SIVILOMBUDSMANNEN
Norwegian Parliamentary Ombudsman

ANNUAL REPORT 2016

DOCUMENT 4:1 (2016–2017)

National Preventive Mechanism against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Which sectors are covered by the NPM's mandate?

65

PRISONS AND TRANSITIONAL HOUSING

approx.

130

POLICE CUSTODY FACLITIES AND PLACES WITH INTERROGATION ROOMS

This number is an estimate. The ongoing police reform is likely going to affect this number in the coming years.

approx.

20

CUSTOMS AND EXCISE'S DETENTION PREMISES

1

INVOLUNTARY INSTITUTIONAL TREATMENT (BRØSET)

HOUSING FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

With respect to places of detention for people with developmental disabilitites, this figure is uncertain, among other things because many of them live in their own homes and in sheltered housing. The NPM has yet to carry out visits to such places and has therefore not finished mapping this sector.

9

THE NORWEGIAN ARMED FORCES' CUSTODY FACILITIES

17

INSTITUTIONS FOR INVOLUNTARY TREATMENT OF PEOPLE WITH SUBSTANCE ABUSE PROBLEMS

approx.

1,000

NURSING HOMES

1

THE POLICE IMMIGRATION DETENTION CENTRE (TRANDUM)

PASS

approx. **120** **MENTAL HEALTH CARE INSTITUTIONS**

CHILD WELFARE INSTITUTIONS

approx. **150**

Document 4:1 (2016–2017)

The Parliamentary Ombudsman's Annual Report for 2016 as National Preventive Mechanism against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Submitted to the Storting on 30 March 2017

Photo: Mona Ødegård

Foreword

The work of the National Preventive Mechanism has continued with unabated energy in 2016. During the year, visits have been made to 11 places where people are deprived of their liberty – prisons, mental health care institutions, child welfare institutions and a police custody facility. This year was the first time visits were made to child welfare institutions and mental health care institutions for children and young people.

During our very first visit under the prevention mandate to Tromsø Prison in 2014 – which houses both female and male inmates – we saw that the prison conditions for women were not equal to those for men. It has gradually become evident that this is the general pattern in Norwegian prisons. In 2016, the findings from visits to prisons where women serve sentences were summarised and analysed in a separate thematic report. It is based on experience from

14 visits to prisons, including most of the prisons with high-security sections for women. The report identified a number of conditions that lead to women serving under poorer conditions than men, which defies international standards in this area. In addition to the broad launch of the report here in Norway, it was translated and submitted to the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW). You can read more about this in the annual report.

This annual report also contains three articles on important topics that require increased attention. The first deals with body searches, and the second with the right to information. Many findings have been made in both these areas, and recommendations have been made across several sectors in 2016. The third article takes a closer look at the important role institutional culture and management can play in safeguarding patients' rights and preventing inhuman and degrading treatment. Emphasis is given here to the fact that an unfortunate culture and inadequate management can present a risk of violations. The article is written on the basis of findings and observations during visits to mental health care institutions relating to the importance of good institutional culture.

The Parliamentary Ombudsman's human rights seminar in October was on the topic of legal protection guarantees in mental health care. The main question asked was 'How are patients' rights protected in connection with the use of force?' Patients subject to use of force in mental health care are in a particularly vulnerable situation and their need for legal protection is therefore great.

The prevention mandate is based on international conventions. Cooperation with other countries is an important element in the work – in part to learn from others' experience and also to support other countries' prevention efforts. We therefore try to participate in relevant international cooperation forums. In November, the NPM was thus invited to Geneva to attend the UN Subcommittee on Prevention of Torture's (SPT) celebration of the tenth anniversary of the Optional Protocol to the UN Convention against Torture. The NPM gave a talk on Norway's experience from the triangular cooperation between the SPT, the states and the preventive mechanisms. State parties, the UN system, civil society and representatives of a number of preventive mechanisms attended the event.

As mentioned, the scope of the preventive efforts was expanded in 2016 to include visits to child welfare institutions and mental health care institutions for children and young people. In 2017, the focus on children and young people deprived of their liberty will continue, including by making visits to child welfare institutions, but also to prisons for juvenile and young inmates. We will continue to develop our methods in all areas to ensure that we address the prevention mandate under OPCAT as expediently and efficiently as possible.

Aage Thor Falkanger
Parliamentary Ombudsman

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Background

The UN Convention against Torture
The UN Convention against Torture states that torture[1] and ill-treatment are strictly prohibited and that this prohibition can never be violated. States that ratify the convention are obliged to prohibit, prevent and punish all use of torture and other cruel, inhuman or degrading treatment or punishment. According to the Convention, each State Party shall "ensure that its competent authorities proceed to a prompt and impartial investigation, wherever there is reasonable ground to believe that an act of torture has been committed in any territory under its jurisdiction".[2]

Norway ratified the convention in 1986. The prohibition against torture is laid down in various pieces of Norwegian legislation. Article 93 of the Norwegian Constitution contains a general prohibition against torture.

The Optional Protocol to the Convention against Torture (OPCAT)
The Optional Protocol to the UN Convention against Torture was adopted by the UN General Assembly in 2002, and entered into force in 2006. Its objective is to protect people who are deprived of their liberty. People who are deprived of their liberty find themselves in a particularly vulnerable situation, and face an increased risk of torture and other cruel, inhuman or degrading treatment or punishment.

The background to the Optional Protocol was a desire to increase efforts to combat and prevent torture and ill-treatment. OPCAT therefore stipulates new work methods to strengthen these efforts.

States that endorse the Optional Protocol are obliged to establish or appoint one or several national preventive mechanisms that regularly carry out visits to places where people are, or may be, deprived of their liberty, in order to strengthen the protection of these people against torture and ill-treatment.[3]

The national preventive mechanisms can make recommendations to reduce risk factors for violations of integrity. They can also submit proposals and comments concerning existing or draft legislation.

The preventive mechanisms must be independent of the authorities and places of detention, have the resources they require at their disposal and have employees with the necessary competence and expertise.

The UN Convention against Torture states that torture and ill-treatment are strictly prohibited and that this prohibition can never be violated.

1 For the definition of torture, see Article 1 in the UN Convention against Torture (CAT).
2 UN Convention against Torture, article 12.
3 The national preventive mechanisms' tasks are described in Article 19 of the Optional Protocol.

The Subcommittee on Prevention of Torture

The Optional Protocol also established an international prevention committee that works in parallel with the national preventive mechanisms, the UN Subcommittee on Prevention of Torture (SPT). The SPT can visit all places of detention in the states that have endorsed the Optional Protocol. The SPT's mandate also includes providing advice and guidance to the national preventive mechanisms.

During its visits, the NPM endeavors to identify risks of violation by making its own observations and through interviews with the people involved.

The Parliamentary Ombudsman's prevention mandate

On 14 May 2013, the Norwegian Parliament voted in favour of Norway endorsing the Optional Protocol.

The Parliamentary Ombudsman's National Preventive Mechanism (NPM) was established in 2014 when the Parliament assigned the task of exercising the mandate set out in OPCAT to the Parliamentary Ombudsman.

Regular visits to places where people are deprived of their liberty are the main tool used in the NPM's work to strengthen protection against and prevention of torture and ill-treatment.

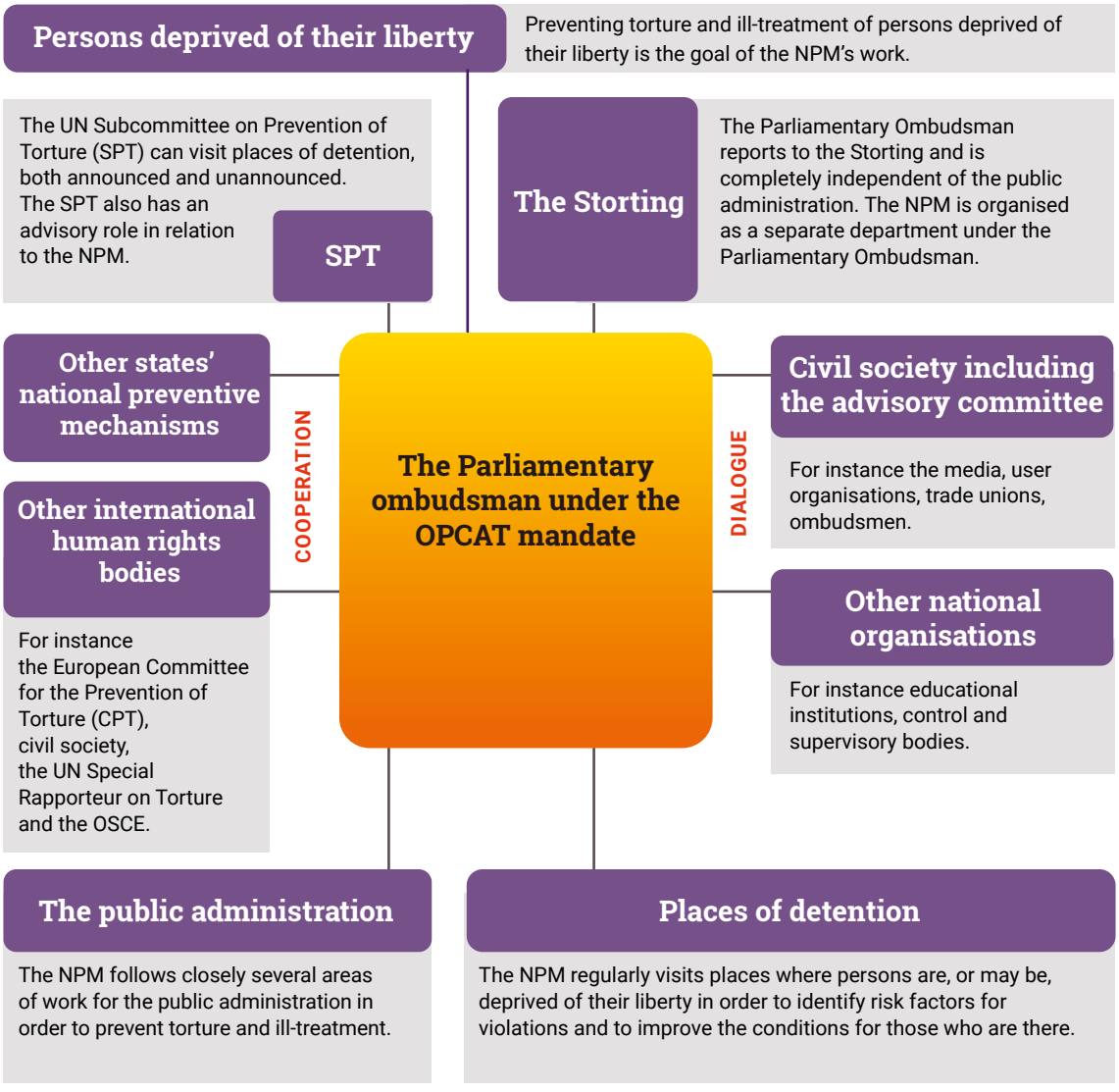
The Parliamentary Ombudsman, as the NPM, has right of access to all places of detention and the right to speak privately with people who have been deprived of their liberty. The NPM also has right of access to all essential information relating to detention conditions. During its visits, the NPM endeavors to identify risks of violation by making its own observations and through interviews with the people involved. Interviews with people deprived of their liberty are given special priority.

As part of its prevention efforts, the Parliamentary Ombudsman engages in extensive dialogue with national authorities, control and supervisory bodies in the public administration, other ombudsmen, civil society, preventive mechanisms in other countries and international human rights bodies.

An advisory committee has been established that contributes information, advice and input to the NPM's work.[4] The advisory committee ensures that different voices are heard and provides important expertise to the NPM to enhance its fulfilment of the OPCAT mandate.

4 Read more about the advisory committee in section 6.

The NPM's most important relations



Working method and organisation

Holistic approach to prevention

The NPM believes that effective prevention work requires a holistic approach. The risk of torture and ill-treatment can be affected by many different factors, including national and international legislation, the organisation of institutions, management and institutional culture, control and supervisory bodies and their practices, the general attitudes of society, social inequality, the level of knowledge and financial resources. They all have consequences for the work of the NPM.

Regular visits to places where people are deprived of their liberty are a key element of the NPM's work, but other work methods are also emphasised. The NPM maintains a continuous dialogue with the public administration and official bodies at different levels, as well as supervisory authorities and civil society. It also cooperates and exchanges experience with many international human rights bodies. Information work is also given priority in order to give the public greater insight into the conditions for those deprived of their liberty and to provide information about findings and recommendations. This is described in more detail in this annual report in the sections on national dialogue (page 59) and international cooperation (page 65).

Announcement of visits

The NPM can make both announced and unannounced visits. In 2016, the NPM has discontinued the practice of announcing the date of a visit. Before most of the visits in 2016, the places were notified that a visit would take place within a period of two to three months and they were asked to provide specific information. The dates of the visits were not announced.[1] This work method makes it possible for the NPM to obtain relevant information before a visit, while also enabling it to gain a realistic impression of the conditions at the place of detention.

Execution of visits

The planning of each visit starts by obtaining information from a number of sources. This includes reports and information from relevant supervisory authorities and other sources.

A letter is then sent to the management of the place to be visited, with the information that a visit will take place within a specified period and with a request for specific information to be sent prior to the visit or that this information is made available during the visit.

The duration of the visits depend primarily on the size of the place visited. In 2016, the NPM made visits lasting from one to four days.

The NPM can make both announced and unannounced visits.

1 The visit to Bergen police custody facility was conducted without any form of prior notice. The method described above was used for the other ten visits conducted in 2016.

The visits have the following main components:

- Inspection of the place of detention
- Meeting with the management
- Private interviews with persons deprived of their liberty
- Interviews with staff, health care personnel, safety representatives, trade union representatives, next of kin, experience consultants and other relevant parties
- Review of documentation
- Concluding meeting with the management

The sequence and scope of these components can vary, depending on whether the visit is announced or not, the time of day, the size and organisation of the place of detention, logistics and other factors. Some of these components can also be carried out simultaneously by the visit team splitting into smaller groups for parts of the visit.

Interviews with those deprived of liberty are given priority.

When necessary, the visit team uses an interpreter to interview persons deprived of their liberty. The NPM tries, as far as possible, to use interpreters who can meet in person, but it has also used telephone and video interpreters. It never uses other detainees or staff as interpreters during private conversations.

The NPM is subject to a duty of confidentiality. Information that can identify a person deprived of their liberty must be treated confidentially and not be used in a way that can reveal the person's identity without obtaining their consent.

A visit report is written after each visit. The report describes risk factors and findings made during the visit and the Parliamentary Ombudsman's recommendations for reducing the risk of torture or ill-treatment.

The reports are published ont he Parliamentary Ombudsman's website and are sent to the responsible authorities and supervisory bodies.

Follow-up of visits

The places visited by the NPM are given a deadline for informing the Parliamentary Ombudsman about its follow-up of the recommendations. Following up the visits and the recommendations in dialogue with the places visited is an important aspect of the NPM's prevention work (see page 53).

Following up the visits and the recommendations in dialogue with the places visited is an important aspect of the NPM's prevention work.

How a visit is carried out

1. Prepare for the visit and gather information
2. Conduct the visit
3. Write a report with findings and recommendations
4. Publish the report
5. The place of detention follows up the recommendations in the report
6. The place of detention gives feedback to the Parliamentary Ombudsman
7. Dialogue with the place of detention
8. Consider whether to make another visit in future

The NPM's employees

The NPM has an interdisciplinary composition and employees from different vocational backgrounds with different types of expertise. It gained two new positions in January 2016, which have strengthened its interdisciplinary composition. In 2016, the NPM's staff consisted of graduate lawyers, a criminologist, a sociologist, a psychologist and a social scientist.

The NPM is organised as its own department under the Parliamentary Ombudsman. It does not consider individual complaints. If the NPM receives complaints during a visit, they are passed on to the Ombudsman's complaints departments. Employees from the Parliamentary Ombudsman's complaints departments regularly take part in the visits. They provide further legal expertise to the visit teams, and increasing case officers' knowledge of places of detention also benefits the Parliamentary Ombudsman's case processing.

Photo: Morten Delbæk, Aktiv1

Employees on February 1, 2017.
Back row from left: senior adviser Jannicke Thoverud Godø, senior adviser Jonina Hermannsdottir, head of the NPM Helga Fastrup Ervik, senior adviser Christian Ranheim and parliamentary ombudsman Aage Thor Falkanger. Front row from the left: senior adviser Johannes Flisnes Nilsen, adviser Caroline Klæth Eriksen, senior adviser Mette Jansen Wannerstedt and project adviser Elyse Leonard.

External experts

The NPM has the possibility to call in external expertise for individual visits. External experts are temporarily assigned to the NPM's visit team during the preparation for and execution of one or more visits. They also help to write the visit report and contribute professional advice and competence building to the visit team.

In 2016, the NPM was assisted by external experts during two of its visits. Georg Høyer participated as an external expert during the visit to Norgerhaven Prison and Christian Ranheim participated as an external expert during the visit to the adolescent psychiatry clinic at Akershus University Hospital.

The practice of using external experts during visits is set to continue in 2017.

External experts are temporarily assigned to the NPM's visit team during the preparation for and execution of one or more visits.

External experts in 2016

PLACE VISITED	EXTERNAL EXPERT
Norgerhaven Prison	Georg Høyer, Prof. Dr. med., University of Tromsø, and Norwegian member of the European Committee for the Prevention of Torture (CPT)
The adolescent psychiatric clinic at Akershus University Hospital	Christian Ranheim, lawyer with extensive experience from the human rights field and torture prevention work

Selected topics from 2016

Body searches – balancing security and dignity

All of the sectors visited by the National Preventive Mechanism (NPM) conduct body searches. In many cases, these measures involve a serious interference in the integrity of an individual, and therefore require a clearly defined basis in law. Findings from the NPM's visits show that the practical implementation of body searches varies greatly, even among institutions that apply the same legal provisions.

Each sector covered by the Parliamentary Ombudsman's preventive mandate, such as police custody facilities, prisons, mental health care institutions and immigration detention centres, have their own legal provisions that provide authority for body searches.

A common aim of the legal provisions is to prevent people bringing objects or substances with them that are illegal or that may be used to injure themselves or others.

A common aim of the legal provisions is to prevent people bringing objects or substances with them that are illegal or that may be used to injure themselves or others. In the immigration field, body searches may be used to try to determine a person's identity.

