to the Department of Psychiatry and Psychotherapeutic Medicine at Tulln University Hospital, the *Land* of Lower Austria issued a statement in which it explained that existing aftercare services outside the hospital had been gradually expanded in recent years. Three fully supervised units with therapeutic occupational programmes had recently been launched in Hausmening, Öhling and Opponitz. Further new facilities offering full and partial care (including daily structures) are planned near St. Pölten, in the district of Gmünd and near Mödling. In addition, the range of residential care services for older persons with psychosocial disabilities has also been gradually expanded. The provision of mobile support services for persons with psychosocial disabilities ('residential assistance') was further expanded in 2025.

Lower Austria: therapeutical occupational programmes and residential places

The NPM also views the Lower Austria-wide implementation of the 'NeuroDe-escalation' concept positively. The concept is based on a method that applies findings from neurobiology, attachment theory, trauma theory and body-oriented psychotherapy to the specific case of 'escalation' (see <https://traumainstitut.eu/veranstaltung/neuro-deeskalation>; only available in German). According to the observations of Commission 5, this has already led to a noticeable reduction in measures which restrict freedom in the department of child and adolescent psychiatry and psychotherapy at Tulln University Hospital.

Lower Austria: 'NeuroDe-escalation' concept

Following a visit by Commission 3 to the Department of Psychiatry and Psychotherapy at the Elisabethinen Hospital, the Land of Styria issued a statement in which it acknowledged, among other things, that there is a lack of suitable supported housing facilities and therapeutic occupational programmes, particularly for geriatric psychiatric patients, and that relevant services (especially outside Graz) are poorly accessible to the public.

Styria: expansion of local care

Accordingly, there is a significant backlog in the creation of services outside the hospital, particularly in rural areas. The *Land* announced plans to expand offers, such as the Socio-Psychiatric Help for Older Persons and other services (e.g. day care centres and mobile services) across the region. These measures are intended to significantly improve care services close to the residence in all of Styria.

Salzburg: expansion of specialised long-term care

The *Land* of Salzburg also informed the NPM about its plans to expand care structures, after a visit by Commission 2 to the Kardinal Schwarzenberg Clinic. The commission had criticised the care structures as inadequate; particularly in the area of specialised long-term care. At the St. Veit Provincial Hospital, for example, the Department of Long-Term and Geriatric Psychiatry offers 'inpatient long-term accommodation for people with underlying psychiatric conditions and increased care needs, as well as challenging behaviours in old age', in order to provide adequate inpatient care for this target group. An expansion of the number of beds funded by social welfare from 20 to 30 had already been implemented as of 1 January 2025.

In recent years, the initiative *Hilfe zur Teilhabe* ('Assistance for Participation', assistance for persons with disabilities) and the psychosocial services of the *Land* Salzburg have also stepped up their measures to improve out-of-hospital care for persons with psychosocial disabilities. With its comprehensive network of contact points, the psychosocial services have played a central role in coordinating and networking support. Furthermore, the Salzburg's care advisory service has been expanded across the region in recent years.

Carinthia: expansion of outpatient facilities

In Carinthia, the NPM also criticised the existing lack of care options outside the hospital. In response, the *Land* of Carinthia highlighted the expansion of outpatient facilities in its statement of opinion following a visit by Commission 3 to the Department of Psychiatry and Psychotherapy at the Klagenfurt Clinic. Over the coming years, two psychosocial therapy centres for adults, children and adolescents in Klagenfurt and Villach will increase the offer of mobile socio-psychiatric care services – in collaboration with the inpatient sector. The *Land* aims to design these services in the spirit of integrated care. This will ensure that patients can be transferred directly from the inpatient to the outpatient sector. If necessary, additional sites (e.g. in the districts of Spittal and Wolfsberg) would be opened.

Upper Austria: recruitment of specialised medical staff

As part of a visit to the Department of Child and Adolescent Psychiatry at Wels-Grieskirchen Hospital, Commission 2 once again observed the significant lack of specialists in child and adolescent psychiatry – including within the hospital itself. In response to the commission's criticism, the *Land* of Upper Austria plans to implement various measures to attract trainee doctors and announced that it would cooperate closely with the Faculty of Medicine at Johannes Kepler University Linz and the individual hospital

operators in this regard. For instance, the subject of 'child and adolescent psychiatry and psychotherapy' has long been established as a compulsory module in the Master's programme in 'Human Medicine'. There are also plans to gradually expand the range of optional subjects and to broaden the offer by introducing a module on 'child and adolescent psychiatry and psychotherapy'. In addition, a 'summer school' or 'winter school' would be offered for medical students to familiarise themselves with the department of child and adolescent psychiatry and psychotherapy. Furthermore, there is the possibility of partial training placements in departments of (somatic) paediatrics and adolescent medicine, or training rotations. The establishment of child and adolescent psychiatric facilities at the Salzkammergut Clinic and the Wels-Grieskirchen Clinic has not only created decentralised services for patients, but also opened up opportunities for young doctors to work in inpatient settings outside the Kepler University Clinic.

During a visit to the Rankweil Regional Hospital's Department of Child and Adolescent Psychiatry, Commission 1 addressed, among other things, the fact that a targeted expansion of socio-psychiatric care for children and adolescents in the *Land* of Vorarlberg had already been announced for 2024. However, a lack of suitable long-term places in residential and care facilities is still evident there, especially for adolescents with particularly challenging behaviours. In its statement of opinion, the *Land* of Vorarlberg pointed out that socio-psychiatric care for the aforementioned target group is a central component of Vorarlberg's Psychiatric Strategy 2025–2035.

The new, joint Psychiatric and Substance Abuse Strategy 2025–2035 was presented in early December 2025. The aim of this strategy is to develop uniform quality standards for psychiatric support and support in the field of substance abuse in the coming years, to implement low-threshold support services, and to strengthen self-help and self-efficacy among persons concerned and their families. Hospitals and office-based doctors are to work more closely together in the future. Plans include outreach services (home treatment), a 24-hour crisis helpline and a structurally embedded 'dialogue' (involving professionals, relatives and persons concerned).

**Vorarlberg: new
Psychiatric and
Substance Abuse
Strategy 2025-2035**

2.2.2 Key observations outside the monitoring priority

2.2.2.1 Supported decision-making

Following a visit to the Neunkirchen Regional Hospital, the NPM raised the issue of providing the necessary support to a patient, so she could find a facility for further support.

The documentation contained the consent of the patient concerned to a 'non-binding' visit to a residential facility, as she is no longer able to return to her

**Consent to
residential facility
questionable**

husband. It is generally welcomed that the department made efforts to find her a place to live, as the alternative would likely have been homelessness.

However, according to the information given by the patient during a conversation with the visiting delegation, she did not wish to live in the facility. Nevertheless, a referral to this facility was noted on the patient's documentation. It was unclear whether the patient had given her consent elsewhere.

It was also questionable whether the patient was capable of making this decision on her own and could assess the consequences of refusing a place in the facility. No adult guardianship was documented. Nor was it recorded in the documentation how or whether she had consented to the transfer. It was also not clear if forms of supported decision-making (e.g. a support group) had been used or if the psychiatric institution had made a recommendation for adult guardianship. A transfer to a residential facility following inpatient treatment against her will would also not be legally permissible.

Self-determination vs. protection of vulnerable persons

This case exemplifies the tension between self-determination, which can lead to homelessness, and the necessary protection of vulnerable individuals. It would be important here to develop mechanisms for supported decision-making to find solutions that are carried by the patients as well. To achieve this goal, concepts ensuring the traceability of decisions and detailed documentation are necessary.

Response from the *Land* of Lower Austria

In a statement of opinion, the *Land* of Lower Austria explained that the person concerned had ultimately considered the planned move to a residential facility as a positive step and had endorsed it. She had since settled in well at the chosen transitional care facility. The head of department emphasised that, as a general rule, a 'no' from the persons concerned is accepted and that they are not transferred to a facility against their will, either by the department or by the competent facility. To optimise procedures for planning and preparing a transfer to a facility, the regional hospital has also introduced a phased process. In addition to the assessment visits and introductory meetings, the persons concerned are offered a 'trial week' to adjust to the facility. Should any issues arise during this period or should the facility prove unsuitable, patients can be readmitted to the department so that suitable follow-up care can be organised once again.

► ***Supported decision-making is necessary to take account of the individual needs of the persons concerned.***

2.2.2.2 Staff shortages

Hietzing Clinic A visit to the Department of Child and Adolescent Psychiatry at the Hietzing Clinic in Vienna, demonstrated once again that the shortage of specialists in child and adolescent psychiatry has gradually worsened in recent years.

At the time of the visit, the core team consisted of only four specialists in child and adolescent psychiatry (equivalent to 3.5 full-time employees). At the time of the previous visit in 2022, there were nine specialists (equivalent to 7.25 full-time employees).

According to the experts on Commission 4, the gaps in the core team for child and adolescent psychiatry are being filled on a temporary basis by (in some cases external) specialists in psychiatry. Care is taken to ensure continuity within the team of external specialists and regular communication with the core team. However, the shortage of permanent specialist staff is a cause for concern from both a professional and a human rights perspective, particularly as there is a simultaneously increasing need for child and adolescent psychiatric interventions across all clinical areas (in outpatient, day-care and inpatient settings, both in acute care and in longer-term therapeutic care).

During a visit to the Kardinal Schwarzenberg Clinic, the NPM observed a shortage of specialist medical staff. At the time of the visit, the Department of Child and Adolescent Psychiatry was staffed by only one full-time specialist. In addition, one specialist was working one day a week. Two specialists were employed in the department as trainees. Furthermore, support was to be provided by a (retired) specialist from Germany.

**Kardinal
Schwarzenberg Clinic**

The hospital reported that specialist medical care had improved. Following the visit, the medical team would be supported by an additional full-time senior doctor. An additional senior doctor would be working in the department once a week. The two trainee doctors would complete their specialist training by the end of October 2025 and would then be available as specialists within the hospital's catchment area. This would make it possible to further expand the range of services (e.g. day clinic, home treatment services).

During a visit to the Department of Child and Adolescent Psychiatry and Psychotherapy, Hinterbrühl site, at the Mödling Regional Hospital, the NPM learned that the high workload had also led to resignations among medical and pedagogical staff. The resulting staff shortages are having a detrimental effect on the treatment and support of patients.

**Mödling Regional
Hospital**

The Land of Lower Austria acknowledged that the current shortages of specialist doctors in the departments of child and adolescent psychiatry represent the greatest challenge for the Health Agency of the Land of Lower Austria. The numerous vacancies could not be filled despite comprehensive recruitment measures and additional financial incentives. At the Hinterbrühl site, the deployment of external specialist doctors and extended on-call duties for clinical psychologists are therefore necessary. In addition to other measures to relieve the burden on the medical team, work is also underway on a new deployment model for clinical psychologists, which would include night and weekday shifts.

The NPM reiterates its long-standing call for adequate staffing resources in both the specialist medical and the nursing and therapeutic sectors.

- ▶ ***Regarding the treatment in, as well as outside hospitals, measures must be taken nationwide, to improve the supply of specialist psychiatrists, particularly in the field of child and adolescent psychiatry.***
- ▶ ***Structural adjustments in hospitals should be made (e.g. regarding working hours and pay scales) to enable the recruitment of more qualified staff.***

2.2.2.3 Inadequate protection against heat

In the wake of climate change, a continuous rise in temperatures during the summer months and an increased burden on people's health due to heat are also to be expected in Austria. As the NPM has already explained in the past (see NPM Report 2019, p. 55 et seq.), heat protection measures in hospitals are a fundamental prerequisite for adequate medical care. Extremely high temperatures in summer, coupled with a significant increase in the number of hot days, place an immense strain on patients as well as on staff.

National Heat Protection Plan 2025

The Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection therefore drew up a 'National Heat Protection Plan for Austria' in 2025, which recommends measures in a wide range of areas, including the health care sector. The plan provides for the development and implementation of individual heat protection plans for healthcare facilities. At the same time, it supports *Laender*, cities and municipalities in further expanding existing protective measures.

Vienna: planning of appropriate measures at the Donaustadt Clinic

During a visit to the Department of Psychiatry and Psychotherapeutic Medicine at the Donaustadt Clinic, Commission 5 observed that the patients' rooms were unbearably hot when outside temperatures were high (reaching 30 or 32 degrees Celsius). This situation leads to serious difficulties, particularly for bedridden patients who are restrained in bed due to acute risk. Despite repeated recommendations to remedy this situation, only portable air conditioning units have been purchased so far to ensure safe storage of medication at the clinic. Upon enquiry, the City of Vienna stated that appropriate heat protection measures (air conditioning or other cooling measures) were already being planned. Until the construction work is completed, portable air conditioning units – including for patients' rooms – would be available.

Upper Austria: lack of heat protection measures at the Kepler Clinic Linz

During a visit by Commission 2 to the Kepler Clinic Linz Department of Child and Adolescent Psychiatry, the NPM once again criticised the lack of heat protection measures during the period under review. In response, the *Land* of Upper Austria stated that it was not possible to retrofit cooling coils into the existing ventilation system of the facility. However, the installation of a suitable cooling system is planned for the next major refurbishment.

The NPM welcomes the fact that the facility operators are considering long-term improvements in the area of heat protection. At the same time, however, it strongly recommends that suitable temporary measures be taken in the run-up to major refurbishment works in order to minimise the health risks to patients and staff working in the facility on hot days as much as possible.

- ▶ ***Based on the 'National Heat Protection Plan for Austria', the NPM recommends that appropriate measures are taken promptly and in stages to ensure effective heat protection in all hospitals.***

2.3 Child and youth welfare services

2.3.1 Monitoring priority 'the facility as a safe space'

2.3.1.1 Preliminary remarks

Right to special protection

The UNCRC and the Austrian Federal Constitutional Act on the Rights of Children (*Bundesverfassungsgesetz über die Rechte von Kindern*) guarantee every child who is permanently or temporarily removed from their family environment the right to special protection and assistance from the State. On this basis, inpatient facilities for children and adolescents must be designed as places of protection and comprehensively guarantee this right. From a trauma-informed perspective, safety relates to the children and adolescents themselves, the staff, and ultimately to the structures and processes underpinning their support.

To gain an overview of the extent to which facilities actually implement these human rights guarantees, the NPM agreed on a monitoring priority in 2023. This was to focus on whether children and adolescents in inpatient care are provided with a safe space. To this end, the NPM, with the involvement of experts from all commissions and based on recommendations from the Human Rights Advisory Council, drew up a comprehensive monitoring checklist with the help of a statistician and informed the *Laender* of this.

Safe space as a benchmark

From 1 April 2024 to 30 November 2025, the commissions conducted unannounced visits to child and youth welfare facilities, including crisis centres, as well as to facilities providing basic reception conditions for unaccompanied minor refugees, to investigate whether these could be classified as safe spaces or were observed as such by the children and adolescents. The commissions also determined what, from the perspective of the minors in care, would be necessary to enhance their well-being and sense of security.

Based on their observations, the results of the monitoring checklist and the review of documentation, the commissions awarded the facilities a final overall mark using the school grading system.

2.3.1.2 Preventive aim of the monitoring priority

Focus on interviewing minors

The aim of all those involved in child and youth welfare services must be to support children and adolescents with multiple psychological injuries in coping with their trauma as quickly as possible, to accompany them as effectively as possible in their development and in (re)gaining self-efficacy, and to provide a safe space for this. Therefore, as part of this monitoring priority, the commissions were to identify whether the visited facilities succeed in this endeavour. They paid particular attention to whether the

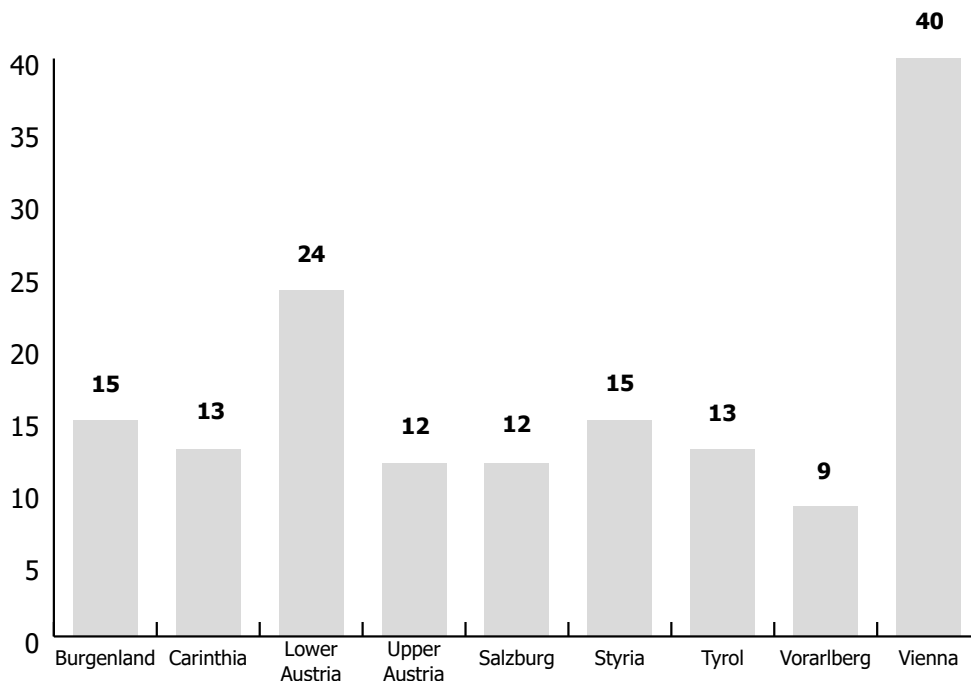
children, the adolescents and staff perceived the facilities as a safe space. To this end, they interviewed not only the care staff and management but, above all, the children and adolescents themselves.

2.3.1.3 Conducting monitoring priority visits

Within a year, the six regional NPM commissions carried out 153 unannounced visits as part of this monitoring priority. The visited facilities were distributed across the individual *Laender* as follows:

153 visits across Austria

Distribution across the *Laender*



2.3.1.4 Types of facilities and institutions

The visits covered the following three types of institutions and facilities:

- 118 residential facilities of the child and youth welfare services
- 13 crisis centres of the child and youth welfare services
- 22 facilities providing basic reception conditions for unaccompanied minor refugees in the Laender

Residential facilities of the child and youth welfare services are socio-pedagogical, socio-therapeutic or socio-psychiatric shared accommodation schemes with different focus and designed for long-term support. Each *Land* sets different standards for these facilities, including the maximum permitted group size, the staff-to-child ratio, the age of the minors receiving support, and the training requirements for the staff working there.

Care facilities of the child and youth welfare services

Crisis centres Crisis centres are facilities that admit minors on an inpatient basis in acute crisis situations in order to assess, within a short period of time, whether they are at risk within their family and require subsequent out-of-home care. Due to a lack of follow-up places, the length of stay in many cases extends far beyond the time required for such an assessment. This not only delays the establishment of a safe space for the adolescents, but also exacerbates problems that hinder their development.

Facilities for unaccompanied minor refugees are often mass accommodations Facilities that provide basic reception conditions for unaccompanied minor refugees take in unaccompanied minor refugees and asylum seekers following their admission to the asylum proceedings. In theory, the human rights guarantees mentioned above apply to them in the same way as they do to Austrian children in out-of-home care. Nevertheless, the *Laender* laws on reception conditions stipulate significantly lower standards and lower daily rates than those in socio-pedagogical facilities. The disparities and differences in children's rights are striking, particularly with regard to accommodation sizes, group sizes, staff-to-child ratios, staff qualification requirements, and the restricted access to therapeutic services.

2.3.1.5 The suitability of facilities as safe spaces

Room for improvement in spatial aspects of safety Child and youth welfare facilities are the centre of vital interests and the (at least temporary) home for the minors in their support. They are spaces for active interaction, but also places for rest and relaxation. Their spatial conditions therefore represent a key starting point for ensuring a safe and protective environment. Facilities should always be age- and development-appropriate, clearly laid out and designed with the involvement of the minors (FICE Austria, *Qualitätsstandards für stationäre Kinder- und Jugendhilfe* (2019), pp. 78 and 88).

Friendly atmosphere The first part of the monitoring priority focused on the spatial aspects of safety and well-being, as well as on ensuring privacy in the visited facilities. In 69 % of the facilities, the commissions observed that the atmosphere in the communal areas was entirely cosy and friendly; in 25 %, this was partly the case.

Facilities for unaccompanied minor refugees significantly worse Commission 5 described the premises of a facility in Vienna as cold and unwelcoming. The kitchen in a Styrian facility struck Commission 3 as very spartan, and the corridors in the minors' accommodation block as run-down. Facilities for unaccompanied minor refugees presented a far worse picture, with the commissions observing that a mere 18 % showed an absolutely cosy atmosphere in the communal areas. In more than half of these facilities, the communal areas were only partially cosy and friendly. They were not at all welcoming in around a quarter of the visited facilities for unaccompanied minor refugees. The NPM therefore sees an urgent need for improvement.

The commissions rated the minors' rooms as friendly and cosy in 70 % of the facilities, and as partly so in 23 %. Here too, the result was much worse in the facilities for unaccompanied minor refugees, with only 32 % of the rooms being described as absolutely friendly. In one facility in Salzburg, Commission 2 even described the rooms as "sparse and uninviting". In a shared accommodation for unaccompanied minor refugees and asylum seekers in Styria, Commission 3 found premises that were in urgent need of renovation.

In order to create a safe environment for the children and adolescents within the facility, protection against potential hazards must also be ensured. Overall, a completely safe environment was guaranteed in only 65 % of the facilities at the time of the visits. In their recommendation, the commissions took into account sources of danger such as a dangerous, unstable protection to prevent falls and loose banisters in the stairwell, the complete absence of child safety gates and socket covers, loose window panes lying about, or loose cables, in some cases even above the washbasin. Deficiencies were also noted in the kitchens. For instance, in around 16 % of all facilities, dangerous items such as knives and cleaning products were not secured. In facilities for unaccompanied minor refugees, this figure was as high as 32 %.

Sources of danger

It is worrying that conditions posing a health risk were also found in the facilities. These frequently involved mould growth, but also extreme heat throughout the building. In some shared accommodations, while the generally accessible rooms were fitted with air conditioning, the children's rooms were not. When talking to Commission 3, the manager of a Styrian facility even described the heat build-up in summer as a health risk for minors. In two facilities in Upper Austria, Commission 2 found conditions in the toilets that posed a health risk. In facilities for unaccompanied minor refugees, signs of health hazards were even more prevalent. In a shared accommodation for unaccompanied minor refugees in Burgenland, Commission 6 assessed the lack of cleanliness in the wet rooms and the kitchen as a health risk.

Health hazards

A child's best interests also include the protection of privacy. Whether single rooms are available to minors is an important factor and there was a significant need for improvement in this area. For instance, in a quarter of child and youth welfare facilities, single rooms were not available to all minors who wished to have one. Only 18 % of the facilities for unaccompanied minor refugees had single rooms available for everyone.

Room for improvement in privacy

Particularly where single rooms are not available to everyone, designated quiet spaces should be provided. This was not the case everywhere. Shared accommodations should take greater care to ensure that minors can retreat to these quiet spaces and they are also respected by the group.

Single rooms

On a positive note, children and adolescents in almost all of the visited facilities of the child and youth welfare services and for unaccompanied minor refugees were free to personalise their rooms. One facility in Vienna reported to Commission 4 that the children could choose the wall colour and furniture.

Ability to lock the rooms

To protect their private spaces, minors should have the option of locking their rooms independently with a key. In most facilities, minors were able to lock their rooms from the inside using a knob. However, only in around half of all the visited facilities did the children and adolescents have their own room key, enabling them to lock their rooms from the outside without assistance from care staff. This was frequently justified by citing the constant loss of keys. The commissions recommended the installation of chip-based systems. A particular problem was that a Styrian facility temporarily removed the locks entirely from two children's rooms, as the adolescents had previously locked the staff out on one occasion. If adolescents can no longer lock their rooms at all, their protection can no longer be guaranteed, a point criticised by Commission 3.

Storage possibilities

It is also important that minors have access to lockable storage possibility for important personal belongings. Such possibilities were available in only 67 % of the visited facilities. In several facilities, the children and adolescents had the option of locking away important items in the duty office, but this is not an equivalent solution to an individually accessible lockable possibility. Although there were often lockers or safes, the keys were no longer available.

The handling of children's and adolescents' privacy should be clearly regulated and discussed with the minors in an adequate manner that takes into account their needs and the circumstances (FICE Quality Standards 2019, p. 140). In the facilities visited, there is often insufficient awareness of this. In just over 30 % of the facilities, there were no provisions governing privacy, or they were not being followed. Many minors reported to the commissions that care staff did not knock before entering rooms or opened the door right away without waiting for a response. Following the commissions' criticism, some facilities instructed their staff to knock in the future and only enter after obtaining permission from the children and adolescents.

Location of duty office not always suitable

It is essential that crisis and dangerous situations are responded to immediately. In virtually all the facilities visited, the person on duty was immediately available to the minors. However, in around 20 % of the visited shared accommodations of the child and youth welfare services, the location of the duty office was not such that the staff on duty could notice any incidents.

In a shared accommodation in Styria, the children's rooms were spread across two floors. The night staff took turns sleeping on one of the floors,

which Commission 3 found to be an unsuitable solution. Commission 6 found it problematic that a shared accommodation in Lower Austria had no duty office at all and that the night staff had to sleep in the living room. This compromises both the privacy of the caregivers and the children's daily routine. Commission 1 criticised a facility in Tyrol for the fact that some children's rooms were not located in the same wing as the duty office.

The situation was even worse in the facilities for unaccompanied minor refugees. Particularly striking were massive deficiencies in mass accommodation facilities which provided 50 or more places for 6- to 21-year-olds. Such an environment is neither appropriate for the 21st century, nor in line with children's rights. In around 40% of the cases, the duty office was also not situated in such a way that incidents of violence and dangerous situations could be directly observed. In a shared accommodation block for unaccompanied minor refugees in Vienna, a resident was therefore able to use a stolen key to leave the block unnoticed by the night staff, enter the neighbouring block on the same floor, and cause a disturbance there.

- ▶ ***As a home for minors, facilities must be child-friendly and comfortable.***
- ▶ ***Particular attention should be paid to avoiding sources of danger and circumstances that pose a risk to health.***
- ▶ ***Privacy should be guaranteed in all facilities. There is a massive backlog in facilities for unaccompanied minor refugees.***
- ▶ ***The duty office must be situated in such a way that any unusual incidents can be noticed.***

2.3.1.6 Admission process and welcoming culture

Admission to inpatient care is a life-changing and stressful event for a child, involving separation from key caregivers, daily routines and the social environment to which they have become accustomed (FICE Quality Standards 2019, p. 58 et seq.).

The admission process does not begin with the child's arrival, but with the first enquiry from the authority to the facility. It is only complete once the minors have developed a certain familiarity with and acceptance of life in the facility. Professionals should support them throughout this process. Every new admission also brings about changes for the minors already living in the facility and for the team, and has an impact on group dynamics. (FICE Austria (ed.): Handbook for Residential Child Care Facilities, Volume I (2025), p. 399 et seq.).

Admission process begins before admission

To ensure tailored support and prevent disruptions, it must first be ensured that the receiving facility has all relevant information about the minors at its

More information exchange required

disposal. It is surprising and a reason for criticism that such an exchange of information is standard practice in only 130 out of 153 facilities.

Opportunities for consultation could be improved

To avoid inappropriate placements, facilities should also have the option to refuse minors, as the team is best placed to understand the group dynamics. However, around a third of the visited facilities do not have this option.

It is also important to take the individual needs of children and adolescents into account when selecting a facility and to consider the views of the minors. 116 facilities reported that they arrange an introductory visit to the facility for the minors. The option of a try-out-day was available in 70 facilities. A trial stay was offered in 29 cases.

One facility in Upper Austria deserves special mention. It informed Commission 2 about a six-week process starting from initial contact to eventually moving in. This involves setting up mobile support in the current shared accommodation at the start, followed by a familiarisation period in the receiving shared accommodation with several try-out-days and trial overnight stays. A facility in Carinthia offers three to five try-out-days with a debriefing on the final day. To help with the decision-making, it recommends visiting at least one further facility. In the event of admission, an evaluation is carried out after one month to assess whether the facility is truly suitable.

In order to ensure that the minors accept the placement, it is important that they have a say in the choice of the shared accommodation. 92 facilities reported that, on their part, the minors can refuse the shared accommodation. However, in the absence of alternative places, this is not always feasible in practice. Unaccompanied minor refugees only have a say and can refuse shared accommodation in a third of the facilities. Commission 4 expressed particular concern about high risks of inappropriate placements and unfavourable group dynamics in a Viennese crisis intensive care unit where neither the staff nor the adolescents have a say in the allocation process.

Involvement of parents essential

Furthermore, the involvement of parents in the admission process and the initial phase of inpatient support is particularly relevant to the subsequent course of support (FICE Guidelines 2025, p. 407). Here, too, there was a need for improvement, as parents were involved in the admission process in only 115 of the 153 facilities visited. In one shared accommodation, parents were given leaflets about the facility with photos.

Admission procedure

Once the decision to move into a facility has been made, the arrival should also be organised in a clear and child-sensitive manner (FICE Quality Standards 2019, p. 62). New residents should be provided with all the essential information they need about their new centre of their lives. Certain procedures can help convey to new arrivals that they are welcome, thereby making their arrival easier.

All the facilities visited have a procedure in place for moving into the residential groups. It was striking, however, that not all of them explain the house rules upon arrival, nor do they hold detailed interviews with the minors that are newly admitted. This should be standard practice, as should informing the minors already living in the shared accommodation about the new arrival. This was not the case in all the facilities either.

A positive practice that was observed in some of the facilities is that they have the minors sign the house rules upon moving in. Others provide the minors with an information leaflet about the facility upon arrival. This offers a clear overview of the services provided by the facility, introduces the support team and informs them of their rights and obligations right from the start.

Commission 4 criticised a six-week observation period in a Viennese shared accommodation, at the end of which new arrivals must announce their goals to the group. This is reminiscent of a recruitment process, which can cause unnecessary stress for traumatised adolescents.

To build a secure relationship and bond, a designated support worker should be assigned to the minors as soon as possible after they move in. However, this is not the case in around 30 % of the visited facilities.

- ▶ ***A designated contact person should be appointed directly upon arrival. A support worker should then be selected shortly afterwards to help build a secure relationship and bond.***
- ▶ ***The receiving facilities must be provided with all relevant information about new minors before they move in.***
- ▶ ***In order for the minors to accept their placement, it is important that they have a choice regarding the shared accommodation and are able to get to know it in advance.***
- ▶ ***Parents should be involved in the admission process.***
- ▶ ***Upon moving in, minors should be provided with all essential information about the shared accommodation and the relevant house rules.***

2.3.1.7 Relationships and bonds

Attachment theory has become an integral part of contemporary socio-pedagogical discourse. A professional cannot 'create' such a bond. Professionals can only offer themselves as attachment figures, but must be accepted as such by the children. In professional discourse, this is therefore referred to as 'attachment-sensitive support for adolescents' (FICE Action Book 2025, p. 190 et seq.).