International human rights standards provide legal authority for body searches in different contexts, and they also set requirements for when and how the intervention should be implemented. In the field of correctional services, the UN's revised Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) state that searches of prisoners and cells shall be carried out in a manner that is respectful of the inherent human dignity and privacy of the individual being searched. Such measures shall be implemented following an assessment of proportionality, legality and necessity.[1] The European Court of Human Rights has pronounced several judgments that have particularly focused on the most invasive form of body searches, where the person is fully undressed and in some cases also asked to squat

1 The Mandela Rules, Rule 50.

for a visual inspection of genital and anal areas. The Court has confirmed that such examinations may in certain cases be degrading if they are not based on an assessment of necessity.[2] In the police immigration detention centre at Trandum, several detainees told the NPM that they found it degrading that invasive body searches involving the full removal of clothing were carried out after visits from persons outside the centre, even though the visits were supervised by staff.

Routine body searches

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) recommends that body searches that involve removal of clothing shall be based on an individual risk assessment.[3] This corresponds with Rule 52 of the Mandela Rules, which states that intrusive searches, including strip searches, should only be undertaken if absolutely necessary.

In practice, routine strip searches are carried out in several areas under the Parliamentary Ombudsman's preventive mandate.

In practice, routine strip searches are carried out in several areas under the Parliamentary Ombudsman's preventive mandate. For prisons, the guidelines to the Execution of Sentences Act state that an inspection on arrival and before and after leaving the prison may only be omitted if security considerations do not indicate otherwise. Body searches involving the full removal of clothing are also routinely carried out when inmates are transferred to security cells. The Parliamentary Ombudsman has criticised this practice on several occasions.

With respect to the police immigration detention centre at Trandum, Section 107 of the Immigration Act provides legal authority for the police to carry out body searches when necessary for maintaining peace, order and security; when necessary for the implementation of a removal order; or if there is reason to believe that the detainee is hiding or withholding information about their own or others' identity. In practice, the main rule at the police immigration detention centre is that detainees shall undergo a body search on arrival, in connection with transfers to the security section, after visits and after any physical contact with the outside world, and when they are present in their cells during room searches. This routine practice has also been criticised by the Parliamentary Ombudsman.

In police custody facilities, the NPM has observed varying practices with regard to routine use of strip searches. For example, the police custody facility in Bergen carried out individual risk assessments before conducting a body search. In a draft of the national custody instructions, the Norwegian Police Directorate has proposed that inspections be limited to superficial searches without the removal of clothing, unless, following a concrete assessment, there is reason to believe that the person is concealing dangerous objects that cannot otherwise be detected.

2 See for example Iwanczuk v Poland, 15 November 2001, Shennawy v France, 20 January 2011, Valasina v Lithuania, 24 July 2001 and Frerot v France, 12 June 2007.

3 CPT's report after a visit to the Netherlands during 2–13 May 2016, CPT/Inf/(2017)1, page 46, paragraph 110.

Within the field of mental health care, the law states that checks involving the removal of clothing are only permitted if there are grounds for suspecting that a patient is attempting to introduce dangerous objects or illegal substances. The same requirement applies to the child welfare sector, where it has been decided in addition that only the surface of the body, the oral cavity and clothes can be searched.

Implementation of a search

The Norwegian regulations contain limited information concerning the method to be used for body searches, and this is reflected in the different practices applied at the institutions the NPM has visited. In several of its reports, the CPT has recommended using as considerate methods as possible to prevent degrading treatment of the person. This includes the use of a two-step process for removing clothing where the person first removes the clothes from their upper body, gets these clothes back and then removes the clothing from their lower body. This is a practice that the NPM has seen in use at Norwegian institutions and that staff have expressed works well. This is proposed as standard practice in the draft of the new national custody instructions. At some child welfare institutions, the NPM has found that young people have been allowed to stand behind a towel to make the process of removing clothing less invasive. The NPM consistently found, however, that the practical implementation of searches involving the removal of clothing varies considerably between the different sectors, institutions and individuals and shifts at specific institutions.

In many cases, using technological aids would be a sufficient means of achieving the goal of a search. The Mandela Rules, for example, encourage the use of such measures as an alternative to body searches.[4] The NPM has observed the use of metal detectors and X-ray checks of clothes and bags. A body scanner has also been observed in use in connection with customs checks.

International guidelines recommend that body searches be carried out by a person of the same gender as the person being searched.[5] This is an important condition for preventing degrading treatment, particularly with respect to people who have been the victims of abuse. The guidelines to the Execution of Sentences Act state that body searches in prisons should be carried out by a staff member of the same gender as the inmate. Conversations with inmates confirm that men are rarely present during body searches of women. In cases where this has happened, the male officer has had his back turned or stood outside a door kept ajar. In the mental health care and child welfare sectors, the law expressly states that body searches are only to be carried out by a person of the same gender as the person being searched. The same practice is also found in the internal guidelines for the police immigration detention centre at Trandum. In police custody facilities, the NPM has found that body searches by staff of the same gender as the detainee are the standard practice.

4 The Mandela Rules, Rule 52.
5 The Mandela Rules, Rule 81 (3) and the Bangkok Rules, Rule 19.

The right to information

All persons who are deprived of their liberty have a right to and need for good, understandable information. Access to quality information allows detainees to play an active role in safeguarding their own rights, in particular the right to effective remedy. It is therefore important to ensure that necessary information has been received and understood.

Good, up-to-date and accessible information can increase the sense of security and prevent both frustration and the risk of ill-treatment. National rules and guidelines,[1] binding conventions under international law[2] and recommendations from international monitoring bodies[3] underline how important it is for persons deprived of their liberty to receive the information they need and have a right to.

During the period 2014–2016, the Parliamentary Ombudsman's National Preventive Mechanism (NPM) made 29 visits to police custody facilities, prisons, immigration detention centres, child welfare institutions and mental health care institutions for children and adults. In connection with its visits, the Parliamentary Ombudsman investigated whether those deprived of their liberty received information about their rights and about procedures and rules that they need to understand to adapt to life at the institution. Another focus area has been whether everyone, regardless of language skills, has received the necessary information in a language they understand.

Police custody facilities

The NPM visited six police custody facilities during the period 2014–2016. Based on evidence collected during these visits, the NPM made recommendations related to the right to information. According to the law, detainees shall be informed as soon as possible about the grounds for detention, and about their rights and duties.[4] The Parliamentary Ombudsman recommended to all custody facilities that detainees be provided with both written and oral information about their rights, in a language they understand, as soon as possible after their detention. It has also been specified that this should be documented in the custody log. Further it has been recommended that all detainees sign a declaration confirming that they have been informed about their rights in a language they understand. The European Committee for the Prevention of Torture (CPT) made a similar recommendation after its visit to Norway in 2011.[5] The Norwegian authorities replied that they would follow up the recommendation. None of the police custody facilities that the NPM visited during the period 2014–2016 had procedures to follow up the CPT recommendation.

1 See, inter alia: The Regulations relating to police custody facilities Section 2-10, Guidelines to the Execution of Sentences Act Sections 3.4 and 4.1(a), the Patient and User Rights Act Section 3-2, the Regulations relating to rights and the use of force in child welfare institutions Section 7. Circular Q-19/2012 Guidelines to Regulations of 15 November 2011 relating to rights and the use of force in child welfare institutions (the Rights Regulations).
2 The UN International Covenant on Civil and Political Rights Article 9 (2), the European Convention on Human Rights Article 5 (2).
3 See, inter alia, the UN Standard Minimum Rules for the Treatment of Prisoners, Article 35; CPT Standards, p. 8, paragraph 16. The UN Rules for the Protection of Juveniles Deprived of their Liberty (the Havana Rules) IV B. The European Prison Rules, Rule 30.1. The Bangkok Rules, Rule 2, and the Mandela Rules, Rules 54 and 55.
4 The Regulations relating to police custody facilities Section 2-10, and the Norwegian Police Directorate's circular 2006/14, Section 6.
5 The CPT's visit to Norway, CPT/Inf (2011) 33, page 14, paragraph 17.

All custody facilities have also been informed about the importance of giving detainees an opportunity to notify a lawyer regardless of the time of day. The Parliamentary Ombudsman found that the information brochure about detainees' rights – which was prepared by the Police Directorate and is distributed to detainees – does not provide correct information on this topic. This was also stressed by the CPT after its visit to Norway in 2011.[6] Access to a defence counsel is a fundamental guarantee of legal protection that reduces the risk of torture and ill-treatment. Consequently it must be possible to notify a counsel regardless of the time of day.

Prisons

One of the main challenges identified in the 13 prisons the NPM has visited so far has been to ensure that foreign inmates receive information in a language they understand. Interpreters are often not used in communications with inmates, except for translating court documents. In several of the prisons, Google Translate was the only tool available to the staff to communicate with inmates who did not speak Norwegian or English. As a positive example, two prisons stated that they had an information video made for foreign inmates that was available in several different languages.

Many of the foreign inmates the NPM has spoken to expressed a high degree of frustration over not receiving or understanding important information on arrival. Some foreign inmates expressed that they had to rely on other inmates for information. Inadequate information about procedures and rights can contribute to inmates feeling insecure, especially foreign inmates who are often far away from their family and social network and can feel isolated due to lack of information. The Parliamentary Ombudsman has consistently recommended that the prisons use interpreters during admission interviews with inmates who do not have sufficient language skills in Norwegian or English.

In several of its prison visits, the NPM found that inmates have acted as interpreters for each other due to the staff's lack of access to interpreters. In some prisons, inmates have helped translate during conversations about case processing and medical issues. Interpreters shall be used when needed to provide information about legal decisions and during medical consultations.[7] Confidentiality is especially important in these types of conversations. The use of interpreters can also be necessary in other conversations of a personal nature or where providing and receiving correct information is important. Other inmates can be considered used as interpreters when the information concerns general procedures and rules, or day-to-day messages. The staff must nonetheless always consider whether this practice can lead to, for example, problematic power relations between inmates.[8] The Parliamentary Ombudsman has stated that there is a risk associated with using other inmates as interpreters.

Some foreign inmates expressed that they had to rely on other inmates for information.

6 The CPT's recommendation on this point was followed up by an amendment to the Director General of Public Prosecutions' circular 4/2006 of 24 March 2012.
7 The Correctional Service, Foreign nationals in the Correctional Service. Handbook for staff, 2015, pp. 73–74.
8 Ibid.

Trandum

During its visit to the police immigration detention centre at Trandum in 2015, the NPM found that detainees received little information during admission about rules and daily routines at the detention centre. An information pamphlet had been created in several languages about rights and duties while in detention, but most of the detainees stated that they had not been given written information about their rights upon arrival.

Deprivation of liberty pursuant to the Immigration Act is not the consequence of a criminal offence and does not constitute punishment. The detainees at Trandum are often in a very difficult life situation, with a high degree of uncertainty and unpredictability. Because of this, good information about rights and daily routines during detention is particularly important.

The police immigration detention centre at Trandum

Mental health care institutions

During visits to mental health care institutions, the NPM has focused on the patient's right to receive information about the legal basis for the use-of-force and a clear justification for the decision to use force, in addition to the right to appeal the decision. This is important in order to safeguard patients' right of appeal.

In the administrative decision there should be a clear justification for the use of force. It must clearly describe how the statutory conditions for the use of force are met in each case, and a detailed description shall be provided about attempts to use milder means.[9]

Most of the hospitals the NPM visited had a practice whereby the patients received a schematic administrative decision on the use of force where the legal basis was stated, but no justification for why the decision was made. The justification was entered in the hospital records. In order to get information about the grounds, the patient had to request access to the records.

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The patients should not have to request access to their own patient records in order to get information about the grounds for the decision on use-of-force.

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The Parliamentary Ombudsman has, in order to prevent arbitrary use of force, consistently recommended that all patients should be routinely informed, both orally and in writing, about the grounds for use-of-force decisions. Administrative decisions and record entries should contain a justification and detailed information about the grounds for the use-of-force. They also should contain information about attempts to use milder means. The patients should not have to request access to their own patient records in order to get information about the grounds for the decision on use-of-force.

Following multiple NPM recommendations related to the right to information and the use of force, the Directorate of Health clarified the legislation in a letter to all the supervisory commissions in Norway in autumn 2016. The letter highlighted patients' right to information about decisions on the use of force, information about the right of appeal, and access to informational materials.[10] The Directorate has also recently stated that work is under way on a technical solution that will ensure that the record entry is always printed together with the decision.

9 The Mental Health Care Act Section 4-8 first paragraph.

10 The letter from the Directorate of Health is published on the Parliamentary Ombudsman's website: https://www.sivilombudsmannen.no/aktuelt/helsedirektoratets-oppfolging-av-sivilombudsmannens-besoksrapporter-fra-2015-2016-article4563-1555.html (in Norwegian only).

Institutional culture and management: risk or protection?

The Parliamentary Ombudsman has found in connection with its prevention efforts that institutional culture and management can play an important role in the protection of people deprived of their liberty. They are essential to ensuring that people are treated humanely and with dignity, but they can also present a risk of violation.

There will always be an unequal distribution of power in places where people are deprived of their liberty; between management and staff on one hand, and detainees on the other. People deprived of their liberty depend on an institution's staff to meet their basic needs and enjoy their fundamental rights. This power imbalance and the restricted public access at places of detention allow for different forms of vulnerability to violations of human dignity and fundamental rights. A desire to protect against such vulnerabilities lies at the heart of the Optional Protocol to the UN Convention against Torture and the Parliamentary Ombudsman's prevention mandate.

An institutional culture is primarily formed by the prevailing values and attitudes of the staff.

When a few people are assigned power over others, rules must be established to define how this power is exercised. The culture at an institution can be a factor in preventing violations resulting from a power imbalance, but it can also pose a risk.

When values and attitudes create poor practice

An institutional culture is primarily formed by the prevailing values and attitudes of the staff.[1] In an institutional culture, some characteristics and attitudes can represent a clear risk of ill-treatment. This applies in particular to internal cultures where the staff stop seeing those deprived of their liberty as individuals, but treat them as objects or as a group, e.g. based on diagnoses, gender, age, language or cultural background. Such attitudes create distance and lessen possibilities for good human relations. Research shows that 'us/them' attitudes in agencies that exercise power can result in increased use of force.[2] In prisons, it has been found that such attitudes among staff generally lead to a higher stress level among inmates.[3]

1 Penal Reform International (PRI) and the Association for the Prevention of Torture (APT) (2013): Institutional culture in detention: a framework for preventive monitoring.
2 Terrill et al. (2003): Police culture and coercion, *Criminology*, 4, p. 1003–1034.
3 Liebling (2007): 'Why prison staff culture matters' in *The culture of prison violence*, Byrne, Taxman and Hummer (eds.), Allyn and Bacon, page 105.

In places where staff perceive control, or so-called "*static security*", as an overriding priority, there is an increased risk of attitudes emerging where coercion and the use of force are seen as normal and necessary.[4] The same applies in situations where the staff do not believe that they have alternative means at their disposal or lack knowledge about other ways of dealing with conflicts.

The management can play a key role, in either a positive or negative sense. When the management tacitly accepts injustice, this sends a signal that such practices can continue without having any consequences for those involved. If the use of force is normalised or violations occur and the management does not react, this may create a sense of impunity from sanctions and punishment.[5] When staff members cover things up for each other, or do not report injustices that are committed, they help maintain the culture of impunity.

During the visits carried out in 2016, the NPM identified an 'us/them' attitude in some places of detention. Examples were found of detainees being talked about in ways that were perceived as dehumanising and that made them feel insecure and inferior. Deprived of their liberty, these people were unable to protect themselves from staff members' negative or degrading comments.

At several of the places visited, the NPM also concluded that coercive measures had been implemented without an administrative decision. Such findings may indicate that some members of the staff regard using force as an integral part of normal practice and sometimes as punishment. At some of the sites, the organisation of the staff allowed for little or no interaction between different shifts, for example with specific groups of staff only doing night shifts. Such organisation increases the risk of unhealthy subcultures developing.

When the management's attitudes and values are not clear, are not respected or are seen as supporting a negative culture, there is a markedly increased risk of institutional cultures developing that permit abuse. Examples were found during some visits where the management had not addressed detrimental attitudes among staff. Similarly, where there is a lack of common values promoted by a clear management, there is an increased risk of abuse.

When the management tacitly accepts injustice, this sends a signal that such practices can continue without having any consequences for those involved.

4 See Norvoll and Husum (2011): *Som natt og dag? – Om forskjeller i forståelse mellom misfornøyde brukere og ansatte om bruk av tvang* ('Like night and day? – About differences in understanding between dissatisfied users and staff on the use of force'), Work Research Institute, which states that: 'Several studies show that groups of personnel in hospital wards (especially those where control cultures prevail) are characterised, among other things, by a wish on the part of the staff to maintain a distance to the patients. […] This contributes to creating a view among staff of the patient as "the other" and significantly different from themselves.' (page 10)

5 Penal Reform International and the Association for the Prevention of Torture (2013): Institutional culture in detention: a framework for preventive monitoring.

The European Committee for the Prevention of Torture (CPT) has pointed out:

'It should be acknowledged that resort to restraint measures appears to be substantially influenced by non-clinical factors such as staff perceptions of their role and patients' awareness of their rights. Comparative studies have shown that the frequency of use of restraint, including seclusion, is a function not only of staffing levels, diagnoses of patients or material conditions on the ward, but also of the 'culture and attitudes' of hospital staff.' [6]

A perception that staff will be held accountable for abusive practices, on the other hand, has a strong socialising effect in the positive direction.

Institutional culture and management as a protective factor

An institutional culture marked by openness, reflection on own practice, accountability, participation by those deprived of their liberty and a good working environment will be important protective factors for the detainees.

In order to counteract the risk of ill-treatment, it is very important that institutions where people are deprived of their liberty actively promote values, attitudes and a shared culture that are in accordance with the right to be treated humanely and with dignity.[7]

The management is responsible for ensuring that its institution's social identity and culture supports compliance with fundamental rights such respect for dignity and patient safety. Staff perception of the management's acceptance or engagement will reinforce the culture. Addressing the needs of staff will also be important in this work. Secure employees who feel they are looked after, seen and respected are important for ensuring a protective institutional culture. It is also important that staff receive follow-up if serious incidents occur at work, or if anyone is injured during working hours.

6 The European Committee for the Prevention of Torture (CPT), CPT standards, CPT/Inf/E (2002) 1 - Rev. 2015 English, page 68, paragraph 54.

7 The UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), Article 10. See also the Scottish Human Rights Commission (2009): Human Rights in a Health Care Setting: Making it Work for Everyone. An evaluation of a human rights-based approach at the State Hospital.

The conditions for women in prison in Norway

In December 2016, the Parliamentary Ombudsman published its first thematic report under its OPCAT mandate. 'Women in prison' is a summary of the findings that concern female inmates from visits to high security prisons in the period 2014–2016.

International research shows that prisons are often organised in accordance with the needs of male inmates, partly due to the low number of women in prison compared to men. This is reflected in prison architecture, security, the activities available and health services, among other things. In addition, an even higher percentage of women than men in prison come from disadvantaged backgrounds. They have more often been the victims of abuse in childhood, have extensive and untreated mental health problems and substance abuse problems.

The differences in prison conditions for men and women is a challenge well-known to the Norwegian Correctional Service.

In 2015, a cross-disciplinary working group prepared the report 'Equal conditions for women and men under the responsibility of the Correctional Service' on behalf of the Directorate of the Norwegian Correctional Service.[1] The report concluded that change must be made at multiple levels and in various fields before the conditions can be deemed equal for men and women under the responsibility of the Correctional Service. The Directorate of the Norwegian Correctional Service (KDI) has announced that the report will be followed up by a separate strategy for the conditions for women in prison.

The Parliamentary Ombudsman's thematic report addresses key issues relating to the conditions for women in prison, including the physical conditions, sense of security, activities, health services and contact with family. The report largely confirms that women in prison are a particularly vulnerable group. In many cases, they risk serving under worse conditions than men.

1 The Correctional Service (2015): Equal conditions for women and men under the responsibility of the Correctional Service ('*Likeverdige forhold for kvinner og menn under kriminalomsorgens ansvar*').

Physical conditions

Aging buildings pose a challenge to Norwegian prisons, as is well-documented in Statsbygg's[2] 2015 annual report. Statsbygg stated that the maintenance backlog is vast, and the Parliamentary Ombudsman's visits to Norwegian prisons have confirmed the physical conditions described by Statsbygg in its annual report.

The poor state of Norwegian prison buildings directly impacts the conditions for women in prison. For example, women have special sanitary needs, especially in connection with menstruation, menopause and pregnancy. This requires respect for their privacy and access to satisfactory sanitary facilities. The NPM visits showed that the cells in several prisons did not have toilets, and, in some of these prisons, it was not possible to be let out of the cell to go to the toilet at night. Such conditions are particularly challenging for menstruating or pregnant women, who often need more frequent access to toilets and washing facilities.

In 2016, Kragerø Prison was converted into a women's prison and it was decided that the old section of Kongsvinger Prison, Section G, would be converted into a women's section. It is positive that new prisons are being established for women. The Parliamentary Ombudsman is, nevertheless, concerned that the women's prison in Kragerø and the planned new section for women at Kongsvinger Prison are located in old buildings that do not adequately address the needs of female inmates.

Physical activity

Possibilities for physical activity are an important precondition for mental as well as physical health during long periods of imprisonment. In both women's prisons visited by the NPM, the possibility for physical activity outdoors was limited by the design and size of the exercise yard. This was particularly the case in Kragerø Prison, where the exercise yard was a 70-square-metre tarmacked area with little direct sunlight much of the year. Section G at Kongsvinger Prison, which was converted into a women's prison in January 2017, also has an exercise yard that is smaller and more poorly equipped than the outdoor areas at most men's prisons. Some of the prisons where men and women serve together have separate exercise yards for female inmates, but they are consistently smaller and more poorly equipped than the men's yards. In some prisons, this is resolved by giving the women access to the men's exercise yards. However, this entails security challenges and depends on personnel resources.

Sense of security

Most women the NPM spoke to stated that they feel safe in prison. There are, however, exceptions. In sections with few prison officers on guard, more women said that they do not feel safe. Mixed-sex prisons with both female and male inmates give rise to particular challenges. Despite most mixed prisons having separate women's sections, inmates spend a lot of time together during work, school and leisure activities. A number of women have reported unwanted attention from male inmates, and there is a real risk of sexual harassment and abuse in such situations. Few prisons have special procedures and training in place to detect or deal with such abuse. The Parliamentary Ombudsman has recommended that written procedures be developed for such situations.

School and work

Meaningful activities, including school and work, can be crucial to counteracting the harmful effects of imprisonment and reducing the risk of future crime. However, the Parliamentary Ombudsman has found that work activities for female inmates are often inadequate or given low priority due to resource or security considerations. The fact that female inmates as a group have weak labour market attachment makes this even more problematic.

2 Statsbygg is the Norwegian government's key advisor in construction and property affairs, building commissioner, property manager and property developer. See http://www.statsbygg.no/Om-Statsbygg/About-Statsbygg/.

Health services

The health care services provided in prisons should be equivalent to the services provided to the general population. Inmates must be offered services adapted to their individual needs following an individual assessment.

During the NPM's visits, inmates with mental health problems were often highlighted as a particularly vulnerable group. Several prisons described an increase in the number of women with mental health problems in recent years. The NPM found that many women have an unmet need for mental health support services. Both prison staff and administration as well as health services have echoed this concern.

A high proportion of female inmates have been the victims of sexual abuse. Many have negative experiences of men. This could make it difficult for women to seek help from male health personnel. The Parliamentary Ombudsman has recommended that steps be taken to ensure that women who, for whatever reason, want to see a female doctor have access to one.

The NPM's visits show that access to substance abuse rehabilitation varies greatly between women and men, despite knowledge of widespread substance abuse among female inmates. In interviews with women serving in mixed prisons, it was clear that many want the opportunity to take part in additional and more extensive substance abuse rehabilitation programmes. After visits to prisons where such opportunities have been inadequate, the Parliamentary Ombudsman has recommended that women be offered substance abuse treatment equivalent to that offered to male inmates.

Launch of the thematic report "Women in prison"

Contact with the outside world

Contact with the outside world, and particularly with family and children, is important to prison inmates. Since few prisons in Norway take female inmates, women risk being detained in prisons far away from their home. This makes it difficult for some inmates to receive visits from family. This applies in particular to children who are too young to travel alone and children who do not live in Norway. Very few of the prisons that the NPM has visited provide inmates with the possibility of communicating with family via Skype or similar modern means of communication. The Parliamentary Ombudsman has recommended in several visit reports that the Norwegian Correctional Service introduce such technology, also in high-security prisons.

4

Visits in 2016

Prisons

Bredtveit Detention and Security Prison

15-16 March 2016

Bredtveit is a prison for women who have received criminal convictions or preventive detention sentences and women remanded in custody. The prison has 64 places, divided between 45 high-security places and 19 lower security places. The visit did not include the lower security section.

Main findings

During the visit, the NPM reviewed the prison's procedure in cases where inmates risked finding themselves in especially vulnerable situations with a male member of staff, for example during body searches, the taking of urine samples or in connection with confinement to a security cell or restraint bed.

None of the inmates the NPM talked to expressed any reservations about there being male officers in the prison or that this made them feel unsafe.

The prison seemed to be highly aware that situations that require the removal of clothing can be a great burden for inmates who may be traumatised by previous sexual abuse. No examples were found of male officers having performed body searches or having been present during the taking of urine samples. It nonetheless emerged that male officers had helped to undress an inmate who refused to take her clothes off voluntarily. This was done together with female officers. Male officers had also on one occasion supervised an inmate who was strapped to the restraint bed without clothes on. In the dialogue with the prison, it emerged that inmates were never supposed to be naked on the restraint bed and that this incident was a breach of procedure. On another occasion, a male officer had assisted in the process of an inmate strapped to the restraint bed using a bedpan. Situations such as this can be traumatic and entail a risk of ill-treatment.

Photo: Mimsy Møller/Samfoto/NTB Scanpix

Bredtveit Detention and Security Prison.

A review of administrative decisions on use of the restraint bed showed that, on one occasion, an inmate was restrained for almost 42 hours. The prison, in accordance with the regulations, had sent a request to the Correctional Service Region East for continued use of the restraint bed after 24 hours. The fact that someone was strapped to the restraint bed for such a long period is nonetheless a cause for serious concern.

Several administrative decisions were lacking in relation to exclusion from company. If inmates have not received written notification of decisions and the grounds for the measure, it constitutes a serious breach of their legal protection.

The inmates did not have access to a female doctor, unless it concerned gynaecological examinations outside the prison. International standards state that, in principle, women in prison shall have the option of choosing a female doctor.

The exercise yard appeared small and poorly suited for types of activities and exercise other than ball games.

After the visit

Following the visit, the prison has opened a new garden that forms part of the exercise yard. This has increased the size of the exercise yard by incorporating an area with plants, seats and walking areas.

The prison has established new procedures to ensure that individual assessments are carried out of the need for full body searches before confinement to a security cell, and that the clothes the inmate has access to during confinement to the security cell are registered in the supervision log. The prison has also stated that it has changed its procedures to ensure that two officers are always present in the security section when a restraint bed is in use, one of whom must be a female officer.

Vadsø Prison

10-11 May 2016

Vadsø Prison's total capacity is 39 places, divided between 33 high security places and six lower security places. The visit did not include the lower security section.

Main findings

The prison administration, prison officers and health service appeared to be working expediently to safeguard the safety and basic needs of individuals. A clear majority of the inmates gave the staff very positive feedback. The inmates interviewed by the NPM stated that they felt physically safe and secure in the prison.

The inmates were also very positive to the follow-up they received from the nurses. The nurses had particularly close follow-up of inmates in solitary confinement. Several felt that the waiting time for an appointment with a doctor or dentist was long.

The security cells did not have clocks, making time orientation difficult for the inmates. Body searches involving the full removal of clothing were routinely performed, including in cases where the measure was not based on a risk of self-harm or suicide. Inmates were also occasionally naked in the security cell. A review of administrative decisions regarding the use of security cells and exclusion from the company of others showed that the prison should tighten up its practice on certain points. The use of security cells shall only take place when deemed absolutely necessary.

In general, the administrative decisions were composed in a satisfactory manner, but the prison did not make administrative decisions when discontinuing exclusion from the company of others. Vadsø Prison had a high proportion of inmates that were engaged in

work or school during the day. At the same time, the prison administration estimated that eight inmates spent, on average, less than eight hours outside their cells each day.

Several of the cells in Vadsø Prison did not have separate bathrooms. The inmates could ask to be let out of their cell to use the toilet at night.

Vadsø Prison did not have cells that were adapted for inmates with disabilities.

After the visit

Following the visit, the prison has improved the written information inmates receive on admission. It will ensure that information to inmates on admission will be available in several foreign languages, including English. The prison has also stated that a clock will be installed that will be visible from the security cells, and that inmates who spend more than 24 hours in a security cell will be given an opportunity for outdoor exercise.

The prison states that body search with removal of clothing before confinement to a security cell shall take place in steps, and that inmates will be given their clothes back immediately or be given other clothes during the search. The prison has also reviewed its procedures for quality assuring administrative decisions on exclusion from company pursuant to the Execution of Sentences Act Section 37.

Vadsø Prison

Drammen prison

24-25 May 2016

Drammen Prison has a capacity of 54 places, divided between three sections, all at the high- security level. At the time of the visit, the prison had both male and female inmates.

Main findings

Despite the fact that international standards state that female inmates shall be kept physically separate from male inmates, women and men serve together in all the sections in Drammen Prison. Female and male inmates work together, take part in communal activities together, go outside for fresh air together, go to school together and exercise together. This places great demands on staffing and security in the prison. During the visit, a number of findings were made that indicate that men and women should not serve together in the manner seen in Drammen Prison.

The NPM received a lot of feedback about the officers being present during communal activities in the sections. It also emerged from the prison's procedures that communal activities were to take place under supervision. It emerged however that there was considerable risk of harassment and abuse etc. and that female inmates received a lot of unwelcome attention from male inmates. The risk of undesirable incidents under minimum staffing conditions and in hectic periods was confirmed.

In some areas, it was difficult to offer the same conditions and activities to male and female inmates in the prison. This was partially explained by the fact that the women make up a minority that need facilitation, and partly by the fact that security needs increase when men and women serve together. The prison had few activities and programmes targeting only the female inmates.

Drammen Prison

Separate toilets and showers were not installed in 39 of 54 cells in the prison. Buckets were used in the cells during the evening and night, without the possibility of letting inmates out of their cell when needed. Several of the inmates found using the bucket degrading and they therefore used the sink as a toilet during the night. Women have special sanitary needs and the lack of toilets in the cells and limited access to a shower for large parts of the day therefore represent a special problem for women.

A very high percentage of inmates spend less than eight hours a day outside their cells. Figures provided by the prison for 2015 showed that approximately 41 per cent of the inmates spent less than eight hours outside their cells on weekdays. At weekends, this applied to 93 per cent of the inmates. Combined with limited opportunities for activities both on weekdays and at weekends, this was problematic. The prison's outdoor areas to a limited extent facilitated activity and exercise in fresh air.

The prison only used an interpreter in exceptional circumstances, despite the fact that foreign inmates make up a considerable proportion of the inmates. Several of the foreign inmates felt that they had not received good, understandable information on admission. It is a positive factor that the prison has an information video in six languages that can be shown to new inmates.

Many inmates had not had, or did not perceive that they had had, a conversation with the health service in connection with admission. Weaknesses were found in the procedures for assessment of mental health in connection with admission and follow-up of inmates in solitary confinement.

After the visit

From 2017 women and men shall no longer serve together in Drammen Prison. Drammen Prison shall only have male inmates.

The prison states that the installation of toilets in all the cells is scheduled for completion in August 2017.

Drammen prison has also initiated a number of measures with respect to the procedures for new admissions, including assessment of suicide risk. The health service has introduced more stringent procedures with respect to carrying out the admission interviews, and all inmates will be asked about their mental health, substance abuse and sleep.

Stavanger Prison

16-18 August 2016

Stavanger Prison has 68 high-security places divided between men and women. The Auklend Overgangs-bolig transitional housing section has a further 13 places but it was not included in the visit.

Main findings

During the visit, particular emphasis was placed on investigating how prison conditions were adapted for women. In line with the international regulatory framework and guidelines, the women's section in the prison is separate from the men's sections. The women have their own exercise yard and nurse, and some leisure activities were women-only. Men and women could meet during other activities such as work, school and communal activities. Physical contact was not permitted in such situations.

Stavanger Prison

Interviews showed that the majority of the women found serving their sentence in Stavanger Prison unproblematic. The prison's continuous focus on dignified conditions for women and on ensuring that they feel safe during their imprisonment is assumed to be an important reason for this.

The prison has prepared an action plan for inmates aged 18–21. Young inmates were given priority for work and school places.

All the sections complied with the CPT's recommendations for a minimum of 8 hours outside the cell each day.

A review of administrative decisions showed that the security cells were used a total of 25 times in the period from 2015 to June 2016. The supervision log showed that inmates placed in security cells were under regular supervision by prison officers and the health service. The prison's procedures for the use of security cells stated that full body searches are only to be carried out if strictly necessary and on the basis of an individual assessment. This is in line with the CPT's recommendations.

The inmates described a mostly good environment at the sections and a strong sense of security. The staff received good feedback.

There is a high level of awareness among staff that body searches should be conducted and urine samples collected by persons of the same sex as the inmate.

Female inmates usually only had access to a male doctor. From a preventive healthcare point of view, it is important that inmates do not refrain from consulting a doctor or giving an honest description of their health problems because they find having an open dialogue with a male doctor problematic.

The supervision log contained several notes from visits by the health service in which it seemed that health personnel had recommended that a decision to use a security cell should be upheld. It is emphasised that health personnel should always treat inmates as patients, and that the health personnel should never be involved in decisions to uphold the use of coercive measures. There was no regular practice of visiting inmates in solitary confinement daily.

The prison did not provide much information in languages other than Norwegian. A few documents had been translated into English but no information was available in other languages. It emerged that the prison rarely calls in interpreters other than for translating court documents.

In interviews, many inmates expressed dissatisfaction with the information received on admission or stated that they had not understood the information given.

After the visit
The report was published in November 2016, and the Parliamentary Ombudsman has asked to be informed about the follow-up of the report's recommendations in February 2017.

Telemark Prison, Kragerø unit

1-2 November 2016

Telemark Prison's Kragerø unit has 18 high-security places for female inmates.

Main findings
The prison has been a men's prison since the end of the 19th century, but was converted into a women's prison in January 2016. In connection with its conversion into a women's prison, meetings were held with Bredtveit and Sandefjord prisons, but the staff at the Kragerø unit had not received courses on or training in how to handle the special challenges that female inmates face or international standards that apply to this group in particular.

The inmates mostly stated that they felt safe, were treated with respect, received help when needed and felt they were well taken care of by the staff. The fact that the prison is small and has a stable staff also made them feel safe. Body searches and the collection of urine samples from inmates always appeared to be carried out by female prison officers.

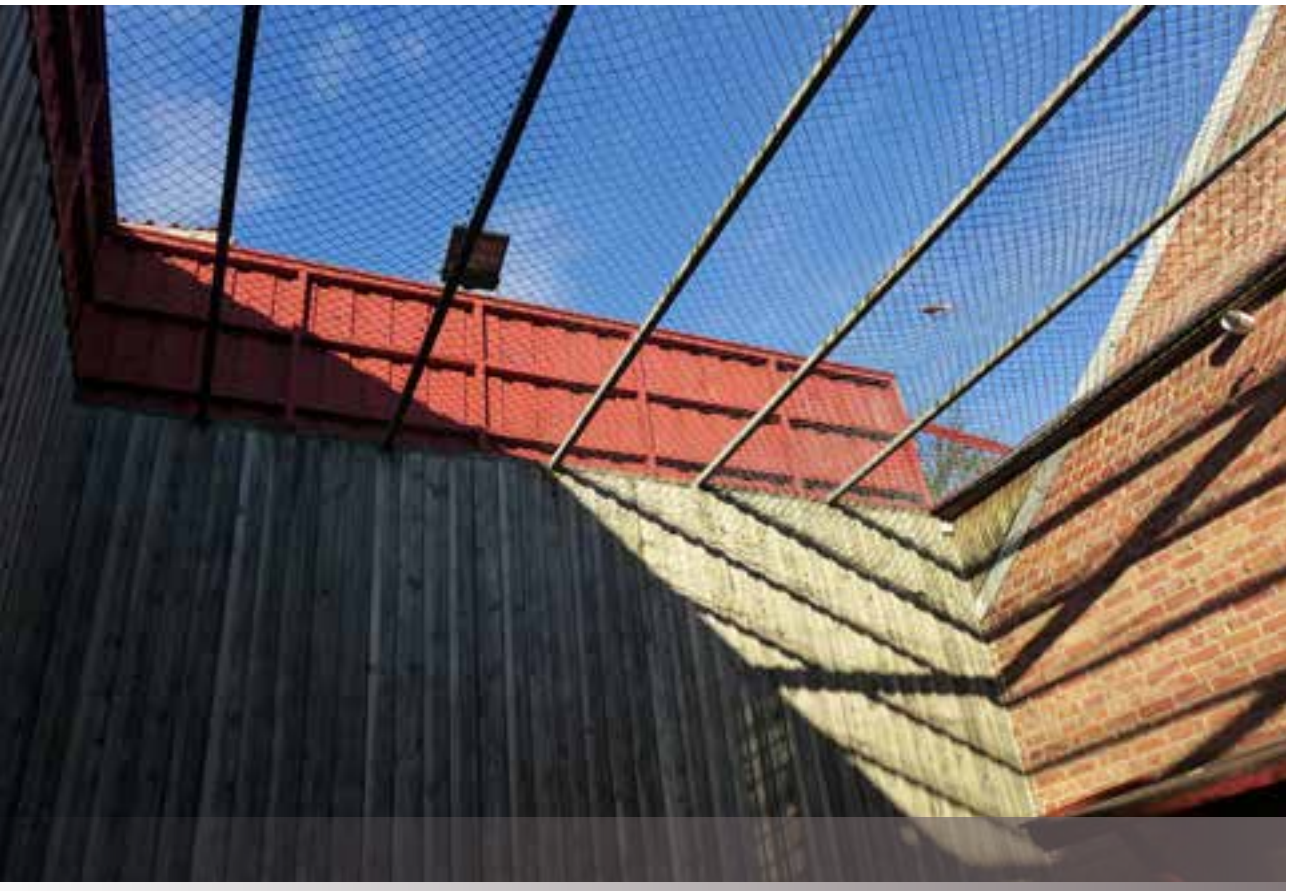
Several inmates had daily care and control of children at the time of their imprisonment. Nevertheless, there was no person responsible for children at the prison, and the person responsible for children at Telemark Prison's Skien unit had not visited the Kragerø unit since its conversion into a women's prison.