Need for attachment-sensitive support

In order to determine whether such an attachment-sensitive support is provided in the facilities, part of the monitoring checklist was devoted to the topic of 'relationships and attachments'. The commissions asked whether an attachment figure system exists, whether the minors are aware of it, and whether there are designated representatives and defined contact times.

Attachment figure system

It is encouraging that 91% of the facilities have a designated support system, which is also known to most of the minors in care. However, some facilities have deliberately opted against an attachment figure system. A crisis intervention group in Vienna justified the absence of an attachment figure system on the grounds that the adolescents' stay is intended to be only short-term. Commission 4 did not find this argument convincing, as the length of stay actually amounts to up to two years due to a lack of suitable follow-up placements.

An attachment figure system with designated substitute caregivers existed in 62% of the facilities, which certainly leaves room for improvement. Only an established support system with substitute caregivers can guarantee that children have another equally trusted person available to them, in case their primary caregiver is absent for a longer period of time. Some facilities therefore operate a tandem system. This means that each child is assigned two permanent primary caregivers immediately upon moving into the shared accommodation.

Fixed contact times for the primary caregiver are also recommended, as this is the only way to ensure that these times are not cut back during periods of staff shortages or in particularly challenging group situations. The NPM criticises the fact that in 58% of the facilities, no regular times have been defined for the primary caregiver.

Trusted persons

In three-quarters of the facilities visited, the minors have trusted individuals in addition to their designated caregiver. Within the facilities, these are often the management, employed clinical psychologists or the intensive care team. Externally, therapists and trusted individuals from the Ombuds Office for Children and Youths are considered for this role. In a Styrian facility, Commission 3 learned that a police officer who visits every two weeks acts as a trusted person for many adolescents.

Avoiding relationship disruption

A large proportion of children in care already exhibit attachment disorders at the time of admission and have experienced a disruption in their family relationships. For many children, the placement itself constitutes such a disruption. In the attachment system, the attachment figure has the task of being available as a 'secure base' and a 'safe haven' (FICE Guidelines 2025, p. 272).

If frequent changes in the care staff prevent the establishment of a stable relationship even with the primary caregiver, it becomes very difficult

for a child to build trust and form new relationships. An attachment-sensitive support is not possible under such conditions. For this reason, the commissions enquired how many changes of primary caregivers had taken place in the shared accommodation. In only 30 % of the facilities had there been no change, whilst in 22 % of the facilities there had been three or more changes. Even though there may well be reasons which make a change of the primary caregiver necessary, the result nevertheless points to massive staff turnover.

A shared accommodation in Salzburg recorded a total of twelve staff departures in the three years prior to the commission's visit. Consequently, some adolescents who had suffered attachment trauma from early childhood exhibited increased self-harming and anti-social behaviour. In a facility in Upper Austria, the same commission observed that, in the two and a half years since the facility's reopening, ten staff members had left the shared accommodation. At another facility in Salzburg, the commission found the understaffing and the frequent changes within the team problematic. At a shared accommodation in Vienna, Commission 5 learned that, due to six changes in the team over the past year, it had not been possible to maintain continuity in relationship-building work.

In a Vienna facility for unaccompanied minor refugees, Commission 4 observed that there was no continuity of care due to a series of staff changes and sick leaves. According to the duty roster, on occasion there was even only one joint shift with the neighbouring shared accommodation. Caregivers who were not part of the shared accommodation's permanent staff regularly had to step in. From December 2024 to February 2025, it was necessary to change the duty roster almost on a daily basis.

During the visits, enquiries were also made as to whether the team's available time reserves were sufficient to deal with spontaneous requests from the minors. This is important so that the minors feel heard and taken seriously by their caregivers. To achieve this, there must be enough caregivers on duty at the same time. If the time reserves are insufficient, the staffing ratio is too low. Time reserves were only sufficient in 67 % of the facilities, which is why the NPM sees an urgent need to address this shortfall.

Insufficient time reserves

Some facilities reported that, according to the staffing plan, there should be enough time to address the problems of the minors in care. However, sick leave, holidays or vacant posts, as well as unexpected situations, were not taken into account at all, which then led to deficiencies in reality. During visits of Commission 5 in two therapeutic shared-accommodations in Lower Austria it became evident that the staffing levels were insufficient to meet the diverse needs of the minors accommodated there. Consequently, staff were not always able to act in a way that would be pedagogically appropriate in day-to-day situations. One of the two facilities even would go as far as to avoid situations where escalations might occur.

Methodological skills required The commissions also had a closer look at the methodological skills of the specialists, who are there to enable the minors to have corrective relational experiences. It is positive to note that skills in trauma-informed pedagogy were available in 123 of the visited facilities. Facilitating a developmental process in an individual and participatory way is always accompanied by major challenges. It requires a reflective approach to power and authority, as well as a pedagogical approach, which is adapted to the situation. Only in around half of the facilities was the concept of 'New Authority' present as a professional competence, which is a cause for criticism, as such knowledge would be very helpful for the team's day-to-day work.

It is worrying that of the 153 facilities visited, only 131 stated that their team had professional expertise in de-escalation. Since all shared accommodations are confronted with escalating situations to a greater or lesser extent in their daily work, one would expect that all the staff in these facilities has such a professional expertise. The NPM sees an urgent need to catch up here. It would therefore be appropriate for the supervisory authorities to pay particular attention to this and to mandate further education. On a positive note, many teams have attended further education or basic courses in neuro de-escalation.

At a facility in Vorarlberg, the commission learned that every shared accommodation unit had experts on the topics of participation, sex education, biographical work and conceptual frameworks available, who meet regularly to exchange professional insights. The information discussed is passed on to the entire team and workshops are offered as required.

Reasons to terminate support In principle, it is the responsibility of the facilities to support minors to such an extent that they can remain there until they can return to their families or reach the age of majority. Nevertheless, situations may arise in which the final consequence is the termination of the care relationship. The commissions looked into the reasons for this. Around half of the facilities cited particular aggression towards other children and/or care staff as a possible reason.

In a facility in Vienna, the group dynamic in 2024 led to particularly problematic circumstances. Three eleven-year-old girls exerted extreme pressure on the other children and adolescents to refuse to visit school or kindergarten. One girl even abducted small children from the shared accommodation. As Commission 4 learned, the safety of the younger children could ultimately only be guaranteed by transferring all three minors to a different facility. Commission 6 encountered a similarly problematic group dynamic in a shared accommodation in Burgenland. A minor who was aggressive towards others posed a high risk to the group. To remedy this, a change in the group dynamic was necessary. Commission 3 encountered a tense situation in a Styrian shared accommodation, as a brawl had broken

out between two children the previous day. As no sign of remorse could be elicited from any of those involved despite intensive follow-up measures, the facility decided to arrange for one of the boys to move out.

It is positive to note that addictive behaviour and absences lead to expulsion in only a few cases. A provider in Upper Austria created a separate facility for an adolescent with a drug problem. However, Commission 4 learned at a Viennese facility for unaccompanied minor refugees that adolescents lose their place in the facility if they are absent for more than three days. Commission 5 received similar information at a socio-pedagogical shared accommodation in Vienna.

Fortunately, for some facilities, there is simply no conceivable reason for expulsion, as they wish to prevent such a break in the relationship at all costs. Commission 2 learned at a facility in Upper Austria that it would adapt the form of support to the children's needs and not the other way round, which is why there could be no termination of support.

Adapting support to children's needs

When a change between different accommodation options occurs, it must be borne in mind that every transition also requires the children and adolescents to adapt once again. It is therefore primarily the responsibility of the caregivers to structure the end of the support and residential arrangement at the facility in a way that fosters positive expectations for the future, whilst at the same time conveying the facility's openness to further contact (FICE Quality Standards 2019, p. 166 et seq.).

The commissions therefore enquired whether, in the event of a move to another facility or from there to a shared accommodation, contact with the previous care team is encouraged. In 65 % of the facilities, contact with the old facility is supported. Conversely, 73 % of the facilities encourage contact with the new facility. In line with the quality standard described above, this result is not satisfactory. There is an urgent need to catch up in order to make the transition as easy as possible for the children. On the other hand, however, there were also isolated cases where the previous primary caregivers initially worked at the new facility as well to help the minors settle in and ease the transition. From the NPM's perspective, this is commendable.

Dealing with change in caregivers

However, for the care relationship to succeed, it is also crucial that parents convey to the children the feeling that they are allowed to settle into their new way of life. This is the foundation for the family to recover from crises and benefit from the out-of-home placement. However, in order to establish good cooperation and a basis of trust with the parents, parental engagement is of particular importance. The commissions' findings therefore focused on whether there are set times for involving the parents. In 71 % of the facilities, there are no set times for parental engagement, which is why this only takes place when parents drop off or collect their children.

Too little time for parental engagement

The survey also determined who is responsible for parental engagement. In 27 facilities, this was the management; in 72, the primary caregiver. It is regrettable that only 25 out of 153 facilities have a competent staff member specifically responsible for parental engagement. In Burgenland, the Facilities Regulation stipulates that a half-time permanent position must be allocated for biographical work and parental engagement, a role often fulfilled by a clinical psychologist. A similar provision should be introduced in all the *Laender*.

However, some owners and operators employ their own specialist for parental engagement even without a legal obligation to do so. At a shared accommodation in Upper Austria, the Commission 2 was told that the frequency of engaging with the parents is tailored to their needs and that interviews are offered up to three times a week. In a facility in Vienna, promoting cooperation with parents is even a main focus. Parents are called daily and invited to visit their children when they are ill. To improve the relationship between parents and their children, a shared accommodation in Upper Austria allocates 30 sessions per year per child for parental engagement. If parents decline this, other activities with the child are promoted instead.

At a facility in Vorarlberg, Commission 1 learned that parental engagement is handled by a dedicated team. This team initially maintains a very close contact with the parents, which is then eventually reduced to a level appropriate to their needs after some time. In some cases, mobile support for siblings at home is also offered.

At a facility in Vienna visited by Commission 4, there is a dedicated team for parental engagement. The staff on this team maintain very close contact with the parents, initially even several times a week. Subsequently, contact becomes less frequent and is reduced to a level appropriate to the family's needs. An evaluation meeting takes place once a year. The team also provides mobile support for the children at home. Another Viennese shared accommodation has its own approach to engaging the parents, which describes in detail the nature and extent of the family's involvement in the various phases of support.

- ▶ ***Exact contact times with the primary caregiver should be established.***
- ▶ ***The staffing ratio must be chosen in a way to ensure there is sufficient time available to address all the minors' needs.***
- ▶ ***If staff lack methodological skills, training must be undertaken promptly.***
- ▶ ***One additional specialist per shared accommodation should be assigned to undertake parental engagement. Structured times should be set aside for this.***

- ▶ ***Staff turnover must be avoided at all costs by the facilities, including through good working conditions, so that relationships are not disrupted.***
- ▶ ***To prevent disruptions in relationships, measures should be put in place to avoid high staff turnover. It would be important to investigate the reasons for the numerous changes in staff.***

2.3.1.8 Protection and safety

A child protection concept is a developmental process within the organisations, by which they address the potential risks to children and adolescents within their services and define child protection measures to counter these risks. The planned measures are set out in a document and implemented over the long term. Implementation is continuously evaluated (Alliance for Child Protection: Common Standards for Child Protection Policies, September 2023, p. 6 et seq., only available in German).

Child protection concepts as a prerequisite

Child protection concepts therefore help to create a safe environment for children and adolescents. They are intended to raise awareness among staff of existing risks that endanger the child's best interests and describe preventive measures to avert such risks. A child protection concept tailored to the specific characteristics of the facility should be standard practice in every socio-pedagogical facility.

The NPM commissions therefore asked the facilities whether such structured child protection concepts were in place. In a quarter of the facilities, this was not the case. Only just over half of the facilities for unaccompanied minor refugees had such a protection concept in place. Where the group dynamics are particularly challenging and the staffing situation is consequently strained, the absence of protection concepts has a particularly negative impact, which is why there is an urgent need to catch up.

Urgent need to catch up

The NPM therefore welcomes the mandatory incorporation of facility-specific child protection concepts into public and private child and youth welfare services through the draft amendment to the Vienna Act on Children's and Youth Services (*Wiener Kinder- und Jugendhilfegesetz*) of January 2026. To place an even greater focus on child protection, the draft regulation amending the Lower Austrian Child and Youth Welfare Facilities Regulation (*Kinder- und Jugendhilfeeinrichtungsverordnung*) of February 2026 also provides for the mandatory creation of a child protection concept. The existence of such a concept is thus to become a prerequisite for approval for new facilities in Vienna and Lower Austria. Both drafts provide for a transition period for facilities that have already been approved. The other *Laender* should follow the example set by Vienna and Lower Austria.

Vienna and Lower Austria leading by example in 2026

The absence of a child protection concept in a shared accommodation in Upper Austria was very concerning. There, Commission 2 encountered very

challenging adolescents and high staff turnover. Particularly due to regular incidents of sexual assaults among the adolescents and other criminal acts, it was strongly recommended that a protection concept be drawn up through a participatory process.

**Risk analysis
required**

As a tailored risk analysis is at the heart of every child protection concept and should be the first step in the process, the commissions also determined whether the facilities actually carry out regular analyses of potential risks. The result is sobering. Only a quarter of the facilities that had a protection concept carried out a recurring risk analysis. Such risk analyses should be developed collaboratively within the team and, wherever sensible and possible, also with the children and adolescents. Only 58 % of facilities with a protection concept adapt it to meet specific needs.

In three facilities in Burgenland, the protection concepts were too general, as the risk factors arising in day-to-day work were not taken into account. For instance, in one shared accommodation, two residents had exhibited sexualised behaviour in the past without any conclusions being documented. The lack of a conceptual discussion on how minors could be better protected from violence by fellow residents was criticised in the second shared accommodation. In the third shared accommodation, there was a lack of clear intervention measures and an adequate identification of risk situations. On recommendation of Commission 6, the facilities revised the incomplete protection concepts. One shared accommodation in Upper Austria revised its protection concept following a visit by Commission 2 during a two-day retreat involving all staff and the minors.

In fact, protection concepts can only be effective if they are known to both the staff of the shared accommodation and the minors. The commissions' findings revealed that only in around 60 % of the facilities were all team members aware of their own child protection concepts. The result was even worse among the minors. Only in 11 % of the facilities were all children and adolescents aware of these protection concepts. Following criticism from the NPM, a facility in Upper Austria presented its concept to the minors during a group evening and also handed it out to them in paper form

**Channels for raising
concerns**

The preventive measures of an effective child protection concept include, among other things, an effective complaint management, which is why the commissions observed whether minors make use of internal and/or external complaint channels. Many minors stated that they post their complaints in the designated letterbox or raise them in the children's forums. It is rare for facilities to have group representatives to whom the minors can confide their concerns. Minors therefore also turn to support staff and management with their complaints. In this context, Commission 2 was particularly impressed by a shared accommodation in Salzburg, which offers a wide range of complaint channels, such as a feedback box, kids' teams that draw up written list of topics, a 'children's concerns' box and a dedicated email address for

complaints. There is also a group spokesperson who represents the group's concerns in the Children and Youth Council of the *Land* of Salzburg.

During the visits, however, it also occurred that minors stated they did not turn to the caregivers with problems, but preferred to confide in other minors from their group or to their family during weekend outings. In a Vienna-based shared accommodation for unaccompanied minor refugees, the girls told Commission 5 that they did not feel supported by the caregivers, which is why they would never turn to them with problems. Commission 2 was informed by the minors in a shared accommodation in Upper Austria that they felt their complaints were not being heard within the Kids' Team.

The monitoring visits showed that minors primarily turn to social workers of the child and youth welfare services as an external avenue for complaints. The situation is different in facilities for unaccompanied minor refugees, where only just over half of the young people approach their social workers.

The commission's observations at one facility for unaccompanied minor refugees in Burgenland were particularly problematic. Some adolescents stated that the care staff had told them that there was 'no time for their complaints anyway', even though there are a number of rules that could be questioned and which are, consequently, sometimes breached. The day after the visit, the commission received a message from one of the boys stating that his openness towards the commission had been immediately punished with a ban on mobile phone use and a ban on staying outdoors after 8 pm. Following the NPM's urgent report, the child and youth welfare services and the facility's quality management team are currently working on improving all processes.

'No time' for complaints from unaccompanied minor refugees

In around half of the facilities, the children also contact the Ombuds Office for Children and Youths and in a third they contact *Rat auf Draht* (a free help hotline for children and adolescents). This is strikingly low and may be due to the fact that they are inadequately informed about these options. During their visits, the NPM commissions repeatedly criticise the fact that not all facilities display posters about external complaint channels, or that these are placed in locations that are inaccessible to minors, such as the duty office. Some posters are hung so high that young children cannot read them.

For a facility to be a safe place, it must also provide an environment in which children and adolescents can actively participate and are involved in all decisions and matters that affect them. A participatory approach requires taking the wishes of all those involved seriously and taking the views they express into account as far as possible (FICE Quality Standards 2019, p. 48 et seq.). The commissions assessed whether the individual wishes of minors in the shared accommodations were taken into account. It was noted that individual wishes were most frequently considered in the area of leisure activities, followed by wishes concerning contact to the outside world, as

Active participation of minors

well as school and education. The wishes of minors regarding the facility itself received the least attention, namely in only 117 out of 153 facilities.

Another important preventive measure is the existence of individual contingency plans for dealing with escalation processes and risks to minors. Unfortunately, these were not available in all the facilities visited. Such contingency plans are drawn up in only 71% of the facilities, even though all of them are repeatedly confronted with escalating situations. It is equally important to evaluate these contingency plans regularly with the involvement of the minors, which is done in only 70% of the facilities. Whether contingency plans are actually implemented is regularly reviewed in roughly the same low proportion of cases. This result indicates a need for improvement.

Offer does not meet demand

During their visits, the commissions also determined whether the services offered by the shared accommodations met the needs of all minors. This could only be answered in the affirmative for 56% of the visited facilities. This means that in almost half of the facilities, a tailored offer of services is not available for every child, which would, however, be a prerequisite for the positive development during the period of out-of-home care. A corresponding guarantee is found in the Federal Constitutional Act on the Rights of Children (*Bundesverfassungsgesetz über die Rechte von Kindern*). This finding is more than worrying, but unfortunately corresponds to the commissions' observations over recent years.

During many visits, the commissions observe inappropriate placements. Minors with severe trauma, complex problems or psychiatric diagnoses are frequently placed in care facilities whose focus is not tailored to their needs. In a facility in Burgenland, Commission 6 encountered a 12-year-old boy who exhibited frequent aggressive behaviour towards others, self-harm and dissociative behaviour. He would have required a facility for children with disabilities, which in Burgenland is only available for adolescents aged 16 and above. According to information from the management of another shared accommodation in Burgenland, there are also too few places for children with motor disabilities. Furthermore, following a visit to a crisis centre in the City of Vienna, Commission 4 found that the centre is not equipped to provide adequate support for minors with psychiatric disorders – neither in terms of the team's professional expertise nor the physical facilities.

Call for expansion of specialised places

The NPM has therefore long been calling for the rapid expansion of specialised places, particularly in the fields of socio-therapeutic and socio-psychiatric services, throughout Austria, as well as the creation of smaller groups. The poor results are proof of the fact that the *Laender* have so far only inadequately met this demand.

Crisis centres overcrowded

The lack of such specialised places inevitably has an impact on crisis centres, as it significantly prolongs the length of stay there. The commissions

concluded that the offer of services only met the needs of the minors in around a third of the crisis centres. The availability of crisis centres themselves is also insufficient. In Vienna, most problems are caused by years of persistent – and recently even increasing – overcrowding. Resources that have been increased since 2020 are being squandered in the face of the additional demand and are therefore failing to relieve the pressure on existing facilities. Despite the measures taken by the municipal department 11, the Audit Office of the City of Vienna also recently observed that the measures taken so far are insufficient to ensure that occupancy of the crisis centres complies with the law (see Audit Office report II – 1109514-20249 of April 2025; only available in German). Compliance with statutory rest periods and compensatory rest periods cannot be guaranteed under such difficult conditions. As a consequence, staff shortages and long-term sick leave arise, which in turn compromise the quality of care. The NPM also considers it critical that those who are new to the profession now have to gain their first experience in Vienna's crisis centres.

Most recently, Commissions 4 and 5 visited crisis centres where 15 minors had been admitted instead of the intended eight. Some had to spend the night on extra beds, fold-out beds and mattresses, in some cases in the meeting room or on the sofa in the living room. It is evident that such conditions do not constitute safe spaces. The Vienna City Council made the recommendation that overcrowding in crisis centres should only be permitted in justified educational emergency situations in accordance with the law, and that effective measures be taken with urgency to ensure compliance with maximum group sizes.

In December 2025, the City of Vienna responded with a temporary admission freeze and, due to the overload of its crisis centres, placed minors in socio-pedagogical shared accommodation for risk assessment. However, these are not the right place either. Children and adolescents who have been removed from their families precisely because of acute risk require specialised support that differs significantly from socio-pedagogical support and demands specific professional skills and experience. The core tasks of crisis work are risk assessment, stabilisation and crisis intervention, as well as the planning of future prospects. The staffing levels of a socio-pedagogical shared accommodations cannot guarantee these tasks alongside day-to-day care.

The commissions noted comparable problems outside Vienna. A Tyrolian facility, which also had to admit minors for crisis assessment due to crisis facilities being at full capacity, reported to Commission 1 that these resource-intensive admissions had led to a significant destabilisation of the entire group. Commission 5 also learned of the negative dynamics arising in facilities in Lower Austria due to the short-term admissions of children for crisis assessment. This occurs because the necessary close psychosocial support and care cannot be provided in these facilities. Similarly, in Upper

Austria, when crisis facilities are at full capacity, minors are also admitted to shared accommodations that are not designed for this purpose. There is also an urgent need for another crisis centre in Burgenland. This became clear when Commission 6 visited shared accommodations and the only, fully occupied, crisis centre in Burgenland.

Not enough small groups

The commissions also determined which services were lacking in the individual shared accommodations. 30 facilities stated that the minors had a need for smaller group sizes. One shared accommodation in Lower Austria even reported to Commission 5 that all the children would need to be accommodated in smaller groups. A young man exhibiting self-harming and aggressive behaviour towards others in a shared accommodation in Lower Austria would also have needed a smaller group size. A clinical psychological assessment also confirmed that the visited shared accommodation was not the right place for the minor. In a special project in Vienna, four adolescents were living in small flats. Commission 4 observed that, due to a lack of staff presence, the care team could not guarantee a safe environment for the adolescents in all respects. It found that placing the severely traumatised adolescents in even smaller groups would be more effective.

Staff at a facility for unaccompanied minor refugees in Lower Austria told Commission 6 that the group size of nine minors does not meet their needs, and that it is not possible to cater to all their requirements.

Staff shortages

27 facilities reported a shortage of staff, or at least a shortage of trained staff. In a therapeutic shared accommodation in Lower Austria, the staff themselves told the commission that they were unable to meet the diverse needs of the minors with the current staffing levels. In day-to-day practice, it was not always possible to act in a way that was pedagogically sound and effective. Situations in which tensions might escalate were therefore avoided. In a shared accommodation run by the City of Vienna, Commission 5 found that the sole care worker on duty was unable to meet all the different needs of the minors. In a socio-therapeutic shared accommodation facility in Burgenland, Commission 6 became aware of the situation of a 14-year-old unaccompanied minor. Although he had previously exhibited self-harming behaviour, suffered from severe mental health problems and regularly expressed suicidal thoughts, he was placed in an annex where no care staff were present.

Not all facilities are able to meet the psychiatric and socio-therapeutic needs of the minors. In addition to the limited offer of outpatient and inpatient psychiatric support, a lack of external outpatient therapeutic services is also to blame, particularly in rural areas. For example, therapies for minors with autism spectrum disorders are rarely available.

Differences in the approval of support measures

Almost all the facilities request tailored support measures from the competent authorities for child and youth welfare and protection. However,

only 79% of the facilities stated that these were subsequently approved. The commissions were informed that applications are handled differently depending on the district authority. Commission 2 learned this from two shared accommodations in Upper Austria. The technical supervision of the *Land* informed the NPM that facilities could contact them directly in cases where negative consequences are evident for the minors. In Burgenland, on the other hand, long waiting times for official decisions were reported.

In order to best ensure the welfare of children and adolescents in out-of-home care, cross-organisational and multi-professional cooperation is required with all institutions and authorities involved in the daily lives of children and adolescents (FICE Guidelines 2025, p. 638).

Networking required

Overall, around two-thirds of the visited facilities collaborate with other bodies such as child protection centres, the Ombuds Office for Children and Youths, Safer Internet, men's counselling services, specialists in the fields of psychiatry and therapy, and the police. Almost two-thirds of the facilities also regularly discuss these support options with the children and adolescents.

Less than half of the visited facilities for unaccompanied minor refugees are active in this regard. One facility in Carinthia, however, deserves special mention: here, a police officer is available on site every two weeks to answer questions and address concerns raised by staff and the unaccompanied minor refugees.

As part of the monitoring priority, it was essential to take into account not only the analogue but also the digital environment of the adolescents. New media offer many opportunities, but they also harbour numerous risks for children and adolescents. For instance, adolescents may come into contact with problematic depictions of violence and sexuality, or be directly affected by boundary violations, hate or violence in the digital space. The sharing of personal and sensitive information or images by children and adolescents themselves also poses a risk that should not be underestimated and may in some cases result in legal penalties. Furthermore, excessive use of digital media can be associated with mental health issues and may lead to the development of addictive behaviour, including a loss of control.

Digital literacy

In view of these risks, professionals in facilities face the challenge of protecting minors from the dangers of the digital world, whilst at the same time supporting them in acquiring the skills needed for safe, productive and critical use of new media (FICE Quality Standards 2019, p. 151 et seq.). To this end, it is essential that care staff also possess knowledge in the field of media education.

In 86% of all facilities visited, basic digital skills are taught to minors to prevent boundary violations in the digital space. In some facilities, this is done in cooperation with the police, the Ombuds Office for Children and

Youths or initiative 'Safer Internet'. However, in around a quarter of the facilities which stated they did teach digital literacy, this was not a regular topic in the children's forums. Only just over half offer media education workshops for children and adolescents. Furthermore, only 63% of the facilities provided media education workshops for staff.

Need for improvement observed

Some facilities lead by example and, for instance, draw up individual media agreements with the minors. A Viennese facility agrees the nature and extent of media use with each individual child. In isolated cases, there are dedicated media officers drawn from the care staff. In another shared accommodation, staff attended a media education course on digital literacy. Commission 6 found the media literacy training that was delivered by a police officer to all the minors at a facility in Lower Austria to be a successful preventive measure. Apart from these individual cases, however, the findings indicate that, overall, digital media literacy is still not given sufficient priority at the facilities visited.

- ▶ ***Each facility should draw up a tailor-made protection plan following a risk analysis.***
- ▶ ***The existence of a facility-specific child protection plan should be a prerequisite for authorisation throughout Austria.***
- ▶ ***Sanctions or reprisals (or even the mere threat thereof) in response to complaints by minors are impermissible and contravene both the principles of child protection (including the right to participation under Article 12 of the CRC and the ban on discrimination under Article 2 of the CRC), and the right to protection from violence, abuse and intimidation (Article 19 CRC).***
- ▶ ***The support services provided by facilities must be adapted to the needs of the minors living there.***
- ▶ ***Socio-psychiatric and socio-therapeutic treatment options must be expanded throughout Austria to meet the demand. The expansion of crisis facilities is also urgently required.***
- ▶ ***Awareness of media literacy should be raised within the facilities.***

2.3.1.9 Dealing with boundary violations and violence

Restoring the safe space

A facility is characterised as a safe space by predictable and transparent daily structures, the adherence to agreements by staff, and the controllability of daily routines. Following boundary violations, restoring control is essential to establish internal safety again (FICE Quality Standards 2019, p. 87 et seq.).

Involvement in drafting of rules

It is of great importance that the minors are involved when rules are drawn up and that the sanctions attached to breaking these rules are clearly communicated to them. The commissions therefore asked whether all

minors were aware of the rules, which was the case in the vast majority of instances. The result was different when it came to the involvement of minors in drawing up these rules. In around a quarter of the facilities, the interviewed children and adolescents were not involved in drawing up either the rules or the sanctions for breaking them.

Professionals must be particularly vigilant to ensure adequate protection in cases of suspected violence, boundary violations and violent incidents. It is therefore essential to investigate signs of boundary violations, assess the respective risk situation whilst taking into account the perspective of the persons concerned, and act transparently in accordance with a standardised procedure for restoring a safe environment. It is crucial that the children and adolescents always feel safe in the facilities. It is therefore particularly important that staff support those concerned in processing the events with tailored measures (FICE Quality Standards 2019, p. 84 et seq.).

Mindfulness required of the staff

The commissions only found the staff's reaction to inappropriate behaviour adequate in three-quarters of the facilities. This is an alarming finding and must be addressed as a matter of urgency. In a shared accommodation in Upper Austria, children reported that they had gone to the police themselves because they felt that staff had not taken them seriously following boundary violations. In another shared accommodation in Upper Austria, adolescents told Commission 2 that they felt they were not taken seriously and received little support. The caregivers would merely try to placate them and take no action even after incidents of sexual boundary violations. In a shared accommodation in Burgenland, two boys told Commission 6 that they had been attacked and threatened by a housemate. The caregivers to whom they had confided did not believe them.

Inadequate response to boundary violations

An adolescent from a Tyrolean shared accommodation described an assault by a flatmate during the holiday period of the accommodation to Commission 1. It was striking that the adolescent reported being punched in the upper body, whilst the care staff used the term 'shoving'. In the group's view, the incident had still not been fully addressed at the time of the visit. The documentation contained no records of the events or of any subsequent measures taken. These were only drawn up retrospectively following a request from the commission.

The findings were only marginally better in relation to the question of whether the staff reacts appropriately to problematic situations. During its visit to a Viennese facility, Commission 5 observed that staff did not respond in the right way to inappropriate behaviour. The minors spoke of similar incidents in the past. The interviewed care workers justified this by stating that they had been unable to build consistent relationships with everyone due to the high staff turnover over the past year.

Inappropriate reactions to the problem

Follow-up discussion of incidents It is also important that situations involving boundary violations or violence are discussed afterwards. Follow-up work with the persons concerned is of particular importance, which, surprisingly, is not the case in all the visited facilities.