The amount of information material translated into other languages was highly limited, despite the fact that about 50 per cent of the inmates at all times are foreigners. The findings indicate that interpreters were used when documents were served on inmates or in connection with medical consultations. The prison also occasionally used the lawyers' interpreters to communicate messages to inmates. Other than that, there was little to suggest that the prison made much use of interpreting services in relation to foreign inmates, not even in connection with admission.

The exercise yard appeared poorly suited for the purpose. This is further exacerbated by the fact that it is not possible to see further than a few metres from anywhere in the prison, including the exercise yard and the common room on the top floor. The severely restricted possibility for physical outdoor activity contributed to the impression that Kragerø Prison is unsuitable for long-term stays and for pregnant inmates.

The contact officer scheme appeared to function well.

A review of the sections' procedures showed that all the sections complied with the CPT's recommendation for a minimum of 8 hours outside the cell each day.



Telemark Prison, Kragerø unit

The prison's work activities appeared very monotonous and without physical adaptation of the tasks. Nor did it constitute work training that could qualify inmates for employment after serving their sentence.

The prison health services appeared to function well in important areas, and the health service management expressed a high level of awareness of the various health challenges women can face in prison. At the same time, it emerged that aspects of the layout of the health service's offices and the distribution of medication represented problems in relation to confidentiality.

Inmates had no access to substance abuse rehabilitation measures other than what is known as an interview if a urine test showed substance abuse.

After the visit

The report was published in December 2016, and the Parliamentary Ombudsman has asked to be informed about the follow-up of the report's recommendations in March 2017.

Norgerhaven Prison

19-22 September 2016

Norgerhaven Prison is situated in Veenhuizen in the northern Netherlands. The prison has a capacity of 242 male inmates. Norwegian authorities have entered into an agreement with the Dutch authorities to rent the prison for a three year period, starting 1 September 2015. In this period, Norwegian convicted inmates can be transferred to the prison for execution of their sentence there. The Norwegian Execution of Sentences Act was amended to open for execution of sentence in another state.

Main findings

The establishment of a scheme for convicted persons to serve their sentences under Norwegian law in another state creates new kinds of challenges for safeguarding inmates' rights. Such execution of sentences does not relieve Norway of its duty to prevent human rights violations, and it is vital to ensure that a legal vacuum does not arise whereby the protection of inmates' human rights is undermined as a result of an unclear division of responsibility between two states. On this basis, the Parliamentary Ombudsman had a special focus during its visit on the risk of violation of the prohibition of torture and ill-treatment linked to Norgerhaven Prison serving as a Norwegian prison in another state.

Findings from the visit showed that inmates transferred to Norgerhaven Prison are not guaranteed adequate protection against torture and inhuman or degrading treatment. In line with Norway's commitments under the UN Convention against Torture, it is particularly problematic that the Norwegian authorities will not be able to initiate investigations of any suspected violations of the prohibition against torture and ill-treatment. The obligation to investigate, prosecute and punish violations of the convention is at the core of the convention, and follows from international customary law. The agreement between Norway and the Netherlands, the prerequisites for transfer of inmates for execution of sentence outside Norway's borders and finding from the visits, suggests that Norwegian authorities have an independent obligation to investigate, prosecute and punish any violations of the convention. It is also problematic that in certain situations, official bodies from another state are able to use weapons and coercive measures against inmates who have been transferred to the Netherlands to serve their sentences. From a preventative point of view, a solution of this kind, in which the Norwegian authorities are excluded from maintaining their responsibility to protect inmates, entails a risk of torture and inhuman treatment.

It emerged that the Norwegian Correctional Service has established a procedure whereby inmates transported by plane between Norway and the Netherlands shall be made to use a BodyCuff restraint. This is not an acceptable practice. The use of a coercive measure, including during transport, shall only be used following an individual risk assessment. Nor were the inmates ensured access to an efficient complaints scheme for incidents that occur during transport in the Netherlands.

A satisfactory review was lacking of how inmates' patient rights are safeguarded under Dutch health legislation. The inmates' access to their own patient records, a right inmates would have under Norwegian law, is substantially limited in that they are written in Dutch. It gave cause for concern that some inmates who had been transferred voluntarily had extensive and, in part, complex health challenges. This included, among others, inmates in opioid substitution treatment for drug dependency.

Findings during the visit indicated that the medical assistance complaints procedure for the inmates in Norgerhaven Prison is unclear and complicated. In the Ombudsman's view, the inmates do not have

any real access to an efficient medical assistance complaints procedure. On a general basis, the way in which the health service is organised in Norgerhaven Prison, whereby the health personnel are employed by the prison, increases the risk of role confusion, particularly in relation to the health personnel's involvement in the prison's decision-making processes on coercive measures.

During the visit, several findings were also made that indicate that the execution of sentences in Norgerhaven Prison does not adequately facilitate inmates being released back into society. The education offered in the prison is not adapted for inmates who require upper secondary and higher education, and the inmates' actual opportunity for receiving visits from family and friend is severely limited. The postal scheme in Norgerhaven Prison also makes it difficult for inmates to send and receive post. It was also found that that language challenges and the staff's lack of knowledge of the Norwegian regulations and practice have a negative effect on the serving of sentences.

The inmates' personal progression while serving is complicated by the long processing times for applications for parole and transfer to less restrictive prisons. The long processing times for applications was a major source of frustration among the inmates the Ombudsman spoke to during its visit. There was a general consensus among the inmates that it was more difficult to be granted parole from Norgerhaven Prison than from prisons in Norway. Nor do the inmates at Norgerhaven receive a preliminary response to their applications as required under Norwegian law. The fact that the prison did not provide sufficient information during consideration of the cases seems to have further increased the inmates' frustration, in that they cannot to any great extent plan the serving of their sentence and release back into society.

The overall findings made during the visit show that being transferred without consent to another state to serve a Norwegian sentence constitutes a major intervention in the inmates' lives. It also gives cause for concern that inmates who have extensive needs for medical assistance, young inmates and inmates who are not proficient in English are transferred, irrespective of whether or not this takes place voluntarily. During the visit, an assessment was also made of how the inmates' rights and welfare are safeguarded at Norgerhaven Prison, in areas considered less directly affected by a sentence being served in another state. Findings were made in these areas which, in the view of the Ombudsman, seen in isolation safeguard the inmates' rights more expediently than if they had served their sentences in Norway. Among other things, the Dutch authorities are obliged pursuant to the agreement to ensure that inmates have set times for daily contact, which does not apply in the Norwegian Execution of Sentences Act. It emerged in interviews with the inmates that they felt that they spent more time outside their cells and had greater freedom of movement during the day than they had had in Norwegian high-security prisons. The Ombudsman noted that the inmates at Norgerhaven Prison, in contrast to the ordinary routine in a Norwegian prison, were not locked in their cells when they did not want to take part in organised leisure activities. The opportunity to have contact with next of kin, lawyers and others via video conference programs is another positive scheme, and the Norwegian Correctional Service should consider introducing it as a general scheme. The inmates were largely happy with how the prison facilitated contact via the phone and Skype, although a number of them pointed out that they did not regard it as adequate compensation for poor visit opportunities.

Relations between staff and inmates generally appeared to be good. A clear majority of the inmates described the Dutch staff in a positive way. The feedback from inmates and the visit team's own

observations suggested that the staff generally acted in a professional and respectful manner in relation to the inmates. The majority of the inmates interviewed stated that they felt safe in Norgerhaven Prison. However, a not insignificant proportion of the inmates stated that they felt unsafe in the prison. A review of the prison's incident reports documented relatively serious episodes of violence. Findings suggested that it can be challenging for staff to keep an eye on the inmates' activities in some parts of the prison.
Access to health personnel in the prison appeared to be good compared with many high-security Norwegian prisons. The information obtained suggested that the inmates were generally offered an appointment with a doctor or nurse in a short space of time. The health department carried out admission interviews with the inmates within 24 hours of their admission, and the health assessments made were thorough. However, there were some instances of breaches of confidentiality, including during the distribution of medication.

In general, the physical conditions in the prison appeared to be good. The Ombudsman would like to emphasise that the large exercise yard, in combination with a flexible scheme for the serving of sentences, constitutes a good area for physical activity and recreation. The exception was the cells, which provided relatively limited opportunities for the inmates to move around.

After the visit
The visit report was published in March 2017, and the Parliamentary Ombudsman has asked to be informed about the follow-up of the report's findings in June 2017.

Norgerhaven Prison

Bergen police custody facility

Police custody facilities

Bergen police custody facility

25 January 2016

The custody facility at the police station in Bergen has 27 cells and, at the time of the visit, was West Police District's primary custody facility.

Main findings

During the visit, the police's procedures for preventing serious incidents in the custody facility were reviewed. The available information indicated that the police had satisfactory procedures for assessing detainees' condition at the time of detention. It was emphasised that the police had an arrangement that ensures a good information flow between the custody facility and the prison in connection with the transfer of remand inmates if there is a risk of suicide or other special circumstances.

The NPM looked at what means of restraint were available at the custody facility and the procedures for using them. Written procedures were lacking for the use of handcuffs in connection with transport assignments. The police district also had access to a BodyCuff restraint system, which was occasionally used at the custody facility to prevent self-harm. No complete overview existed of the use of this system.

The NPM looked at the police's efforts to prevent solitary confinement during stays in the custody facility. The use of solitary confinement is an invasive measure that must be strictly necessary in each individual case. The police had not implemented sufficient measures to prevent solitary confinement where such a measure was not warranted. The challenges are primarily due to the fact that the custody facility building is not designed for human contact. To avoid systematic violations of ECHR Article 8, building alterations appear to be needed.

During its visit, the NPM addressed the police's efforts to meet the time limit for transferring detainees from the police custody facility to a prison within two days of their arrest. It was positive that the number of breaches of the time limit seemed to be decreasing. Long-term stays in the custody facility had been reduced because it was decided more often to release detainees. At the same time, it gave cause for concern that so many detainees still spent more than two days in the custody facility. There is therefore a need to intensify the work on preventing breaches of the time limit, especially in cases involving foreign nationals, where breaches occur more frequently.

The police practice is that detainees are routinely escorted to the municipal accident and emergency department. It was positive that the police had a low threshold for contacting the health service. The challenge was that medical personnel were asked to confirm that the person in question could be placed in custody, and that, in practice, the doctors approved the stay by signing a form. This practice seems questionable from a medical ethics perspective, and it may undermine the relationship of trust between patients and medical personnel and reduce the quality of the health services provided. The role of health personnel is exclusively to treat the detainee as a patient.

The custody log did not adequately document whether measures had been implemented to prevent torture and ill-treatment, such as information about rights on admission, the possibility of notifying next of kin and contacting a defence counsel. The custody log did not provide sufficient documentation of the police's efforts to prevent breaches of the time limit, of the carrying out of supervisory activities or individual assessments of the need for solitary confinement.

The inspection revealed that the cells in the custody facility were poorly suited to treating detainees humanely. The fact that some of the cells were very small and that they neither had access to daylight nor a clock gave particular cause for concern. Three of the cells that were inspected were between four and five square metres in size. Using such small cells for detention overnight appears to be an unfortunate practice.

After the visit

The police have changed a number of procedures at the police custody facility, and, among other things, have introduced better procedures for recording information in the custody log. The police have also introduced a new practice of two-step body searches where full removal of clothing is required. The Ombudsman has also noted the inclusion of a new point in the special instructions highlighting the importance of implementing measures to prevent the harmful effects of isolation.

Mental health care institutions

University Hospital of Northern Norway health trust (UNN)

26-28 April 2016

The psychiatric department of UNN is located at Åsgard in Tromsø. The NPM visited the emergency psychiatric section and the secure psychiatric section, and the following five units were visited: emergency ward North, emergency ward South, emergency ward Tromsø, the psychosis and substance abuse unit, and the secure psychiatric inpatient unit.

Main findings

The physical conditions in the secure psychiatric section appeared to be good, and the patients in the rehabilitation unit who had agreements to this effect could go outside unaccompanied. The emergency psychiatric section was in relatively poor physical condition. With the exception of emergency ward Tromsø, none of these units had direct access to areas where the patients could go outside unaccompanied. In emergency ward North, there were no curtains that could be drawn over the windows of the patient rooms.

University Hospital of Northern Norway health trust (UNN)

There were no written procedures or overview of activities for patients at any of the units in the emergency psychiatric section. Nor did the clinic have an overview of how often the patients made use of the activities that were offered. The hospital's activity centre was closed down on 1 January 2016, and patients and staff said that few organised activities had been offered at the hospital since then. The units in the emergency psychiatric section stated that it was difficult to offer committed patients daily walks outdoors because of the staffing situation.

Administrative decisions on the establishment of compulsory mental health care, segregation, treatment without the patient's consent and the use of coercive measures are filed in electronic patient records. Separate record entries stating the grounds for each individual decision are also filed there. The grounds are not stated in the decisions themselves. Patients did not routinely receive the written grounds for such decisions together with the decision. It was a consistent finding when reviewing use-of-force decisions and the medical grounds for the use of force that any attempts to use milder means were not documented.

The supervisory commission for the hospital meets every second week to consider complaint cases, to verify administrative decisions and carry out document control. The commission had not carried out welfare checks in 2015 and 2016. Nor were the wards routinely visited, and the patients were not offered an opportunity to speak to the commission when it was present at the hospital. No written information was posted in the inpatient units about rights in connection with the use of force or information about the right to lodge a complaint.

It became apparent that there was uncertainty at all management levels about what patient injuries must be registered and reported. According to the management of the department and the units, there was uncertainty about whether patient injuries were actually reported, and thereby whether the procedure for identifying and registering patient injuries was complied with. One case gave special cause for concern. It concerned a patient who was seriously injured when wrestled to the floor by staff in the inpatient ward. The injuries had to be followed up by medical personnel from outside the unit, but, despite the nature of the injuries, it was not noted in the records that the examining doctor followed up the patient's injuries. There was no report on the patient injury, neither in the hospital's internal system for registering patient injuries nor to the Directorate of Health or the Board of Health Supervision. The supervisory commission stated that they had asked the management for information about patient injuries on several occasions. However, they had not received information about any injuries, although it had come to their knowledge, among other things through information in patient records, that such injuries had occurred.

In one case, repeated administrative decisions were made for committal pursuant to Section 3-3 of the Mental Health Care Act based on a provisional personality disorder diagnosis. According to the patient records, the responsible health professional considered the provisional diagnosis to indicate such a great change in the patient's behavioural pattern and ability to cope that this could be seen as corresponding to the Act's requirement for a serious mental disorder. No assessment was carried out, however, to establish whether the Act's requirement was met, despite the fact that the patient had been committed on the same grounds several times over a prolonged period.

One case was found where a patient had been placed in restraints for six hours before a new duty doctor was informed. It appeared to be unclear what had happened in connection with the instigation of the restraint during the previous shift, and an admin-

istrative decision had not been made. Instead of ending the restraint or making a decision formalising the ongoing situation, the duty doctor noted in the patient record that this was left to the doctor who instigated the restraint and who came on duty the next day. The patient was placed in restraints for 25 1/2 hours in total.

The review of the patient records showed repeated instances of patients being held for brief periods without an administrative decision having been made. Some patients also told the team that they had experienced such holding as a punishment for behaviour that the milieu therapists did not like.

Several sources in emergency ward North reported incidences of unnecessary use of force during the implementation of coercive measures. There were no procedures for training staff in placing patients in restraints at the psychiatric department. Nor were there procedures for training in or reflection on what effect the use of coercive measures can have on patients. Next of kin are rarely or never informed about patients being placed in restraints. The emergency psychiatric section did not offer voluntary follow-up interviews after the implementation of coercive measures. The supervisory commission pointed out that the hospital appeared to lack dependable procedures for registration in the use-of-force records. In addition, the supervisory commission remarked that some of the administrative decisions on the use of coercive measures were not entered in the records, only in the electronic patient records system (DIPS). In several cases, incomplete use-of-force records were signed by the supervisory commission without comment.

Three of the units at the emergency psychiatric section had separate segregation units. None of them had direct access to the open air from the segregation units. In emergency ward North, a room equipped with a restraint bed was part of the segregation unit. Placing the restraint bed in the segregation unit can increase the risk that the restraint bed will be used on segregated patients instead of milder means. It was observed that patients were segregated in a separate room with members of staff sitting outside, with the door closed.

This gave the impression that the patients were alone and without direct supervision for short or longer periods. In the inpatient ward in the secure department, a large part of the ward was set aside as a segregation unit for one patient. At the time of the NPM's visit, the patient had been segregated continuously for around three and a half years. The administrative decisions were renewed every two weeks. Many of the decisions stated that the patient had not received the decision in writing, because 'too many "routine letters" are deemed to stress the patient'. The staff at the unit explained that the patient could have a mental health condition that made it difficult for him to understand, at the moment the decision was made, the decision to use force and the right to complain.

The staff in emergency ward North were perceived as having several unfortunate characteristics and attitudes. The management is responsible for ensuring that the social identity and culture that develop among staff are in compliance with human rights and with fundamental rights such as patient safety and the inherent dignity of all human beings. When the management's attitudes and values are not clear or are not respected, there is a risk that cultures that permit abuse will develop. A clear lack of trust in the management was expressed by several members of staff during the visit. Several members of staff also pointed out that staff members were not looked after or followed up to any great extent if serious incidents occurred at work.

Akershus University Hospital, adolescent psychiatric clinic

After the visit

Following the visit, the clinic has developed an action plan that indicates that extensive work and processes have been initiated, with respect to, among other things, training measures, measures to raise awareness and the development of concrete procedures. The experience consultant, patients, next of kin and user and special interest organisations have been involved in the work on the action plan. The clinic has worked on offering voluntary follow-up interviews with patients following incidents involving the use of force. Information and posters about the right to complain have been developed and distributed.

Akershus University Hospital, adolescent psychiatric clinic

13-15 September 2016

The adolescent psychiatric clinic is part of the Department of child and adolescent mental health services at Ahus. The clinic has one open and one closed ward and provides emergency care to young people under the age of 18, as well as elective admission for assessment and treatment for people between the ages of 13 and 18. It is also approved for use of coercive measures.

Main findings

The physical conditions at the clinic appeared to be good, and the patients had the opportunity to go outside, either in an atrium or unaccompanied outside the building by agreement. The clinic had a weekly overview of activities, and most of these activities will form part of the patients' milieu therapy.

Mental health care for children under the age of 16 is based on parental consent. This means both that the admission is considered voluntary regardless of the child's opinion, and that use of force by clinic staff will in many cases be registered as voluntary because it will be based on parental consent. The fact that admissions based on the consent of the parents and not the child are registered as voluntary raises a number of ethical and treatment-related challenges.

The Convention on the Rights of the Child states in Article 12 that children have the right to express their views and to be heard, and that their views shall be given due weight in accordance with their age and maturity. The Children Act states that children's opinions shall be heard from the age of seven. The Patient and Users Rights Act states that children should be allowed to express their opinion on matters relating to their own health from the age of 12. Nevertheless, children aged between 12 and 16 can be admitted to inpatient institutions against their will. The Act does not entitle young people aged between 12 and 16 to be heard in connection with mental health care admissions. The fact that the principles of the Convention on the Rights of the Child have not been incorporated into the Act creates a risk that the child's case will not to a sufficient extent be considered in relation to the strict conditions stipulated to protect personal integrity.

At the same time, the visit left the impression that the clinic manages the admission issue well and applies discretion within the legal framework.

These decisions are stored in electronic patient records, which also contain separate record entries stating the grounds for each individual decision. The grounds are not stated in the decisions themselves. The clinic management was not sure whether the patients routinely received the written grounds for the administrative decision (the patient record note) together with the decision.

In cases concerning young people under the child welfare service's care, it is the head of the relevant municipality's child welfare service who is responsible for giving consent to admission. In the clinic's experience, none of the heads of the municipal child welfare services in Ahus's catchment area have an out-of-hours duty phone, which means that they can only be reached during ordinary working hours. This has occasionally caused problems in connection with emergency admissions in the evening or during weekends, when the clinic has lacked formal consent to the admission until the next working day. This gives cause for concern, since in reality it means that a patient can be admitted for up to two and a half days without a lawfully made administrative decision.

The clinic had furnished a special room with a medicine table and four chairs bolted to the floor for use in connection with forced nutrition. The room also contained a padded restraint for the chair that was sometimes used. It was secured across the patient's thighs to make it more difficult for him or her to use his/her legs to resist. This raises the question of whether the chair, in cases where this padded restraint is used, is to be considered a coercive measure that an administrative decision for short-term holding will not cover.

After the visit

The visit report was published in December 2016, and the Parliamentary Ombudsman has asked to be informed about the follow-up of the report's recommendations in March 2017.

Child welfare institutions

Akershus youth and family centre, department Sole

7–8 and 15 November 2016

Akershus youth and family centre is a state-run child welfare institution, where Sole is one of three emergency departments. It receives adolescents aged between 12 and 18, and is approved to accommodate four adolescents under the Norwegian Child Welfare Act Sections 4-24 first paragraph, 4-25 second paragraph and 4-26.

Main findings

Sole is a closed department – i.e. the doors are locked and leaving the department is only permitted by agreement. At the time of the NPM's visit, physical security appeared to be a greater focus at the department than the adolescents' sense of security. The department had received some negative feedback on its physical appearance, and, following the visit, it has initiated efforts to make improvements in this area.

The department appears to have some good practices in place for safeguarding the detainees' rights on admission and during their stay there. However, findings showed that the institution could have clearer procedures and guidelines in place to reduce the risk of the adolescents being subjected to degrading treatment.

The role of the police in relation to admission, among other things, was unclear from the information the NPM received. For example, whether the police could come into the department during admission or not, whether they could assist in searches in the department and when handcuffs were removed.

A body search, especially if it involves the full removal of clothing, is an invasive measure, and can, according to the European Court of Human Rights and the CPT, result in in human rights violations. Findings showed that Sole did not have a dedicated procedure for how staff should proceed in instances where the removal of clothing is considered necessary during a body search. Nor do national guidelines provide any concrete instructions on how a body search is to be carried out in practice to ensure it is as considerate as possible.

Other findings were made that showed that Sole must ensure that administrative decisions are made and records kept of body searches and searches of the belongings of adolescents.

The use of force constitutes a risk of degrading and inhuman treatment. National and international research shows that children in institutions feel that there is too much use of force. Sole had worked systematically over time to prevent the use of force in acute danger situations, including through a training programme on trauma-sensitive child welfare and the reorganisation of work methods.

Photo: Department Sole

Akershus youth and family centre, department Sole

A review of the use-of-force records showed that most of the decisions to use force at Sole concerned limiting the detainees' freedom of movement outside the institution. In practice, this type of decision is a deprivation of liberty and a highly invasive measure. International guidelines underline that depriving adolescents and children of their liberty shall take place as a last resort and for as short a period as possible. This type of measure is only to be used in exceptional circumstances.

Research has documented a high incidence of mental illness in children at child welfare institutions and in foster homes. Good cooperation between the child welfare service and child and adolescent psychiatry services is important to ensure that children receive the help they need. At the time of the visit, Sole stated that it was preparing an agreement with the child and adolescent psychiatry service, but that it did not have an agreement in place at that time.

After the visit

The visit report was published in February 2017, and the Parliamentary Ombudsman has asked to be informed about the follow-up of the report's recommendations in June 2017.

The child welfare service's emergency institution for young people

6-8 December 2016

The child welfare service's emergency institution for young people is a municipal child welfare institution, organised under the head of the child welfare department in the City of Oslo. The institution receives adolescents aged between 12 and 18, and is approved to accommodate eight adolescents under the Norwegian Child Welfare Act Sections 4-4 sixth paragraph, 4-6 first and second paragraphs, 4-12, 4-24 first and second paragraphs, 4-25 and 4-26.

Main findings

The institution has two units, one open and one shielding unit. During the visit, the NPM focused in particular on the conditions at the shielding unit. Adolescents were only placed in the shielding unit under Sections 4-24, 4-25 and 4-26 of the Child Welfare Act when they had an administrative decision limiting their freedom of movement. The outer doors of the shielding unit were locked and adolescents have to be accompanied by adults outside the institution and, in some cases, also inside the institution. In practice, the conditions in the shielding unit constitute a deprivation of liberty.

In general, the institution appeared to have a pleasant design. The admission rooms in the shielding unit were however bare and unpleasant, and not conducive to a good first impression of the institution. Well-designed physical surroundings for the adolescents, including the admission rooms, are an important prevention measure. When the NPM came back to the institution for the final meeting with the management, the institution had implemented measures to make one of the admissions rooms more welcoming.

The institution appears to have some good practices in place for addressing the adolescents' rights on admission and during their stay there. However, findings showed that the institution could have clearer procedures and guidelines in place to reduce the risk of the adolescents being subjected to degrading treatment.

Body searches, in particular involving full removal of clothing, is an invasive measure and can result in human rights violations. Findings during the visit indicated that the institution did not have a clear procedure for how staff should proceed in instances where the removal of clothing is considered necessary during a body search. National guidelines do not provide any concrete instructions on how a body search is to be carried out in practice to ensure it is as considerate as possible.

The information that emerged during the visit suggested that the adolescents were not always given an opportunity to be present when their possessions were being searched. The management confirmed that adolescents should be given the opportunity to be present, but that it varied whether this was actually the case.

There were cases where adolescents arrived at the institution's shielding unit, accompanied by the police, in handcuffs, strips and a spit hood. Selecting coercive measures and transporting adolescents to the institution are the responsibility of the police. The Parliamentary Ombudsman underlines, nevertheless, that a dialogue between child welfare institutions and the police can contribute to decreasing the risk of use of force during vulnerable transitions.

International rules and guidelines highlight the importance of adolescents being given information on admission about the place, the rules and their rights, and that they receive information in a manner they understand. A review of the log entries in BIRK showed that the documentation of admission to the institution there was of varying quality. The employees themselves stated that they would like to see more information about admission in the log entries. They wanted more information about how the admission had taken place and what type of information was given to the adolescent.

The information brochure about the institution and its code of conduct appeared to be out of date and were used to a varying extent. There was no information for adolescents or their next of kin in any language other than Norwegian. It emerged that the adolescents were not invited to participate in meetings organised by the child welfare service and the application section of the child welfare department in Oslo. An adviser and psychologist from the institution attended these meetings. As emphasised by international standards, it is important that the views of adolescents are taken into account throughout their case process. Children and adolescents have a right to be heard and take part, and the procedures for this must be child-friendly. This means enabling the adolescents to attend these meetings, if they wish to do so. The need for a more systematic approach to including the voice of the adolescents during these meetings was pointed out during the visit.

Child welfare service's emergency institution for young people

The adolescents at the shielding unit could have visitors at the institution, but in some cases only with a staff member present in the room. This appears to be a limitation in the privacy of the adolescent. The institution noted that individual assessments were made and noted in the log. The institution also underlined that it has informed the County Governor that this type of limitation is not covered by the template for administrative decisions. The Ombudsman questions whether this practice is in line with international standards on children's right to privacy and the right to appeal.

After the visit

The visit report was published in March 2017, and the Parliamentary Ombudsman has asked to be informed about the follow-up of the report's recommendations in June 2017.

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Results in 2016

After each visit, the Parliamentary Ombudsman publishes a report that describes findings and makes recommendations for measures to prevent torture and ill-treatment. Each institution visited is requested to inform the Parliamentary Ombudsman of steps taken to follow up the recommendations within three months of the report's publication.[1]

The responses received in 2016 show that sites visited tend to follow up the recommendations in a thorough manner, implementing measures that reinforce due process protection and reduce the risk of torture and ill-treatment. In general, the Parliamentary Ombudsman has found that institutions are positive to reviewing their own procedures and practices and that they appreciate the dialogue with the Ombudsman following the visits.

An important part of this follow-up also takes place at the ministerial and directorate level. This applies to changes to or clarifications of laws and regulations, budgetary allocations and the priorities of each sector as a whole. In 2017, the Parliamentary Ombudsman plans to meet with the Ministry of Justice and Public Security and the Ministry of Health and Care Services to discuss overriding issues at places of detention.

Highlights of findings, recommendations and follow-up measures in 2016:

Body searches

Finding and recommendation

- **Body searches are a highly invasive measure. During its visits, the NPM has studied the procedures for when and how a body search should be carried out and how such searches are carried out in practice. The NPM found variation both across and within institutions as to whether an individual assessment is made of the need for the body search and how the search is carried out. The Parliamentary Ombudsman has emphasised that searches should only be carried out following an individual assessment, and has recommended that searches involving the full removal of clothing be carried out in two steps.[2]**

Follow-up

- **Police custody facilities in Ålesund, Lillestrøm and Bergen have now introduced two-step searches as the standard procedure and incorporated this in the local custody instructions. The police in Ålesund submitted a description of their new search procedure to the Parliamentary Ombudsman. This new procedure emphasises that searches are to be carried out in a humane and dignified manner, also in situations where the detainee is not being cooperative.**

1 The institutions' follow-up letters and correspondence with the Parliamentary Ombudsman are published on its website (in Norwegian).

2 This is a practice recommended by the CPT. See report from the CPT's visit to the Netherlands in 2011, [CPT/Inf (2012) 21] page 23, paragraph 32.

Due process protection in mental health care

Finding and recommendation

› The Parliamentary Ombudsman has emphasised that patients should receive information about administrative decisions on use-of-force and the justification for the decision (the record entry). As a rule, the patient should not have to request access to their patient records in order to obtain information about the grounds for a decision to use force. All patients should be informed of the grounds for such decisions both verbally and in writing in order to ensure that their rights are safeguarded and to prevent arbitrary use of force. The Parliamentary Ombudsman has made recommendations in this respect to all mental health care institutions for adults visited to date.

Follow-up

› Sørlandet Hospital in Kristiansand has changed its procedure for providing information to patients about decisions to use force. The patients shall now receive the record entry, in which the grounds for the decision to use force are described, together with the decision itself.

› In autumn 2016, the Directorate of Health issued clarifications of the legislation to all supervisory commissions in Norway as a result of the Parliamentary Ombudsman's visit reports in 2015 and 2016.[3] The Directorate emphasised that all patients are entitled to information about administrative decisions pursuant to the Mental Health Care Act. If the grounds for use-of-force are stated in the record entry but not in the decision form itself, this record entry must be enclosed with the decision when informing the patient.

Mixed-gender prisons

Finding and recommendation

› When the NPM visited in May 2016, Drammen Prison was a mixed-gender prison with men and women serving sentences together in all sections of the prison. The NPM found, among other issues, that female inmates received unwelcome attention from male inmates. After the visit, the Parliamentary Ombudsman stated that international standards and findings made during the visit indicated that women and men should not serve together in the manner seen in Drammen Prison.

Follow-up

› With the adoption of the 2017 national budget, the Norwegian government decided that women shall no longer serve in Drammen Prison. Instead, Kongsvinger Prison's Section G will now be used for foreign women who are to be deported after they have served their sentences.[4]

3 Letter from the Directorate of Health, 27 September 2016.

4 The NPM visited Kongsvinger Prison, including Section G, in August 2015. See the visit report from Kongsvinger Prison and the 2016 thematic report "Women in prison", which describes a number of risks involved in transferring women to Section G of Kongsvinger Prison.

Organised activities

Finding and recommendation

› Following a visit to the police immigration detention centre at Trandum in May 2015, the Parliamentary Ombudsman recommended that the police implement measures to strengthen organised activities, especially for detainees in Module 2 and long-term detainees.

Follow-up

› The National Police Immigration Service has implemented new measures in Module 2, including the possibility to use exercise bikes within the section. The police immigration centre has also started planning how communal rooms in the sections can be better used for activities, and has advertised a position for an activity coordinator. The police are in dialogue with the Red Cross concerning the provision of simple courses, and the police immigration centre is part of a trial project with the Salvation Army and Safe Way Home, where representatives of these organisations come to the activity building for conversations with individual detainees. Following the NPM's visit, the police went on a study trip to immigration detention centres in Sweden and Denmark, which has inspired them to consider offering limited internet access as an optional activity.

Accessibility for people with disabilities

Finding and recommendation

› During its visit to Kongsvinger Prison in August 2015, the NPM found that inmates with disabilities would have difficulty getting to the common room on the first floor in Section A, where the only cell adapted for a wheelchair user was on the ground floor. There was no stair lift or elevator. This negatively affects disabled inmates' ability to take part in communal activities with the other inmates in the section. The Parliamentary Ombudsman pointed out that inmates with disabilities should be ensured conditions equal to those of other inmates.

Follow-up

› Kongsvinger Prison has stated that better conditions will be secured for inmates with disabilities, including ensuring they have the same access to common areas as other inmates. In February 2017, a new Section H opened with capacity for 20 inmates. A lift has been installed in the section so that inmates with disabilities will have access to both Section H and Section A.

Exercise yards

Finding and recommendation

› Following the March 2016 visit to Bredtveit Prison, the Parliamentary Ombudsman recommended that the prison ensure inmates have access to an outdoor area that facilitates varied activity and exercise.

Follow-up

› Bredtveit Prison has implemented measures to compensate for the size and design of the exercise yard. The prison has opened a new garden with plants, seats and walking areas next to the school and library. The garden forms part of the exercise yard and thereby increases the size of the area. The prison also stated that it would apply for funding to further upgrade its exercise yard.

Clocks in security cells

Finding and recommendation

› Following visits to Vadsø Prison and Kongsvinger Prison, the Parliamentary Ombudsman pointed out that there were no clocks on the walls in security cells. Losing sense of time can increase the mental strain of being confined. Inmates may become disoriented after a short period of time in isolation. It should be possible for them to know what time it is without asking. The Parliamentary Ombudsman therefore recommended that clocks be installed in the security cells.

Follow-up

› Vadsø Prison has stated that clocks will be installed in both security cells.

› Kongsvinger Prison has already put up a wall clock in the prison's security cell.

Design of cells and exercise yards

Finding and recommendation

› Following the visit to Ålesund police custody facility, the Parliamentary Ombudsman recommended that the police investigate how the cells could be upgraded to have a more humane feel. The cells were painted in a dark grey colour and most of the cells lacked colour contrast between the floor and walls. The Parliamentary Ombudsman also suggested that the police consider renovating the atrium to prevent the general public from being able to see in; such improvements should not come at the expense of detainees' access to daylight.

Follow-up

› The police in Ålesund has painted the custody facility in contrasting colours to improve the detainees' sense of orientation. The police have also procured a simple pavilion to improve the atrium as an exercise area and to shield the space from outside view.

Confidential communication with health personnel

Finding and recommendation

› Following the visit to Kongsvinger Prison, the Parliamentary Ombudsman has recommended that the prison, in consultation with the prison health personnel, make sure that all enquiries to the health department are treated confidentially. The staff should ensure that requests for medical consultations are placed in a closed envelope and that such envelopes are readily available to all inmates.

Follow-up

› Kongsvinger Prison has made envelopes available to all inmates via section officers. To increase awareness about placing requests for medical consultations in an envelope, the request forms state that the inmates can ask for an envelope if they so wish. This also applies to requests for services other than medical consultations, if the inmates would like the request to be treated confidentially. The request forms have been altered in cooperation with the health department and were taken into use on 5 April 2016.

Toilets in cells

Finding and recommendation

- Following visits to Drammen Prison and Vadsø Prison, the Parliamentary Ombudsman recommended that the prisons ensure that all inmates can go to the toilet when necessary and that this can take place in a hygienic and decent manner. Toilets should be installed in the cells, and, until then, all inmates should be ensured the possibility to use a toilet irrespective of the time of day.

Follow-up

- Drammen Prison has informed the Parliamentary Ombudsman that the installation of toilets in the cells is scheduled for completion by August 2017.