If the incident affects the group, which will happen in most of the cases, the debriefing should take place with the entire group, for example in a children's team. The fact that this is done in only 113 out of the 153 facilities is certainly worthy of criticism. Furthermore, all incidents should be discussed with the team, but this was only the case in 134 facilities. As all team members need to be aware of everything happening within the group, there is a need for improvement in this area.

Examples of unsafe places Commission 3 found that the safety of the minors, particularly girls, was not guaranteed in a shared accommodation in Styria. According to the girls, there had been verbal and physical boundary violations by the male residents, including repeated sexist remarks. Following a recommendation of the NPM, the facility organised workshops for the children and adolescents. To improve the ability to intervene in a crisis. Moreover, work was carried out together with the minors to develop a personalised toolkit.

The commission observed that a shared accommodation in Vienna was neither a safe place for the severely traumatised minors, nor for the caregivers. There was a knife attack on a caregiver, as well as an attempt by an adolescent to set another caregiver on fire. One girl reported that two boys had tried to kick in the bathroom door whilst she was showering. Similar incidents were described in the documentation.

In a shared accommodation in Upper Austria, Commission 2 became aware of severe attacks by a nine-year-old boy on the caregivers. On one occasion, he kicked a female caregiver until a colleague came to her aid. Following this incident, dual supervision was arranged for the boy.

Commission 2 learned of physical assaults between minors, mutual verbal abuse, scuffles and other boundary violations in a shared accommodation in Salzburg. For example, the boys would look into the bathroom whilst the girls were showering. The commission found that the care team was not consistently enough attentive and sensitive to these situations. In line with the NPM's recommendation, the facility operator arranged internal further education for all staff to provide additional confidence in their ability to act. Furthermore, the shared accommodation sought to manage the challenges through individual additional support and collaboration with a consultant doctor.

Rituals of making amends According to the principles of New Authority, boundary violations or incidents of violence should be followed by rituals of making amends. This was the case in 81 % of the facilities. There is room for improvement here as well. Facilities in which rituals such as writing letters of apology, preparing meals,

baking cakes, or taking on cleaning and kitchen duties are standard practice, were positively noted.

Incidents must not only be dealt with appropriately, but also handled transparently with regard to supervisory and monitoring bodies. Following a visit to a facility in Salzburg, Commission 2 found statements from two girls regarding sexual assaults by other adolescents in the team minutes, which were submitted by the institution after the visit. Despite specifically asking about incidents or assaults, the commission had received no information whatsoever about the events on the day of the visit.

The protection of minors in care from violence must be a central concern not only within facilities but also outside them. Only 5% of all the visited facilities reported that they had not yet dealt with cases of external violence or bullying. 61% of the facilities stated that the children and adolescents in their support 'sometimes' experience violence or bullying in schools, in clubs, in public, but also on the internet. Staff at several facilities for unaccompanied minor refugees reported a wide variety of forms of everyday racism in public spaces, from which both girls and boys suffer. In 12% of all facilities, experiences of external violence, discrimination and bullying, as well as a lack of acceptance due to origin, multilingualism, religious practice, sexual orientation, gender identity and skin colour, are even described as 'frequent'.

**External violence,
bullying, racism**

Some facilities therefore organised ad hoc workshops on the topics of 'bullying' and 'protection against violence'. A child of a facility in Vienna reported to the Commission 5 that she was repeatedly bullied by fellow pupils. On a positive note, it should be highlighted that there were numerous reflective discussions between the care team and the child, networking between the facility and the school, and psychiatric follow-up care for the girl.

- ▶ ***Minors in facilities must be involved in an age-appropriate manner in the development of rules and the consequences of non-compliance of them.***
- ▶ ***Ensuring a safe space requires care staff to be particularly vigilant regarding boundary violations and violence.***
- ▶ ***Incidents should be addressed in a manner that is both adequate and appropriate to the problem. They require consistent documentation and a thorough review, including a debriefing. This should be followed by rituals of making amends. To this end, further education courses on the topic of 'New Authority' should be attended.***
- ▶ ***Due to the frequency of external violence, particular attention must be paid to boundary violations and violence outside the facility. Incidents require comprehensive review and the targeted development of solutions, involving relevant institutions where necessary.***

- ▶ *In cases of both, boundary violations inside and outside the facility, violence and bullying, psychosocial follow-up care must be provided for the minors.*
- ▶ *For preventive purposes, minors should be educated about the specific dangers of bullying and violence on the internet. In addition, workshops on media literacy should be offered to them.*

2.3.1.10 Additional observations regarding facilities for unaccompanied minor refugees within the basic reception conditions of the *Laender*

Problems arising from differing standards

As there are particular problems associated with the care of unaccompanied minor refugees, the commissions gathered additional data from the facilities for unaccompanied minor refugees they visited. As mentioned at the outset, unaccompanied minor refugees face a disadvantaged position in many areas of placement and support in Austria. This is due to the low daily rates, which make it virtually impossible to employ sufficiently trained staff with a high staff-to-child ratio. Furthermore, the size of the facilities and the group sizes do not meet the standards otherwise customary in child and youth welfare services. For traumatised minors, however, smaller groups and a high staffing ratio are a decisive factor in helping them process their experiences and build meaningful relationships.

Facility far too large

The commissions' visits showed that around three-quarters of the visited facilities took care of more than ten minors, with a third accommodating up to 50 or more. In half of the facilities, there were more than 15 minors in a single group. This is far above the usual group size of six to twelve in child and youth welfare facilities.

Means of communication are crucial

In facilities for unaccompanied minor refugees, the commissions also enquired about communication options that were available to the minors in their native languages. All the facilities stated that they employed care staff with the relevant language skills. Furthermore, the vast majority of the facilities reported that there are usually several unaccompanied minors in the facilities who share the same native language and who support one another when communication difficulties arise. It is important, however, that unaccompanied minor refugees are not used to interpret for others. as taking on this responsibility can lead to them being overwhelmed by the situation. Care staff cannot replace interpreters either.

Insufficient use of interpreting services

Greater use of interpreters in facilities for unaccompanied minor refugees would be desirable simply because they play an important mediating role in communication and in building trust (Human Rights Advisory Council statement of opinion on the placement of unaccompanied minor refugees (July 2020), p. 12, <https://volksanwaltschaft.gv.at/fuer-menschenrechte/menschenrechtsbeirat/stellungnahmen/>; only available in German). Only

around half of the facilities make use of in-person interpreters, which is attributable to limited budgetary resources. For the same reason, video interpreting services are presumably only utilised by a few of the facilities visited.

Supporting unaccompanied minor refugees requires specific knowledge that should be available within every team. Specialist knowledge of countries of origin, their minority groups and cultural characteristics forms an important basis for educational work with unaccompanied minor refugees. Fortunately, the majority of the facilities visited had one or more staff members with knowledge of the right to asylum and intercultural competence. Staff with training or continuous education in topics related to unaccompanied minor refugees were employed in significantly fewer of the facilities visited. Further training and continuous education would therefore be particularly important.

Specific skills required

Knowledge of the German language enables unaccompanied minor refugees to participate actively in life in Austria. It is the indispensable key to accessing education and the labour market, and to social integration. It is positive that in the majority of facilities, though not all, the minors there generally have access to German language courses outside the facility (e.g. at the Austrian Integration Fund) and, in around half of the facilities, to German language courses offered by the facilities themselves. However, the waiting times for places on courses outside the facilities are far too long. Only half of the facilities stated that language courses are available. Around a quarter of them reported waiting times of up to three months, and 14 % even reported waiting times of up to six months.

Long waiting times for language courses

The monitoring priority also examined access to literacy courses. Literacy courses form the fundamental basis for understanding and learning the German language and are therefore essential for leading an independent life. However, they are only available in around half of the facilities through courses offered externally. In-house literacy courses are offered in around a quarter of the visited facilities. The situation is even worse when it comes to waiting times for these courses. Courses were available within a month in only 27 % of the facilities.

Unaccompanied minor refugees who have been on the run for months or years suffer from mental health issues caused by multiple traumas. Unaccompanied minor refugees therefore urgently require rapid psychosocial support. On a positive note, access to such support is generally available to minors in all the facilities visited by the commissions. In around three-quarters of them, support is also available in the minors' native language. However, the waiting times here too are a cause for concern. Psychosocial support is available within a month in just over half of the facilities. In 14 % of the facilities, minors wait up to three months for psychosocial support. 18 % of the visited facilities reported waiting times of more than six months.

Psychosocial support not available in a timely manner

Psychosocial support should be made available quickly, particularly in cases of acute crises and traumatic events.

Commission 2 cited a facility in Upper Austria as a positive example. A psychologist – originally from Iran with language skills in Farsi, Dari and Pashto – visits the facility three times a week.

Lack of knowledge regarding contact persons

The Child and Youth Welfare Services assume responsibility for the care of unaccompanied minor refugees upon their arrival in the basic care system of the respective *Land*. Unaccompanied minor refugees should therefore know the social workers who are responsible for them within Child and Youth Welfare Services. However, this was only the case in 68% of the facilities visited. Given that the respective social workers bear responsibility for the unaccompanied minors and should be available as points of contact, this proportion is too low.

The situation was different at a facility in Carinthia. The residential home for unaccompanied minor refugees reported to Commission 3 that it held face-to-face meeting with the competent social workers every two weeks.

- ▶ ***The significantly poorer conditions of care for unaccompanied minor refugees can only be compensated for by increased resources and an alignment of daily rates with those for socio-pedagogical shared accommodation.***
- ▶ ***The currently permitted group sizes in facilities for unaccompanied minor refugees encourage negative dynamics of violence and must be reduced. Staff should be trained on specific issues regarding this group.***
- ▶ ***Waiting times for psychosocial support must be reduced. The same applies to German language and literacy courses.***
- ▶ ***The unaccompanied minor refugees should be personally introduced to the social workers responsible for them within the Child and Youth Welfare Services. These social workers must take on a more active role, maintain contact on their own initiative and keep themselves informed about current developments.***

2.3.1.11 Summary assessment

Significant deficits Overall, the commissions found that only 16% of all the visited facilities were very safe and 42% safe. Of the visited facilities for unaccompanied minor refugees, only 9% were rated as very safe and 32% as safe. This result shows that human rights guarantees are not being fully implemented, particularly those relating to children's rights under the Federal Constitution. There is a considerable need for improvement with regard to the protection and safety of minors in out-of-home care.

- ***There is an urgent need for action to ensure protection and safety in facilities that offer out-of-home care, to ensure they all become safe places for the minors receiving support.***

2.3.2 Implemented recommendations

Beyond the findings presented so far, many owners and operators responded swiftly to the recommendations and criticisms voiced by the commissions within the scope of the monitoring priority. This suggests that the owners and operators take the NPM's criticism seriously and are seeking to improve the conditions for the minors.

A facility in Upper Austria, where Commission 2 identified shortcomings in the signage for escape routes, made sure that escape routes were marked adequately throughout the entire building. A facility in Lower Austria repaired the patio door, which was in need of renovation, following a visit by Commission 6; another facility addressed the lack of visual cover and faulty lighting in the girls' bathroom. A different facility in Lower Austria improved the fittings in the sanitary areas on the recommendation of Commission 6 and carried out extensive renovation work, which created an additional children's room. Following criticism from Commission 1, minors in a shared accommodation in Tyrol were allowed to open the windows themselves and a shared accommodation in Vienna repaired damage caused by an adolescent's lack of impulse control, which had severely impaired the shared accommodation's liveability.

Structural defects rectified

In a crisis centre run by the City of Vienna, a security guard was deployed following attacks and death threats against staff. Commission 5 criticised the fact that the guard was constantly present in the living room with the minors. It recommended that the guard should remain in the corridor area when he was not needed. The Vienna Child and Youth Welfare Services implemented this recommendation. The security guard is now only brought into the group rooms when necessary.

Privacy issues resolved

Following a visit by Commission 2, two facilities in Salzburg gave all children a room key and drew up a key agreement with them. A shared accommodation in Lower Austria replaced its door locking system following criticism from Commission 6. A facility in Tyrol, which had previously only issued room keys upon payment of a deposit, changed this practice on the recommendation of Commission 1.

Commission 2 identified shortcomings in the lack of lockable storage facilities in a shared accommodation in Salzburg, whereupon the facility worked with the children to design lockable wooden boxes. In a shared accommodation in Vienna and a facility in Burgenland, lockable boxes were available in the

minors' rooms but could not be used because all the children had lost their keys. The facility promised a prompt solution.

Rules and sanctions revised

In numerous cases, the commissions invited the facilities to revise their system of rules and sanctions. A shared accommodation in Salzburg, which had extended curfews as a sanction for breaking the rules, completely abandoned this practice. Commission 1 recommended that a facility in Tyrol should evaluate the group rules regarding an adolescent's bedtime. Together with the adolescent, the facility found a solution tailored to his individual needs. On the recommendation of Commission 3, principles of trauma-informed pedagogy and New Authority were incorporated when reforming the strict rules system. Even very young children who cannot yet read or write should be informed about the rules of a shared accommodation in an appropriate manner. A facility in Tyrol therefore added pictograms to the house rules.

Anonymous complaint mechanisms installed

On the recommendation of Commission 2, one shared accommodation in Salzburg and one in Upper Austria, and a facility in Lower Austria upon recommendation of Commission 5, introduced an anonymous complaints mechanism by installing a complaints box. A facility in Tyrol established a digital anonymous complaints mechanism in the form of a QR code following a visit by Commission 1. Also in Tyrol, following criticism from Commission 1, the suggestion box was reintroduced and its purpose explained to the minors. On recommendation of Commission 6, a facility in Burgenland immediately repaired its faulty complaints box.

Children's teams reintroduced

Children's teams were not meeting regularly at two facilities in Tyrol when Commission 1 paid those facilities a visit. Following the NPM's recommendations, the facilities reintroduced regular meetings of the children's team.

Catching up on further education

In several facilities, the commissions drew attention to a lack of continuous education for staff. Following a visit by Commission 2, a shared accommodation in Salzburg organised further training sessions for staff on the topic of trauma-informed education. Following a visit by Commission 6, an institution in Burgenland organised a full-day seminar on sex education for the entire team, as well as an online training course on media education for several staff members. Following criticism from Commission 6, a two-day neuro de-escalation training course took place at a shared accommodation in Lower Austria.

Exact time slots with primary caregivers established

Commission 1 recommended that a regional children's home in Tyrol should establish exact and structured time slots with the respective primary caregivers. The team subsequently set up such exact timetables for each child.

New small groups

When Commission 3 criticised that there were no small groups in Styria, a new form of residential group with a maximum of five minors was

incorporated into the implementation regulation, and the creation of a further small group for children with greater needs was announced.

The Child and Youth Welfare Services of Styria had contested the applicability of the Nursing and Residential Homes Residence Act (*Heimaufenthaltsgesetz*) to certain types of accommodation due to specific exclusion criteria in the implementing regulation. Following a new ruling by the Supreme Court, it clarified that all the facilities of the Styrian Child and Youth Welfare Services fall under the scope of the Nursing and Residential Homes Residence Act.

Scope of the Nursing and Residential Homes Residence Act clarified

2.3.3 Positive observations

The commissions assessed some of the practices and conditions in the visited facilities as examples of good practice.

Commission 2 rated the practice of a facility in Upper Austria very positively, which supports the transition of adolescents and young adults to independent living. The shared accommodation uses a three-stage approach. The adolescents move from the shared accommodation to supported residential care and subsequently to supported independent living. They have the option to return to the previous form of care at any time and to try again at a later date. Their primary caregivers remain the same throughout the entire process.

Step-by-step approach for independence

During a visit at a facility in Tyrol, Commission 1 was particularly impressed by the detailed dissemination of information regarding the content of the facility's professionally developed concepts. This was done on a regular basis, e.g. during the annual retreat, weekly supervision, peer reviews and in team meetings.

Comprehensive information on concepts

Great importance is attached to protecting the children and adolescents in care from violence and boundary violations at a Viennese facility run by private operators. For instance, the socio-pedagogical shared accommodation units run by these operators have their own child protection officer, who visits each unit regularly, is available to the children and adolescents by phone outside these times, and thus acts as an additional point of contact.

Child protection officer

Commission 2 found a concept at a facility in Upper Austria that is tailored to the needs of the minors in care and features a high daily rate and staffing ratio, as particularly positive. This facility is characterised by intensive, individual work with the minors and tailored solutions developed in close cooperation with the *Lands* Child and Youth Welfare Services. For example, the shared accommodation provided a minor with a support worker for a three-day school trip. One girl has been receiving mobile support since she returned to her mother and also still has a room available in the shared accommodation. In addition, there is dedicated staff for working with the parents.

Individual solutions

High daily rate for unaccompanied minor refugees

Commission 1 visited a facility for unaccompanied minor refugees with a unique approach in Tyrol; unlike other facilities for unaccompanied minors, it is funded by the *Land* using the standard daily rate for child and youth welfare services. This makes it possible to employ only trained care staff and to provide all minors with single rooms. The designated caregiver system is also worth highlighting. Upon admission, each minor is assigned a primary caregiver and a co-caregiver, who share the responsibilities. One person handles organisational matters, whilst the other is competent in conducting interviews with the minors.

In-house psychological assessment

Commission 6 regarded the provision of a dedicated occupational therapy room for the minors as particularly positive. The minors also benefit from the in-house psychological assessment, which helps identifying their needs and putting in place tailored support measures.

2.4 Institutions and facilities for persons with disabilities

Introduction

In 2025, the six NPM commissions visited 67 institutions and facilities all over Austria that are specifically dedicated to persons with disabilities (residential homes, day centres, sheltered workshops). All monitoring visits were unannounced.

Since 2012, when the NPM began its work, there has been progress in raising awareness about how important it is to protect persons with disabilities, who receive inpatient, as well as outpatient care against violence. Nevertheless, many structural problems remain unsolved and local authorities still lack commitment to coordinate policy areas and align them comprehensively with the principles of the UN CRPD in such a way that this is effectively felt by the persons concerned.

In both outpatient and inpatient settings, there remains an urgent need for action to improve and expand protection against violence at all levels. The participatory involvement of self-representers is essential, especially considering that different target groups and genders make different experiences.

2.4.1 'Human rights first – despite austerity measures'

The budget deficits of the Federal Government, the *Laender*, the cities and municipalities, and the fear of measures that could have an even greater impact on persons with disabilities, were a key topic in discussions with the facilities and the self-advocacy organisations in 2025. Austria has to comply with European Union fiscal rules. The Federal Government thus has embarked on a consolidation path that will continue measures which will affect both revenue and expenditure over the coming years. This carries the risk of falling short of minimum human rights standards. As has been the case in past times of crisis, it is to be expected that this will affect persons with disabilities particularly severely, either directly or indirectly. In Austria, 58.1% of all those who suffer from material and social deprivation, have disabilities. The proportion of persons with disabilities among all those who meet the criterion of significant material and social deprivation is even higher at 71.4% (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (ed.), *Persons with Disabilities in Austria I*, p. 111). Guaranteeing fundamental social rights would be of considerable importance, particularly in times of crisis. Autonomy, self-determination and social and political participation must not be a privilege reserved for those who can afford

Austerity targets do not legitimise restrictions on human rights

it themselves and without state support. Unlike in almost all European constitutions, which recognise fundamental social rights or at least include such provisions as state objectives, the Austrian Federal Constitution does not guarantee social rights as subjective rights.

It is only by invoking social human rights that the exclusion and discrimination of individuals and groups becomes visible not merely as a moral problem, but as a violation of their rights. The AOB therefore organised an NGO forum in Parliament in spring 2025 on the theme 'Human rights first – despite austerity measures'. Under Article 2 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), Austria has committed itself to using the 'maximum of available resources' to achieve 'the progressive realisation' of economic and social rights 'by all appropriate means'. Such a reservation regarding resources and progress is also contained in the UNCRC (Article 4) and the UN CRPD (Article 4), which, whilst allowing for some discretion, does not justify state inaction (Kreutz/Lachwitz/Trenk-Hinterberger (eds.), *The UN Convention on the Rights of Persons with Disabilities in practice*, 2013, p. 31).

Wages instead of pocket money

As part of its OPCAT monitoring activities, the NPM has been documenting for over ten years that resources for persons with disabilities are lacking at practically every level. This concerns, for example, the fact that many persons with disabilities in therapeutic occupational programmes cannot earn an income which allows them to meet basic everyday needs. As early as 2019, the NPM called on the Federal Government and the *Laender* governments in a special report to end the pocket money system and pushed for the 'Wages instead of pocket money' initiative. As a direct consequence, the Ministry of Social Affairs set up a working group in spring 2020, involving representatives from the Federal Government and the *Laender* governments, social partners, self-advocacy groups, civil society and human rights organisations. Five years later, first pilot projects for an alternative model are being tested. However, Austria is still a long way from nationwide implementation.

Budgets already too low

Apart from that, staff shortages – caused at least in part by tight budgets – and a lack of funding for Augmentative and Alternative Communication (AAC), training or barrier-free accessibility have already had a direct negative impact on the human rights situation in facilities. This lack of resources cannot be ignored. What is needed is a clear plan setting out how funding can be increased to guarantee the full human rights of persons with disabilities. Precisely because persons with disabilities in facilities are more affected by (sexual) violence than others, funding to enable self-determination and prevent violence must be increased, not reduced.

Unfortunately, at the time of writing this report, there were clear signs that funding for persons with disabilities is being cut at both the federal and the *Laender* levels.

For instance, disability-related funding in the sectors of health and social affairs, for instance regarding counselling centres for persons with mental illnesses or community nurse projects, has been or is being cut or scrapped. Deaf people face cuts to accessible services and sign language support. For pupils with visual impairments, there will be cuts in Styria, and learning boards will no longer be available. In fact, the *Land* has generally stated that it is not competent for individual aids in this area. Several *Laender* (Lower Austria, Upper Austria, Tyrol and Vorarlberg) will cut funding for audiobook libraries, which will cease their services. The Federal Government has cut the mobility allowance in half.

Examples of the numerous cuts

Vienna has cut social welfare for persons who have a permanent entitlement to this support. As a result, special payments have been cut in half and housing benefits were reduced. Even though the level of social welfare remains higher than in other *Laender*, these cuts reduce opportunities for inclusion for persons with disabilities.

Labour market projects for persons with disabilities (intellectual or physical) are also being cut, which is particularly regrettable because it is already virtually impossible for them to transition from the third to the primary labour market. As a consequence, many persons with disabilities are dependent on the needs-based minimum benefit system or social welfare for their entire lives.

In times of high inflation and energy costs, budgetary consolidation measures can have a negative impact on the planning security of owners and operators of facilities for persons with disabilities, because tariffs may no longer cover the costs and this then leads to restrictions or a deterioration in services. The fact that no collective labour agreement could be established for the social sector by the beginning of January 2026 is an indicator of this. In Vienna, a socio-psychiatric centre run by Caritas even had to be closed.

On 6 July 2022, the Federal Government adopted the second National Action Plan on Disability, the NAP 2022–2030, in the Council of Ministers to implement the UN CRPD. In recent years, the NPM has criticised the failure to finance the measures agreed therein, for instance by establishing an inclusion fund. The long-harboured fear by self-advocates, organisations of persons with disabilities, the NPM and others is now coming to pass. Instead of funds being made available to promote the inclusion and self-determination of persons with disabilities, there now is a risk of a standstill.

The fact that, on the other hand, substantial funds are being allocated for the construction and operation of additional 'special-needs schools' in Upper Austria is all the more surprising. This type of school contravenes the provisions of the UN CRPD, and the money spent on these projects will apparently be lacking for support measures that comply with human rights standards.

Less self-determination costs resources

The NPM sees a risk of setbacks in terms of inclusion and independence for persons with disabilities. This lack of support and inclusion for persons with disabilities not only clearly contradicts binding human rights standards, but also means that follow-on costs will increase.

Human rights-based approach to legislation and administration

To address current developments effectively, a 'human rights-based approach' in legislation and administration needs to be rigorously applied and consistently implemented. This means that new regulations must take into account the impact on the human rights situation of all persons concerned and ensure that any deterioration is avoided. A human rights-based approach requires and ensures that administrative staff are up to date and sufficiently trained to guarantee human rights-based implementation within the administration. Such an approach would also entail 'human rights budgeting', which incorporates human rights principles and obligations into budgetary planning. The process of setting the budget would be transparent and participatory. In terms of content, the aim would be to achieve the best possible implementation of human rights obligations, whilst preventing any regression in implementation.

FRA supports human rights-based approach

The European Union Agency for Fundamental Rights (FRA) also advocates a human rights-based approach to safeguarding the rights of persons with disabilities in facilities in its report 'Places of Care = Places of Safety? Violence against persons with disabilities in institutions', published in November 2025. This is based on the principles of inclusive participation, non-discrimination, empowerment, accountability and legality. The aim of this human rights-based approach is to empower rights holders to claim their rights and to strengthen the capacity of duty-bearers to fulfil their obligations and to prevent, protect against, and respond to violence in facilities (https://fra.europa.eu/sites/default/files/fra_uploads/violence_against_persons_with_disabilities_in_institutions.pdf, p. 18).

- ▶ ***Even during periods of budget consolidation, it is essential that the Federal Government, the Laender and the municipalities manage their budgets transparently and align them with the implementation of human rights obligations.***
- ▶ ***Resources should be allocated in such a way that the equal participation of persons with disabilities and persons without disabilities in all areas of life can be (gradually) ensured.***

2.4.2 Monitoring priority: augmentative communication and supported decision-making

In Austria, tens of thousands of persons with physical, intellectual or multiple disabilities have difficulty communicating through spoken language. Persons

without (sufficient) spoken language more often reach the limits of their ability to act and their communicative competence. They therefore have fewer opportunities for communication and self-expression.

The NPM has therefore established the monitoring priority 'augmentative communication and supported decision-making as a means of preventing violence' for the sector concerning facilities for persons with disabilities and has informed all Regional Governments, as the operators of facilities for persons with disabilities, of this monitoring focus. Together with experts from the commissions and the IFES (Institute for Empirical Social Research), the NPM developed a form to collect comprehensive data on this key topic. Since November 2025, the NPM commissions have been monitoring facilities to determine, for example, whether an Augmentative and Alternative Communication (AAC) policy is in place, whether the team possesses the relevant knowledge in the field of AAC, or whether support circles are convened.

Respecting and promoting the individual autonomy of persons with disabilities is one of the most important objectives of the UN CRPD. An essential prerequisite for this is the ability to communicate. Ensuring the right to self-determination, to independent living, equality, education or full participation in political and public life – in short, the observation of human rights – is inconceivable without the ability to express oneself personally or without communication.

No human rights without communication

The commissions' fieldwork already shows that communication is often one of the greatest hurdles to be overcome when dealing with persons with disabilities. The Federal Ministry of Social Affairs, Health, Care and Consumer Protection commissioned a study on the 'Experiences and prevention of violence against persons with disabilities' (Mayrhofer/Mandl/Schachner/Seidler, 2019), which made clear that persons with disabilities are particularly at risk of experiencing violence. This applies above all to persons with intellectual disabilities, communication impairments or sensory impairments. Strengthening the communication capabilities and self-determination of persons with disabilities therefore also represents a significant contribution to the prevention of violence.

Communication often a major hurdle

The commissions repeatedly visit facilities where AAC is not used, or is used too little.

Too little use of AAC

Commission 1, for example, visited a facility in Vorarlberg where the majority of clients were non-verbal. The facility had been working on developing an AAC concept for almost a year, but the commission identified shortcomings in its implementation. Although the team was generally familiar with AAC and used it when working individually with some clients, the AAC materials were stored away in a box and therefore not readily accessible to the clients at all times.

AAC resources put away in storeroom

Commission 5 criticised a relatively new facility in Lower Austria for making little use of AAC, despite the fact that four of the twelve residents were non-verbal. These residents were therefore entirely dependent on staff support. There was also no link with the residents' previous shared accommodation, meaning that any AAC skills they may have learnt could not be passed on. The commission viewed the announcement that there would be a designated AAC officer in the future as a positive development. In its statement to the NPM, the owners and operators explain that numerous measures have since been taken: two staff members have begun training for AAC certification, who are then to train the rest of the team. Key staff members are also to be involved. Furthermore, a basic framework has been drawn up and a working group on AAC has been established.

Lip-reading instead of sign language

At a sheltered workshop in Lower Austria, Commission 6 met a deaf man who was fluent in Austrian Sign Language. However, when communicating with him, the team relied primarily on lip-reading and 'writing things down and reading them aloud'. According to his own account, the man often felt bored and isolated because he could not communicate properly with anyone, and was delighted that he could exchange ideas with the commission using sign language. To date, sign language interpreting services had not been used for goal-setting meetings or workshop discussions.

Austrian Sign Language, the mother tongue of deaf people, is enshrined in the Austrian Federal Constitution as a recognised language (Article 8 (3) Federal Constitutional Law). It is therefore important that facilities housing deaf people have sufficiently trained care staff, and that Austrian Sign Language is actually used.

Owners and operators announced measures

In their statement of opinion, the owners and operators reported that a team is currently being set up to drive forward the necessary development and awareness-raising regarding AAC. Efforts are made to improve the situation of the client concerned; for example, regular sign language get-togethers are being organised. A sign language interpreter will be engaged for the next annual meeting with the client. Furthermore, with the help of a sign language interpreter, the client's wishes and challenges regarding their communication options are to be discussed. In addition, the owners and operators intend to offer sign language courses for staff and clients.

As part of the monitoring priority on 'augmentative communication and supported decision-making as a means of preventing violence', the NPM aims to gain an in-depth, nationwide insight into current practice in facilities: Is AAC being used, and are the resources appropriate for the persons concerned? Are persons with disabilities involved in decisions that affect them? The aim is also to identify what measures are necessary to enable persons with disabilities – regardless of the nature and severity of their disability – to communicate and make decisions as independently as possible.

- ▶ ***Facilities must actively create structures to enable and promote Augmentative and Alternative Communication (AAC) – for example, through policies, staff training and technical aids.***
- ▶ ***The Federal Government and the Laender should establish uniform guidelines for the mandatory implementation of AAC in facilities.***
- ▶ ***Residents whose native language is sign language should be able to communicate in that language. Staff should be trained accordingly.***

2.4.3 Protection versus self-determination

Time and again, the NPM criticises the fact that whilst persons with disabilities are supported in facilities, they often have too little say in matters concerning their daily lives. The right to self-determination is, however, one of the core elements of the UN CRPD. Article 19 enshrines the 'equal right of all persons with disabilities to live in the community with choices and opportunities equal to those of others'. Article 3 and the fundamental principles set out in the preamble also provide for full and effective participation and inclusion, for which self-determination is a prerequisite. During their visits, however, the commissions repeatedly observe that choice and self-determination are restricted in the name of protection, and that persons with disabilities are infantilised.