- Vadsø Prison is working together with Statsbygg to install toilets in all cells.

Patient rights

Finding

- During its visit to the psychiatric department at the University Hospital of Northern Norway (UNN), the NPM identified several factors that increased the risk of patient rights violations. These included extensive use of coercive measures, inadequate documentation of decisions to use force, brief use of restraint measures without an administrative decision, lack of expedient procedures for reporting patient injuries, segregation of patients, inadequate protection from natural night during sleeping hours and inadequate opportunities for daily trips outside for a number of patients. Detrimental attitudes were also highlighted in the institutional culture and among the staff, particularly at one ward at the hospital.

Follow-up

- UNN has initiated an extensive follow-up process after the visit. An action plan has been developed that describes training measures, efforts to raise awareness and the development of concrete procedures organised by key strategic areas, including measures relating to the use of coercive measures and legislation. The hospital has involved patients, next of kin and user organisations and special interest organisations in its follow-up work. UNN also updates the hospital board and the board of Northern Norway Regional Health Authority about the follow-up of the NPM's findings.

- Following the NPM's visit to UNN, the hospital board chair and the internal audit section in Northern Norway Regional Health Authority met with the NPM to learn more about the findings from the visit and about the methodology used during the visit. The Health Authority then performed an internal audit of Nordland Hospital using methodology inspired by the NPM, which included the use of external experts and a holistic review of patient conditions. The audit also focused on a number of areas that are important for strengthening patient rights, including physical conditions of the hospital, the use of coercive measures, segregation, staffing and expertise, and activities offered.

National dialogue

Advisory committee

The NPM's advisory committee was established in spring 2014 and comprises representatives of organisations with expertise in areas that are important to preventive work, such as human rights, children, equality and anti-discrimination, and knowledge about the conditions for inmates, patients and detainees etc.

In 2016, four meetings of the advisory committee were held. The committee's members have provided input and feedback on the preventive work, discussed relevant issues and shared their expert knowledge on a number of topics. The topics discussed include the follow-up of visits, particular challenges for people with disabilities in prison, practices at child welfare institutions, incorporating user and experience competence in the work and the priorities for 2017.

Four meetings of the advisory committee are planned in 2017.

The members of the advisory committee are representatives of the following organisations:

- The Norwegian National Human Rights Institution
- The Equality and Anti-Discrimination Ombudsman
- The Ombudsman for Children
- The Norwegian Bar Association's Human Rights Committee
- The Norwegian Medical Association, represented by the Norwegian Psychiatric Association
- The Norwegian Psychological Association's Human Rights Committee
- The Norwegian Organisation for Asylum Seekers (NOAS)
- The Norwegian Association for Persons with Developmental Disabilities (NFU)
- Jussbuss (free legal aid service)
- The Norwegian Association of Youth Mental Health
- We Shall Overcome
- The Norwegian Research Network on Coercion in Mental Health Care (TvangsForsk)
- The Norwegian Helsinki Committee (NHC)
- Retretten Foundation
- Amnesty International Norway

Two new members have joined the committee during the year: The Norwegian Association of Youth Mental Health and the Retretten Foundation have replaced the Norwegian Federation of Organisations of Disabled People (FFO) and the Norwegian Centre against Racism.

The Parliamentary Ombudsman's Human Rights Seminar 2016

The Parliamentary Ombudsman's annual Human Rights Seminar was held on 19 October. A total of 180 participants attended the seminar on the topic 'Legal protection guarantees in mental health care'. The seminar formed part of the Ombudsman's celebration of the tenth anniversary of the Optional Protocol to the UN Convention against Torture (OPCAT).

The programme comprised presentations and panel discussions on issues relating to control and supervisory bodies in mental health care, reduced use of force and the proposed amendments to the Mental Health Care Act. In his opening speech, Ombudsman Aage Thor Falkanger emphasised that the Parliamentary Ombudsman particularly wishes to focus on vulnerable groups, both in the consideration of complaints and in preventive work. Patients subjected to force in the mental health care service are one such group with a great need for legal protection.

The seminar opened for broad debate and questions from the floor. The questions discussed included:

- How are patients' rights protected in connection with the use of force?
- How do the different control and supervisory bodies work?
- How does less use of force affect patients' legal protection?
- What consequences can the proposed amendments to the Mental Health Care Act have for patients' legal protection?

There was live streaming of the seminar, and video clips of the presentations and panel discussions can be seen on the Parliamentary Ombudsman's website.[1]

Panel discussion on security and integrity in institutions where people are deprived of their liberty

This was followed by a panel discussion on the question: How can the integrity and security of people deprived of their liberty be safeguarded? The discussion was based on findings from the NPM's visits to prisons, police custody facilities, mental health care institutions and the police immigration detention centre at Trandum.

The panel participants discussed the following issues:

- Can measures intended to address security issues, prevent people from self-harming and protect them against violence sometimes make the same people more vulnerable?
- How do external factors, relations and environments affect people's sense of their own worth and feelings such as anger, aggression and powerlessness?
- How does the staff's perception of security relate to that of those deprived of their liberty?

1 See www.sivilombudsmannen.no, under 'Foredrag og arrangement' (in Norwegian).

A panel debate during the Parliamentary Ombudsman's annual human rights seminar.

Dialogue with the authorities

Regular meetings and good dialogue with official bodies, such as ministries, directorates and county governors, are an important element in the preventive work. In 2016, the NPM has had meetings with the Directorate of the Correctional Services, the Norwegian Board of Health Supervision, the Director General of Public Prosecutions, the County Governor of Oslo and Akershus, the Ministry of Foreign Affairs and the Ministry of Justice and Public Security, among others.

The responsible authorities are also kept informed about how the places visited by the NPM follow up the Ombudsman's recommendations after the visits.

The Parliamentary Ombudsman has made three consultation submissions during the year in areas of particular relevance to the preventive work.[2]

- Proposals for amendments to the Mental Health Care Act regarding the authority to carry out routine searches of patients etc.
- Proposal for new national police custody instructions
- The Correctional Services' strategy for women in prison

Teaching and conferences

The NPM's employees have attended a number of seminars and conferences during the year in order to elucidate various issues linked to the deprivation of liberty, obtain information from expert communities and increase our own knowledge and competence.

It has attended and given talks at the following events, among others:[3]

- Experience exchange meeting 'Consent rather than coercion in mental health care' under the auspices of the Norwegian Council for Mental Health
- Meeting to debate the topic of people in flight under the auspices of the Faculty of Law at the University of Oslo: 'In flight: Border controls at the expense of rights?'
- Lecture to custody officers taking further education at the Norwegian Police University College
- One-day conference on children in prison organised by the Correctional Service Region West
- Seminar on isolation, organised by the Norwegian Association for Penal Reform: 'Isolation – in accordance with the humane treatment of prisoners?'
- Lecture to the Correctional Service of Norway Staff Academy (KRUS) for transport escorts at Trandum
- The Supervisory Commission Conference 2016

2 All of the Parliamentary Ombudsman's consultation submissions have been published on the Ombudsman's website: www.sivilombudsmannen.no, under 'Publikasjoner og høringer' ("Publications').

3 A complete list of the NPM's activities in 2016 is included in this annual report (page 72).

Information work

Sharing information about the conditions for people deprived of their liberty and increasing the general public's knowledge about the challenges facing the different sectors are in the preventive work. The NPM has received broad national and local media coverage in 2016.

In 2016, the NPM has started visiting child welfare institutions and mental health care institutions for children and young people. New information brochures and posters have also been developed in Norwegian and English aimed especially at children and young people. In addition, a dedicated website has been established for this target group: www.sivilombudsmannen-ung.no. The website provides information about what happens when the NPM pays a visit, the goal of the visit, questions it may ask and contact information.

The Parliamentary Ombudsman introduced a new graphic profile in 2016. This entailed a new design for much of our informational material and publications – from the annual report and visit reports to templates for letters and presentations. The work on creating a new website for the Parliamentary Ombudsman also got under way in the latter half of 2016. A new website aims to enable the Ombudsman to communicate more clearly and effectively about its work, including the prevention mandate. The work on the new website will continue in 2017.

49
Meetings

21
Conferences and seminars

26
Lectures

7

International cooperation

In 2016, the NPM has enjoyed good cooperation with a number of international parties in the field of prevention. The NPM's employees have attended seminars and meetings where they have given talks, participated in panel discussions and helped to raise their own as well as others' competence. The NPM has benefited greatly from this exchange of experience and information with representatives of other countries' national preventive mechanisms, the UN Subcommittee on Prevention of Torture (SPT), the European Committee for the Prevention of Torture (CPT) and the Organization for Security and Co-operation in Europe (OSCE), as well as civil society.

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During the year, the Parliamentary Ombudsman has also received visits from delegations where the topic of the visit has been preventive work.

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Among other things, the NPM has participated at[1]:

- Round table panel on anti-radicalisation work in prisons under the auspices of the Open Society Justice Initiative and the University of Bristol, Human Rights Implementation Centre, London
- Meeting on the prevention of torture in the OSCE Human Dimension Committee in Vienna
- Meeting of the Nordic network of national preventive mechanisms, Stockholm
- Seminar for national preventive mechanisms, organised by APT and IOI, on the topic of visits to mental health care institutions, Vilnius
- Meeting of ombudsmen from the Nordic countries, Bornholm
- Annual meeting of national preventive mechanisms in the OSCE region, Vienna
- SPT celebration of OPCAT's tenth anniversary, Geneva
- Conference on 'Dignity and human rights in places of deprivation of freedom' in connection with the establishment of Italy's national preventive mechanism, Rome
- APT event about torture prevention at the world conference of the IOI, Bangkok

During the year, the Parliamentary Ombudsman has also received visits from delegations where the topic of the visit has been preventive work. The NPM has met with the International Rehabilitation Council for Torture Victims (IRCT) and given talks to delegations from Bulgaria, Taiwan, Thailand and Russia.

The NPM has made regular contributions to the European newsletter published under the auspices of the Council of Europe.

1 A complete list of the NPM's activities in 2016 is included in this annual report (page 72).

Photo: V.Valentinavičius/ The Seimas Ombudsmen's

Representatives from a number of NPMs during the seminar organized by the IOI and the APT in Vilnius.

Torture prevention in the Organization for Security and Co-operation in Europe (OSCE)

The OSCE has organised several events focusing on torture prevention during the year, In March, head of the NPM Helga Fastrup Ervik gave a talk on torture prevention to the OSCE Human Dimension Committee in Vienna. In October, the first annual meeting of national preventive mechanisms in the OSCE region was held. The objective of the meeting was to look more closely at what has been achieved and the challenges that remain in the field of prevention ten years after the OPCAT entered into force. The meeting also facilitated discussion of how greater cooperation can be achieved between the national preventive mechanisms and the OSCE, and how different parts of the OSCE can provide strategic support to the implementation of the prevention mandate. The meeting was also a good opportunity for the national preventive mechanisms to exchange information and discuss other relevant topics, such as follow-up work and cooperation strategies.

Competence-raising and guidance

The NPM's employees have attended seminars in 2016 in order to raise their own competence and strengthen the preventive work. In June, two employees attended a seminar organised by the International Ombudsman Institute (IOI) and the Association for the Prevention of Torture (APT) in Vilnius, Lithuania. The topic of the seminar was prevention of torture and ill-treatment at mental health care institutions. Experts from SPT, CPT and civil society attended along with representatives from a number of national preventive mechanisms. The seminar included a visit to a mental health care institution outside the city, focusing on the methods for conducting a visit.

The members of SPT have been actively involved in Norway's preventive work by providing support and advice in 2016 as in previous years. The Parliamentary Ombudsman finds that it is closely followed up by and receives valuable feedback and good advice from the subcommittee in its endeavours to fulfil its mandate.

During the year, the SPT has, among other things, advised the NPM on the extent and consequences of the duty of confidentiality in its preventive work.

OPCAT's tenth anniversary

On 22 June 2016, it was ten years since the OPCAT entered into force. In connection with the tenth anniversary, the APT published information highlighting the work performed by national preventive mechanisms around the world. This included a compendium entitled 'Putting prevention into practice', which contains examples of good practice from the preventive work to date. The NPM's work on suicide prevention, body searches and the right to information are among the examples mentioned.

On 17 November, the SPT celebrated OPCAT's tenth anniversary in Geneva, with representatives of many state parties, national preventive mechanisms, civil society and the UN in attendance. Helga Fastrup Ervik gave a talk during the session on the triangular cooperation between the states, the national preventive mechanisms and the SPT on the prevention of torture.

Nordic cooperation

The Nordic preventive mechanisms continued their cooperation in 2016, and a network meeting was held in Stockholm in June. The topic of the meeting was mental health care, and the participants visited Helix, a forensic psychiatric institution for persons sentenced to mental health care.

A meeting of ombudsmen from the Nordic countries took place in Bornholm in August. The topic discussed included communication strategy, the impact on the public administration and experience of preventive work – including issues relating to the duty of confidentiality.

Photo: OHCHR/Danielle Kirby

Helga Fastrup Ervik spoke at the celebration of the OPCAT 10 year anniversary in Geneva on 17 November.

Statistics

Number of places visited in 2016, per sector

SECTOR	NUMBER OF
Prisons	6
Police custody facilities	1
Mental health care institutions	2
Child welfare institutions	2
Total	**11**

Number of places visited in 2014, 2015 and 2016

Visits in 2016

	DATE OF VISIT	PLACE	SECTOR	DATE OF PUBLICATION OF REPORT	PARTICIPATION OF EXTERNAL EXPERT
1	25 January	Bergen police custody facility	Police custody facility	1 June 2016	No
2	15–16 March	Bredtveit Detention and Security Prison	Prison	22 June 2016	No
3	26–28 April	University Hospital of Northern Norway health trust	Mental health care institution	30 August 2016	No
4	10–11 May	Vadsø Prison	Prison	30 June 2016	No
5	24–25 May	Drammen Prison	Prison	1 September 2016	No
6	16–18 August	Stavanger Prison	Prison	14 November 2016	No
7	13–15 September	Adolescent psychiatric clinic at Akershus University Hospital	Mental health care institution	9 December 2016	Yes
8	19–22 September	Norgerhaven Prison	Prison	14 March 2017	Yes
9	1–2 November	Kragerø Prison	Prison	14 December 2016	No
10	7–8 and 15 November	Akershus youth and family centre, department Sole	Child welfare institution	16 February 2017	No
11	6–8 December	Child welfare service's emergency institution for young people	Child welfare institution	22 March 2017	No

Consultation submissions on topics relevant to preventive work [1]

7 January 2016
Consultation on the Ministry of Health and Care Services' proposals for amendments to the Mental Health Care Act providing the authority to carry out routine searches of patients etc.

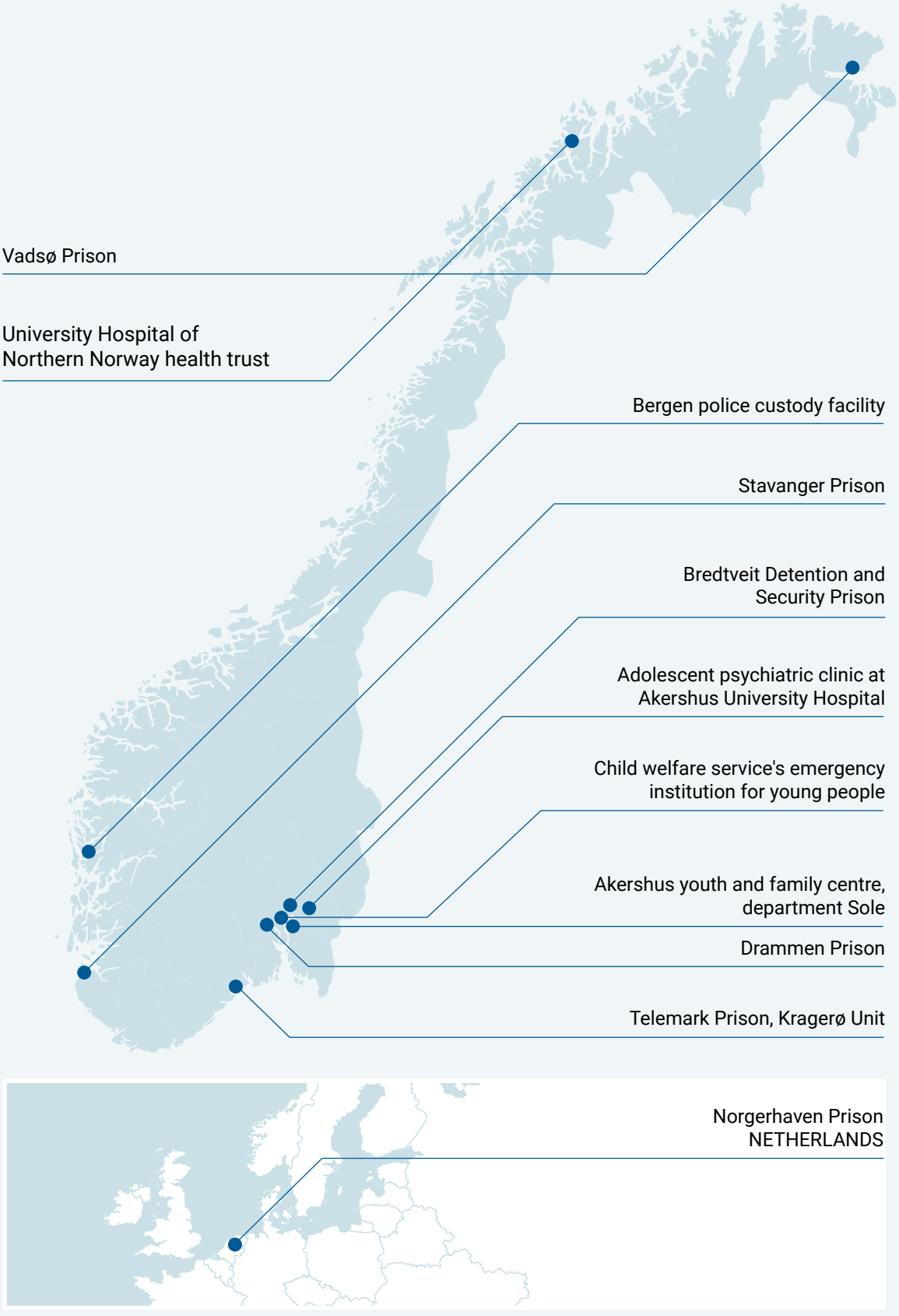
20 April 2016
Consultation on the Norwegian Police Directorate's proposals for amendments to the national custody instructions.

20 December 2016
Consultation on the Directorate of the Norwegian Correctional Service's draft of the strategy for women remanded in custody and serving custodial sentences 2017–2020.