At a facility in Lower Austria, for example, Commission 6 learned that overnight stays were not permitted, as stipulated in the house rules. However, the facility's sex education concept does indeed provide for partnerships, including overnight stays. The commission also criticised the fact that, according to the house rules, it is not permitted to keep food or drinks (with the exception of water) in the room. In the commission's view, this re-stricts the residents' right to privacy.

**No food or drink
in the room**

The commission also took a critical view of the strict ban on alcohol in the facility. Of course, there are instances in facilities where residents must take medication that precludes alcohol consumption. However, in the commission's view, an absolute and blanket ban is excessive. Furthermore, no private electrical appliances that could pose a fire hazard (e.g. hairdryers, electric blankets) may be kept in the room. Instead of a general ban, the commission proposed that staff should be informed about such appliances and that they should be used in consultation with the team.

**Absolute alcohol ban
is too much**

In the commission's view, these rules prioritise the principle of protection, often at the expense of the right to self-determination and privacy. However, living as an adult also involves dealing with certain risks.

Owners and operators intend to amend house rules

In their statement to the NPM, the facility owners and operators announced that they would revise the house rules regarding over-night stays. It is possible for partners to stay overnight at the facility, and this does happen from time to time. Regarding the storage of food, the operators explained that whilst it is not permitted to keep food and drinks in the cupboard in the room, keeping food in the general storage room has the advantage that staff can regularly dispose of expired food. However, personal fridges for the room could be provided on request. According to the house rules, there is a ban on alcohol, smoking and drugs within the building, but this does not apply outside the residential building, the operators explained. Regarding the ban on electrical appliances, the operators reported that, following an incident involving an overheated radiant heater, electrical appliances that generate or produce heat were no longer permitted in the rooms due to the risk of fire.

Parents disregard the wishes of their adult children

Time and again, the managers of the facilities also report that parents or adult guardians disregard the wishes of persons with disabilities. This leads to protracted discussions with parents. At a facility in Lower Austria, Commission 5 learned that the parents of an adult client fundamentally did not want their son to eat pork for religious reasons, even though he wished to do so.

In another Lower Austrian facility visited by Commission 6, the involvement of parents in shaping the clients' support remains an integral part of the facility's concept. This leads to tensions when the boundaries between parental care and professional support become blurred. This was the case, for example, with a resident in his late 30s, whose mother continues to dictate in detail which items of clothing should be worn at what temperatures. In its statement of opinion to the NPM, the facility reported that priority was given to the residents' self-determination, but that parents were considered as an additional resource. The resident suffers from epilepsy, which is exacerbated by overheating. He is always asked about his needs, and his mother's instructions are treated as a guideline. The owners and operators took up the commission's suggestion to organise a workshop on self-determination and autonomy for parents.

Tension between self-determination and safety

As mentioned, facilities for persons with disabilities are characterised by the tension between self-determination and safety. Since the start of the OPCAT mandate, the NPM has called for the promotion of self-determination and for persons with disabilities in institutional settings to be granted the same rights and opportunities as others. In particular, leaving a residential facility independently, the opportunity to meet friends, receiving visits at the facility, or allowing them to stay overnight in one's own room have long been the subject of controversial debate. Facilities handle these matters very differently. This makes the report by Commission 5 on a residential facility in Vienna all the more welcome. It grants clients considerable freedom and

responds individually to their various needs. There are no restrictions on going out or on friends staying overnight at the facility.

- ▶ ***The right to self-determination is one of the core elements of the UN CRPD and must be upheld in facilities for persons with disabilities.***
- ▶ ***Persons with disabilities should be supported in managing their own affairs as far as possible and in making their own decisions.***

2.4.4 Implementation strategy for deinstitutionalisation

For many years, the NPM has been demanding that a strategy for deinstitutionalisation be developed and implemented. Such a strategy is necessary to guarantee the right to independent living for persons with disabilities. There is no doubt that such a strategy is needed. The UN Committee has called on Austria to develop and implement a comprehensive, nationwide strategy with clear objectives and funding, in collaboration with the Federal Government, the *Laender* and the municipalities. This requires a suitable legal framework, including legally enforceable rights. Investment in new or existing facilities should cease.

NPM calls for implementation

Accordingly, the Federal Government plans, on the one hand, to develop relevant strategies in the National Action Plan (NAP) on Disability 2022–2030, and, on the other hand, to pursue deinstitutionalisation in its current work programme.

NAP on Disability and Governmental programme

Despite the legal requirements and announced plans, there is no sign of any serious work being done to develop a corresponding strategy. The NPM has observed for years that persons with disabilities often have no choice regarding where and how they live. Many of them simply have to be grateful to secure a place where they can receive the necessary support. Furthermore, self-determined, independent living is not possible in most facilities. It is not just a matter of choosing where and how to live, but also, more generally, of privacy, the self-determined structuring of daily life and respect for the individual needs of the persons concerned. This can only be guaranteed to a limited extent in institutional settings.

Even though there are isolated, well-intentioned attempts to drive forward deinstitutionalisation, such a complex and far-reaching undertaking requires comprehensive planning and strategy. All relevant parties must be involved: local authorities, public social insurance carriers, operator organisations and, above all, self-representation groups. A serious deinstitutionalisation strategy can only succeed if the issue is given the highest priority at Federal and *Laender* level. This requires unconditional political will.

Comprehensive planning and political will are necessary

NPM highlights urgency At parliamentary events and in communications with the Federal Government and the *Laender*, the NPM has consistently sought to raise awareness about how urgent it would be to take concrete planning steps. In addition to this, the AOB underlines the same issues during international human rights reviews, such as the country review before the UN Committee on the Rights of Persons with Disabilities or the Universal Periodic Review, the most comprehensive global human rights review. Coordinated planning should begin as soon as possible and it is important to emphasise that even in times of austerity measures – as international studies show – deinstitutionalisation is not, and need not be, more expensive than institutional support.

FRA highlights dependencies in facilities In its 2025 report on 'Places of Care = Places of Safety? Violence against persons with disabilities in institutions' the European Union Agency for Fundamental Rights (FRA) also emphasised that moving away from institutionalisation is essential to ensure all the rights of persons with disabilities. 'It is already a violence to have to choose to live in an institution to survive ... Inside [an institution] one is a prisoner; one depends, as if on an umbilical cord for an indefinite period, on the availability of services that are denied elsewhere. Dependence on a context makes one weak, fragile.' (https://fra.europa.eu/sites/default/files/fra_uploads/violence_against_persons_with_disabilities_in_institutions.pdf, pp. 23 et seq.).

An institution is characterised less by its size or location than by certain organisational features. These result in residents having no choices or control over their daily lives, being separated from their families and excluded from community life.

FRA urges Member States to step up their efforts to close facilities. Strategies for deinstitutionalisation should include specific targets and deadlines, be adequately funded, and provide personalised pathways for the inclusion of persons with disabilities in the community.

FRA also points out that EU funding is only available on condition of compliance with the UN CRPD and that EU mechanisms exist to suspend or reclaim funds in the event of abuse.

- ▶ ***It is undeniable that deinstitutionalisation is necessary and urgent.***
- ▶ ***A comprehensive, Austria-wide strategy and plan involving all stakeholders must be drawn up.***
- ▶ ***Deinstitutionalisation also contributes to the prevention of violence.***

2.4.5 Support for people with lack of impulse control

The support of people who, due to their disability, often experience severe episodes of lack of impulse control and thereby injure themselves or others, poses a particular challenge for institutions and their staff. These people have special care needs for which there is often no provision within the overall system. Nevertheless, during their visits, the commissions repeatedly observe that, despite extremely difficult conditions, the institutions make every effort to provide adequate support for this challenging clientele.

Difficult support in cases of severe lack of impulse control

Regardless of the shortcomings repeatedly observed in individual institutions, the NPM's recommendations from recent years are having an impact. An increasing number of facilities have implemented comprehensive, practice-oriented violence prevention strategies and have individual de-escalation plans tailored to each person, which describe potential causes and triggers for crisis behaviour as well as ways to avert these in advance. Staff are familiar with these strategies and receive training on violence prevention and de-escalation.

NPM recommendations on violence prevention are having effect

However, a sufficient and stable staffing situation and adequate framework conditions are essential, which unfortunately often poses a major problem.

It must be noted that deinstitutionalisation is the goal of ensuring the rights of persons with disabilities under the UN CRPD. It is thus a positive development that a number of very small facilities and crisis centres have recently been established where persons with particularly frequent and severe episodes of lack of impulse control can receive intensive support.

Small-scale crisis centres

Commission 3, for instance, visited several newly established small-scale shared accommodations in Carinthia for people with particularly high care needs and found the care offered there to be good.

In Vienna, too, Commission 5 visited a newly established crisis centre for children and adolescents with increased care needs. The facility was still in the start-up phase. However, it became apparent that, due to the high intensity of care, there were already many instances of staff taking sick leave and a high staff turnover in general. It had not yet been possible to establish a stable care team. Nevertheless, the Commission observed a great deal of effort being made to provide adequate support. However, the fact that guidelines on the use of restraints on children were clearly displayed in the living area for all to see is absolutely unacceptable from a human rights perspective.

Visible display of guidelines on how to use restraints is unacceptable

At a residential facility in Lower Austria, the commission also observed a high level of commitment from the care team despite the very strained staffing situation. However, as the number of serious incidents involving one resident had increased massively within a year, the commission recommended

Great efforts by the institutions

intensifying the care strategy in addition to the existing close-knit psychiatric support. The deployment of additional staff, increased periods of one-to-one care and de-escalation training had a positive effect on the resident, and escalations occurred much less frequently.

Staffing resources often not enough

However, the commissions' visits also show that, despite their best efforts, facilities reach their limits if they are understaffed or the operating conditions are unsuitable. At a day-care centre in Styria, around 30 persons with disabilities receive highly personalised support from a team of ten caregivers, comprising of specialist in disability care, as well as agricultural specialists. They have the opportunity to access various therapies at the operator's own therapy institute. Nevertheless, Commission 3 observed that despite considerable efforts – the management had even made their own room available for one-to-one support – the facility was overwhelmed when supporting a client with autism. Due to his disability, he exhibited sexually disinhibited behaviour and was particularly aggressive towards women. To protect the other female clients, some of whom had themselves experienced sexual abuse, and the care team, the care relationship had to be terminated. Admission to another institution was in the planning.

Safety of other clients

At a residential facility in Vienna, Commission 4 also observed that, despite the staff's great commitment and high level of professionalism, the facility was not suitable for a client who frequently experienced a lack of impulse control that resulted in harm to others. Various strategies and methods were employed in a concerted effort to promote positive developments in the young man and to de-escalate situations during periods of lack of impulse control and aggressive behaviour. Nevertheless, the facility's staffing resources were insufficient to guarantee the intensive care he required. This client has also since moved to a different residential setting.

The facility intends to follow the commission's recommendation when admitting new residents. It will pay closer attention to whether it can provide the intensive care required by a person whilst also ensuring the safety and protection of the other residents.

The State's human rights obligation

In general, however, the support for people who, due to their disability, frequently experience a lack of impulse control and behave aggressively towards themselves and others remains a major challenge, as there are often no adequate services available within the overall system. According to the UN CRPD, it is the State's responsibility to provide the necessary resources and framework conditions so that these people, too, can live and develop to the best of their ability within the community.

► ***It is the State's responsibility to provide the necessary resources and framework conditions so that people with severe aggression resulting from their disability can also receive the best possible support.***

- ▶ ***Without sufficient and stable staffing levels, violence prevention is not possible.***
- ▶ ***Violence prevention measures, such as a practical violence prevention plan, regular further education and individual de-escalation plans focusing on the causes and triggers of crisis behaviour and ways to prevent them in advance, are essential.***
- ▶ ***Facilities should investigate in advance whether they can guarantee the necessary intensive care for individual clients whilst simultaneously protecting other clients.***

2.4.6 Inappropriate placements of younger people

The NPM repeatedly criticises the fact that younger persons with disabilities are forced to live in retirement and nursing homes due to a lack of alternatives. This occurs particularly among younger persons with special care needs or chronic psychiatric conditions. However, neither the staff nor the support services in retirement and nursing homes are geared towards the needs of younger people. They should have the opportunity to live amongst their peers in an age-appropriate environment.

Retirement and nursing homes do not meet the needs of younger people

In 2023 the AOB determined a case of maladministration in this field. It criticised the inappropriate placements of young people with mental or psychiatric impairments in Tyrol and recommended that the Tyrolean Regional Government should look into organise adequate housing support for younger people with increased care needs. The Regional Government subsequently announced measures to prevent inappropriate placements in the future and introduced case management. As a result, better alternatives in fully-assisted living and housing facilities were found from the outset for some people with disabilities in need of care. In other instances, case management made it possible that mobile care services were integrated into inclusive housing projects in an adequate manner. In the commission's view, the measures taken by the *Land* of Tyrol have had an impact.

Tyrol introduced case management

In 2025, however, Commission 1 learnt at a Tyrolean nursing home that the persons concerned may now, under certain circumstances, be unable to secure a care place at all. In this specific case, the sister of a man with disabilities and increasing care needs – who was herself almost blind – had practically begged the nursing home to admit her brother. She was becoming increasingly desperate because she could not find a place for him in the region. Following a lengthy investigation by the Tyrolean Regional Government, admission to the care centre had apparently been refused. However, there were insufficient places for younger persons with disabilities and increased care needs.

No more places left for those concerned?

The AOB initiated investigative proceedings and directed several inquiries towards the Tyrolean Regional Government. Among other things, these concern the expansion of housing and care options for young people with

Expanding alternative housing and care options

disabilities, mental health conditions and/or care needs. The AOB also asked what alternative housing and care options are offered to young persons with disabilities and/or care needs following a refusal of admission to a retirement and nursing home.

In its statement of opinion, the Tyrolean Regional Government reported that, following a clearing procedure, 59 admissions to retirement and nursing homes had been approved in 2024 and 2025. Ten admissions were granted on a temporary basis. To date, three individuals have returned home or moved into supported housing. In 19 cases, admission to a retirement and nursing home was refused as it had become apparent that a retirement and nursing home did not provide the appropriate care. Alternatives offered included, for example, facilities for people with disabilities, mobile services or short-term care.

In the specific case described above, the admission of the 54-year-old man to the nursing home was initially refused on the grounds that semi-residential and outpatient support took precedence. In the meantime, however, the man has been admitted to a retirement and nursing home on a temporary basis until a place becomes available in a facility for people with disabilities.

- ▶ ***Inappropriate placements of younger persons with disabilities in retirement and nursing homes must be avoided and reduced.***
- ▶ ***In the interest of deinstitutionalisation, the expansion of alternative housing options for young persons with disabilities and increased support needs must be urgently prioritised.***

2.4.7 Transport services and independent mobility

Persons with disabilities who live and/or work in care homes are often reliant on transport services to reach their residential or day-care facility. These transport services are provided as a kind of shared taxi, either by specialist transport companies themselves or in collaboration with the owners and operators of the residential or day-care facility.

Transport services as potential sites of violence

The cramped conditions during journeys – often six or more persons with disabilities are transported together – mean that different persons with disabilities regularly have to spend some time in close physical proximity with no possibility of creating personal space. Behaviours such as shouting, loud singing or exaggerated movements can be distressing for both the fellow passengers with disabilities and the staff. If boundaries are crossed, the cramped conditions make it much more difficult to escape the situation. Passengers are often travelling alone with the transport service staff, who have no specialist training in working with persons with disabilities. If misconduct occurs, there is usually no care worker present who could intervene.

All these factors create a risk of violence occurring. Accordingly, the 2019 study on 'Experiences and prevention of violence against persons with disabilities' by Mayrhofer et al., commissioned by the then Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection, also identifies transport services as potential settings where persons with disabilities may experience violence.

A customer survey conducted by the Vienna Social Fund in 2022 on daily structures and the transport scheme reveals that 35% of customers use the transport service to get to their therapeutic occupational programmes and generally rate it very highly. In particular, the friendliness of the drivers and the facilities on board the vehicles are highlighted as positive aspects. However, the survey also quotes clients and staff at facilities who criticise long journeys, delays and, in some cases, the transport staff's lack of respect towards passengers.

Survey shows overall satisfaction and isolated problems

The NPM commissions also hear of various problems with the transport service during their visits to the institutions. These often concern excessively long journey times or delays, but sometimes also derogatory and inappropriate language or problematic behaviour by individual drivers towards their passengers.

Long journey times and inappropriate behaviour

Time and again, facilities reported that transport service staff generally have no training or education regarding persons with disabilities and are often poorly paid. There are also no violence prevention policies for transport services. At the same time, however, facilities also emphasise the appreciation they have for transport staff, who, under these conditions, often transport six or more persons with disabilities on their own – persons who would otherwise be supported by well-trained specialist staff.

No training, no violence prevention policy

Problems can often – though not always – be resolved after contacting the transport company. For instance, certain drivers were no longer deployed following complaints about incidents. At a facility in Styria, the problem of the transport service bringing passengers to the day centre too early – before staff had started their shifts – was resolved. In Vienna, some transport service companies have set up complaints offices.

A facility for children and adolescents with disabilities in Vienna, for example, reported to Commission 5 that the transport service does not collect the children and adolescents directly from the shared accommodation, but instead they have to wait outside the door with a caregiver, which regularly leads to stressful situations as the other children and adolescents also need to be got ready in the morning.

A facility in Styria reported to Commission 3 that a wheelchair-using client was not secured with a seatbelt during transport and arrived home lying on the vehicles floor. After a complaint to the transport company had no effect, the facility contacted the police.

Cumbersome approval procedure A facility in Lower Austria reported to Commission 6 about long waiting times for the approval of transport service applications and called for a faster and simpler approval procedure by the Land to ensure that clients can participate in support services in a timely manner.

Information sheets for transport services staff Commission 4 reported on the particular commitment of a facility in Vienna to ensure the transport service for its clients with severe disabilities: care is taken to ensure that journeys do not take too long, as it involves persons, whose observation and communication abilities are severely limited. In the event of delays, the reasons are determined. For individuals requiring very intensive care, the owners and operators fund accompanying drivers. To make journeys with the transport service as pleasant and hassle-free as possible for clients at the, the facility produced information sheets on individual clients and written work instructions for new transport service staff. One of the requirements for hiring new transport service staff is social competence. During the daily personal 'handover' of clients to staff at the therapeutic occupational programmes, client-specific details and any incidents that occurred during the journey are discussed and documented in the daily report. This practice can serve as a model for cooperation with transport services.

Expanding self-determined mobility However, from the NPM's perspective, the expansion of self-determined mobility for persons with disabilities in accordance with Article 20 of the UN CRPD is at least as important as improvements to transport services. To this end, some Laender and owners and operators already offer structured programmes in the form of mobility training, which are expressly welcomed. According to the 2022 customer survey by the Vienna Social Fund, many of those surveyed had completed transport training and have been using public transport ever since. However, this also requires barrier-free accessibility in public transport and safe footpaths.

- ▶ ***Under Article 20 of the UN CRPD, persons with disabilities have the right to self-determined personal mobility. Barrier-free accessibility in public transport and mobility training are essential to realising this human right.***
- ▶ ***Cramped conditions and long journey times in transport services, as well as a lack of training for transport service staff, pose a risk of violence. The NPM recommends that transport services implement violence prevention strategies and provide staff training on the needs of the people they transport.***

2.4.8 Implemented recommendations

Many improvements achieved Facilities and owners and operators generally take the commissions' recommendations seriously, commit to improvements and express their gratitude for constructive criticism. Here are some examples of improvements achieved by the NPM:

During a follow-up visit to a sheltered workshop in Lower Austria, Commission 5 observed that the use of Augmentative and Alternative Communication (AAC) had been significantly stepped up since the previous visit. There had been numerous further education sessions on the subject, and pictograms were also being used more extensively. Both materials and methodological skills are being continuously expanded within the institution. In particular, the commission views the purchase of a licence for the image-based symbol system METACOM as evidence of the facility's efforts to improve in the field of AAC. Among other things, there are now special feedback and complaint forms, as well as pain charts to represent physical discomfort.

AAC significantly expanded since previous visit

Other facilities announced improvements in the area of AAC following the commissions' visit. At a facility in Burgenland, Commission 6 had repeatedly criticised the fact that AAC had still not been implemented in the residential area, despite the high number of non-verbal residents. The facility explained that AAC was already in use, but also acknowledged that there was room for improvement. Three staff members have now been appointed as AAC coordinators and are attending further education.

The same facility also pledged improvements in the area of self-representation. For instance, a basic seminar on self-representation had recently taken place in collaboration with an external institute, during which the team had discussed the objectives, their implementation and the necessary mindset. A member of staff would act as a support for the group of self-representatives to be elected in the future. In parallel with the election preparations, there will be facilitated workshops for clients – envisaged in the form of so-called 'courage seminars' – to prepare them well for their new responsibilities and opportunities.

Confidence-building seminars for self-representation

Commission 6 criticised the lack of access to information at a Lower Austrian facility. The owners and operators subsequently assured that all documents would be made available in easy-to-read language and that duty rosters would be updated regularly.

At a facility in Burgenland, the commission commended several improvements made since its previous visit. The commission had criticised the fact that there were too many double rooms in the facility and that there was only one communal fridge available for around 20 residents. Now, all residents are provided with a small fridge on request, and dinner has been moved to a later time. All double rooms, with the exception of one which can be used by couples, are to be converted into single rooms. The commission also observed improvements regarding care documentation and the planning of objectives, which it had criticised during its previous visit. Short- and long-term objectives are now set with clients once a quarter, specific activities to achieve these goals are defined, and they are regularly evaluated together

Better planning of objectives and more single rooms

with the clients. The objectives range from regular cleaning of the room, to finding one's own flat, to passing the driving test. At another facility in Burgenland, the commission criticised the quality of the food and the lack of choice. The facility reported a difficult environment with a lack of infrastructure, but, on the commission's recommendation, immediately began offering at least one fresh fruit snack a day.

Improvement to barrier-free accessibility

At another facility in Burgenland, the commission achieved improvements in barrier-free accessibility. It had criticised the fact that the heavy fire doors and entrance doors did not open automatically. This made it impossible for wheelchair users or people with walkers to move freely between areas or floors. The facility announced that it would adapt the identified doors. Commission 5 also criticised trip hazards at a facility in Vienna. The owners and operators have eliminated these trip hazards.

Night duty room for staff

During a previous visit to a Tyrolean facility, the commission had criticised the fact that some staff members had to sleep on the sofa in the living room or in the children's play beds. However, staff also have a right to privacy and their own sanitary facilities, particularly when working night shifts. The commission recommended that a night duty room is provided for staff. During the follow-up visit a year later, such a room had already been set up for each residential group, much to the delight of the staff. Following the commission's criticism, all staff members had also received training on measures which restrict freedom.

Training and directives on restrictions on liberty

Under the Federal Constitutional Act on the Protection of Personal Freedom (*Bundesverfassungsgesetz über den Schutz der persönlichen Freiheit*) and Article 5 of the ECHR, the right to liberty is constitutionally protected as one of the highest legally protected rights. The issue of restrictions on liberty is always a key focus of the commissions' human rights monitoring. Restrictions on liberty are only permissible insofar as they are expressly provided for by law and the relevant formal requirements are met. This also includes ensuring that reports are made in a comprehensive way, without delay and in a form that complies with legal requirements. In this area, the commissions consistently achieve improvements and raise awareness. In an institution in Tyrol, for instance, Commission 1, observed that reports on restrictions of freedom were not always made right away and, in some cases, were not ordered by the authorised person. The facility stated that it had investigated the measures which restrict freedom following the commission's visit. Furthermore, all staff members had received further training in this area. The operator of the institution had drawn up a directive to ensure a standardised procedure in future.

Commission 1 criticised another facility in Tyrol for failing to report measures which restrict freedom and for staff lacking sufficient expertise. The facility subsequently analysed problematic cases with the help of the residents'

representatives, retroactively submitted reports on restrictions on liberty to the Tyrolean Social Welfare Authority, and planned appropriate further education for staff.

The NPM has been demanding wages instead of pocket money for many years. Many owners and operators support this demand but report that the current funding of services barely allows for any other remuneration models. Apart from the fact that the NPM rejects pocket money payments on principle, the design of the pocket money model can also attract criticism. For instance, Commission 5 criticised a facility for the fact that the model of a performance bonus was not transparent due to a lack of clarity regarding how these bonuses were awarded. The owners and operators subsequently revised the model, investigated the calculation methods and looked at the existing information materials. Furthermore, they increased the performance bonuses following the commission's visit.

Wages instead of pocket money: many owners and operators support the call

During follow-up visits, the commissions can investigate whether announced improvements have actually been implemented.

2.4.9 Positive observations

The commissions do not merely report on shortcomings and areas for improvement. During the period under review, they also visited exemplary institutions for persons with disabilities, met dedicated teams and commended numerous facilities for their human rights-oriented work.

Commission 2, for example, reported on a sheltered workshop in Upper Austria that is highly aware and active in the field of protection against violence, AAC, the promotion of self-determination and skills (agogics), as well as care: 'The facility's concepts incorporate key elements of disability work that places the individual at the centre'. Clear language reflecting the rights of people with disabilities is evident. In summary, Commission 2 commends the exemplary approach within disability work.

'Disability work that puts the individual at the centre'

During a visit of Commission 5, there was a bustle of activity at a sheltered workshop in Lower Austria. The clients were satisfied with their workplaces and were able to move between departments. The sheltered workshop produces popular wooden products. The laundry and ironing service is well received by the local community; the municipality books domestic and gardening work. The commission viewed the focus of the employment programme, which is on clients entering the open labour market, very positively. This is achieved time and again. Since the reconstruction has been finished, the Public Employment Service Austria has moved some of its services (the work and vocational assistance or the job coaching service) into premises within the sheltered workshop. Clients can easily access advice and support. Both the clients and the staff have been working at the sheltered

Public Employment Service moved into premises of a sheltered workshop

workshop for many years. Consequently, there is a high level of trust in the team. According to the commission, the elected council of the sheltered workshop is also exemplary; it consists of four people, ensuring that the various departments are well represented.

'Happiness collection box'

Commission 3 visited a café in Styria where participants can choose their own activities with support. According to Commission 3, the concept of inclusion is realised through contact with external guests at the café. At another sheltered workshop in Styria, there was a project on the theme of 'happiness', which explored the question of how one can become happy oneself or make others happy. There was an exhibition and a preview event on the topic. As the commission learnt at the facility, in addition to a complaints box, there is also a 'happiness box' in which happy moments are collected.

The commissions also came across positive examples in relation to AAC. At a facility in Tyrol, the team worked with many different AAC tools. The 'life support folders', individually designed for all residents, included, amongst other things, a highly detailed medical history that also incorporated communication options.

AAC multipliers are being trained

A day workshop in Carinthia, which had only recently begun the process of implementing AAC, had made this topic its key focus for 2025 and 2026. Staff at the organisation are to be trained in this area so that they can act as multipliers within the organisation's respective facilities. During a visit to the day-care centre, Commission 3 noticed that a multiplier for AAC and sign language was already available. This person was planning, for example, a collection of signs to be made available to the relatives as well. Overall, the commission noted: 'A good foundation has been laid, and the future plans are well thought out'.

Resource plans to prevent violence

At a facility in Burgenland, the commission praised the individual resource plans drawn up for clients, as these serve as an important measure for preventing violence. These resource plans, developed in consultation with the clients, set out in writing what the clients understand by a 'crisis', how they recognise when they are not feeling well, what resources are available to them, and what they can do themselves to start feeling better again.

The commission noted the high standard of medical care at a Tyrolean facility. When residents experience physical problems, they are referred to the general practitioner and subsequently to the specialists recommended by the general practitioner. A standardised 'doctor's visit form' is completed after every doctor's visit and scanned into the documentation system. This improves the flow of information regarding the results of doctor's visits.

Wide range of leisure activities

A facility in Lower Austria offered a wide range of in-house leisure activities, including a dog-walking group, a 'Pleasure & Gourmet' group, an arts group

and an outdoor education group called 'Rangers', which goes out into nature to gain experiences in all weathers. At a Viennese facility, the Special Dance Group stood out as a particularly positive example for Commission 5. This group has been newly established in recent years and performs frequently both at home and abroad. The group practises daily, and the commission was able to witness the impressive choreography on site.

Due to rising life expectancy, institutions for persons with disabilities are increasingly confronted with issues of geriatric care, nursing and support. Often, residential facilities do not have the capacity to provide comprehensive care services, and the persons concerned must leave the facility where they have spent a large part of their lives at the end of their lives. It is therefore all the more welcome when facilities enable residents to remain there until their passing. Commission 1 visited a facility for persons with disabilities in Tyrol. The owners and operators enable residents to continue living in the home despite increasing care needs. To this end, they brought a qualified nurse into the team, who is competent for two homes. She carries out nursing procedures and advises the rest of the team.

Facility allows residents to stay until the end of their lives

A facility in Upper Austria is particularly good at promoting self-determination. For instance, residents have a say in matters such as the type of workplace, the method of production or the choice of meals. This involvement is possible above all because there is a wider range of choices regarding activities and catering. At the same time, the wishes of the persons concerned are taken seriously and acted upon accordingly. Another important contribution to promoting self-determination is the reflective talks on the clients' goals.

Facility promotes self-determination particularly well

2.5 Correctional institutions and forensic therapeutic centres

Introduction

During the year under review, the NPM visited 23 facilities of the penitentiary system and forensic institutions. Visits to social-therapeutic residential facilities also continued.

SEE Network: networking of South-East European NPMs

As part of the international networking of NPMs, two meetings of the SEE NPM Network, an association of South-East European NPMs of which Austria is a member, took place. The first conference of the network was organised by the Slovenian NPM in May 2025. Participants discussed the role of NPMs in monitoring minimum standards for the procedural rights of defendants in detention on remand. The meeting in Montenegro in November 2025 was dedicated to the placement of persons with mental health conditions in criminal and civil proceedings.

Conference on Juvenile Detention

In May 2025, the NPM was also participated in the 2025 Conference on Juvenile Detention in Salzburg. With over 125 participants from 16 countries, the conference provided a platform to learn about international approaches, discuss current challenges and generate new ideas in the field of juvenile detention. A workshop organised by the association *Richtungswechsel* ('Change of Direction' in English) on current developments in juvenile detention continued in Vienna in autumn 2025.

Monitoring priorit

The number of prisoners who require specific treatment and support due to their mental health condition is rising steadily. Individuals who require special support are more and more often placed in both, regional court prisons and penal institutions. Correctional institutions are reaching their limits with these cases. With the involvement of the Human Rights Advisory Council, the NPM therefore decided to put its 2025 monitoring priority on this group of individuals. The findings and analyses were completed in the first quarter of 2026. The NPM presented the results in March in a special report 2026 on 'Persons with mental health conditions: Monitoring the care situation in the penitentiary system' ([https://volksanwaltschaft.gv.at/fileadmin/user_upload/Schwerpunktbericht - Psychisch erkrankte Menschen im Strafvollzug 2026 bf.pdf](https://volksanwaltschaft.gv.at/fileadmin/user_upload/Schwerpunktbericht_-_Psychisch_erkrankte_Menschen_im_Strafvollzug_2026_bf.pdf); currently only available in German).