Places visited in Norway in 2016, by county

Akershus	2
Aust-Agder	
Buskerud	1
Finnmark	1
Hedmark	
Hordaland	1
Møre- og Romsdal	
Nord-Trøndelag	
Nordland	
Oppland	
Oslo	2
Rogaland	1
Sogn og Fjordane	
Sør-Trøndelag	
Telemark	1
Troms	1
Vest-Agder	
Vestfold	
Østfold	
The Netherlands (outside Norway)	1
Total	**11**

1 For a complete list of the Parliamentary Ombudsman's consultation submissions in 2016, see the Parliamentary Ombudsman's annual report for 2016 or the website www.sivilombudsmannen.no.


Vadsø Prison
University Hospital of Northern Norway health trust
Bergen police custody facility
Stavanger Prison
Bredtveit Detention and Security Prison
Adolescent psychiatric clinic at Akershus University Hospital
Child welfare service's emergency institution for young people
Akershus youth and family centre, department Sole
Drammen Prison
Telemark Prison, Kragerø Unit
Norgerhaven Prison NETHERLANDS

Activities in 2016

WHEN	WHAT
12 January	Meeting with the free legal aid service Jussbuss
14 January	Meeting with the Norwegian Directorate for Children, Youth and Family Affairs' (Bufdir) Delta Centre on universal design of institutions where people are deprived of their liberty
14 January	Talk on follow-up of the ratification of OPCAT and the preventive work at a department forum in the Legal Affairs Department of the Ministry of Foreign Affairs
14–17 January	The Norwegian Association for Penal Reform's 45th winter conference
25 January	MRforum at the Norwegian Centre for Human Rights: 'Human Rights in the Constitution'
25 January	Visit to Bergen police custody facility
27 January	Meeting with the Norwegian Organisation for Asylum Seekers (NOAS) on the conditions for asylum seekers at Vestleiren camp, Storskog
27 January	Meeting with Nora Sveaass concerning the SPT's statement on the 'Rights of persons institutionalized and medically treated with informed consent'
4 February	Talk to the meeting on 'Consent rather than coercion in mental health care' under the auspices of the Norwegian Council for Mental Health
5 February	Meeting with the Red Cross on the practice at some asylum reception centres
10 February	Meeting with law firm Hestenes og Dramer & Co on foreign citizens on whom special sanctions are imposed and who are to be expelled, but remain in mental health care inpatient units because the municipalities are not obliged to provide treatment to people for whom an expulsion decision has been made
17 February	Cooperation meeting with the Norwegian National Human Rights Institution, the Equality and Anti-Discrimination Ombudsman and the Ombudsman for Children
17 February	Lecture to the Correctional Service of Norway Staff Academy (KRUS) for transport escorts at Trandum
19 February	Tour of the premises and meeting with the management and employees of the Juvenile Unit at Eidsvoll
29 February	Meeting of the advisory committee to the National Preventive Mechanism
1 March	Talk on the prevention of torture in the OSCE Human Dimension Committee (Vienna)
4 March	Meeting to debate the topic of people in flight under the auspices of the Faculty of Law at the University of Oslo: 'In flight: Border controls at the expense of rights?'
8 March	Meeting with the National Police Immigration Service on follow-up of the report from the visit to Trandum
14 March	Meeting with the authors of the book 'Menneskerettighetene og Norge'

15–16 March	Visit to Bredtveit Prison
29 March	Submission of the Parliamentary Ombudsman's annual reports to the Storting's Presidium
29 March	Presentation of the Parliamentary Ombudsman's annual reports to the Storting's Standing Committee on Scrutiny and Constitutional Affairs
31 March	Breakfast seminar, launch of the 2015 annual reports with a panel talk
31 March	Meeting with representatives from the Danish Ombudsman on preventive work
4 April	Launch conference for the Norwegian National Human Rights Institution: 'How can we strengthen human rights in Norway?'
5 April	Meeting with Deputy Director General of the Directorate of the Norwegian Correctional Service, Jan-Erik Sandlie
5 April	Interview training for the NPM
13 April	Talk at the seminar on 'Mental health care and human rights', organised by the Norwegian Bar Association's Human Rights Committee
18 April	Cooperation meeting with the Norwegian National Human Rights Institution, the Equality and Anti-Discrimination Ombudsman and the Ombudsman for Children
19 April	Training for the NPM in interview techniques, focusing on children and young people, part 1
21 April	Training for the NPM in interview techniques, focusing on children and young people, part 2
21 April	Presentation to a delegation from Russia
22 April	Lunch lecture by Ketil Lund on the use of forced medication in mental health care
26 April	Meeting with Alexandra Wacko from the Norwegian Consulate General in Murmansk
26–28 April	Visit to the University Hospital of Northern Norway health trust
4 May	Lecture to custody officers taking further education at the Norwegian Police University College
9–11 May	Visit to Vadsø Prison
12 May	One-day conference on children in prison organised by the Correctional Service Region West (Bergen)
13 May	Meeting with International Rehabilitation Council for Torture Victims (IRCT)
20–21 May	Conference on 'Dignity and human rights in places of deprivation of freedom' in connection with the establishment of Italy's national preventive mechanism (Rome)
20 May	Meeting with the Norwegian Board of Health Supervision
24–26 May	Visit to Drammen Prison

27 May	Meeting with the Director General of Public Prosecutions
30 May	Meeting of the advisory committee to the National Preventive Mechanism
1 June	Meeting with the human rights committee of the Norwegian Psychological Association
2 June	Meeting of the advisory committee to the Norwegian National Human Rights Institution
6 June	Lecture to the Correctional Service of Norway Staff Academy (KRUS) for transport escorts at Trandum
7 June	Meeting at the offices of the Equality and Anti-Discrimination Ombudsman concerning the prison project
7 June	Talk at the seminar on isolation, organised by the Norwegian Association for Penal Reform 'Isolation – in accordance with the humane treatment of prisoners?'
9–10 June	Meeting of the Nordic network of national preventive mechanisms (Stockholm)
13 June	Lecture to the Correctional Service of Norway Staff Academy (KRUS) for transport escorts at Trandum
16 June	The Storting considered the Parliamentary Ombudsman's annual reports in a plenary session
20 June	Visit by a delegation from Taiwan Alliance to End Death Penalty and UCL Thailand
21–23 June	Workshop for national preventive mechanisms, organised by APT and IOI, on the topic of visits to mental health care institutions (Lithuania)
11 August	Meeting with the University Hospital of Northern Norway health trust
16–18 August	Visit to Stavanger Prison
22 August	Meeting with the managing director and chief advisor of Northern Norway Regional Health Authority
22 August	Cooperation meeting with the Norwegian National Human Rights Institution, the Equality and Anti-Discrimination Ombudsman and the Ombudsman for Children
24–26 August	Meeting of ombudsmen from the Nordic countries (Bornholm)
26 August	Meeting with the Ombudsman for Children
30 August	Meeting with Ewa Sapiezynska, OSCE, on sexual and gender-based violence
30 August	Meeting with the Norwegian alliance of child welfare children
1 September	Meeting with Erik Sødenaa on people with disabilities in prison
1 September	Meeting with the internal auditors of Northern Norway Regional Health Authority
2 September	Meeting with Ida Hydle, researcher, Oslo and Akershus University College of Applied Sciences
5 September	Meeting of the advisory committee to the National Preventive Mechanism

7–9 September	The Parliamentary Ombudsman's annual office seminar
12 September	Meeting with child welfare and mental health care professionals in Forandringsfabrikken
13–15 September	Visit to the adolescent psychiatric clinic at Akershus University Hospital
19–22 September	Visit to Norgerhaven Prison
20 September	Meeting of the advisory committee to the Norwegian National Human Rights Institution
27 September	Meeting with the Norwegian Union of Social Educators and Social Workers
28 September	Concluding meeting with the management of Norgerhaven Prison (Skype)
30 September	Lecture at the Correctional Service of Norway Staff Academy (KRUS)
5 October	Talk to students from the American University of Paris (AUP)
7 October	Meeting with the County Governor of Oslo and Akershus
10–11 October	Institution conference 2016: 'Professional dialogue on expedient milieu therapy measures at child welfare institutions'
11 October	Round table panel in London on anti-radicalisation work in prisons, under the auspices of Open Society Justice Initiative and the University of Bristol, Human Rights Implementation Centre
13–14 October	Annual meeting of national preventive mechanisms in the OSCE region in Vienna
14 October	Meeting at the offices of the Ministry of Justice and Public Security on Norway's reporting on the Convention against Torture (CAT)
18 October	Lecture on the NPM mandate for a delegation from Romania, under the auspices of the Norwegian Helsinki Committee
18 October	Meeting with the Norwegian Organization for Sexual and Gender Diversity (FRI), formerly the National Association for Lesbians, Gays, Bisexuals and Transgender People (LLH)
19 October	The Parliamentary Ombudsman's human rights seminar 2016 'Legal protection guarantees in mental health care'
20 October	Talk to the Amnesty International group at the University of Oslo
1–2 November	Visit to Kragerø Prison
7–8 and 15 November	Visit to Akershus youth and family centre, department Sole
17 November	Lunch event about torture prevention, organised by the APT at the IOI world conference in Bangkok
17 November	Talk at SPT's celebration of OPCAT's tenth anniversary (Geneva)
17–18 November	Meetings with APT and the Norwegian UN delegation (Geneva)
17 November	Lucy Smith's Children's Rights Day 2016

21 November	Talk at the MRforum on 'Children in prison: with particular emphasis on asylum seekers'
21 November	Cooperation meeting with the Norwegian National Human Rights Institution, the Equality and Anti-Discrimination Ombudsman and the Ombudsman for Children
23 November	Input meeting at the offices of the Ministry of Justice and Public Security on reporting on the International Covenant on Civil and Political Rights (ICCPR)
24 November	Talk at the Supervisory Commission Conference 2016
29 November	Talk to a delegation from the Parliamentary Ombudsman in Bulgaria
29 November	Participated in the Norwegian prison radio service's panel on women in prison
5 December	Meeting with Ida Hydle, researcher, and Bård Melling Olsen, head of child welfare in Bjørgvin Prison's Juvenile Unit, on children and young people in child welfare institutions and in prison
5 December	Meeting of the advisory committee to the National Preventive Mechanism
6–8 December	Visit to the child welfare service's emergency institution for young people, Oslo
8 December	Meeting with the Ministry of Justice and Public Security on supervisory arrangements in the Correctional Services
9 December	Contact meeting on psychiatric care in prisons across Norway, under the auspices of SIFER
9 December	Debate on the constitution and human rights, under the auspices of the Norwegian National Human Rights Institution
15 December	Meeting with psychiatrist Trond F Aarre on the knowledge base for the use of antipsychotic medication
16 December	Talk at a seminar organised by LPP (the national association for next of kin in mental health care): 'Next of kin: witnesses to the increasing use of force? Next of kin's perspective on force in mental health care'

Budget and accounts 2016

CATEGORY	BUDGET 2016	ACCOUNTS 2016
SALARIES	6,006,431.03	6,245,196.08
OPERATING EXPENSES	4,430,000.00	
Furniture and equipment		14,891.00
Production and printing of visit reports, the annual report and informational materials in several languages		478,194.80
Procurement of external services		358,849.60
Travel (visits and meetings)		467,846.65
Other operations		373,040.14
Share of the Parliamentary Ombudsman's shared costs (including IT services, rent, electricity, cleaning, security etc.)		2,619,523.36
TOTAL NOK	**10,436,431.03**	**10,557,541.63**

Texts of acts

UN Convention against Torture

(selected articles)

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Article 1

1. For the purposes of this Convention, the term "torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.

2. This article is without prejudice to any international instrument or national legislation which does or may contain provisions of wider application.

Article 2

1. Each State Party shall take effective legislative, administrative, judicial or other measures to prevent acts of torture in any territory under its jurisdiction.

2. No exceptional circumstances whatsoever, whether a state of war or a threat of war, internal political instability or any other public emergency, may be invoked as a justification of torture.

3. An order from a superior officer or a public authority may not be invoked as a justification of torture.

Article 3

1. No State Party shall expel, return ("refouler") or extradite a person to another State where there are substantial grounds for believing that he would be in danger of being subjected to torture.

2. For the purpose of determining whether there are such grounds, the competent authorities shall take into account all relevant considerations including, where applicable, the existence in the State concerned of a consistent pattern of gross, flagrant or mass violations of human rights.

Article 4

1. Each State Party shall ensure that all acts of torture are offences under its criminal law. The same shall apply to an attempt to commit torture and to an act by any person which constitutes complicity or participation in torture. 2. Each State Party shall make these offences punishable by appropriate penalties which take into account their grave nature.

Article 5

1. Each State Party shall take such measures as may be necessary to establish its jurisdiction over the offences referred to in article 4 in the following cases:

(a) When the offences are committed in any territory under its jurisdiction or on board a ship or aircraft registered in that State;

(b) When the alleged offender is a national of that State;

(c) When the victim is a national of that State if that State considers it appropriate.

2. Each State Party shall likewise take such measures as may be necessary to establish its jurisdiction over such offences in cases where the alleged offender is present in any territory under its jurisdiction and it does not extradite him pursuant to article 8 to any of the States mentioned in paragraph I of this article.

3. This Convention does not exclude any criminal jurisdiction exercised in accordance with internal law.

Article 6

1. Upon being satisfied, after an examination of information available to it, that the circumstances so warrant, any State Party in whose territory a person alleged to have committed any offence referred to in article 4 is present shall take him into custody or take other legal measures to ensure his presence. The custody and other legal measures shall be as provided in the law of that State but may be continued only for such time as is necessary to enable any criminal or extradition proceedings to be instituted.

2. Such State shall immediately make a preliminary inquiry into the facts.

3. Any person in custody pursuant to paragraph I of this article shall be assisted in communicating immediately with the nearest appropriate representative of the State of which he is a national, or, if he is a stateless person, with the representative of the State where he usually resides.

4. When a State, pursuant to this article, has taken a person into custody, it shall immediately notify the States referred to in article 5, paragraph 1, of the fact that such person is in custody and of the circumstances which warrant his detention. The State which makes the preliminary inquiry contemplated in paragraph 2 of this article shall promptly report its findings to the said States and shall indicate whether it intends to exercise jurisdiction.

Article 7

1. The State Party in the territory under whose jurisdiction a person alleged to have committed any offence referred to in article 4 is found shall in the cases contemplated in article 5, if it does not extradite him, submit the case to its competent authorities for the purpose of prosecution.

2. These authorities shall take their decision in the same manner as in the case of any ordinary offence of a serious nature under the law of that State. In the cases referred to in article 5, paragraph 2, the standards of evidence required for prosecution and conviction shall in no way be less stringent than those which apply in the cases referred to in article 5, paragraph 1.

3. Any person regarding whom proceedings are brought in connection with any of the offences referred to in article 4 shall be guaranteed fair treatment at all stages of the proceedings.
(Articles 8-9)

Article 10

1. Each State Party shall ensure that education and information regarding the prohibition against torture are fully included in the training of law enforcement personnel, civil or military, medical personnel, public officials and other persons who may be involved in the custody, interrogation or treatment of any individual subjected to any form of arrest, detention or imprisonment.

2. Each State Party shall include this prohibition in the rules or instructions issued in regard to the duties and functions of any such person.

Article 11

Each State Party shall keep under systematic review interrogation rules, instructions, methods and practices as well as arrangements for the custody and treatment of persons subjected to any form of arrest, detention or imprisonment in any territory under its jurisdiction, with a view to preventing any cases of torture.

Article 12

Each State Party shall ensure that its competent authorities proceed to a prompt and impartial investigation, wherever there is reasonable ground to believe that an act of torture has been committed in any territory under its jurisdiction.

Article 13

Each State Party shall ensure that any individual who alleges he has been subjected to torture in any territory under its jurisdiction has the right to complain to, and to have his case promptly and impartially examined by, its competent authorities. Steps shall be taken to ensure that the complainant and witnesses are protected against all ill-treatment or intimidation as a consequence of his complaint or any evidence given.

Article 14

1. Each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, his dependants shall be entitled to compensation.

2. Nothing in this article shall affect any right of the victim or other persons to compensation which may exist under national law.

Article 15

Each State Party shall ensure that any statement which is established to have been made as a result of torture shall not be invoked as evidence in any proceedings, except against a person accused of torture as evidence that the statement was made.

Article 16

1. Each State Party shall undertake to prevent in any territory under its jurisdiction other acts of cruel, inhuman or degrading treatment or punishment which do not amount to torture as defined in article I, when such acts are committed by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. In particular, the obligations contained in articles 10, 11, 12 and 13 shall apply with the substitution for references to torture of references to other forms of cruel, inhuman or degrading treatment or punishment.

2. The provisions of this Convention are without prejudice to the provisions of any other international instrument or national law which prohibits cruel, inhuman or degrading treatment or punishment or which relates to extradition or expulsion.
(Articles 17-33)

The Optional Protocol to the Convention against Torture

(selected articles)

Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment

PART I
General principles

Article 1

The objective of the present Protocol is to establish a system of regular visits undertaken by independent international and national bodies to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment.

Article 2

1. A Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment of the Committee against Torture (hereinafter referred to as the Subcommittee on Prevention) shall be established and shall carry out the functions laid down in the present Protocol.

2. The Subcommittee on Prevention shall carry out its work within the framework of the Charter of the United Nations and shall be guided by the purposes and principles thereof, as well as the norms of the United Nations concerning the treatment of people deprived of their liberty.

3. Equally, the Subcommittee on Prevention shall be guided by the principles of confidentiality, impartiality, non-selectivity, universality and objectivity.

4. The Subcommittee on Prevention and the States Parties shall cooperate in the implementation of the present Protocol.

Article 3

Each State Party shall set up, designate or maintain at the domestic level one or several visiting bodies for the prevention of torture and other cruel, inhuman or degrading treatment or punishment (hereinafter referred to as the national preventive mechanism).

Article 4

1. Each State Party shall allow visits, in accordance with the present Protocol, by the mechanisms referred to in articles 2 and 3 to any place under its jurisdiction and control where persons are or may be deprived of their liberty, either by virtue of an order given by a public authority or at its instigation or with its consent or acquiescence (hereinafter referred to as places of detention). These visits shall be undertaken with a view to strengthening, if necessary, the protection of these persons against torture and other cruel, inhuman or degrading treatment or punishment.

2. For the purposes of the present Protocol, deprivation of liberty means any form of detention or imprisonment or the placement of a person in a public or private custodial setting which that person is not permitted to leave at will by order of any judicial, administrative or other authority.