On the topic of 'Children and their mothers in the penitentiary system', the NPM participated in a panel discussion which was held in January 2025 at the FH Campus Vienna to present a master's thesis.

As in previous years, AOB staff were also involved in the basic training of prison guards. Since last year, AOB staff have also been involved in the training course for juvenile detention, where they presented the tasks and methodology of the NPM.

This report's section on the penitentiary system and forensic institutions is divided into five chapters. The first chapter discusses overcrowding in correctional institutions (2.5.1). The second chapter deals with juveniles in detention (2.5.2). This is followed by further observations and recommendations concerning correctional institutions, which are organised by topic (2.5.3). Finally, the fourth chapter addresses challenges in the area of detention in forensic institutions (2.5.4).

The findings of individual complaints and *ex-officio* investigative proceedings of the AOB are again presented in the AOB's annual report volume 'Monitoring of Public Administration' — separately from the findings and recommendations of the NPM set out in this volume. Both reports complement one another.

Two volumes on the penitentiary system

2.5.1 Overcrowded prisons

Overcrowded prisons are one of the most serious problems in the Austrian penitentiary system (see NPM Report 2024, pp. 134 et seq. and NPM Report 2023, pp. 127 et seq.). Overcrowding has become a permanent condition. For years, there has been hardly a single facility that is not chronically overcrowded. The ever-increasing number of detainees is pushing the enforcement system to its limits. Effective countermeasures are still a long way off.

A persistent problem

In order to find room for all the inmates, the Federal Ministry of Justice instructed all correctional institutions to set up additional beds in the inmate cells. Consequently, numerous cells were equipped with additional bunk beds during the year under review. Where beds were lacking, camp beds were organised or mattresses laid on the floor. When cells are occupied by additional inmates, the detainees are often unable to eat together at the table, as there are not enough chairs or space in the cells. Furthermore, there is nowhere to store clothing and personal belongings, as there are no cupboards or shelves for the additional detainees.

Overcrowding in correctional institutions undermines the ability to meet basic human needs, such as healthcare, nutrition and accommodation. The constantly rising number of detainees and associated problems, such as a lack of privacy and insufficient transfer options, can also exacerbate mental health issues or lead to an increase in rates of violence, self-harm and suicide. The rising number of suicide attempts must therefore also be viewed in this context. By early December 2025, the NPM had received reports of seven suicides and 54 suicide attempts.

Rising numbers of suicide attempts

Measures to increase capacity in the penitentiary system are being implemented with the construction of the new Klagenfurt correctional institution (adding 104 places). However, there has been an overall increase

of approximately 700 prisoners over the last two years, meaning that this measure alone can hardly resolve the structural problem of chronically overcrowded prisons.

The nationwide situation of overcrowded prisons makes it necessary to consider criminal policy measures that will lead to a long-term relief for correctional institutions. Even though the prison administration itself has no influence over the number of detainees, the Federal Ministry of Justice can plan long-term measures that offer alternatives to imprisonment.

Extend electronically monitored house arrests

A reduction in the burden on correctional institutions – albeit a modest one – is expected since the possibility of an electronically monitored house arrest with ankle bracelet, to cover a remaining sentence of up to 24 months has been extended.

As of 1 January 2026, the concept of general prevention will no longer be a possible obstacle to conditional release. This is intended to help ensure that conditional release is granted more frequently. Ultimately, however, this remains a judicial decision.

NPM initiates high-level inquiry

In September 2025, the NPM initiated a high-level workshop on the topic of 'Innovation or illusion? Relieving the burden on correctional institutions, optimising custodial sentences'. In the presence of the General Directorate, an overcrowding rate of 110.4% across Austria was discussed. The General Directorate also acknowledged that the situation is dire. However, a package of measures had been put in place and the occupancy levels were observed on a daily basis.

Vienna-Josefstadt correctional institution

Although almost all regional court prisons were overcrowded during the year under review, the Vienna-Josefstadt correctional institution is particularly affected. Between January and August 2025, an average of 1,097 people were held at the correctional institution – despite the ongoing renovation work. The correctional institution's capacity in September was 805 people. At the beginning of September 2025, however, 1,150 detainees, including 57 juveniles, were held there.

The Federal Ministry of Justice stated that, due to nationwide overcrowding, an additional 523 beds had been 'systematised' at the Vienna-Josefstadt correctional institution. Given such severe overcrowding, the NPM fears significant breaches of the minimum standards for detainees.

Separation rules breached

Due to overcrowding, it is also particularly challenging for the facilities to comply with separation rules. For instance, detainees on remand and prisoners, or non-smokers and smokers, should not be held together. At the Graz-Jakomini correctional institution, the NPM observed that detainees on remand and prisoners were placed together, as were juveniles and older detainees. The same occurred at the Klagenfurt correctional institution, where a juvenile was placed in the adult wing and confined to the inmate cell

for 22 hours a day. At the Krems correctional institution, women had to be placed in the reception wing for male detainees due to the high occupancy rate.

The current pressure of overcrowding has manifold effects on daily prison life. Particularly vulnerable detainees are especially affected. This also includes those with mental health conditions. They cannot bear being confined in such cramped quarters with other people. When buildings are not designed to accommodate so many people, there is not only a lack of space but, in most cases, also a shortage of staff to provide these people with reasonably adequate care. The consequences of overcrowded correctional institutions are therefore evident in numerous sections of this report as well as in the volume on 'Monitoring Public Administration'.

2.5.2 Juveniles in detention

Over the course of the past year, the media repeatedly reported on overcrowded youth detention centres and the delayed opening of a new and specialised correctional institution for the detention of juveniles, the Vienna-Münichplatz correctional institution. Juveniles in detention are regarded as a group in need of protection, a so-called 'vulnerable' group. They constitute a minority within the penitentiary system and, due to their age (ranging from 14 to 18 years), are particularly in need of protection. For this reason, the NPM has always paid special attention to this age group and strives to improve conditions of detention for them. The NPM observes the developments in the Austrian juvenile detention system with concern, particularly as the number of juveniles in detention rose dramatically during the year under review. Whilst 125 adolescents were in detention in Austria on 26 November 2024, the figure had risen to 182 by 1 November 2025. This represents an increase of around 45% in less than a year.

A worrying trend

After the NPM had questioned the suitability of the Gerasdorf site in its 2022 report on 'Juveniles in Detention' (only available in German), a multidisciplinary working group recommended in 2023 the establishment of a special facility for the detention of juveniles at the Vienna-Simmering correctional institution. The Federal Ministry of Justice followed this recommendation and announced a new facility in the winter of 2023, which was due to come into operation on 1 July 2024. Just a few months later, it became clear that there would be delays in the opening of the new facility (see NPM Report 2023, p. 126 et seq.).

Nevertheless, as early as April 2024, work began on transferring all adolescents from the Gerasdorf correctional institution to the Vienna-Josefstadt correctional institution. Given the generally high occupancy rates, the underutilised Gerasdorf correctional institution was urgently needed and was intended to serve as a prison for adolescents with medium and long-

Difficult situation at Vienna-Josefstadt correctional institution

term sentences. However, the situation at the Vienna-Josefstadt correctional institution has since become very tense – it is undergoing modifications whilst remaining in operation and is severely overcrowded (see chapter 2.5.1).

Vienna-Münnichplatz correctional institution The new correctional institution – the Vienna-Münnichplatz correctional institution – is expected to be able to accommodate around 70 juvenile inmates across three units when fully operational. Sentences, detention on remand and detention in forensic institutions under Section 21(2) of the Austrian Criminal Code will be served in the newly refurbished facility. The Vienna-Münnichplatz correctional institution is not intended for female adolescents. They will remain in the regional court prisons or the Schwarzau correctional institution.

Improved occupational programmes At the Münnichplatz correctional institution, the juveniles can undertake various vocational training courses in working premises that employ inmates (including carpentry, painting and bricklaying). The school is also set to move to the new site. Improved opportunities for outdoor recreation and leisure activities are intended to ensure that the adolescents can get plenty of exercise and keep themselves occupied.

Following numerous delays in the reconstruction, the new special correctional institution, Vienna-Münnichplatz, finally admitted some adolescents in January 2025. Just a few days after the first young men had moved into their inmate cells, the NPM visited the facility to determine the living and accommodation conditions of the detainees in the facility, which was still undergoing modifications.

Special institution is still a building site At that time, there were eleven juveniles on site. In line with the concept of inmates housed in shared accommodation, the inmate cells were left open all day. However, an occupational programme had not yet been established and there was a great deal of uncertainty. The designated prison warden was not due to take up her post until April 2025. In two out of three wings, the washrooms were not yet finished, and the courtyard, where outdoor recreation was to take place, was not yet accessible to the inmates. The planned reconstruction work there had not even begun.

Unauthorised persons climb over prison fence In May 2025, the new institution made headlines. Fights were reportedly taking place among the adolescents, and prohibited substances were being smuggled in the corridors. Furthermore, 'parties' were being held by people outside the prison near the institution's fence, and two boys had gained unauthorised access to the grounds by climbing over the fence. *Ex-officio* investigative proceedings by the AOB largely confirmed the reports (see AOB Annual Report 2025, chapter 3.13.4.5).

Furthermore, the NPM observed that the inmate cells were already being locked by mid-afternoon. The new institution did not have sufficient staff to maintain a regime in which inmates are housed in shared accommodation.

The admission of further inmates was therefore also ruled out. Full operation of the new institution was further postponed until autumn 2025.

At the beginning of September 2025, 57 adolescents were held at the Vienna-Josefstadt correctional institution and 16 at the Vienna-Münnichplatz correctional institution. The situation was particularly stressful for the Vienna-Josefstadt correctional institution, as the comprehensive renovation of the building had begun, which made it necessary to close an entire wing. Consequently, numerous inmate cells were fitted with extra beds to place all detainees.

57 juveniles at the Vienna-Josefstadt correctional institution

After water ingress at the Vienna-Josefstadt correctional institution in mid-September led to a power cut at the facility, numerous adolescents had to be transferred to other correctional institutions. 23 of them were sent to the Vienna-Münnichplatz correctional institution. There, a new wing had to be opened and equipped with the essentials (mattresses, bed linen, etc.) within just a few hours. Just a few days after the transfer, the NPM paid another visit to the special facility to determine the situation.

Power cut at the Vienna-Josefstadt correctional institution

To provide support for the 39 juveniles at the Vienna-Münnichplatz correctional institution at that time, four additional prison guards were made available from the Vienna-Josefstadt correctional institution. As this was only a temporary placement, the Department of Education did not provide school lessons at the Münnichplatz institution. In the meantime, specialised staff provided support in basic educational areas (reading, writing, arithmetic) to inmates of school age. The majority of the young men felt very much at home in the new facility and expressed a desire to remain there.

However, after a few weeks, all the adolescents who were still in detention on remand or of school age returned to the Vienna-Josefstadt correctional institution. The special facility lacked sufficient staff to provide adequate support for a larger number of inmates – both in special services and in the executive service.

Main problem: staff shortages

This was also the reason why the full opening of the Vienna-Münnichplatz correctional institution was postponed again in autumn 2025. In January 2026, the new Vienna-Münnichplatz correctional institution was officially opened. The facility is set to become fully operational by the middle of the first quarter of 2026.

Full operation in the first quarter of 2026

2.5.2.1 Juvenile sections in (court) prisons

There are significant differences in the support provided to adolescents in the juvenile sections of (court) prisons. Time and again, the living and accommodation conditions of these adolescents depend on the personal commitment of the staff in the juvenile sections. The situation is even more precarious for young detainees in facilities that do not have their own

juvenile section (most recently NPM Report 2024, p. 139 ff.; special report 'Juveniles in Detention' 2022, p. 11 et seq.; only available in German).

**Innsbruck
correctional
institution**

As early as summer 2024, the juvenile detainees at the Innsbruck correctional institution complained that there was no predictable weekly schedule and no daily structure, particularly in the afternoons and at weekends. The agreed weekly schedule was only partially adhered to. It depended on the commitment of the prison guard on duty whether leisure activities were available for the adolescents in the afternoons or whether the cell doors were opened. At weekends, lockdown always began at 12 noon.

The NPM discussed the structural deficiencies with the Innsbruck correctional institution and the Federal Ministry of Justice. In line with the NPM's recommendations, the Social Education Service drew up a weekly schedule and implemented it in the juvenile section to address the need for structure, predictability and transparency. This schedule is displayed in the section and compliance is closely monitored. Non-compliance, as well as opportunities to adapt and expand the weekly schedule, are discussed during the weekly meetings of the youth team.

**Vienna-Josefstadt
correctional
institution**

At the Vienna-Josefstadt correctional institution, identified shortcomings were noted regarding time spent outdoors. Yard time and school lessons or the morning activity programme take place at the same time. Due to this clash of timings, the adolescents must choose one of these activities.

**Outdoor recreation
barely possible**

To make matters worse, the second hour of outdoor time in the afternoon is almost always cancelled due to a lack of staff in the sections. As a consequence, adolescents who are engaged in morning activities, can effectively only spend time in the yard at weekends. Furthermore, the exercise yard for adolescents is sparsely equipped and cramped, which is why it is hardly ever used. The adolescents have no access to a gym, and use of the sports hall, for instance to play football at weekends, is also rarely possible.

The Federal Ministry of Justice regretted that the sports yard, which is usually available to the adolescents, cannot be used due to construction work. Furthermore, the Ministry stated that the second hour of outdoor time in the juvenile sections is partly compensated for by social workers providing supervised leisure activities.

**Standards for
juvenile detention**

The NPM emphasised that adolescents detained in the penitentiary system and forensic institutions must be provided for in a manner appropriate to their needs and age. Detention of juveniles must be organised in a manner similar to shared accommodations. Furthermore, sufficient opportunities for education, work, and leisure activities must be provided. Appropriate staffing resources must be ensured for this purpose. This applies in particular for adolescents with a strong urge to move around. They must be able and encouraged to use the legally prescribed access to the exercise yard.

The juvenile section of the Graz-Jakomini correctional institution had to be relocated due to the replacement of all cold and hot water pipes and heating pipes. The NPM visited the temporary juvenile section in June 2025. The premises were cramped and dreary and unsuitable for the detention of adolescents.

**Graz-Jakomini
correctional
institution**

The inmate cells were frequently locked and the adolescents were not housed in shared accommodation. According to the Federal Ministry of Justice, this was because, at the time of the visit, three groups of accomplices were in detention at the same time and they were not permitted to meet within the unit. The inmate cells could therefore only be opened in turn. Maintaining the separation of accomplices repeatedly poses a particular challenge for regional court prisons. Since 20 November 2025, the adolescent detainees have once again been placed in the juvenile section.

In August 2025, the NPM met five adolescents at the Wiener Neustadt correctional institution who were not placed in a separate unit. Accordingly, there was no suitably trained staff available to provide adequate care for this group of individuals. There were no staff specialising in occupational therapy or social pedagogy, nor was any child and adolescent psychiatric care provided. The institution's social service and psychological service organised discussion groups for the juveniles during lock-up times in order to extend the time they spent outside their inmate cells.

**Wiener Neustadt
correctional
institution**

According to the Juvenile Court Act (*Jugendgerichtsgesetz*), adolescents must, as a matter of principle, be held separately from adults. This is to prevent adults from having a negative influence on them. Furthermore, when adolescents are held in (court) prisons that do not have a juvenile section, they must not be disadvantaged compared to adolescents in juvenile sections. Appropriate professional expertise is required for their support.

- ▶ ***Detention of juveniles should be organised in such a way that the adolescent inmates are detained in shared accommodation.***
- ▶ ***A weekly schedule is required for adolescent detainees, particularly with regard to afternoon activities. Compliance with the schedule must be monitored.***
- ▶ ***The daily outdoor time of two hours for adolescents must not be restricted. They must be encouraged to take part in exercise and sport.***

2.5.2.2 Educational offers for juveniles in detention

The Compulsory School Education Act (*Schulpflichtgesetz 1985*) for children up to the age of 15 and the obligation to undergo training (up to the age of 18) also applies to adolescents in detention or in detention on remand. In its 2015 Annual Report, the CPT emphasises the central importance of

**Compulsory
schooling**

education (CPT/Inf(2015)1-part, Recommendation 110). It states that educational and vocational training offers for adolescent detainees should be equivalent to that available to adolescents in freedom and should be delivered by qualified staff.

The aim of juvenile detention is to educate young detainees to behave in a manner that complies with legal requirements and the demands of living in a community. Where the length of the sentence permits, they should be trained in a profession that corresponds to their abilities, knowledge, previous activities and personal interests. The 'Minimum Standards for Juvenile Detention and Juvenile Sections in Austrian Correctional Institutions' (2012) also require every correctional institution to develop a structured work and support programme for the adolescents.

Krems correctional institution

In March 2025, the NPM visited the Krems correctional institution and criticised the fact that a 15-year-old inmate had not been offered any educational or vocational training. This was because the Krems correctional institution itself does not have a set school programme. The adolescent, who was still of school age, was employed in the laundry.

The Federal Ministry of Justice pointed out that an electronic learning system (ELIS) and German language courses are offered. Furthermore, the adolescent was provided with educational materials several times a week. If necessary, the 15-year-old could also discuss any questions regarding the work with an interdisciplinary team. After a certain period of time, the adolescent refused to take part in the debriefing sessions and self-study, or ceased to do so.

The NPM considers it the duty of the Krems correctional institution to ensure that the school-age adolescent is supported and motivated by the teaching staff. This is particularly important when – as in the present case – the adolescent, after a certain period of time, refuses to work through the materials independently.

Vienna-Josefstadt correctional institution

At the Vienna Josefstadt correctional institution, 13 detainees of school-age were attending school at the beginning of October 2025. At that time, four teachers were working at Austria's largest correctional institution. However, staff for compulsory schooling are earmarked for the Vienna Münnichplatz correctional institution in future. The Federal Ministry of Justice informed the NPM that the Department of Education cannot implement a division of school classes across two sites – Vienna-Josefstadt and Vienna-Münnichplatz – particularly as all male adolescents are also to be held at the special correctional institution in future. It remains unclear, however, how the educational offer for female adolescents at the Vienna-Josefstadt correctional institution is to be organised in future.

The NPM calls for an appropriate educational offer to be implemented for all detainees of school age.

- ▶ ***Educational offers must be ensured for detainees of school age.***
- ▶ ***Adolescents of school age should not be left to self-study; lessons or at least (motivational) support should be offered to help them work through the material.***

2.5.2.3 Isolation of an adolescent

In June 2024, the NPM met an adolescent at the Innsbruck correctional institution who had been held in solitary confinement for several months as a preventive measure to maintain security and order. He was only permitted to exercise outdoors alone and was not allowed to take part in any group activities organised by the juvenile section. Even interviews with social service staff, with the exception of the initial interview upon arrival, were conducted exclusively through the food hatch.

**Innsbruck
correctional
institution**

Solitary confinement can generally be defined as the separation of a detainee from the general prison population. International standards typically require a minimum of 22 hours per day without human contact to classify a situation as solitary confinement (Mandela Rules, Resolution 70/175, A/RES/70/175, 17 December 2015, provision 44).

Solitary confinement

In Austria, solitary confinement may be used in connection with administrative offences (house arrest pursuant to Section 114 of the Penitentiary System Act or isolation pursuant to Section 116 (2) of the Penitentiary System Act), or as a preventive measure to maintain safety and order (Section 103 of the Penitentiary System Act). In such cases, detainees may be placed in a specially secured cell or in solitary confinement, provided it is guaranteed that they have contact with other inmates for at least two hours every day, either during their daily work or during the daily leisure period. All types of special security measures are subject to the principle of proportionality and may only be upheld to the extent and for as long as is absolutely necessary in view of the extent and persistence of the danger.

Different legal bases

The law provides for a maximum duration (of one week without a decision by the enforcement court) for placements in specially secured cells. Under Section 58 (9) of the Juvenile Court Act, house arrest for an adolescent may also only be imposed for a maximum duration of one week. The NPM has already stated on several occasions that house arrests should not, in principle, be imposed on adolescents and has called for a change to the legal provisions (see special report 'Juveniles in Detention' 2022, p. 26 et seq., only available in German).

International standards view solitary confinement critical

International standards set a maximum duration of 15 days' solitary confinement for adults. Due to the serious adverse effects on health, solitary confinement for adolescents is considered permissible only to a very limited extent and for a very short duration.

- ▶ ***Adolescents should not be isolated for preventive, protective or security purposes. Only in absolutely exceptional cases, when no other solution can be found, should solitary confinement be imposed for this purpose for the shortest possible duration.***
- ▶ ***Adolescents should not be subject to house arrest as a penalty for administrative offences. The statutory basis must be amended.***
- ▶ ***In all cases, adolescents should receive socio-pedagogical support and at least two hours of appropriate human contact per day whilst serving a sentence of solitary confinement.***
- ▶ ***In order to avoid the isolation of prisoners as a security measure, the measures must be reviewed on a regular basis.***
- ▶ ***The duration of solitary confinement imposed for security reasons must be set out in writing, and the prisoner must be given a copy of the decision, together with instructions about legal remedies.***

2.5.2.4 Residential care for delinquent young adults

Rehabilitation, reintegration and, consequently, the minimisation of delinquency are the objectives of the successful enforcement of custodial sentences on adolescents and young adults in juvenile detention. Dealing with this group of people requires different perspectives and framework conditions than those applied to adults. A multi-professional support system is required, characterised by close cooperation and a higher level of support, counselling and therapy services.

Linz correctional institution

In 2023, the NPM found a best-practice example of the resocialisation of delinquent adolescents and young adults at the Linz correctional institution. As part of a pilot project, Social Initiative Ltd. provided accommodation free of charge for the penitentiary system in the form of electronically monitored house arrest for selected young adults aged between 18 and 24 from the start of 2023 (see NPM Report 2023, p. 155 et seq.).

Regrettably, the Linz correctional institution reported in the second half of 2025 that the previous attempts at residential support for delinquent young adults under electronically monitored house arrest had to be discontinued. The reasons for this were that the young adults were unable to cope with the pressure and employment conditions in the private sector, and that offers for sheltered employment were lacking. Furthermore, despite close support, substance abuse could not be prevented.

Nevertheless, the Linz correctional institution, in cooperation with Social Initiative Ltd., continues to seek suitable young adults. The collaboration between the management of the Linz correctional institution, judges of the Linz Regional Court and public prosecutors of the Linz Public Prosecutors' Office, juvenile court representatives, the *Neustart* Association, the Upper Austrian Child and Youth Welfare Services and Social Initiative Ltd. – all with the shared aim of effectively implementing alternatives to juvenile detention – continues to be regarded as a best-practice example. It is particularly valuable that – despite the course of events to date – efforts are still being made to continue this service.

**Sustainable
commitment**

- ▶ ***The NPM regards the Linz correctional institution's pilot project on residential supervision of delinquent young adults under electronically monitored house arrest as a best-practice example of how structures for resocialisation and reintegration can be successfully created for a particularly vulnerable group.***

2.5.3 Correctional institutions

2.5.3.1 Infrastructural fixtures and fittings

Desolate and unhygienic condition of inmate cells

In December 2024, the NPM conducted a two-day visit to the Vienna-Josefstadt correctional institution and observed that the inmate cells were in a desolate and unhygienic condition. The floors of the inspected 10-person inmate cells were heavily soiled. The walls were covered in graffiti and full of holes, which inmates had smeared with toothpaste (due to a cockroach infestation). In the absence of a fridge, food was piled up by the windows. The washbasin was dirty, the tap was dripping and had been provisionally sealed with a plastic bottle. The only available socket did not work. Some of the windows had been torn from their frames. Tables and lockers were in a state of disrepair.

**Vienna-Josefstadt
correctional
institution:
10-person inmate
cells**

The NPM reiterated its demand that inmate cells must be regularly monitored for their condition and that unhygienic conditions must be rectified. Broken fixtures and fittings must be replaced. Furthermore, as early as May 2016, the NPM had issued a nationwide recommendation to equip cells for multiple inmates with lockable lockers to allow detainees a certain degree of privacy. Regrettably, the NPM observed again – not only at the Vienna-Josefstadt correctional institution but in numerous other correctional institutions as well – that cells for multiple inmates are not equipped with lockable lockers.

No lockable lockers

- ▶ ***Inmate cells must be monitored regularly to check their condition. Broken equipment must be replaced. Unhygienic conditions must be rectified.***

- ▶ ***Cells for multiple inmates must be equipped with lockable lockers or cupboards to allow detainees a certain degree of privacy.***
- ▶ ***Cells for multiple inmates must be occupied by no more than four people.***

Specially secured cells

State of mental distress

Detainees are placed in specially secured cells if they are in a state of mental distress and pose a danger to themselves or to others.

As set out in previous reports – most recently in the 2024 report – in case of new buildings or major refurbishments, specially secured cells should (as far as possible) be constructed in accordance with the new minimum standards from 2023. In existing inmate cells, adjustments are to be made where spatial conditions permit (NPM Report 2024, p. 145 et seq.).

The new minimum standards stipulate that specially secured cells should be equipped with underfloor heating, a floor-level toilet, a washbasin or water tap, a light switch, a secure television set, mechanical ventilation and cooling, and video surveillance. The NPM also recommends that a clock, which shows the date, should be placed in a visible position.

Stein correctional institution

The medical ward at Stein correctional institution has a specially secured cell. On the day of the visit in August 2024, this was only equipped with a thin mat, which laid on the floor and served as a place to lie down. The cell had no underfloor heating. There was no bench. It had neither a radio nor a television set. Nor was there a clock with a date visibly displayed. In any case, the room was not equipped in a way to ensure detention in line with human rights standards, particularly for suicidal individuals.

The NPM noted that in May 2025, the specially secured cell was fitted with a foam mattress (in a tear-proof plastic cover) and a cube-shaped seat. However, it remains unclear why the procurement took around nine months.

Krems and Vienna-Josefstadt correctional institution

The NPM observed that the specially secured cells at the Krems and the Vienna-Josefstadt correctional institutions pose a potential risk of self-harm and suicide attempts due to the existing crossbars on the steel cell partitions. When equipping specially secured cells, care must be taken to prevent self-harm or suicide attempts. It must always be borne in mind that detainees are placed in such cells when they are in a state of mental distress and pose a danger to themselves or others.

At the Krems correctional institution, work was commissioned to cover the outside of the bars with a Perspex panel. In addition, clocks were installed and the faulty radios were replaced. The Federal Ministry of Justice has assured that all specially secured inmate cells at the Vienna-Josefstadt correctional institution will be adapted as part of the functional and structural

refurbishment. In the meantime, radios or televisions have been provided in all specially secured inmate cells, and wall clocks have been purchased and installed.

The NPM visited the three specially secured cells (A1, A2 and A3) at the Innsbruck correctional institution, which are not physically integrated into any wing but located separately from other inmate cells on the ground floor of the building. The physical isolation (from all other wings and detainees) creates an atmosphere of isolation. The specially secured cells have no windows providing direct daylight or fresh air. Daylight enters the room only indirectly via the corridor. This results in a disruption of the day-night rhythm.

**Innsbruck
correctional
institution**

These specially secured inmate cells are entirely unsuitable, particularly for detainees at risk of self-harm, due to their location, condition and furnishings. They do not meet the minimum human rights standards set out in the European Convention on the Prevention of Torture and Inhuman or Degrading Treatment or Punishment and must therefore be permanently closed. Regrettably, this recommendation has not yet been acted upon.

- ▶ ***Specially secured cells must be brought into line with the new minimum standards without delay.***
- ▶ ***When equipping specially secured cells, care must be taken to prevent self-harm or suicide attempts.***
- ▶ ***Specially secured cells must be equipped with safe options to sit or lie down, a drinking water tap, a radio and/or television set, and a clock that displays the date.***
- ▶ ***Specially secured cells which, due to their location and fittings, fall short of minimum human rights standards, must not be used.***

Child-friendly visiting area

During the year under review, the NPM paid increased attention to whether visiting facilities were equipped in a family-friendly manner. The visiting area should be designed in a way that visits involving children take place in a child-friendly environment. Where possible, a separate room or area should be provided for visits with children. A children's play area with appropriate fittings and drawing materials should be available. The visiting area should be equipped with a changing table.

Play area for children

The area for table visits at the Innsbruck correctional institution is spacious, bright and modern in design. However, there are few toys for children and no seating. Staff reported that visits with children can be challenging, partly due to children's natural urge to move around.

**Innsbruck
correctional
institution**

According to the Federal Ministry of Justice, the NPM's recommendation to partition off the spacious table visit area to create a separate area for visits

with children has already been implemented. The Innsbruck correctional institution now has a separate, child-friendly area with toys and seating for children.

**Working Group on
'Family-sensitive
detention'**

The Federal Ministry of Justice also reported on a working group on the topic of 'family-sensitive detention'. The working group deals with children of detainees, detainees who are parents, adolescents who are detainees, domestic violence, reception rooms or visitor zones, long-term visits and group activities for fathers and mothers in detention. The work is expected to continue until at least mid-2026. The results of the working group remain to be seen.

- ▶ *Visiting areas should be designed in a family-friendly way, so that visits with children take place in a child-friendly and welcoming atmosphere.*
- ▶ *The visiting areas of all correctional institutions must be designed in such a way that visits involving children take place, as far as possible, in a separate area or room and in an environment that promotes a positive visiting experience.*

2.5.3.2 Living and placement conditions, as well as education and occupational activities

Lock-up times and education and occupational activities

A serious structural problem in almost all (court) prisons regards excessively long lock-up times, as well as a lack of occupational activities. In most cases, this is due to insufficient staffing levels and outdated facilities. The situation is exacerbated by overcrowding.

**Innsbruck
correctional
institution**

During a two-day visit to the Innsbruck correctional institution, numerous detainees, particularly detainees on remand, criticised the lack of occupational activities given that they are locked-up up to 23 hours a day. The facility has room for 476 inmates, but only around 230 workstations are available and they are predominantly allocated to prisoners.

**Leoben correctional
institution**

The same applies to the Leoben correctional institution, where many detainees are generally only allowed to leave their cells once a day for one hour of outdoor exercise. There is an irregular opportunity to use the gym. Currently, only detainees in the relaxed detention regime are permitted to work. For detainees in regular detention, there are no work opportunities apart from activity boxes (i.e. boxes filled with colouring pictures and self-study materials). The positively designed communal areas (common room, kitchen, laundry room, balcony) in the regular detention wings of the correctional institution remain unused or are available only to the domestic staff of the respective wing.

The Federal Ministry of Justice states that the 'regular detention' unit comprises five levels, with a duty office set up in a way that does not allow

the prison guards on duty to be present on all the levels of the unit at all times. With regard to the safety of both detainees and staff, there are currently no plans to extend cell opening hours.

The Wiener Neustadt correctional institution, only offers 80 to 90 workstations for approximately 209 detainees. Plans to expand the operational area of the correctional institution had been in the pipeline for some time. The project was revised last year due to a lack of funding.

**Wiener Neustadt
correctional
institution**

Consequently, the correctional institution drew up a new concept that would have left the current operational structure unchanged and provided for the construction of a new in-house laundry facility. The in-house laundry would have created jobs and conserved resources, as laundry would no longer need to be transported to the Schwarzau correctional institution. Unfortunately, due to the current budgetary situation, this project will not be implemented either.

The negative effects of a lack of occupational activities and the resulting long lock-up times are exacerbated by overcrowded facilities and a lack of privacy in cells for multiple inmates. The NPM observed this in the reporting year, particularly at the Innsbruck, the Graz-Karlau, and the Vienna-Josefstadt correctional institutions. Inmate cells housing 5 to 10 people are particularly affected. This stressful situation increasingly leads to conflicts and aggression among detainees.

**Aggression between
detainees**

The NPM reiterates its recommendation that cells for multiple inmates should not accommodate more than four people. Furthermore, detainees should not be confined to their inmate cells for 23 hours a day without any activities. To ensure adequate living and placement conditions and to effectively prevent violent assaults between detainees, a structured and balanced daily routine is required, with the shortest possible lock-up times and sufficient personal space.

**A maximum of 4
people per cell**

The Federal Ministry of Justice states that, due to the current circumstances and the high occupancy rates, the NPM's recommendations are not feasible. The available space does not (currently) allow for a reduction in the number of people in cells for multiple inmates.

- ▶ ***Detainees should spend a reasonable part of the day (at least 8 hours) outside their cells and engage in a variety of meaningful activities.***
- ▶ ***Detainees, particularly detainees on remand, should have a structured and balanced daily routine.***
- ▶ ***The range of occupational activities for detainees should be expanded.***

Lock-up times for women in prison

The minimum standards for women in prison stipulate that they should be detained in a setting similar to shared accommodations. Detention in closed detention may now only occur in justified individual cases. The NPM visited the Krems correctional institution in March 2025. On the day of the visit, the women’s section was not being run as a shared accommodation. The inmate cells are open until 2 pm on weekdays; from Friday to Sunday, inmates are locked in as early as 11 am.

The NPM had previously recommended establishing a detention setting similar to shared accommodations at the Krems correctional institution and extending the cell opening hours accordingly. According to the Federal Ministry of Justice, the cell opening hours were extended as of July 2025. The doors are now open from 7 am to 7 pm from Monday to Thursday. The recommendation to extend cell opening hours on the weekend (Friday to Sunday) and on public holidays as well has not yet been implemented.

► ***In accordance with the minimum standards for women in prison, women must be detained in a setting similar to shared accommodations. Closed detention may only take place in justified individual cases.***

Special high-security unit

Stein correctional institution

In June 2024, the NPM visited the special high-security unit at the Stein correctional institution. This unit houses detainees who pose an increased risk. An assessment predicting dangerousness is carried out monthly by a multi-professional specialist team.

Highly isolated

Detainees held in this unit are kept in strict isolation. Due to the heightened security measures, they are usually confined to their single cells all day and do not take part in any activities or occupational programmes. If they behave well, they are permitted to visit one another in their cells or engage in an activity within a cell. Contact with fellow detainees may also take place during the one-hour outdoor break.

The NPM found that individuals held in this unit often have specific treatment and care needs due to their personality or a medical condition, which cannot be met in the high-security unit. Being confined to an inmate cell for 23 hours a day without any activities is an additional strain.

Lack of confidentiality

For interviews with special services (psychiatrists, psychologists, social workers, etc.), the respective staff visit the detainees in the special unit. To ensure the safety of the staff from the special services, the interviews take place in a viewing room in the presence of two prison guards. This prevents the detainees from developing a relationship of trust with the support staff.

Particularly during mental health crises, an undisturbed, confidential dialogue is especially important in order to provide effective support, alleviate distress and identify risks at an early stage. Regrettably, contrary to the NPM's recommendation, no structural alterations are currently planned to improve confidentiality in the viewing room of the high-security special unit.

- ▶ ***Visiting rooms in high-security units should be designed in such a way that the safety of staff from the special services is guaranteed, whilst still allowing for a confidential interview between detainees and support staff.***

2.5.3.3 Access to information within the facility

Video interpreters

The NPM has repeatedly emphasised how important it is to ensure that special services can communicate with the detainees. In the event of communication difficulties, the video interpreting system must be used (see most recently NPM Report 2023, p. 136 et seq.).

Stein correctional institution

The NPM has determined that video interpreting equipment is rarely used at the Stein correctional institution because there is only one system in the screening area and access to it is therefore limited in terms of both time and space. The NPM recommended finding a solution to this.

Need for more equipment

The NPM learned that changes had been made to the allocation of rooms to the screening area and that a different room was made available for the installation of the video interpreting device. This had optimised the possibilities for use by staff from the special services.

- ▶ ***If adequate communication is not possible due to language barriers, the video interpreting system must be used.***

Programme booklet for educational and leisure activities

On the occasion of the NPM's visit in July 2025, the Klagenfurt correctional institution provided the current programme booklet for educational and leisure activities. The design of the booklet is to be highlighted as an example of best practice. Every detainee at the facility receives a copy of the booklet. It provides a simple and informative overview of the full range of educational and leisure activities offered and contains registration forms for courses and leisure activities. The programme is updated every six months. Another positive aspect is that the programme booklet is available in three languages.

Klagenfurt correctional institution: best practice example

2.5.3.4 Contact to the outside world

Extended visits

Extended visits are a special form of visiting rights. Prisoners should be given the opportunity for extended visits so that they can maintain their family relationships as normally as possible. Provided that there are 'suitable premises' in the correctional institutions and there are no (security) concerns, there is a right to extended visits.

**Innsbruck
correctional
institution**

The Innsbruck correctional institution does not have any suitable rooms for extended visits, which is why these visits must take place at another correctional institution. The nearest institution where this is possible is the Salzburg correctional institution. Findings by the NPM revealed that no extended visits had taken place in the past two years (2023 and 2024).

The NPM recommended setting up a room for extended visits at the Innsbruck correctional institution and, until then, facilitating more extended visits at the Salzburg correctional institution. The Federal Ministry of Justice assured that cooperation with the Salzburg correctional institution would be stepped up.

**Stein correctional
institution**

At the Stein correctional institution, the demand for extended visits is particularly high, resulting in a significant waiting time. At the start of 2025, the total number of such visits available per year per detainee was reduced. Each detainee is now granted a maximum of one extended visit every two months. Previously, this was two extended visits per quarter.

**St. Pölten and Krems:
no rooms**

The NPM criticises this reduction. Greater efforts should be made nationwide to ensure that all facilities have suitable rooms for extended visits. If the St. Pölten and Krems correctional institutions had their own rooms, this would relieve the pressure on the Stein correctional institution. It would also ensure that more appointments were available for detainees at the Stein correctional institution and reduce the waiting times.

- ▶ ***Detainees should be able to receive extended visits.***
- ▶ ***Sufficient rooms must be made available for extended visits.***
- ▶ ***If there are no suitable rooms available for extended visits at the correctional institution, the visit may take place at another correctional institution. However, this must not be at the expense of the detainees there.***

Increase in the use of video telephony required

**Schwarzau
correctional
institution**

Video telephony has been well established in correctional institutions across Austria and has become an important means of maintaining contact to the outside world. It is an easy way to maintain visual contact, in particular

for those, whose relatives live far away. Women from all over Austria are detained at the Schwarzau correctional institution. Regular visits – for example, from western Austria – are not frequent.

During a visit in April 2025, the NPM observed that video telephony is only possible once a month. The reason given was that only one device for video telephony is available at the correctional institution. It was agreed that, as part of the 'pro futura Schwarzau' project, the further technical and logistical requirements for the purchase of a second device would be clarified.

Increased use of video telephony is being investigated

The NPM hopes to see a rapid roll out of the necessary technical infrastructure for video telephony. Contact with the outside world should be encouraged as a means of maintaining social ties. Detainees must be able to maintain contact with their immediate family. Where necessary, they should be given support in doing so.

► ***Video telephony should be rolled out in all correctional institutions; the technical infrastructure must be put in place to facilitate this.***

2.5.3.5 Right to family and privacy

Undressing completely during searches

In early November 2024, the NPM observed a targeted campaign at the Stein correctional institution. The commission observed a structured and well-thought-out organisation. In cases where the commission was present during cell searches, these were conducted in a polite, calm course of action that respected human dignity.

Stein correctional institution

Before the cell searches began, the head of operations pointed out that any strip searches should take place in two stages and through talks with the persons concerned, the commission learned that this requirement was generally adhered to. In exceptional cases, however, it happened that detainees voluntarily undress completely. The rectal examination was then carried out whilst the concerned detainees were fully naked.

Completely naked

The NPM suggested informing the persons concerned that they are always only required to undress halfway. This recommendation was discussed with the management of the facility on site on the day of the visit. The Federal Ministry of Justice took up this recommendation and raised awareness among prison staff to prevent a detainee from completely undressing in advance; albeit voluntarily and independently. This is intended to ensure that the two-phase principle is adhered to.

Proactive information

► ***Detainees who are required to remove their clothing should be informed that they are only required to do so in stages.***

Protection of privacy during video surveillance

During a two-day visit to the Vienna Josefstadt correctional institution in December 2024, the NPM observed that video surveillance provided a direct view of the private parts of detainees when using the toilet. The 'greyed-out' or 'pixelated' areas on the video surveillance monitors were often completely covering the wrong areas. Prison guards stated that this was due to a technical setting that needed to be updated. The Federal Ministry of Justice reported that, following the NPM's criticism, all toilet areas had been pixelated. As the NPM had already made similar observations during a previous visit, greater attention must be paid to ensuring that such technical settings are updated regularly.

- ▶ ***In inmate cells under video surveillance, it must not be possible to see the private parts of detainees using the toilet.***

Handling sensitive data

The NPM has repeatedly observed that the display of detainees' health-related or sensitive data on cell doors may constitute degrading treatment of the persons concerned. It can lead to stigmatisation and constitutes an infringement of the fundamental right to privacy guaranteed under Article 8 of the ECHR.

**Innsbruck
correctional
institution**

At the Innsbruck correctional institution, the NPM observed that health-related data of detainees had been displayed next to the cell door, where the detainees were also identified by name. In the youth section, a sheet of paper detailing the offence of the detainee had been affixed to the door of a single cell.

The NPM was informed that all health-related and other sensitive data has now been removed from the cell doors and that all sections are monitored closely in this regard.

- ▶ ***Health-related or sensitive data concerning detainees must not be displayed on cell doors.***

2.5.3.6 Complaint management

Request

**Innsbruck
correctional
institution**

Following observations made during a visit to the Innsbruck correctional institution, the NPM reiterated its recommendation that reasons must always be given in case requests are refused. Detainees have again reported frustration at not knowing why a request has been refused, which creates the impression of arbitrariness.

The Federal Ministry of Justice assured that every decision to reject a request must also be justified in writing. Staff at the Innsbruck correctional institution have been reminded of this on several occasions. Furthermore, the processing of requests will now be monitored more closely.

Monitoring introduced

At the Ried correctional institution, detainees' requests are processed promptly and reasons are given for any rejections. The reliability of the organisational framework and clear communication provide detainees with guidance and reassurance.

Good practice at Ried correctional institution

In general, the NPM considers the processing of prisoners' applications in paper form – particularly in large facilities – to be inefficient. Digitising the process would significantly reduce the workload. Furthermore, in the interest of consistent decision-making, the quality would further be enhanced if preliminary decisions (concerning the respective detainee and the respective issue) were accessible electronically. At present, however, there is no direct way to access relevant preliminary decisions when processing submissions.

The Federal Ministry of Justice referred to a pilot project at the Suben correctional institution, which currently tests a 'Prison Media System'. It is encouraging that the pilot operation at the Suben correctional institution has been extended until the end of 2026. As already outlined in last year's report (NPM Report 2024, p. 138), the system offers, among other things, the digital recording and tracking of forms and applications. Consideration is currently being given to further expanding the service as part of the continuation of the pilot operation and to adapting the offering.

Pilot project: Prison Media Systems

From a technical perspective, there is widespread support for the project to continue. On the one hand, both the prison administration and the detainees emphasise the positive benefits. On the other hand, the project offers an opportunity to gain experience with (current and future) highly relevant technological applications. In the context of ongoing digitisation, work must continue over the coming years to eliminate media gaps affecting detainees.

Positive feedback

- ▶ ***Any decision to reject an application must be justified in writing.***
- ▶ ***Forms and applications should be recorded and processed digitally.***
- ▶ ***Due to ongoing digitisation, continuous efforts must be made to eliminate media gaps affecting detainees.***

Collective punishments

The TV was removed from a cell for multiple inmates at the Graz-Jakomini correctional institution in response to the misconduct of a detainee. This is problematic from a human rights perspective. Collective punishments are not to be endorsed either from an educational perspective or in light of

Graz-Jakomini correctional institution

the principle of individual criminal responsibility. They can lead to reprisals amongst detainees. Collective punishments are also prohibited under the European Prison Rules and other international standards.

The Federal Ministry of Justice concurs with the above. Educational measures must be directed solely at the individual. Staff will once again be made aware of this.

- ▶ ***Educational measures must be directed solely at the individual.***
- ▶ ***Collective punishments are to be rejected from an educational perspective and in light of the principle of individual criminal responsibility in criminal law.***

2.5.3.7 Signs of abuse and degrading treatment

Preventive measures against assaults

**Vienna-Josefstadt
correctional
institution**

For years now, adolescents have been complaining about physical assaults by staff from other departments in the juvenile sections of the Vienna-Josefstadt correctional institution. The adolescents usually refrain from reporting these incidents for fear of reprisals. According to reports received by the NPM in 2025, the accounts ranged from degrading treatment – for instance, an adolescent was allegedly forced to kneel in front of staff and suck his thumb – to physical abuse, such as slaps and headbutts. Without precise details of individual cases, it is difficult to take countermeasures. The numerous observations were forwarded to the Federal Ministry of Justice.

**Ministry informs
about possibility to
complain**

The Federal Ministry of Justice did not consider awareness measures for staff an appropriate approach if the perpetrators were not identified. It therefore requested the Vienna-Josefstadt correctional institution to hold an information session for adolescent detainees and to develop an adequate complaints procedure together with the adolescent detainees. This event took place in October 2025.

An information sheet was drawn up together with the adolescents. It sets out what treatment is appropriate within the correctional institution and what conduct is not permitted. Furthermore, the information also contains good practise guidelines on how adolescents can take action against inappropriate behaviour by staff, an explanation of how a complaint is handled, and a reference to the anonymous complaints box.

- ▶ ***Inhumane and degrading behaviour, as well as physical assaults against detainees, must be prevented.***

Signs displaying derogatory attitude towards detainees

During a visit to the Vienna-Josefstadt correctional institution in December 2024, the NPM (once again) observed signs in a section of the prison guards' duty office containing slogans that displayed a derogatory attitude towards the detainees. At the time of the visit, a sign bearing the inscription 'lunatic asylum' was affixed above the inmate cell or viewing window and thus visible to everyone, including those outside the duty office. In addition, a sign that said 'Caution! Loose Idiots!' was visible directly next to the entrance area.

**Vienna-Josefstadt
correctional
institution**

Such signs contravene the statutory provisions, which stipulate that prisoners must be treated with respect for their sense of honour and human dignity. The management of the facility immediately took steps to remove the signs. The NPM recommended taking measures to raise awareness regarding derogatory slogans among the staff. Furthermore, regular checks of duty offices should be carried out to ensure that the prisoners' sense of honour and human dignity are not undermined by derogatory slogans.

The recommendation was followed; all ward staff were reminded of this issue and the relevant duty offices are now monitored regularly.

- ▶ ***Prisoners must be treated with respect for their sense of honour and human dignity.***
- ▶ ***It must be ensured – if necessary, through regular checks of duty offices – that no signs are displayed in correctional institutions containing remarks that are derogatory towards detainees.***

2.5.3.8 Health care

Shortage of medical staff

As already outlined in chapter 2.5.1, the NPM observed deficiencies in healthcare provision, particularly in psychiatric care, in numerous facilities due to staff shortages. The Federal Ministry of Justice confirmed that the current general shortage of specialists in psychiatry and psychotherapeutic medicine is also clearly evident in the penitentiary system (see also the further comments in chapter 2.5.4.2 on the lack of medical provision in the area of detention in forensic institutions). At the Vienna-Josefstadt correctional institution, the NPM also observed communication shortcomings between the Medical Service and the (then) Chief Medical Officer. This led to delays in approvals, particularly in relation to antiviral therapy for HCV infections.

The Federal Ministry of Justice states that a standardised procedure has now been developed which enables rapid provision of appropriate medication for HCV disease where indicated. Outstanding referrals and prescriptions have been processed.

Stein correctional institution At the Stein correctional institution, a post in the General Medical Service had been vacant for about a year as of March 2025. In addition, there was no substitute in the prison doctor's absence.

Pilot project: medical call-on system The Federal Ministry of Justice reported on a pilot project in which a medical on-call system was established in Styria. This ensures that medical care can be provided during off-peak hours. For the Leoben correctional institution, for example, the project aims to ensure that an on-call doctor is available every weekend (either on Saturday or Sunday) and on every public holiday, and can be called to the facility if medical assistance is required.

The pilot project began in November 2025 and is limited to six months. So far, the collaboration with the on-call doctors has been excellent. The findings will be evaluated, and a decision will be made regarding an extension and a possible expansion to other correctional institutions.

- ▶ ***Greater efforts must be made to fill vacant medical positions in the penitentiary system as promptly as possible.***
- ▶ ***Individuals with chronic HCV infections should receive antiviral treatment promptly following diagnosis. The medical superintendent's approval of HCV therapy must be granted without delay.***

2.5.3.9 Personnel

Units with multidisciplinary teams and systemic networking

Stein correctional institution The NPM considers the networking of special services to be particularly important in order to achieve the prison objectives as effectively as possible. Findings on this matter showed that the systematic exchange between special services could be improved at the Stein correctional institution; furthermore, there was a lack of shared objectives.

Desire for networking and multidisciplinary teams Essentially, the management teams hold discussions every morning on working days. Specialist teams also exist; however, those involved have expressed a desire for multidisciplinary teams in the units. To date, these teams have only been operating on a continuous basis in one unit (the standard detention unit).

As far as detention in forensic institutions is concerned, networking is already better established. Here, there is a regular exchange between special services and prison guards. At least once a month a meeting is held in a specialist team comprising of clinical case managers, a social worker, an occupational therapist and the ward manager. The psychiatric service is also invited to join these specialist teams. Information is exchanged in writing using so-called observation forms to record changes in inmates as accurately as possible.

The NPM made the recommendation to expand the networking between special services and between special services and prison guards in the regular prison system as well, and to work towards a common objective in the interests of the prisoners' reintegration into society.

In May 2025, the Federal Ministry of Justice reported that a multidisciplinary team had been established in the medical ward. Work is underway to establish further multidisciplinary ward teams on a sustainable basis. The NPM's recommendation to establish a systematic exchange among the staff of the special services has also been taken up.

Increased cooperation and exchange also require time; in this respect, all special services need sufficient staff capacities. In August 2024, there was a chronic staff shortage in the psychological service of the Stein correctional institution for standard detention. At the start of 2025, four full-time positions were still vacant. In addition, the head of the psychological service was released from duty for 40 % of her working hours to carry out her duties as staff representative.

Four full-time positions vacant

- ▶ ***Multidisciplinary teams are to be established in departments on a long-term basis. They ensure systematic communication between special services and with prison guards.***
- ▶ ***Systematic communication between all those involved in the penitentiary system is essential in order to work effectively towards the common goal of the prisoners' rehabilitation.***

Training and further education opportunities for staff of administrative penalty departments

In June 2022, the Federal Ministry of Justice indicated that it would take up the NPM's recommendation to provide standardised training and further education for staff in the administrative penalty departments, particularly regarding the drafting of administrative penal orders. Regrettably, no such standardisation has been implemented to date.

The Graz-Karlau correctional institution additionally conducted in-house training sessions on the formal requirements for issuing administrative penal orders, delivered by the legal department. It is planned to repeat these training sessions.

Graz-Karlau correctional institution

The Federal Ministry referred to the conferences of legal experts in the field of administrative penalties in 2023 and 2025. During these events, current legal issues and the case law of the enforcement courts on administrative penalty proceedings will be discussed, amongst other things. Furthermore, the conference is intended to enable staff to exchange experiences.

- ▶ ***Staff working in the field of administrative penalties should be provided with regular and standardised training opportunities.***

Long processing times for administrative penalty proceedings

**Graz-Jakomini
correctional
institution**

At the Graz-Jakomini correctional institution, around 360 administrative penalty proceedings were pending on the day of the NPM's visit in the summer of 2025. The oldest case currently being processed dated from December 2024. The reason for this is said to be limited staffing capacity.

The Federal Ministry of Justice reported that operational deployments of so-called 'stand-ins' from the General Prison Guard Service, as well as internal redeployment measures to involve civilian staff, have now been implemented. However, these staff cannot compensate for actual prison guard duties, such as interviewing detainees.

Administrative penalties should be imposed promptly following the administrative offence. The lengthy duration of proceedings also significantly diminishes the educational impact of the penalty. It is encouraging that the number of pending administrative penalty proceedings was reduced to 169 in December 2025. However, the problem of limited staffing capacity persists.

- ▶ ***Administrative penalties should be imposed promptly following the administrative offence. Proceedings must be conducted swiftly.***

2.5.4 Detention in forensic institutions

Many admissions

The number of detainees in forensic institutions has been rising steadily since the 1980s. On 1 September 2023, there were 832 individuals who were of unsound mind, and 599 individuals who were of sound mind at the time of the crime (Security Report 2023, p. 167). As of 1 November 2025, the figures were 972 and 724, which represents an increase of 16 % and 22 % respectively. At the beginning of November 2025, a total of 1,739 people were detained in forensic institutions. This corresponds to 17.26 % of all prisoners.

The hoped-for effects of relief of the 2022 Amendment to the Detention in Forensic Institutions Act (*Maßnahmenvollzugsanpassungsgesetzes*) have not materialised. This Act did, however, introduce changes to terminology. Since 2023, for instance, in cases of placement, rather than a 'mental or psychological abnormality of a higher degree', there must be a 'serious and persistent mental disorder'. The four specialized institutions were also renamed forensic therapeutic centres. The criteria for the causal link between the disorder and the committed criminal offence or between the disorder and the predicted criminal offence were formulated more precisely.

For a person to be admitted, there must now be a 'high probability' that this person will commit a further criminal offence. However, the penalty range for the committed offence ('a custodial sentence of more than one year') remains the same.

New is the 'provisional suspension of placement'. In the event of a violation of the conditions, this provides for the possibility of a temporary inpatient admission ('crisis intervention') ordered by the enforcement court for a period of up to three months, extendable to a maximum of six months, instead of revoking conditional release. This provision applied to eight persons as of 1 November 2025.

The 2022 Amendment to the Detention in Forensic Institutions Act is intended as a preliminary part of a comprehensive reform that is to be 'followed-up at a later date' (1789 Appendix N° 27. Legislation Period 5).

Still outstanding is a repeatedly called-for demand of the NPM to ensure representation of the detainees during the duration of their detention, comparable to the patient advocacy service for detainees under the Hospitalisation of Persons with Mental Illnesses Act (*Unterbringungsgesetz*), as well as judicial protection against measures which restrict freedom. Another recommendation, which was made as long as nine years ago, is also still awaiting implementation. This requests service agreements with the owners and operators of those facilities with which framework agreements have been made, and to evaluate the services provided on an annual basis. The comments on socio-therapeutic residential facilities (2.5.4.5) attest to how relevant this recommendation remains.

Outstanding demands of the NPM

2.5.4.1 Extension at Göllersdorf forensic therapeutic centre

In view of the constantly rising number of admissions in forensic institutions, the greatest challenge – alongside the issue of ensuring that individual institutions are adequately staffed with specialist personnel – is the physical placement of patients.

New building to ease pressure on capacity

As part of an announced visit to the Göllersdorf forensic therapeutic centre in February 2026, the NPM reviewed the documentation relating to the planned extension of the building. A further 166 places are to be added to the existing 161. This will double the number of beds and bring the facility up to the size of the Asten forensic therapeutic centre. A separate ward for women with 15 beds is planned. Adolescents sentenced under Section 21 (2) of the Austrian Criminal Code (*Strafgesetzbuch*) are to be placed at the Münnichplatz correctional institution (see chapter 2.5.2).

The extension will comprise an acute ward, an admissions ward, a unit for transient patients (to place individuals with drug-induced psychoses in a short-term setting) and a medical ward. Rooms to enable extended visits

are also to be created. Currently, the rooms of the Sonnberg correctional institution are shared for extended visits.

The construction project consists of a total of three interconnected buildings. All inmate cells are heated by underfloor heating. Each ward has at least one accessible inmate cell. In addition, there are inmate cells in the medical ward. Lifts are planned for buildings 1 and 2, and the lift in building 1, located in the kitchen area and the infirmary above, will be large enough to accommodate a stretcher. Building 3 has no lift. Construction work is scheduled to begin in 2026. The opening is planned for 2029.

2.5.4.2 Medical undersupply

A forensic therapeutic centre holds individuals who (pursuant to Section 21 (1) and (2) of the Austrian Criminal Code) have been committed to detention in forensic institutions due to the danger they pose, as they suffer from a serious and long-term mental illness. They are detained for an indefinite period and only released if there has been a significant reduction in the danger they pose.

The vast majority of individuals detained in forensic institutions require intensive psychiatric support and treatment. This can only be provided by a psychiatric service that is adequately staffed and functions effectively. Understaffing has a particularly detrimental effect on the healthcare provided to the patients.

Asten forensic therapeutic centre

The Asten forensic therapeutic centre has a capacity of approximately 300 people and is a facility for patients in compulsory treatment who are both of sound mind and of unsound mind (pursuant to Section 21 (1) and (2) of the Austrian Criminal Code). The NPM viewed the long-standing shortage of medical staff at the facility with great concern. In the psychiatric institution, four out of seven full-time positions remained vacant by the end of the year. One post in the field of general medicine is also vacant.

Mittersteig forensic therapeutic centre

There is also a shortage of medical staff at the Vienna-Mittersteig forensic therapeutic centre. Its total capacity is 132 persons, of which 91 are in the main facility and 41 in the Floridsdorf satellite facility. In February 2025, the NPM observed that a psychiatrist is only present for five hours one day a week. The general practitioner works ten hours a week at the main facility and four hours a week at the Floridsdorf satellite facility. It is encouraging to note that positions in general medicine and in the psychiatric institution at the Vienna-Mittersteig facility have been filled.

Staff shortages

The Federal Ministry of Justice pointed out that attempts had been made to address the shortage of skilled staff in medical professions, particularly in psychiatric care, through targeted recruitment campaigns promoting medical work in the field of the penitentiary system and forensic institutions. As these measures have so far met with little success, a recruitment consultant has

also been commissioned to find specialist doctors. Furthermore, the Federal Procurement Agency has been tasked with conducting a market analysis for external partnerships.

In addition, an application is being prepared to secure training places at the Asten forensic therapeutic centre in order to obtain dedicated medical school places for the 2026/27 academic year. This will enable the facility to train its own forensic doctors in the future. Furthermore, opportunities to complete parts of the clinical-practical year and clinical traineeships are being investigated to attract prospective doctors to work in facilities of the penitentiary system and in forensic institutions.

Training of forensic doctors

In the future, the Chief Psychiatrist, who is due to be appointed in January 2026, will also focus intensively on the issue of the lack of specialist medical care. It remains to be seen whether these measures will be effective.

► ***A sufficiently staffed and well-functioning Medical– and above all a Psychiatric Service – must be ensured, particularly in a forensic therapeutic centre.***

2.5.4.3 Vacancies in the specialised services

In February 2025, the NPM addressed the issue of vacancies in the special services at the Floridsdorf satellite facility of the Vienna-Mittersteig forensic therapeutic centre. There were vacancies for 40 hours per week of occupational therapy and 30 hours in social services. Since August 2025, all 4.53 occupational therapy positions have been filled. In the social service department, only five out of seven permanent positions were filled in August 2025.

Vienna-Mittersteig forensic therapeutic centre, Floridsdorf satellite facility

The NPM also made a recommendation to create the position of a physiotherapist. Physiotherapy is an important component of successful treatment and resocialisation for individuals detained in forensic institutions. This form of therapy can help alleviate physical complaints, promote impulse control, reduce the consequences of addiction, treatment and imprisonment (lack of exercise, weight gain, pain and postural problems), and have a positive effect on anxiety and stress relief. Furthermore, physiotherapy makes a meaningful contribution to the daily structure and can also be offered in a group setting.

Physiotherapy as a multiplier

Sports, exercise and physiotherapists should form part of the standard staffing situation in forensic institutions. In this regard, the Federal Ministry of Justice states that the creation of a physiotherapist position is not currently under consideration. Inmates would have regular access to sports groups and similar activities to maintain their health.

- ▶ ***Sports, exercise and physiotherapists should form part of the standard staffing situation in forensic institutions.***

2.5.4.4 Social pedagogy at weekends

Support and engagement at the Vienna-Mittersteig forensic therapeutic centre

Following a visit to the Vienna-Mittersteig forensic therapeutic centre in February 2025, the NPM made the recommendation to employ social pedagogues to support the detainees, particularly in the afternoons and at weekends. These professionals could assist with getting up in the morning and with personal hygiene and self-care. In the afternoons and at weekends, they could organise leisure activities (games, sport) and act as key support figures.

In response, the Federal Ministry of Justice stated that the Vienna-Mittersteig forensic therapeutic centre had been allocated a 'social pedagogy' position, which has since been filled. However, the social pedagogue can only be on site during the week. The additional staffing costs for the weekend would currently be disproportionate given the number of inmates who would benefit from such a service. This is particularly true for prison guards, without whose presence special services cannot operate.

Help in bridging gaps

The NPM is required to make recommendations regarding the protection and promotion of human rights. The current occupancy situation and any potential disproportion are therefore irrelevant. The weekend is precisely the time when inmates need activities to prevent them from falling into lethargy and subsequently dropping out of therapy. Time and again, caregivers describe the effort required to re-motivate them at the start of the week to ensure they take part in the daily programme. The NPM therefore stands by its recommendation that social pedagogues should also, and particularly, be on duty at weekends.

- ▶ ***In forensic therapeutic centres, social pedagogues should be employed to provide support to inmates, particularly in the afternoons and at weekends.***

2.5.4.5 Aftercare facilities: socio-therapeutic residential facilities

Urgent need for places in aftercare facilities

No prospect of discharge

During a visit to Hall Regional Hospital in February 2024, the NPM addressed the question of how many people with neurodevelopmental disorders are placed in the forensic ward. The commission determined that there are nine such individuals. With 28 beds, this represents one third of the ward's patients.

Three patients with cognitive impairments have now been placed on the ward for 10, 11.5 and 18 years respectively. All have increased care needs, which further complicates their placement in a facility outside the hospital, as disability support services are usually geared towards accommodating independent individuals.

The NPM therefore called for the expansion of aftercare places. In response, the Federal Ministry of Justice announced that the association Return in Tyrol is set to expand its capacity in autumn 2025. It is to be hoped that the earlier-mentioned three individuals can also be accommodated there.

Ministry promises solution

► ***Aftercare places must be established. They must be available in sufficient numbers in all Laender, as they are a prerequisite for reintegration into society.***

Lack of therapeutical offers

In mid-November 2024, an NPM commission visited the Hallerhof Care Centre. The facility is in a remote location. A public bus runs once a day to the larger towns nearby. There is a small local shop, which is only open in the mornings. There is no café or pub in the village. The residential facility is not accessible.

Hallerhof Care Centre - remote location

Forensic residents whose placement has been suspended or who have already received conditional release are mixed with the other residents in the groups. It is not apparent if they are receiving specific support. The management of the facility was unable to produce either support agreements or instructions for the five patients who were on a break from their placement on the day of the visit. Two of these patients come from the Göllersdorf forensic therapeutic centre.

The commission gained the impression that the facility is a kind of 'final residence'. A shortcoming was the lack of concepts, target planning, therapeutic provision and social work expertise.

Lack of care services

The NPM inquired on which basis the residents are assigned to this facility from the Göllersdorf forensic therapeutic centre for a trial stay, and how the forensic therapeutic centre can ensure that the stay at the facility is based on a differentiated and needs-oriented support plan designed to promote an independent and crime-free lifestyle.

The Federal Ministry of Justice pointed out that there is indeed a treatment and care concept for the Hallerhof Care Centre, which is also available to the Göllersdorf forensic therapeutic centre. The concept is suitable for patients with a long-standing history of chronic schizophrenia with negative symptoms. Furthermore, a team from the Göllersdorf forensic therapeutic centre visited the facility in October 2023 and subsequently carried out a suitability assessment.

Ministry confirms suitability of the facility

Mixing forensic and non-forensic patients together is not considered detrimental on a case-by-case basis. In cases of long-standing paranoid schizophrenia, limitations in social skills are to be expected. The mix opens up the possibility of benefiting from the existing environment.

Need for further training admitted

In response to the criticism, the Federal Ministry of Justice requested the Göllersdorf forensic therapeutic centre, in collaboration with the Hallerhof Care Centre, to address the fundamentals of forensic aftercare (e.g. risk assessment, comprehensive information and aspects relating to instructions) based on the individuals currently accommodated there in a trial phase. This should ensure the necessary forensic attention. The discussion took place at the end of September 2025.

► ***Aftercare facilities should regularly exchange experiences with the treating and supporting staff of the referring facility; especially on the aspects of their forensic clients that are bound by instructions.***

Incomplete documentation

Wohnen Mauer, CARDO non-profit Ltd.

In mid-February 2025, the NPM visited the *Wohnen Mauer* facility (Pavilion 3) of CARDO non-profit Ltd. This is a facility with which the Federal Ministry of Justice has a contract for a flat-rate reimbursement of costs.

Diverse needs

On the day of the visit, there were three forensic clients in the residential home, one of whom was in the process of having their placement suspended and another who had received conditional release. The third client's placement was conditionally reviewed. Two women and one man, all of whom had received conditional release, were accommodated in two shared accommodations.

Same range of services for all

Going through the documentation, the NPM noted a lack of reference to the court orders that had to be fulfilled in the progress reports. The support agreements were drawn up as standard forms and contained a uniform description of services for all clients. They therefore did not address the orders as issued by the court. It also remained unclear whether inspections were carried out to ensure compliance with alcohol abstinence.

The NPM made the recommendation that the support agreements should be drafted individually and precisely. Furthermore, it must be clearly evident from the documentation whether the court orders had been complied with.

Facility closed

As multi-point restraints were used at the facility and there was an insufficient number of qualified healthcare and nursing staff available, the facility was closed by the supervisory authority (Office of the Lower Austrian Regional Government) at the end of November 2025.

- ▶ ***Support agreements must be drafted individually and precisely for all forensic clients.***
- ▶ ***The documentation must clearly show whether the court orders were complied with.***

2.6 Barracks

2.6.1 Cells in barracks – Federal Ministry of Defence

Legal situation The provisional arrest of soldiers is only permissible if they are caught in the act of breaching their duties and there are grounds for arrest under the Military Discipline Act 2014 (*Heeresdisziplinargesetz*).

The arrested person must be placed in a simply and functionally furnished inmate cell with adequate ventilation and sufficient light. They must be given the necessary opportunity for personal hygiene and to use the toilet facilities. Any suitable premises that meet the criteria listed may be used as an inmate cell (Decree of the Federal Ministry of Defence of 24 April 2024 on Military Discipline Law).

The NPM estimated the number of soldiers in provisional detention to be very low. Given the scope of the mandate and the large number of facilities to be visited, the NPM saw no need for systematic monitoring of inmate cells in barracks. Consequently, no regular visits to barracks have taken place in recent years.

Systematic assessment In June 2024, the Human Rights Advisory Council recommended that the monitoring of these places of deprivation of liberty should not be overlooked. The NPM subsequently determined the number of provisional arrests of soldiers over the last few years and asked the Federal Ministry of Defence for a list of the rooms in which these individuals are detained. As shown by the provided list, there are 27 such inmate cells in Austria's barracks.

On the basis of the data provided, the commissions visited a total of 10 barracks in Burgenland, Lower Austria, Upper Austria, Styria, Carinthia and Tyrol in 2025. The visits were all unannounced; their purpose was to assess the condition of the detention rooms and the associated infrastructure (sanitary facilities), as well as ascertain whether detention logs are kept in the event of occupancy.

Some of the inmate cells visited were located in the basement (Türk Barracks in Spittal/Drau) and have an iron door with a small, barred window (Lutschounig Barracks in Villach). All detention rooms are equipped as standard with a bed, a table and an armchair. At the Georg Goëss Barracks in Klagenfurt, the inmate cell has a fire alarm mounted on the ceiling of the 3.5-metre-high room. All inmate cells are heated; at the Hessen Barracks in Wels, there is underfloor heating.

The commissions also checked whether emergency call buttons were available, at what height they were positioned and whether the emergency call system worked.

Identified shortcomings at the Vogler Air Force Barracks in Hörsching included a light switch that was not working and the lack of labelling on the call bell. On several occasions, the commissions observed that the switches for the ceiling lighting were located outside the inmate cell, as was the case at the Radetzky Barracks in Horn, the Landwehr Barracks in St. Michael and the Gablenz Barracks in Graz.

Deficiencies identified

Only two of the inmate cells inspected have a toilet (Georg Goëss Barracks in Klagenfurt, Standschützen Barracks in Innsbruck); none have a washroom. In many cases, there was also no drinking water supply (e.g. at the Vogler Air Force Barracks in Hörsching).

Minor deficiencies, such as the labelling of an emergency call button, could be rectified promptly. The Federal Ministry of Defence also issued a directive that, when the inmate cell is occupied, drinking water (in the form of a freshly filled bottle) must be available, so that the detained person does not have to specifically ask for water if they are thirsty.

The Federal Ministry did not comply with the recommendation to relocate light switches. Although the measure was technically feasible, it could not be implemented for the protection of inmates. The applicable regulations explicitly stipulated that natural light and/or artificial lighting with an external switch would suffice.

Missing light switches

The NPM cannot accept this reasoning, particularly as it is not clear how keeping the light switch outside the inmate cell is intended to serve the 'protection' of detained soldiers.

Regarding the comment that the statutory provisions merely stipulate 'sufficient natural light and/or artificial lighting with external switches', the NPM must refer to the 2014 Military Discipline Act, according to which the detained person must be placed in a simply and functionally furnished inmate cell with sufficient headroom and adequate lighting. There is no reference to 'external light switches' in this provision.

From a human rights perspective, the NPM considers it essential for detainees to be able to control the lighting in the detention rooms themselves after dark. Not only the arrest itself, but also the conditions to which detainees are subjected must comply with Article 3 of the ECHR (Tretter, Article 3 of the ECHR in Korinek/Holoubek, Austrian Federal Constitutional Law, 10th ed. [2011], para. 192).

The NPM notes that major structural measures, such as the installation of a toilet or shower, will not be implemented immediately, given that the inmate cells are rarely occupied, but will be earmarked for the planning of renovation and refurbishment works.

No documentation There was no arrest and detention book for any of the inmate cells visited. The commissions therefore made the recommendation that a record be kept so that any future arrests can be fully traced.

The Federal Ministry of Defence pointed out that both provisional arrest and the serving of disciplinary detention or disciplinary confinement are recorded in writing either using the 'Provisional Arrests Detention Record' form or a 'detention sheet. However, the Federal Ministry agreed that the introduction of a detention book would help ensure comprehensive documentation and facilitate subsequent traceability of measures involving deprivation of liberty. This was implemented in 2025.

- ▶ ***There should be a light switch in all inmate cells in barracks.***
- ▶ ***Every detention must be documented and the record archived.***

2.6.2 Locking of cells – Standschützen barracks, Innsbruck

At the end of May, Commission 1 visited the Standschützen Barracks in Innsbruck. On the day of the visit, the barracks were occupied by around 120 recruits. The commission inspected the three inmate cells in the basement of the barracks. These had not been used since the 1990s.

Acute health risk The commission was informed that there has been a legionella problem at the barracks for some time. The cause is said to be that fewer people are in the barracks, less water is thus used, and this means that the water remains in the pipes for longer. The pipes must be flushed at least once a week with water at a temperature of 70°C. To this end, separate digital taps and thermostats have been installed in other parts of the building as part of renovation work. In the main building, the showers may not be used due to the legionella problem. Whilst the toilets can be used, people must go to another building to shower.

Closure recommended The commission found the three inmate cells in the basement to be in an impeccable state of hygiene. However, when the toilet flush was operated, the commission noticed discoloured water (limescale, rust). It therefore recommended that neither the shower nor the washbasin be used until the basement of the building has been refurbished.

The Federal Ministry of Defence arranged for the inmate cells to be closed. If necessary, premises at another property will be used.

2.7 Police detention centres

Introduction

In 2025, the commissions conducted eleven visits to police detention centres, the Vordernberg detention centre and the special transit area of Schwechat Airport. As in previous years, they primarily investigated the conditions of detention and determined the structural and hygienic condition of the facilities.

11 visits

The commissions paid particular attention to the new monitoring priorities set out for 2025 and 2026 (see chapter 2.7.1).

New monitoring priorities

2.7.1 Current monitoring priorities

In June 2025, the NPM, in consultation with the Human Rights Advisory Council and based on the results of the visits carried out in spring 2025 to the police detention centres in Graz, Innsbruck, Linz, Roßbauer Lände and St. Pölten, established two new monitoring priorities: the '(Standardised) undressing of detainees during admission to the police detention centre' and the 'Proper handling of complaints, in particular regarding allegations of misconduct and degrading treatment'.

Protection against degrading treatment during body searches

The first of these monitoring priorities aims to prevent degrading treatment of a person upon their admission to the police detention centre and, in particular, during searches for dangerous or prohibited items.

The search of a person's clothing and the inspection of their body are permissible under Section 40 (1) of the Austrian Security Police Act (*Sicherheitspolizeigesetz*) and Section 6 (4) of the Detention Regulation (*Anhalteordnung*) in the event of any police arrest or detention. However, according to the court rulings of the Supreme Administrative Court, a body search may only be carried out to ensure that persons do not endanger their own safety or that of others during their detention and do not escape. The intensity of the body search and the proportionality of the interference with fundamental rights under Articles 3 and 8 of the ECHR must be assessed against this purpose. According to the Supreme Administrative Court's case law, due consideration must therefore always be given on a case-by-case basis whether the search of a person also requires them to be (partially or fully) undressed (see decisions of the Supreme Administrative Court of 19 September 2024, Ra 2023/01/0304, and 22 October 2024, Ra 2024/01/0065).

In the spring of 2025, during visits to several police detention centres, the commissions observed that every inmate was required to remove all outer clothing upon admission and also briefly pull their underwear down to their knees. The persons concerned had not been informed in advance of either the specific reason for or the necessity of the measure. Nor were they given the opportunity, as inmates in a correctional institution are, to cover their exposed upper body – for example with a T-shirt – before undressing the lower body, in accordance with the ‘two-phase principle’ already established by the Federal Ministry of Justice in 2023.

As the commissions observed deviating practices during some visits to other police detention centres in spring 2025, the NPM aims to use this monitoring priority to obtain a nationwide overview in order to make a recommendation to the Federal Ministry of the Interior to establish uniform guidelines that comply with Supreme Court rulings.

Proper handling of complaints

As a second monitoring priority, the NPM, at the suggestion of the Human Rights Advisory Council, identified the topic of ‘Proper handling of complaints, in particular regarding allegations of misconduct and degrading treatment’. In accordance with Section 23 of the Detention Regulation, detained persons may lodge a complaint with the management of the police detention centre if a right to which they are entitled under the Detention Regulation is being persistently violated. Such a complaint must be investigated without delay. Should a complaint contain an allegation of abuse by staff of the police detention centre, the opinion of a medical expert must also be obtained without delay. If the management of the police detention centre considers the complaint to be justified, it must restore the legally compliant status. Otherwise, the complaint must be submitted to the relevant Police Department as the competent authority.

Separate from these provisions, the Investigation and Complaints Office for Allegations of Police Ill-treatment has been installed at the Federal Bureau of Anti-Corruption as of 21 January 2024. It is the nationwide competent body to investigate allegations of misconduct against – among others – members of the Federal Police Force. Pursuant to Section 4 (5) of the Act on the Federal Bureau of Anti-Corruption (*Gesetz über das Bundesamt zur Korruptionsprävention und Korruptionsbekämpfung*), an allegation of misconduct is not only the suspicion of a criminal offence against life and limb, but also an allegation of inhuman or degrading treatment in the course of official duties. Pursuant to Section 5 (2) of the Act on the Federal Bureau of Anti-Corruption, security departments and supervisors are obliged to report any allegations within the meaning of Section 4 (5) of the Act on the Federal Bureau of Anti-Corruption in writing and without delay to the Investigation and Complaints Office.

In view of these requirements, the handling of allegations of misconduct and the documentation of indications thereof are of great importance in relation to the work of the Investigation and Complaints Office. This monitoring priority therefore aims to provide the NPM with a general picture of how allegations of misconduct are handled in police detention centres and help formulate recommendations to the Federal Ministry of the Interior to prevent future instances of actual abuse in the future.

The NPM will present the findings of the two monitoring priorities in its annual report for 2026.

2.7.2 Implementation of NPM recommendations

In December 2017, the NPM recommended that the Federal Ministry of the Interior implement the hygiene standards for police detention centres that were agreed by the Working Group in conjunction with the Federal Ministry of the Interior (see NPM Report 2017, p. 143). According to these standards, toilets in cells for multiple inmates must be completely separated from the rest of the cell.

Inadequate separation of toilets

As reported in the NPM Report 2024 (see p. 162), the commission observed in November 2024 that the toilets in the cells for multiple inmates at the Wels police detention centre were not completely separated from the rest of the cell area. Furthermore, no construction work had taken place at the police detention centre by the time of the visit, although the Federal Ministry of the Interior had announced that renovation of the building would begin in 2023. In addition, racist, Islamophobic, Nazi and other derogatory texts and images were found on the walls of several cells.

Wels police detention centre

Regarding the criticised texts and images, the Federal Ministry stated in April 2025 that these would be removed immediately in case inmates complain. However, no such complaints had been received by the time of the visit. The Federal Ministry also announced that the Upper Austrian Police Department had initiated an investigation into whether washable wall paint could be used for future painting work in the cells concerned, as recommended.

With regard to the failure to carry out a general refurbishment of the facility and the planned separation of the toilets, the Federal Ministry of the Interior emphasised the Upper Austrian Police Department's commitment to implementing these measures. However, the Federal Ministry also stated that, due to the rise in material and energy costs since 2022 and the budgetary situation, it was unable to specify a concrete date for the start of the renovation of the entire service building. The NPM identified shortcomings in the physical separation of the toilets and considered this deficiency to be in the process of being rectified due to the announced renovation.

Salzburg police detention centre

During the visit to the Salzburg police detention centre in December 2024, the commission noted that none of the toilets in the cells for multiple inmates were fully separated from the rest of the cell, even though the Federal Ministry of the Interior had indicated that the general refurbishment of the facility would begin in 2024.

In May 2025, the Federal Ministry of the Interior announced that, by the time of the visit, neither the recommended separation of the toilets nor any other construction work had taken place, as the tender process had not yet been launched. The Federal Ministry pointed to delays in the submission of a lease agreement by the Federal Real Estate and Property Corporation and Austrian Real Estate Ltd. for a container facility in which the police detention centre was to operate during the refurbishment. The NPM criticised the incomplete partitioning of the toilets in the cells for multiple inmates at the police detention centre and, in view of the planned comprehensive refurbishment, considered this deficiency to be in the process of being rectified.

Lack of activities

The NPM's recommendation of December 2017 also covered the implementation of the standards agreed by the Working Group regarding employment and leisure opportunities for detainees. As outlined in the NPM Report 2024 (see p. 162), during its visit to the Zinnergasse family accommodation facility in April 2024, the commission criticised the lack of employment opportunities, particularly for the children and adolescents detained there.

In its response, the Federal Ministry of the Interior explained the scope of the employment opportunities offered to children and adolescents at the facility, as well as its refusal to implement the suggested improvements to these opportunities in a comprehensible manner. The Federal did, however, acknowledge that, up until the commission's visit, the executive officers working at the facility had failed to adequately inform the detainees about the available employment opportunities. Specifically, on the day of the visit, the staff had in fact failed to inform the parents of a child detained at the facility that there was a store of age-appropriate toys in the building's basement and that the parents could have requested the toys. As the Federal Ministry reported that it had raised staff awareness of this matter, the NPM considered the deficiency rectified.

Restricted accesses to the yard

The standards adopted by the Working Group regarding employment and leisure opportunities for detainees also provided for detainees to be given the opportunity to spend at least one hour a day outdoors or in the courtyard of police detention centres. Should this not be possible due to weather conditions, the opportunity for physical exercise must be ensured by other means (see NPM Report 2016, p. 136).

During the visit to the Roßauer Lände police detention centre in August 2024, inmates reported that the scheduled daily access to the yard had on several

occasions not taken place due to the precarious staffing situation. The facility's documentation suggested that a large number of visits by relatives took place on at least one day during the week of the commission's visit. The management of the facility prioritised these visits and no staff were available to supervise the yard time. As a consequence, the yard time was suspended on that day. The NPM called upon the Federal Ministry of the Interior to take measures to ensure that both the daily exercise break and the care of social contacts for inmates are facilitated in the future.

In its response, the Federal Ministry referred to a statement from the Vienna Police Department, which explains that due to a sudden staff shortage at the police detention centre and increased staff commitment to other tasks, not all services could be provided in full for the detainees. The Vienna Police Department denied that yard time had been suspended for the entire day. The NPM urged the Federal Ministry to ensure that staffing levels at the police detention centre do not lead to any disruption to inmates' yard time, possibilities to uphold social contacts, and the general conditions of detention in the future.

During its future visits, the NPM will continue to monitor the implementation of all standards (including structural ones) which it recommended to the Federal Ministry of the Interior in May 2016 and December 2017, and which the Federal Ministry has formalized in its current decree on detention from June 2022.

- ▶ ***Detainees in police detention centres must be guaranteed access to hygienic sanitary facilities and the protection of their privacy at all times through structural and organisational measures.***
- ▶ ***Toilets in cells for multiple inmates within the police detention centre must be completely separated from the rest of the inmate cells.***
- ▶ ***All detainees must be adequately informed about the occupational and leisure activities available to them in the police detention centre.***
- ▶ ***The provision of daily outdoor exercise for detainees, lasting at least one hour, must be ensured.***

2.7.3 Implementation of table visits

In 2025, the NPM continued to monitor the implementation of table visits. As explained in the NPM Report 2024 (see p. 163 et seq.), it was not until 1 November 2024 that the modifications at the Hernalser Gürtel police detention centre were completed, thus enabling trial table visits at all of the existing twelve visiting stations.

Delayed start of the first trial period

Following the conclusion of the first of the two agreed six-month trial periods (see NPM Report 2021, p. 152 et seq.), the NPM requested the Federal Ministry of the Interior to present the findings. In its response, the Federal Ministry considered the inmates' need for table visits to be very low. Although the inmates had been informed of the possibility of table visits and no table visit could be refused, only two had taken place during the trial period and a total of only 12 since May 2024.

Start of the second trial period

The Federal Ministry of the Interior further announced that it would, for the time being, await the outcome of the second trial period, which began on 1 June 2025. As agreed between the Federal Ministry and the NPM in 2021, this second trial period should also be used to determine – within a period of no more than seven days – whether an inmate's behaviour justifies their exclusion from table visits.

The NPM will present the results of this trial period and the further steps taken to implement table visits in its next activity report.

- ***Except where specific security-related criteria apply and in the case of prisoners in court custody, visits to detainees in police detention centres are to take place by way of table visits. The undisturbed conduct of table visits must be ensured, including through structural measures. A separate room with a table is to be provided for minors visiting relatives in police detention centres.***

2.7.4 Improvement of fire safety

In 2025, the NPM again requested a progress report from the Federal Ministry of the Interior regarding the implementation of recommendations of the Federal's Dialogue Committee on Civil Society (*Polizei.Macht.Menschen.Rechte*) to improve fire safety in police detention (see NPM Report 2018, p. 147 et seq.).

Delayed launch of new Technical Guidelines for Fire Prevention

In August 2025, the Federal Ministry announced that the Austrian Standards Institute would not publish the announced new Technical Guidelines for Fire Prevention on 'correctional institutions, police detention centres and custody cells in police stations' until the fourth quarter of 2025. The Federal Ministry cited an approval procedure by the Austrian Federal Fire Brigade Association, which was still pending at the time, as the reason for this delay.

In mid-October 2025, the Federal Ministry of the Interior announced that it would enquire with the Styrian Fire Prevention Agency – which has nationwide jurisdiction in this matter – in January 2026 regarding the status of the publication of the new Technical Guidelines for Fire Prevention and that it would then inform the NPM should the guidelines not yet have been published by the end of 2025. At the time of going to press, the NPM had not yet received any such information from the Federal Ministry.

The Federal Ministry of the Interior also reported on the publication of a decree in May 2025, which redefines the organisation of fire safety within the Police Departments. This decree defines the competent bodies for fire safety and their tasks. In addition to guidelines on the training and further education of these bodies, it also contains provisions on the use of the electronic fire safety logbook. The Federal Ministry also announced that it would draw up supplementary framework provisions on fire safety by the end of 2025. These are intended to set out all requirements for the training and further education of staff working in the prison service.

New decree on fire safety

The NPM will continue to monitor the implementation of the recommendations for improving fire safety in police detention centres.

- ▶ ***Fire safety standards in police detention centres must be brought up to at least the level applicable to correctional institutions.***
- ▶ ***The Federal Ministry of the Interior should draw up an overall strategy for the uniform organisation of preventive and reactive fire safety across the country and issue corresponding decrees.***
- ▶ ***All inmate cells used for longer-term detention should be equipped with suitable, automatic fire alarm systems.***

2.7.5 Hygiene deficits

Media reports indicated that individuals detained at the Roßauer Lände police detention centre had contracted scabies, a highly contagious skin disease caused by scabies mites. Consequently, during its visit to the facility in August 2024, the NPM commission particularly monitored the hygiene measures. It found that, in addition to several inmates, two female officers had also been infected and that there was no written information available at the police detention centre on how to proceed in the event of a scabies outbreak.

Scabies infections among inmates

In a conversation with one paramedic the commission got the impression that he was unaware of the distinction between cleaning and disinfection, as emphasised in the Federal Ministry of the Interior's hygiene guidelines. This suggested that the distinction was also not sufficiently understood by the medical staff competent for disinfecting the medical centre, and that they were therefore unable to carry out disinfection in accordance with the guidelines. Furthermore, the facility's hygiene plan was not presented to the commission, although it must be accessible to staff at all times according to the guidelines. Documentation regarding the hygiene visits carried out by the police medical officer in the detention area showed that these visits took place monthly in accordance with the guidelines and did not identify any

Deficiencies in the implementation of hygiene guidelines

shortcomings. However, according to the commission, the documentation did not allow any conclusions regarding the duration, scope and thoroughness of these visits, which were usually carried out only in individual cells.

Furthermore, several staff members reported that the hygiene training sessions required by the guidelines, which were to take place at least annually, had not taken place. The inmates employed as domestic workers also stated that they had received only an 'induction' from the domestic workers already in post. This suggested that the hygiene manager competent for the police detention centre had failed to provide the domestic workers with the training required by the guidelines.

**Staff and employees
of the cleaning firm
made aware**

In its response, the Federal Ministry of the Interior assured that the police detention centre would initiate treatment for infectious diseases immediately upon their observation – which is sometimes delayed due to a longer incubation period – and would also order the isolation of infected individuals. Furthermore, the doctors at the police detention centre were particularly aware of the need to recognise and treat scabies, and the prisoner records contained notes on any infections, thereby ensuring that information and appropriate protective measures were available at the facility. According to the Federal Ministry, the Vienna Police Department had expressed regret to the commission regarding the conduct of the aforementioned paramedic and had given him a stern warning. In talks with staff from the external cleaning company and those at the facility's medical centre, the respective tasks regarding cleaning and disinfection were clarified.

Dirt During a visit to the Hernalser Gürtel police detention centre in early December 2024, the commission also observed several hygiene deficits. There were extensive cobwebs on the ceiling of a cell, for instance, which were out of reach of the inmates, and the area around the cell washbasin showed signs of mould. In the medical centre, several surfaces (including some cupboards) were heavily dusty or soiled.

Given this dirt, the commission questioned how and with what degree of thoroughness the monthly hygiene inspections in the detention area and the medical centre – which, according to the documentation, had been found to be faultless – had been carried out. Furthermore, the medical centre had neither its own hygiene plan nor any records of the area's cleaning and disinfection. A female officer in the detention area also stated that the prison staff did not receive annual hygiene training, but only information from the medical staff regarding hygiene measures required for specific situations. The commission therefore doubted whether the hygiene guidelines were being fully complied with.

**Contamination
removed**

In its response, the Federal Ministry of the Interior did indeed point out the obligation of inmates under Section 12(4) of the Detention Regulation (*Anhalteordnung*) to clean their cells daily. However, it also stated that

the Vienna Police Department had arranged for the cleaning company to remove the dirt in the holding area that had been the subject of criticism. Furthermore, following the commission's findings, the medical centre had been cleaned immediately.

The Federal Ministry of the Interior disputed the statements made by the aforementioned officer and noted that all staff working at the police detention centre were required to undergo further education on hygiene guidelines twice a year. Following the commission's visit in March 2025, however, the Federal Ministry provided further hygiene training for the staff of the medical centre and the medical personnel. This is to be repeated annually in the future.

With regard to the documentation of hygiene controls, the Federal Ministry announced that, in future, the visit the reports of these controls would have to specify the start and end time of the measure, in order to record its duration. Regarding the suggestion to draw up a hygiene plan for the entire facility, the Federal Ministry stated that it had already developed such a hygiene plan in collaboration with the Occupational Medicine Centre in Mödling prior to the formal response to the commission's findings.

Documentation of hygiene measures

- ▶ ***The provisions in the Federal Ministry's hygiene guidelines on the management of hygiene in detention centres must be complied with.***
- ▶ ***The Federal Ministry's requirements regarding the monitoring of compliance with the hygiene guidelines in all detention centres, as well as the documentation thereof, must be fully implemented.***
- ▶ ***Inmate cells and the common areas accessible to detainees must be kept hygienic and clean.***

2.7.6 Deficiencies in the documentation of detention

The complete and flawless documentation of official acts serves, in particular, to ensure that the actions of law enforcement officers and the course of official acts are traceable. It also enables law enforcement officers to provide information retrospectively on the course of an official act and to protect themselves against any incorrect allegations. At police detention centres, the documentation of detentions is primarily carried out using the 'Detention Log' form and the 'Detention File Prison Administration' application.

Accurate documentation promotes transparency

Persons who have been arrested or detained have certain rights to information and communication (see NPM Report 2018, p. 159). They must be informed of their rights in a verifiable manner. This must be documented

in the detention log. The person must confirm, by their signature, that they have been informed or have received the information leaflets, or that they waive their rights.

Errors and contradictions

As reported in the NPM Report 2024 (see p. 165 et seq.), during its visit to the Innsbruck police detention centre in August 2024, the commission observed several shortcomings in the documentation relating to twelve individuals admitted to the facility at that time.

In January 2025, the Federal Ministry of the Interior expressed its regret that the detention logs for these individuals lacked notes regarding their refusal to accept the 'Information Sheet for Detainees'. Furthermore, the Federal Ministry stated that the contradictory or erroneous information in some detention logs was due to the mistaken assignment of information to the wrong individuals. The Ministry attributed these errors to the fact that different law enforcement officers from several departments had been involved in the arrest, in determining the identity of the persons concerned, and while they were in custody at the police detention centre. Since the Federal Ministry informed the NPM that the management of the police detention centre had organised staff meetings in the meantime to raise awareness among officers regarding documentation standards, the NPM considered the documentation shortcomings to have been rectified.

Misunderstandings regarding medical instructions

During a visit to the Bludenz police detention centre in November 2024, the commission noted that the documentation regarding the placement of an inmate in a security cell contained notes referring to an 'instruction' or 'order' from the police doctor regarding further procedure. When it was pointed out that only executive staff are authorised to order or revoke preventive detention, the Federal Ministry stated in May 2025 that the criticised notes in the documentation had been made in error. The Ministry assured that the necessary measures expressed by the police doctor were merely recommendations from a medical point of view and that the final decision on how to proceed had rested solely with the executive staff. In addition, the Federal Ministry reported on steps taken by the management of the facility to train the executive staff in the correct documentation of security measures. The NPM therefore considered this deficit to have been rectified.

Cell door sign shows note regarding illness

During a visit to the Salzburg police detention centre in December 2024, the commission noticed that the word 'HIV' was written on a cell door sign, which was also visible to other inmates. The NPM recommended that the Federal Ministry of the Interior remove the note immediately and take measures to ensure the protection of inmates' medical information.

In May 2025, the Federal Ministry of the Interior reported that the note had been removed immediately following the visit, and stated that medical information about inmates must only be accessible to the responsible prison officers. As the management of the police detention centre, in response to

the NPM's criticism, had reminded all staff in writing of the need for due care when handling medical information on prisoners, the NPM considered the shortfall to have been rectified.

- ▶ ***Detentions at the police detention centre must be documented in a complete and traceable manner.***
- ▶ ***Relevant information regarding detainees' illnesses should only be accessible to the prison officers responsible for their supervision and care.***

2.7.7 Positive observations

During all the visits to police detention centres carried out in 2025, the commissions observed the staff's high level of cooperation.

During the visit to the special transit area of Schwechat Airport (Building 800) in May 2025, the commission welcomed several improvements to the equipment, following criticism after a previous visit (see NPM Report 2023, p. 168): The rooms in the rejection zone had been renovated and fitted with new mattresses. Furthermore, all inspected rooms, including the sanitary facilities, were in a clean and tidy condition. The commission also welcomed the prompt provision of initial medical care to a woman accommodated in the special transit area.

**Special transit area
of Schwechat Airport**

During its visit to the Linz police detention centre in May 2025, the commission highlighted the friendly and respectful manner in which staff treated inmates, to the centre's management as well as the inmates' satisfaction with the medical support provided at the facility. The commission also commented positively on the accommodating provision for yard time reported by the inmates. According to the inmates, they had been able to use the facility's yard not only for one hour a day, as provided for in Section 17 of the Detention Regulation, but sometimes for 30 minutes longer or several times a day for outdoor exercise.

**Linz police detention
centre**

During its visit to the Bludenz police detention centre at the end of August 2025, the commission welcomed the measures which enable inmates to make telephone contact with their relatives. After the provider had the payphone terminals in the facility's restricted area removed due to a lack of profitability, every floor of the police detention centre was retrofitted with a landline telephone. As the phones have their own direct dial numbers, each inmate can arrange specific time for their relatives to call the police detention centre and speak to them by phone whilst their respective cells are open.

**Bludenz police
detention centre**

2.8 Police stations

Introduction

**55 visits to
police stations**

During the year under review, the commissions conducted 55 visits to police stations. As in previous years, the commissions focused on the proper documentation of measures involving deprivation of liberty and the infrastructural fixtures and fittings at the stations. Police stations that are not accessible to people with disabilities remain an ongoing issue (chapter 2.8.3).

**New monitoring
priorities**

As of May 2025, the NPM placed greater emphasis on hygiene for detainees in police stations as part of the newly defined monitoring priorities. The two new monitoring priorities are 'Direct availability of sanitary products for female detainees' and 'Availability of clean blankets in custody cells'. They are described in detail in Chapter 2.8.1. During the period under review, the NPM was obstructed in its work on one occasion (Chapter 2.8.4).

2.8.1 Monitoring priorities

Availability of sanitary products

In its 10th Annual Report, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) placed particular emphasis on the situation of women deprived of their liberty. The CPT highlighted that the specific hygiene needs of female detainees must be adequately addressed. In particular, it emphasised the importance of providing hygiene products such as sanitary towels and tampons. Failure to provide feminine hygiene products may, in itself, amount to degrading treatment.

In its country visit report to Austria in 2021, the CPT criticised the lack of sanitary towels in several of the visited police stations. The CPT expressly recommended that this shortcoming be remedied.

In its response to the CPT's report, the Austrian Federal Government stated that there was no need for feminine hygiene products in police stations with holding and custody cells. It argued that procurement at short notice by police officers would be sufficient where necessary and that no stockpiling was planned. It was pointed out that the NPM had accepted this way of providing sanitary products in investigative proceedings in 2020.

The NPM's current demand for a sufficient supply and immediate availability of sanitary products for detained women in all police stations with custody cells represents a further developed take on the NPM's position in 2020. This takes account not only of the CPT's 2021 recommendation but also of societal changes regarding this issue.

Menstrual hygiene products should be available for immediate distribution in police stations with holding or custody cells whenever required. This is intended to prevent the risk of degrading treatment of detained women resulting from a failure to promptly address their specific hygiene needs. In the NPM's view, this monitoring priority can be implemented easily and without high costs (in terms of procurement and storage).

Shortly before the time of going to press, the NPM received several statements on this monitoring priority. In these, the Federal Ministry of the Interior refrained from generally stocking menstrual hygiene products in police stations for health reasons. The distribution of goods that are not hygienically sound should be avoided, particularly as these, like bandaging material, have an expiry date. Furthermore, an analysis carried out in all Police Departments with the exception of Vienna revealed that actual demand over the last three years had been very low, at 63 cases.

General offer at police stations rejected

The Federal Ministry of the Interior submitted an amendment to its standards for detention: according to this, sanitary products for female inmates are to be kept in sufficient quantities in police detention centres, but not generally in police stations. Individual Police Departments must investigate the need for stockpiling. Such a requirement is only assumed for police stations where the proportion of detained women is 10% of all persons held in custody there. In other police stations where no regular consumption of disposable feminine sanitary products is to be expected, women must be provided with the products they require within one hour at the latest.

Providing products within one hour is enough

From a human rights perspective, the NPM notes that it is irrelevant whether only one or many persons may be adversely affected by a structural circumstance. The relevant factor is not the actual need (and timely consumption) of a sanitary product, but rather the fact that every police station with an inmate cell, may detain a woman who has such a need.

In Austria, the shelf life of sterile bandaging materials is typically five years and must be stated on the packaging. From the NPM's perspective, the concern regarding the distribution of expired menstrual sanitary products can be easily resolved by setting regular inspection dates, as is also required for the first-aid kits in police stations. Well in advance of the expiry date of stockpiled sanitary products, these could be handed over to those police stations that have a higher demand.

NPM proposes solution

The NPM stands by its demand for direct availability of sanitary products in all police stations. A waiting time of up to one hour for necessary sanitary products does not constitute an immediate response to the specific hygiene needs of female detainees.

One-hour waiting time unreasonable

As the monitoring priority lasts for one year, the results of the evaluation will be presented in the forthcoming annual report. In the two investigative

proceedings concerning the Eugendorf and the Bad Hofgastein police stations, which had already been completed at the time of going to press, the NPM identified shortcomings in the availability of sanitary products for female detainees.

Providing inmates with blankets

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) (CPT/Inf/E (2002) 1 – Rev. 2010, German, p. 8, para. 42 and p. 15, para. 47) emphasises the importance of conditions of detention in police cells. It stipulates that persons detained overnight must be provided with clean blankets. Persons in police custody must also be detained in accordance with the Detention Regulation (*Anhalteordnung*), with due regard for human dignity and as humanely as possible. Basic hygiene standards must therefore be observed.

Blankets usually reused

In several investigative proceedings up to 2020, the Federal Ministry of the Interior stated that the hygiene guidelines for police detention centres also apply *mutatis mutandis* to all other police stations in the *Laender*. Accordingly, blankets had to be changed, cleaned and disinfected every four weeks. If there was a suspicion of illness or if a blanket was soiled, it had to be replaced immediately.

During the COVID-19 pandemic, these hygiene standards were tightened. Pursuant to a decree issued on 13 March 2020, blankets should only be given out when absolutely necessary (for example, for overnight stays or in cold weather). All items that had come into contact with a detained person had to be either properly cleaned or disposed of afterwards to prevent infection.

Blanket replaced after every use

During visits to police stations, the NPM observed that blankets in custody cells were changed after every use. The aim of this monitoring priority is to investigate compliance with this newly established hygiene standard. A final recommendation is planned for the forthcoming annual report.

2.8.2 Inadequate documentation of detention

During their visits, the commissions regularly inspect the detention logs and detention books. Depriving persons of their liberty seriously infringes their rights, which is why they must be documented in full.

Rights to information and consultation

Arrested persons are entitled to certain rights to information and communication (see most recently NPM Report 2024, p. 169 et seq.). If these are not upheld, the constitutionally guaranteed right to personal freedom is violated. Public security officers must inform detainees of their rights and document this. If a person refuses to sign, the executive body must record this in the visit report.

Measures which restrict freedom must be documented in a comprehensible manner. The start and end times of handcuffing a person, for instance, must be recorded. A prolonged period of restraint must be justified.

As in previous years, the commissions observed shortcomings in the documentation of detentions and brought this to the attention of the heads of departments in the concluding meetings: At the Garsten police station, the NPM identified shortcomings in documentation regarding the issuing of information sheets. The NPM identified shortcomings at the Lamprechtshausen police station regarding the documentation of the time when handcuffs were removed. The Federal Ministry of the Interior implemented awareness measures in both cases.

In July 2017, the Federal Ministry of the Interior issued a decree stipulating that all police stations with usable inmate cells must keep a detention book (see NPM Report 2024, p. 169, which clearly lists the entries that must be made. At the Imst police station, the NPM identified shortcomings in traceability: several file numbers, for instance, had not been documented in the detention book and, in one case, the end of a detention. In another case, personal details had been entered in the detention book even though no one was in custody. As improvements were made and staff were made aware of the issues while the investigative proceedings were still ongoing, the NPM considered these shortcomings to have been rectified.

Entries in the detention book

► ***Detentions at police stations must be documented in a complete and traceable manner.***

2.8.3 Deficits in infrastructural fixtures and fittings

If the commissions observe deficiencies in the infrastructural fixtures and fittings during their visits, these are usually discussed with the management of the station during the concluding meeting. Minor deficiencies are often rectified quickly. If a solution cannot be reached in this way, the NPM informs the Federal Ministry of the Interior.

According to the CPT (CPT/Inf/E (2002) 1 Rev. 2010, German, p. 16, para. 48), persons in police custody must always be able to contact the prison staff. In implementation of this standard, Section 4(4) of the Detention Regulation stipulates that inmate cells must be fitted in a way that enables communication with the prison staff. This requirement is generally met by installing an alarm button.

Contact with prison staff

From a human rights perspective, defective or inadequately labelled alarm buttons are problematic in light of the State's duty of care towards detainees and their particular state of dependency. Denying detainees this means of

Alarm buttons

communication brings the risk that their needs and emergency situations cannot be addressed in a timely manner.

At the Van-der-Nüll-Gasse police station, the NPM criticized the barely audible acoustic call system in the detention area as well as unmarked alarm buttons in the two high-security custody cells. The NPM also found an inadequate labelling on the alarm buttons in the specially secured custody cells at the Hermann-Bahr-Straße police station and in inmate cell No. 2 at the Garsten police station. The Federal Ministry of the Interior rectified the deficiencies immediately in all facilities.

The current Directive on Workplaces stipulates that a call button must be installed in every cell to enable communication with law enforcement officers. At the Wolfsberg police station, the alarm button was mounted outside the cell at a height of approximately 150 cm and was accessible to detainees only through a small gap between the wall and the bars. As the Federal Ministry of the Interior had indicated that an alarm button would be installed inside the cell, the NPM considered this deficit to be in the process of being rectified.

Lighting, ventilation and cleanliness

According to the CPT (CPT/Inf/E (2002) 1 Rev. 2010, German, p. 15, para. 47), police cells must have adequate lighting and ventilation and must be clean. According to the Directive on Workplaces, custody cells must be equipped in such a way that detainees cannot injure themselves.

Potential hazards

At the Bruck Mur police station, the commission criticised the lack of a ventilation system in both custody cells. In addition, the commission noted a potential structural hazard in one inmate cell due to a gap in the bars. Shortly before the visit, a detainee had trapped his arm in the door, which was within reach. In the other inmate cell, the commission criticised the lack of natural light. The Federal Ministry of the Interior acknowledged the shortcomings but was unable to provide a timetable for refurbishing the detention area. Custody cells must comply with current CPT standards; therefore, the NPM identified shortcomings in the facilities.

At the Eisenerz police station, the commission observed ivy growth on the façade, which had covered the glass blocks and the ventilation of the two inmate cells. The vegetation was cut back and the area cleaned, and the installation of artificial cell lighting was investigated, which is why the NPM considered the deficiencies to have been rectified.

During a visit, the commission critically observed the absence of light switches in the two custody cells at the Neusiedl am See police station. Detainees who are merely suspected of having committed a criminal offence are thus subject to greater restrictions during detention than prisoners, who are entitled to lamps suitable for reading that can be switched on and off. The NPM stood by its 2017 recommendation to equip custody cells in

police stations with light switches as standard and once again criticised this shortcoming (see NPM Report 2017, p. 160 et seq.). The Federal Ministry of the Interior continues to reject the implementation of this recommendation, primarily on the grounds of suicide prevention.

The Federal Ministry of the Interior indicated that it would repair the dilapidated window and damp damage in the masonry of the custody cells at the Winklern police station. At the Mattersburg police station, too, the Federal Ministry acknowledged the need to renovate the toilet in the inmate cell. According to the Ministry, the soiled walls and ceiling of the custody cells at the Eferding police station are to be repainted. In all cases, the NPM considered the acknowledged deficiencies to be in the process of being rectified.

One point of criticism that generally cannot be remedied, or at least not quickly, is the lack of barrier-free accessibility. For those departments where barrier-free accessibility cannot be achieved for technical reasons, a solution – e.g. a relocation – should have been found by the end of 2019. Based on its priorities for 2021 and 2022, the NPM observed that many police stations in Austria are not barrier-free (see NPM Report 2022, p. 145 et seq.).

Lack of barrier-free accessibility

The commissions routinely investigate the barrier-free accessibility of the police stations they visit. As in previous years, the NPM highlighted the lack of barrier-free accessibility at some police stations during the period under review: Leobersdorf police station was only accessible via a flight of stairs and the intercom was mounted too high. Furthermore, there was no tactile guidance system for people with visual impairments. The Federal Ministry of the Interior was unable to provide a timetable for improvements. The Lamprechtshausen police station was also not accessible due to the lack of a lift. At the very least, the Ministry indicated that it would conduct an investigation into installing a wireless intercom system at the staircase entrance. It agreed to put up signs at the Neusiedl am See police station, to indicate that the barrier-free access is located on the courtyard side. The monitoring visit at the Van-der-Nüll-Gasse police station also led to an improvement: the ramp in the entrance area was colour-coded at both ends.

At the Kobersdorf police station, the Federal Ministry of the Interior indicated that it would install a tactile guidance system – in consultation with the regional association for the blind and visually impaired. According to the Ministry, the entrance area of the Grafenstein police station is to be fitted with tactile floor markings and the intercom system with Braille labelling. The Federal Ministry also announced that it would seek expert advice to improve access for people with visual impairments to the Neusiedl am See and to the Bad Tatzmannsdorf police stations. The NPM considered the lack of barrier-free accessibility at the four facilities to be in the process of being rectified.

Federal Ministry seeks expert advice

If a police station has designated public toilet facilities, these must be designed to meet accessibility requirements (see NPM Report 2018, p. 163). At the Mattersburg motorway police station, a faulty folding grab rail was replaced immediately. The Federal Ministry of the Interior promptly arranged for the repair of the emergency button in the public toilet at the Bad Tatzmannsdorf police station. It also promised to retrofit the Schwanenstadt and the Schallerbach police stations with missing folding grab rails. At the Neusiedl am See police station, the visitors' toilet, which was in principle accessible, could not be used without hindrance due to a cleaning trolley being left in the way. The Federal Ministry rectified this deficiency during the monitoring visit.

The Federal Ministry of the Interior noted, with regard to some of the identified shortcomings in terms of barrier-free accessibility, that the reasons for this lack of accessibility were varied (e.g. lack of owner consent, structural feasibility, disproportionate effort, no suitable rental properties available for relocation) and would generally lie outside the sphere of influence of the respective Police Department.

**Implementation
by 2019**

The NPM understands that, when implementing barrier-free accessibility measures, the respective Police Department is often reliant on cooperation with the owner of the building in which the police station is located. However, the Federal Ministry of the Interior has long been aware of the fact that numerous police stations are not accessible. The deadline for implementing barrier-free accessibility measures expired at the end of 2019.

- ▶ ***Alarm buttons in custody cells must work and be clearly marked so that detainees can contact the officers.***
- ▶ ***Alarm buttons must be installed at a height accessible to detainees and must be located within the custody cell.***
- ▶ ***Custody cells must have adequate lighting and ventilation.***
- ▶ ***Inmate cells must be safe and clean for detainees.***
- ▶ ***Police stations must be designed to be accessible.***

2.8.4 Refusal to provide information – Eugendorf police station

**Staffing levels at a
police department**

During its visit to the Eugendorf police station, the commission requested information regarding the staffing levels at this department. However, this was refused on the grounds of a directive from the Police Department of the *Land* of Salzburg, according to which the determination of staffing levels at police stations was not covered by the OPCAT mandate.

Undoubtedly, police stations are to be regarded as places of deprivation of liberty within the meaning of Article 4 (1) OPCAT. From the NPM's perspective, organisational conditions within a department – such as staff shortages and the associated workload – can affect the enforcement of measures which restrict freedom and are therefore covered by the NPM's mandate (see NPM Report 2015, p. 141 et seq.). For years, the NPM has criticised police stations with inadequate staffing levels and the associated workload on law enforcement officers (most recently NPM Report 2024, p. 172).

Impact on deprivation of liberty

The Federal Ministry of the Interior justified the refusal to provide information by citing an internal misunderstanding within the Police Department of Salzburg. It claimed that there had never been a directive stating that the determination of staffing level was not covered by the OPCAT mandate. As the Federal Ministry subsequently provided the data and clarified the matter, the NPM considered the refusal of assistance to have been resolved.

2.8.5 Inadequate protection for non-smokers

During its visit to the Garsten police station, the commission observed that the antechamber to custody cell No. 2 was being used as a smoking room. When asked about the clearly perceptible cigarette smoke, it was stated that this was a concession for the department's smoking staff.

During the investigative proceedings, the Federal Ministry of the Interior noted that smoking in workplaces is prohibited under Section 30 of the Federal Civil Servants Protection Act (*Bundes-Bedienstetenschutzgesetz*). However, the antechamber is not a workplace, as it is separated from the custody cells by a door. Section 30 (3) permits smoking in such rooms as an exception. The Federal Ministry, however, also conceded that an internal instruction issued by the Upper Austrian Police Department prohibits smoking in all office premises.

General smoking ban

The NPM does not share the Federal Ministry's view that the antechamber, which staff must enter to escort detainees to and from custody cell No. 2, is not a workplace. Since the Upper Austrian Police Department ultimately instructed the management to enforce the smoking ban in all rooms of the Garsten police station in the future, the NPM considered the inadequate protection of non-smokers to have been rectified.

Police Department Upper Austria implements measures

► ***Police stations are public buildings and therefore the statutory protection of non-smokers must be observed.***

2.8.6 Positive observations

During each visit, the commissions record their observations in a visit report. In doing so, they also note positive aspects and improvements and

communicate these to the heads of the departments during the concluding meetings. In several cases, the NPM considered it important to communicate the positive observations in writing to the Federal Ministry of the Interior as the supreme body as well. The Federal Ministry and the departments welcomed this form of constructive cooperation.

The commissions regularly observe and praise the willingness to cooperate, the comprehensive documentation of official acts and detentions, clean inmate cells, a harmonious working atmosphere, and accessible, modern departments.

- Salzburg Rathaus police station** The Salzburg Rathaus police station made a positive impression on the commission for several reasons: the well-maintained and clean department is accessible and features an accessible reception area. In addition to the willingness to cooperate, the commission praised the careful documentation of detentions, the availability of Wi-Fi, and the good organisation of the department. A particularly positive point noted by the commission following its last visit in 2022, is the fact that a camera had been installed to monitor the entire inmate cell.
- Fuhrmannsgasse police station** At the Fuhrmannsgasse police station, the commission commended the dimmable lighting in all cells, the provision of hygiene products for female detainees, and the clean bedding in the detention area.
- Vösendorf police station** During the follow-up visit to the Vösendorf police station, the commission praised the good accessibility and cooperation with the public medical officer, the department's designation as dementia-friendly, the existing first-aid equipment, the visible notices regarding medication administration and the correspondingly well-informed staff.
- Winklern police station** The Winklern police station was visited for the first time during the year under review. The commission observed a high level of willingness to cooperate and a good working atmosphere. In addition, the commission praised the good facilities and location of the department.
- Eferding police station** At the Eferding police station, which was operating at reduced capacity at the time of the visit, the commission was impressed by the commitment shown by one member of staff during the examination of the detention records. The commission also positively observed the good working atmosphere, the barrier-free accessibility to the department, the glazing of the detention room windows installed since the last visit in 2017, and the modern and high-quality fittings at the department.
- Schwanenstadt police station** During its visit to the Schwanenstadt police station, the commission noted positively the willingness to cooperate, the cleanliness of the department, the adequate staffing levels, and the provision of written guidelines for the correct documentation of detentions.

At the Eugendorf police station, the commission considered the willingness to cooperate, the cleanliness of the department, the accurate maintenance of the detention book, and the provision of drinking cups for detainees in the cell antechamber to be exemplary.

Eugendorf police station

During its follow-up visit to the Garsten police station, the commission praised the high level of cooperation, the improved working atmosphere compared to the previous visit, and the enhanced facilities and staffing levels at the department.

Garsten police station

During the visit to the Bad Hofgastein police station, the commission positively noted the willingness to cooperate, the careful and comprehensive documentation in the detention book and in the detention logs, the good facilities in the custody cells, and the paper cups provided in the cell antechamber for detainees to drink from.

Bad Hofgastein police station

2.9 Coercive acts

Introduction

As part of the OPCAT mandate, the NPM has been monitoring the conduct of the police for over ten years when exercising acts of direct administrative power and coercive measures. This is the case when the police, in enforcement of administrative laws, issue direct orders and carry out coercive measures against one or more persons. In the year under review, the majority of these acts observed by the NPM took place at football games, demonstrations, forced returns and targeted campaigns.

**Fewer observations
– hardly any cases of
maladministration**

Compared to previous years, the commissions observed fewer acts of direct administrative power and coercive measures. This is by no means unusual, as the range of facilities to be visited is very broad, including, for example, the health and care sectors. Furthermore, the NPM decides annually on several monitoring priorities, which the commissions then address in the following year. It is also worth noting that this year the commissions identified hardly any cases of maladministration during the few observations they carried out in the area of direct administrative power and coercive measures.

**Mediating
role regarding
pyrotechnics**

As mentioned last year, in some areas of preventive human rights monitoring, the NPM sees itself as a mediator between the parties involved, rather than an auditor or controller. For this reason, the NPM continued its initiative to reduce the excessive use of pyrotechnics in stadiums.

**International
cooperation**

The NPM has shared its experiences in the area of monitoring police observation during football games with other NPMs, who face similar problems in their own countries and therefore showed great interest in the Austrian approach. The observation of football games, for instance, was a topic at the annual exchange between the German-speaking NPMs from Germany, Austria, Switzerland, Liechtenstein and Luxembourg.

In 2025, an ongoing online exchange also took place with the Slovak NPM, which is also beginning to monitor police operations during football games. Staff from the Austrian NPM support the colleagues in Slovakia with their expertise and experience as required.

2.9.1 Targeted campaigns

**Nickelsdorf border
crossing**

On 22 August 2024, a delegation from a commission monitored a targeted campaign at the Nickelsdorf border crossing concerning illegal migration and human trafficking, as well as the fight against cross-border crime.

**Criticism of
conditions**

The commission criticised the hygienic conditions of the mattresses and floors in the detention rooms. Although these facilities are intended for detention that only lasts a few hours, men and women were occasionally

held there overnight. The NPM criticised the lack of adequate washing and shower facilities. There were only two washbasins, one of which was half torn from the wall.

The Federal Ministry of the Interior replied that these were detention rooms and not inmate cells. In accordance with the Detention Regulation, shower facilities were therefore not required. The Ministry further explained that overnight detentions, would only take place in exceptional cases.

The Federal Ministry arranged for a thorough cleaning of the premises, the replacement of the mattresses, and had the broken washbasin replaced.

Federal Ministry initiated improvements

2.9.2 Football games

On 24 November 2024, the *Bundesliga* football game between *Blau-Weiß-Linz* and *GAK* took place at the Hofmann-Personal stadium, formerly the Donaupark arena. The NPM commended the conduct of the operation itself and observed no shortcomings.

Good police deployment

The NPM, however, criticised the situation regarding the security forces. Firstly, the police premises were not heated and were therefore very cold in low temperatures. Furthermore, there was a hole in the wall between the police station and the toilet facilities used by stadium staff, which meant that noises and odours from the toilet facilities could be heard inside the police premises. Finally, the commission criticised the fact that it was possible to see into the duty room from the corridor through the window, as the glass windows had no privacy film. This would have compromised both the work of the officers and the privacy and personal space of those detained.

Commission criticised working conditions

The Federal Ministry of the Interior initially explained that there is no 'Donaupark arena' police station. The premises in the 'Hofmann-Personal' stadium have neither been rented nor is there a usage agreement in this regard with the City of Linz or the competent Immobilien Linz Ltd. (a subsidiary of the City of Linz). The premises in the stadium are merely made available to the police free of charge by the stadium operator when required (on match/event days). However, according to the information from the Federal Ministry, there was never any risk of a violation of privacy and personal integrity within the meaning of Article 8 of the ECHR.

The Federal Ministry of the Interior addressed all the points of criticism raised by the NPM and implemented improvements. Since then, the police premises have been heated continuously during operations, the hole to the toilet has been sealed, and the window has been covered with a protective film that is transparent on one side.

Deficiencies are being rectified

Excessive use of pyrotechnics As already presented in the NPM Report 2024, the commission monitored the Vienna derby between *Rapid Wien* and *Austria Wien* on 25 February 2024 and on 22 September 2024, and criticised the excessive use of pyrotechnics.

For this reason, on 15 October 2024, the NPM convened a 'round table' attended by representatives of the Federal Ministry of the Interior, the Vienna Police Department, the Austrian *Bundesliga*, the Austrian Football Association and the football clubs *SK Rapid Wien* and *SK Austria Wien* (NPM Report 2024, p. 177).

NPM seeks to cooperate with the clubs During these interviews, the clubs Rapid Wien and Austria Wien agreed that the NPM's commissions might also monitor their measures aimed at improving safety and combating excessive use of pyrotechnics. The clubs' consent to such monitoring activities was given voluntarily, as clubs are not part of the public administration and the NPM commissions have no constitutional authority to monitor them.

In a further step, in autumn 2025 the NPM wrote to all relevant football clubs across Austria, asking them to indicate whether they too wished to voluntarily permit visits by the NPM commissions. To date, two further clubs have agreed to cooperate with the commissions; a response from the others is still pending.

2.9.3 Positive observations

Football games During the period under review, there were no complaints from the NPM regarding police operations at football games. If the competent NPM commission assesses a police operation positively, the NPM does not, as a rule, identify any shortcomings in these police operations.

Graz and Linz derbies Both the Graz derby, *SK Sturm Graz* vs. *GAK* on 19 October 2024, and the Linz derby between *FC Blau-Weiß-Linz* and *LASK* on 9 February 2025 were well organised. In particular, the commission highlighted all the measures taken by the police to ensure the coordinated conduct of fan marches, entry into the stadiums and the exit from the stadiums. In Graz, the commission also welcomed the structural changes to the stadium, which contributed significantly to the safe and orderly conduct of the match.

The police also received praise for their handling of the game between *FK Austria Vienna* and *Sturm Graz* on 25 September 2024 at the Generali Arena and the UEFA Champions League match between *FC Austria Salzburg* and *Atlético Madrid*. Both police operations proceeded peacefully and without incident.

Demonstrations Nor did the demonstrations observed give cause for criticism.

In Linz, the Fraternity Ball and a counter-demonstration took place on 1 February 2025. The commission described the police operation as proportionate and appropriate.

Linz

In the commission's view, two demonstrations in Vienna, i.e. the 'Alert Stage for the Republic' on 9 January 2025 at Ballhausplatz and 'For Peace and Neutrality! Against the Coalition!' on Heldenplatz on 30 November 2024, were well planned by the police and carried out professionally. In both cases, the security forces acted calmly despite the heated atmosphere.

Vienna

In Innsbruck, there were several demonstrations at the start of the year, on 9 January 2025, 23 January 2025 and 1 February 2025. The competent commission assessed the police operations as de-escalating and proportionate.

Innsbruck

At the demonstration 'We will not leave a Turquoise-Blue majority unanswered!' on 30 September 2024 in Innsbruck, the commission initially criticised the police's approach regarding the lack of verbal announcements concerning the recording of images and sound, although a corresponding illuminated sign on an emergency vehicle was visible.

NPM refrains from identifying shortcomings

Section 54 of the Austrian Security Police Act (*Sicherheitspolizeigesetz*) stipulates that, under certain conditions, the police may make video and audio recordings of participants at demonstrations, provided this is announced in advance and in such a way that it is known to as wide a circle of persons concerned as possible.

In its statement of opinion, the Federal Ministry of the Interior argued that the requirement of Section 54 of the Austrian Security Police Act had been met by the illuminated sign, as the sign would have been clearly visible from a distance. An additional announcement via loudspeaker could, moreover, have led to an escalation.

On the basis of this reasoning and the fact that this issue had also been discussed during the concluding meeting between the operation's commander and the commission, the NPM subsequently refrained from identifying any shortcomings.

Regarding the demonstration 'No place for right-wing agitation – No to the Academics' Ball' on 25 January 2025, the commission stated that the police operation had been conducted in a highly professional manner. Furthermore, the use of drones was effective and the number of officers deployed was appropriate.

Graz

On 27 February 2025, a targeted campaign took place at the Nickeldorf border crossing to tackle illegal migration and human trafficking, and to combat cross-border crime. The campaign was well organised and, in the commission's view, proceeded in a calm, respectful and de-escalating manner. Interpreters were called upon where necessary.

Targeted campaigns

Annex

AUSTRIAN OMBUDSMAN BOARD

**Retirement and nursing homes
facilities for persons with disabilities
child and your welfare institutions
hospitals and psychiatric wards
in medical facilities**

Ombudsperson Bernhard ACHITZ

Adelheid PACHER
Sirin BEKTAS
Kerstin BUCHINGER
Johannes CARNIEL
Patricia HEINDL-KOVAC
Alexandra HOFBAUER
Markus HUBER
Michaela LANIK
Patrizia NACHTNEBEL
Donja NOORMOFIDI
Alfred REIF
Elke SARTO
Verena TADLER-NAGL

**Correctional institutions
psychiatric wards in medical facilities
and barracks**

Ombudsperson Gaby SCHWARZ

Michael MAUERER
Peter KASTNER
Manuela ALBL
Nadine RICCABONA

**Forced returns, demonstrations,
police operations, family accommodation,
police detention centres,
and police stations**

Ombudsperson Christoph LUISSER

Petra WANNER
Martin BLECKMANN
Corina HEINREICHBERGER
Dominik HOFMANN
Dorothea HÜTTNER
Stephan KULHANEK
Siegfried LETTNER
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