PART II
Subcommittee on Prevention

Article 5

1. The Subcommittee on Prevention shall consist of ten members. After the fiftieth ratification of or accession to the present Protocol, the number of the members of the Subcommittee on Prevention shall increase to twenty-five.

2. The members of the Subcommittee on Prevention shall be chosen from among persons of high moral character, having proven professional experience in the field of the administration of justice, in particular criminal law, prison or police administration, or in the various fields relevant to the treatment of persons deprived of their liberty.

3. In the composition of the Subcommittee on Prevention due consideration shall be given to equitable geographic distribution and to the representation of different forms of civilization and legal systems of the States Parties.

4. In this composition consideration shall also be given to balanced gender representation on the basis of the principles of equality and non-discrimination.

5. No two members of the Subcommittee on Prevention may be nationals of the same State.

6. The members of the Subcommittee on Prevention shall serve in their individual capacity, shall be independent and impartial and shall be available to serve the Subcommittee on Prevention efficiently.

(Articles 6-10)

PART III
Mandate of the Subcommittee on Prevention

Article 11

1. The Subcommittee on Prevention shall:

(a) Visit the places referred to in article 4 and make recommendations to States Parties concerning the protection of persons deprived of their liberty against torture and other cruel, inhuman or degrading treatment or punishment;

(b) In regard to the national preventive mechanisms:

(i) Advise and assist States Parties, when necessary, in their establishment;

(ii) Maintain direct, and if necessary confidential, contact with the national preventive mechanisms and offer them training and technical assistance with a view to strengthening their capacities;

(iii) Advise and assist them in the evaluation of the needs and the means necessary to strengthen the protection of persons deprived of their liberty against torture and other cruel, inhuman or degrading treatment or punishment;

(iv) Make recommendations and observations to the States Parties with a view to strengthening the capacity and the mandate of the national preventive mechanisms for the prevention of torture and other cruel, inhuman or degrading treatment or punishment;

(c) Cooperate, for the prevention of torture in general, with the relevant United Nations organs and mechanisms as well as with the international, regional and national institutions or organizations working towards the strengthening of the protection of all persons against torture and other cruel, inhuman or degrading treatment or punishment.

Article 12

In order to enable the Subcommittee on Prevention to comply with its mandate as laid down in article 11, the States Parties undertake:

(a) To receive the Subcommittee on Prevention in their territory and grant it access to the places of detention as defined in article 4 of the present Protocol;

(b) To provide all relevant information the Subcommittee on Prevention may request to evaluate the needs and measures that should be adopted to strengthen the protection of persons deprived of their liberty against torture and other cruel, inhuman or degrading treatment or punishment;

(c) To encourage and facilitate contacts between the Subcommittee on Prevention and the national preventive mechanisms;

(d) To examine the recommendations of the Subcommittee on Prevention and enter into dialogue with it on possible implementation measures.

Article 13

1. The Subcommittee on Prevention shall establish, at first by lot, a programme of regular visits to the States Parties in order to fulfil its mandate as established in article 11.

2. After consultations, the Subcommittee on Prevention shall notify the States Parties of its programme in order that they may, without delay, make the necessary practical arrangements for the visits to be conducted.

3. The visits shall be conducted by at least two members of the Subcommittee on Prevention. These members may be accompanied, if needed, by experts of demonstrated professional experience and knowledge in the fields covered by the present Protocol who shall be selected from a roster of experts prepared on the basis of proposals made by the States Parties, the Office of the United Nations High Commissioner for Human Rights and the United Nations Centre for International Crime Prevention. In preparing the roster, the States Parties concerned shall propose no more than five national experts. The State Party concerned may oppose the inclusion of a specific expert in the visit, whereupon the Subcommittee on Prevention shall propose another expert.

4. If the Subcommittee on Prevention considers it appropriate, it may propose a short follow-up visit after a regular visit.

Article 14

1. In order to enable the Subcommittee on Prevention to fulfil its mandate, the States Parties to the present Protocol undertake to grant it:

(a) Unrestricted access to all information concerning the number of persons deprived of their liberty in places of detention as defined in article 4, as well as the number of places and their location;

(b) Unrestricted access to all information referring to the treatment of those persons as well as their conditions of detention;

(c) Subject to paragraph 2 below, unrestricted access to all places of detention and their installations and facilities;

(d) The opportunity to have private interviews with the persons deprived of their liberty without witnesses, either personally or with a translator if deemed necessary, as well as with any other person who the Subcommittee on Prevention believes may supply relevant information;

(e) The liberty to choose the places it wants to visit and the persons it wants to interview.

2. Objection to a visit to a particular place of detention may be made only on urgent and compelling grounds of national defence, public safety, natural disaster or serious disorder in the place to be visited that temporarily prevent the carrying out of such a visit. The existence of a declared state of emergency as such shall not be invoked by a State Party as a reason to object to a visit.

Article 15

No authority or official shall order, apply, permit or tolerate any sanction against any person or organization for having communicated to the Subcommittee on Prevention or to its delegates any information, whether true or false, and no such person or organization shall be otherwise prejudiced in any way.

Article 16

1. The Subcommittee on Prevention shall communicate its recommendations and observations confidentially to the State Party and, if relevant, to the national preventive mechanism.

2. The Subcommittee on Prevention shall publish its report, together with any comments of the State Party concerned, whenever requested to do so by that State Party. If the State Party makes part of the report public, the Subcommittee on Prevention may publish the report in whole or in part. However, no personal data shall be published without the express consent of the person concerned.

3. The Subcommittee on Prevention shall present a public annual report on its activities to the Committee against Torture.

4. If the State Party refuses to cooperate with the Subcommittee on Prevention according to articles 12 and 14, or to take steps to improve the situation in the light of the recommendations of the Subcommittee on Prevention, the Committee against Torture may, at the request of the Subcommittee on Prevention, decide, by a majority of its members, after the State Party has had an opportunity to make its views known, to make a public statement on the matter or to publish the report of the Subcommittee on Prevention.

PART IV
National preventive mechanisms

Article 17

Each State Party shall maintain, designate or establish, at the latest one year after the entry into force of the present Protocol or of its ratification or accession, one or several independent national preventive mechanisms for the prevention of torture at the domestic level. Mechanisms established by decentralized units may be designated as national preventive mechanisms for the purposes of the present Protocol if they are in conformity with its provisions.

Article 18

1. The States Parties shall guarantee the functional independence of the national preventive mechanisms as well as the independence of their personnel.

2. The States Parties shall take the necessary measures to ens ure that the experts of the national preventive mechanism have the required capabilities and professional knowledge. They shall strive for a gender balance and the adequate representation of ethnic and minority groups in the country.

3. The States Parties undertake to make available the necessary resources for the functioning of the national preventive mechanisms.

4. When establishing national preventive mechanisms, States Parties shall give due consideration to the Principles relating to the status of national institutions for the promotion and protection of human rights.

Article 19

The national preventive mechanisms shall be granted at a minimum the power:

(a) To regularly examine the treatment of the persons deprived of their liberty in places of detention as defined in article 4, with a view to strengthening, if necessary, their protection against torture and other cruel, inhuman or degrading treatment or punishment;

(b) To make recommendations to the relevant authorities with the aim of improving the treatment and the conditions of the persons deprived of their liberty and to prevent torture and other cruel, inhuman or degrading treatment or punishment, taking into consideration the relevant norms of the United Nations;

(c) To submit proposals and observations concerning existing or draft legislation.

Article 20

In order to enable the national preventive mechanisms to fulfil their mandate, the States Parties to the present Protocol undertake to grant them:

(a) Access to all information concerning the number of persons deprived of their liberty in places of detention as defined in article 4, as well as the number of places and their location;
(b) Access to all information referring to the treatment of those persons as well as their conditions of detention;
(c) Access to all places of detention and their installations and facilities;
(d) The opportunity to have private interviews with the persons deprived of their liberty without witnesses, either personally or with a translator if deemed necessary, as well as with any other person who the national preventive mechanism believes may supply relevant information;
(e) The liberty to choose the places they want to visit and the persons they want to interview;
(f) The right to have contacts with the Subcommittee on Prevention, to send it information and to meet with it.

Article 21

1. No authority or official shall order, apply, permit or tolerate any sanction against any person or organization for having communicated to the national preventive mechanism any information, whether true or false, and no such person or organization shall be otherwise prejudiced in any way.

2. Confidential information collected by the national preventive mechanism shall be privileged. No personal data shall be published without the express consent of the person concerned.

Article 22

The competent authorities of the State Party concerned shall examine the recommendations of the national preventive mechanism and enter into a dialogue with it on possible implementation measures.

Article 23

The States Parties to the present Protocol undertake to publish and disseminate the annual reports of the national preventive mechanisms.

(Articles 24-34)

Article 35

Members of the Subcommittee on Prevention and of the national preventive mechanisms shall be accorded such privileges and immunities as are necessary for the independent exercise of their functions. Members of the Subcommittee on Prevention shall be accorded the privileges and immunities specified in section 22 of the Convention on the Privileges and Immunities of the United Nations of 13 February 1946, subject to the provisions of section 23 of that Convention.

(Articles 36-37)

Act relating to the Parliamentary Ombudsman for Public Administration (the Parliamentary Ombudsman Act)

(selected sections)

Act of 22 June 1962 No. 8 as subsequently amended, most recently by Act of 21 June 2013 No. 89.

Section 1. Election of the Ombudsman

After each general election, the Storting elects a Parliamentary Ombudsman for Public Administration, the Parliamentary Ombudsman. The Ombudsman is elected for a term of four years reckoned from 1 January of the year following the general election.

The Ombudsman must satisfy the conditions for appointment as a Supreme Court Judge. He must not be a member of the Storting.

If the Ombudsman dies or becomes unable to discharge his duties, the Storting will elect a new Ombudsman for the remainder of the term of office. The same applies if the Ombudsman relinquishes his office, or if the Storting decides by a majority of at least two thirds of the votes cast to deprive him of his office.

If the Ombudsman is temporarily unable to discharge his duties because of illness or for other reasons, the Storting may elect a person to act in his place during his absence. In the event of absence for a period of up to three months, the Ombudsman may authorise the Head of Division to act in his place.

If the Presidium of the Storting finds that the Ombudsman is disqualified to deal with a particular matter, it will elect a substitute Ombudsman to deal with the matter in question.

Section 2. Instructions

The Storting will issue general instructions for the activities of the Ombudsman. Apart from this the Ombudsman is to discharge his duties autonomously and independently of the Storting.

Section 3. Purpose

As the Storting's representative, the Ombudsman shall, as prescribed in this Act and in his instructions, endeavour to ensure that individual citizens are not unjustly treated by the public administration and help to ensure that the public administration respects and safeguards human rights.

Section 3a. National preventive mechanism

The Ombudsman is the national preventive mechanism as described in Article 3 of the Optional Protocol of 18 December 2002 to the UN Convention of 10 December 1984 against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

Section 4. Sphere of responsibility

The Ombudsman's sphere of responsibility encompasses the public administration and all persons engaged in its service. It also encompasses the conditions of detention for persons deprived of their liberty in private institutions when the deprivation of liberty is based on an order given by a public authority or takes place at the instigation of a public authority or with its consent or acquiescence.

The sphere of responsibility of the Ombudsman does not include:

a) matters on which the Storting has reached a decision,
b) decisions adopted by the King in Council,
c) the activities of the courts of law,
d) the activities of the Auditor General,
e) matters that, as prescribed by the Storting, come under the Ombudsman's Committee or the Parliamentary Ombudsman for the Norwegian Armed Forces,
f) decisions that as provided by statute may only be made by a municipal council, county council or cooperative municipal council itself, unless the decision is made by a municipal executive board, a county executive board, a standing committee, or a city or county government under section 13 of the Act of 25 September 1992 No. 107 concerning municipalities and county authorities. The Ombudsman may nevertheless investigate any such decision on his own initiative if he considers that it is required in the interests of due process of law or for other special reasons.

In its instructions for the Ombudsman, the Storting may establish:

a) whether specific public institutions or enterprises shall be regarded as belonging to the public administration or a part of the services of the state, the municipalities or the county authorities under this Act,
b) that certain parts of the activity of a public agency or a public institution shall fall outside the sphere of the Ombudsman's responsibility.

(Sections 5-6)

Section 7. Right to information

The Ombudsman may require public officials and all others engaged in the service of the public administration to provide him with such information as he needs to discharge his duties. As the national preventive mechanism, the Ombudsman has a corresponding right to require information from persons in the service of private institutions such as are mentioned in section 4, first paragraph, second sentence. To the same extent he may require that minutes/records and other documents are produced.

The Ombudsman may require the taking of evidence by the courts of law, in accordance with the provisions of section 43, second paragraph, of the Courts of Justice Act. The court hearings are not open to the public.

Section 8. Access to premises, places of service, etc

The Ombudsman is entitled to access to places of service, offices and other premises of any administrative agency and any enterprise that comes within his sphere of responsibility.

Section 9. Access to documents and duty of confidentiality

The Ombudsman's case documents are public. The Ombudsman will make the final decision on whether a document is to be wholly or partially exempt from access. Further rules, including on the right to exempt documents from access, will be provided in the instructions to the Ombudsman.

The Ombudsman has a duty of confidentiality as regards information concerning matters of a personal nature to which he becomes party to during the course of his duties. The duty of confidentiality also applies to information concerning operational and commercial secrets, and information that is classified under the Security Act or the Protection Instructions. The duty of confidentiality continues to apply after the Ombudsman has left his position. The same duty of confidentiality applies to his staff and others who provide assistance.

Section 10. Completion of the Ombudsman's procedures in a case

The Ombudsman is entitled to express his opinion on matters within his sphere of responsibility.

The Ombudsman may call attention to errors that have been committed or negligence that has been shown in the public administration. If he finds sufficient reason for so doing, he may inform the prosecuting authority or appointments authority of what action he believes should be taken in this connection against the official concerned. If the Ombudsman concludes that a decision must be considered invalid or clearly unreasonable or that it clearly conflicts with good administrative practice, he may express this opinion. If the Ombudsman believes that there is reasonable doubt relating to factors of importance in the case, he may make the appropriate administrative agency aware of this.

If the Ombudsman finds that there are circumstances that may entail liability to pay compensation, he may, depending on the situation, suggest that compensation should be paid.

The Ombudsman may let a case rest when the error has been rectified or with the explanation that has been given.

The Ombudsman shall notify the complainant and others involved in a case of the outcome of his handling of the case. He may also notify the superior administrative agency concerned.

The Ombudsman himself will decide whether, and if so in what manner, he will inform the public of his handling of a case.

As the national preventive mechanism, the Ombudsman may make recommendations with the aim of improving the treatment and the conditions of persons deprived of their liberty and of preventing torture and other cruel, inhuman or degrading treatment or punishment. The competent authority shall examine the recommendations and enter into a dialogue with the Ombudsman on possible implementation measures.

Section 11. Notification of shortcomings in legislation and in administrative practice

If the Ombudsman becomes aware of shortcomings in acts, regulations or administrative practice, he may notify the ministry concerned to this effect.

Section 12. Reporting to the Storting

The Ombudsman shall submit an annual report on his activities to the Storting. A report shall be prepared on the Ombudsman's activities as the national preventive mechanism. The reports will be printed and published.

The Ombudsman may when he considers it appropriate submit special reports to the Storting and the relevant administrative agency.

(Sections 13-15)

Instructions for the Parliamentary Ombudsman for Public Administration

(selected sections)

Adopted by the Storting on 19 February 1980 under section 2 of the Act of 22 June 1962 No. 8 relating to the Parliamentary Ombudsman for Public Administration.

Section 1. Purpose

(See section 3 of the Parliamentary Ombudsman Act)

The Parliamentary Ombudsman for Public Administration shall seek to ensure that individual citizens are not unjustly treated by the public administration and that senior officials, officials and others engaged in the service of the public administration do not make errors or neglect their duties.

Section 2. Sphere of responsibility

(See section 4 of the Parliamentary Ombudsman Act)

The Norwegian Parliamentary Intelligence Oversight Committee shall not be considered as part of the public administration for the purposes of the Parliamentary Ombudsman Act. The Ombudsman shall not consider complaints concerning the intelligence, surveillance and security services that the Committee has already considered.

The Ombudsman shall not consider complaints about cases dealt with by the Storting's ex gratia payments committee.

The exception for the activities of the courts of law under section 4, first paragraph, c), also includes decisions that may be brought before a court by means of a complaint, appeal or other judicial remedy.

Amended by Storting decisions of 22 October 1996 No. 1479, 2 December 2003 No. 1898 (in force from 1 January 2004), 17 June 2013 No. 1251 (in force from 1 July 2013).

(Sections 3-8)

Section 8a. Special provisions relating to the Parliamentary Ombudsman as national preventive mechanism

The Ombudsman may receive assistance from persons with specific expertise in connection with its function as the national preventive mechanism in accordance with section 3a of the Parliamentary Ombudsman Act.

The Ombudsman shall establish an advisory committee to provide expertise, information, advice and input in connection with its function as the national preventive mechanism.

The advisory committee shall include members with expertise on children, human rights and psychiatry. The committee must have a good gender balance and each sex shall be represented by a minimum of 40 % of the membership. The committee may include both Norwegian and foreign members.

Added by Storting decision of 17 June 2013 No. 1251 (in force from 1 July 2013).

(Sections 9-11)

Section 12. Annual report to the Storting

(See section 12 of the Parliamentary Ombudsman Act)

The Ombudsman's annual report to the Storting shall be submitted by 1 April each year and shall cover the Ombudsman's activities in the period 1 January–31 December of the previous year.

The report shall contain a summary of procedures in cases which the Ombudsman considers to be of general interest, and shall mention those cases in which he has called attention to shortcomings in acts, regulations or administrative practice, or has issued a special report under section 12, second paragraph, of the Parliamentary Ombudsman Act. In the annual report, the Ombudsman shall also provide information on activities to oversee and monitor that the public administration respects and safeguards human rights.

If the Ombudsman finds reason to do so, he may refrain from mentioning names in the report. The report shall in any case not include information that is subject to the duty of confidentiality.

The account of cases where the Ombudsman has expressed an opinion as mentioned in section 10, second, third and fourth paragraphs, of the Parliamentary Ombudsman Act, shall summarise any response by the relevant administrative body or official about the complaint, see section 6, first paragraph, third sentence.

A report concerning the Ombudsman's activities as the national preventive mechanism shall be issued before 1 April each year. This report shall cover the period 1 January–31 December of the previous year.

Amended by Storting decision of 14 June 2000 No. 1712 (in force from 1 January 2001), 12 June 2007 No. 1101 (in force from 1 July 2007), 17 June 2013 No. 1251 (in force from 1 July 2013).

(Section 13)

Design: Miksmaster Creative
Print: RKGrafisk

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National Preventive Mechanism against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment