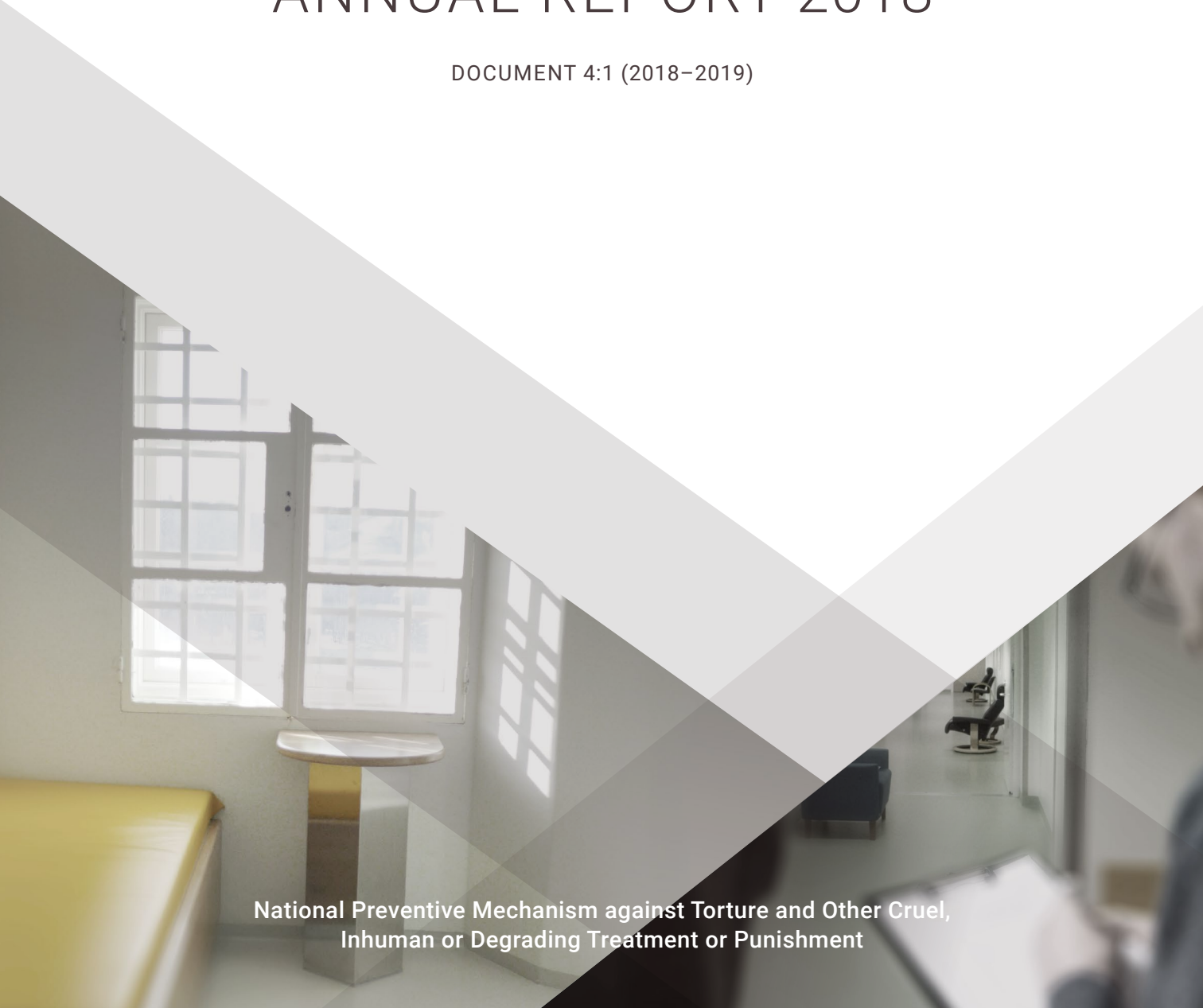




SIVILOMBUDSMANNEN
Norwegian Parliamentary Ombudsman

ANNUAL REPORT 2018

DOCUMENT 4:1 (2018–2019)



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

Which sectors are covered by the NPM's mandate?



The figures are estimates based on a mapping conducted in 2014/2015.

Document 4:1 (2018–2019)

**The Parliamentary Ombudsman's Annual Report for 2018
as National Preventive Mechanism against Torture and Other Cruel,
Inhuman or Degrading Treatment or Punishment**

Submitted to the Storting on 27 March 2019

Foreword

The year 2018 has been an active one, and has brought the important international dimension of preventive work to light. There has also been much activity at the national level, with eleven visits to places of detention, close monitoring of how our recommendations have been followed up, and good dialogue with a number of government bodies.

Preventing and combating torture and inhuman treatment is a worldwide effort, and the Parliamentary Ombudsman's National Preventive Mechanism (NPM) is one of 60 of its kind established in countries across the world. The NPM's role in the greater international work in this field has been particularly visible in 2018.

In April, the UN Committee against Torture (CAT) reviewed Norway's implementation of its obligations under the UN Convention against Torture. The committee raised several issues of relevance to the NPM, including the use of isolation in Norwegian prisons. It recommended adopting legal rules that stipulate maximum limits for how long an inmate can be placed in solitary confinement, and that Norway eliminate the practice of placing inmates with serious mental health conditions in solitary confinement. The committee's concerns are in line with the NPM's findings from its visits and show the need for targeted efforts on the part of the Norwegian authorities to prevent torture and inhuman treatment. One of the articles in this annual report describes in more detail what the UN Committee against Torture emphasised in its observations to Norway following the hearing. In 2019, the NPM will prioritise special measures to help ensure that the responsible authorities follow up the many challenges associated with solitary confinement.

The European Committee for the Prevention of Torture (CPT) visited Norway in June. The NPM actively contributed to the CPT's planning of the visit. The CPT's final report after its visit will be published in 2019.

Another priority of 2018 was the publication of a thematic report on segregation (in Norwegian law termed 'shielding') in mental healthcare. The report, entitled 'Skjerming i psykisk helsevern – risiko for umenneskelig behandling' ('Segregation in mental healthcare – risk of inhuman treatment' – in Norwegian only) is based on the NPM's visits to 12 hospitals in the period 2015–2018. Segregation means that patients are cut off from contact with other patients and human contact is reduced to health personnel only. Segregation is often performed in undignified segregation areas, in sterile rooms with reduced sensory impressions and a limited area to move around in. The measure is often maintained for several weeks and at times for months. Although segregation is not intended to be a form of isolation or punishment, findings from our visits show that segregation is often perceived by patients in this way. This because segregation often entails a major intervention in patients' self-determination, freedom of movement and access to meaningful social contact.

Throughout 2018, we visited eleven institutions where people are deprived of their liberty, three prisons, three child welfare institutions and five mental healthcare institutions.

All three prison visits focused on high security units. While Arendal Prison is relatively small, Bergen and Oslo prisons are among Norway's biggest. Arendal Prison had long lock-in periods, which greatly affected the situation of the inmates. Several people gave reports of inmates screaming, crying loudly, and kicking and hitting the doors. The visit to Bergen Prison was a follow-up of a visit conducted in 2014

and focused on solitary confinement and time spent outside the cells. The conditions in the A-øst unit where inmates had a very limited range of activities were particularly worrying. For four of the week's seven days, inmates were isolated in their cells for 22 hours or more, despite the prison defining this as a community unit.

In the child welfare sector, we continued visits throughout 2018 to emergency and long-term institutions. One troubling finding highlighted in one of the thematic articles in this annual report, is the routine use of coercion. The NPM's visit to several child welfare institutions have revealed illegal use of coercive measures and restrictions. It is a matter of concern that several of the institutions we have visited have had a weak understanding of the legislation, which in some cases has led to violations of the law and a high risk of integrity violations.

With respect to mental healthcare, we have visited different types of adult psychiatric departments at four hospitals. We have covered emergency psychiatric units, psychosis units, local security sections at psychiatric units and geriatric psychiatric units. The visits over the year showed that many hospitals have challenges relating to prolonged use of mechanical restraints. This appears, among other things, to be related to an extensive use of mobile restraints, which may contribute to the normalisation of coercive measures and prolonged use of mechanical restraints. The visits in 2018 also clearly showed that good institutional culture is an important element of preventing inhuman and degrading treatment.

Outreach activities have been an important element of the NPM's prevention efforts also in 2018. We have had meetings with civil society, lectured at a number of conferences and seminars, and continued our dialogue with the authorities. This type of national dialogue is an important means of spreading knowledge of the prevention of torture and inhuman treatment, of our findings and recommendations from

visits, and to increase the NPM's potential to influence and make a difference in the institutions we visit, as well as in the public administration.

Although we see a great deal of good work and good practices during our visits, our findings show that there is a significant risk of people deprived of their liberty being subjected to inhuman or degrading treatment also here in Norway. To regularly be under international scrutiny, as has been the case in 2018, is therefore both important and beneficial.

The annual report shows that preventive monitoring makes a difference. The institutions we visit generally follow our recommendations in a thorough and timely manner, as do regional and national administrative bodies. This helps reduce the risk of inhuman or degrading treatment in Norway. We present several examples of how our recommendations have been followed up in Chapter 5. We also note that supervisory bodies use the NPM's findings and recommendations in their work. In addition, we have seen that when we point out positive practices in our reports, other institutions become aware of the practices and use them constructively. This is also a very important part of the mandate of prevention.

Aage Thor Falkanger
Parliamentary Ombudsman





Table of contents

Foreword	4
1 › The Parliamentary Ombudsman's prevention mandate	9
2 › Working methods	13
3 › Selected topics from 2018	19
› The UN Committee against Torture critical of Norway's use of isolation.....	19
› Routine use of coercion in child welfare institutions.....	24
› Thematic report on segregation in mental healthcare institutions	28
4 › Visits in 2018.....	33
› Prisons	33
› Mental health care institutions	36
› Child welfare institutions	43
5 › Follow-up of the NPM's recommendations	49
6 › National dialogue	57
7 › International cooperation	61
Statistics	67
Activities in 2018	70
Budget and accounts 2018	75
Legislation	
› The UN Convention against Torture	74
› The Optional Protocol to the Convention against Torture (OPCAT).....	76
› The Parliamentary Ombudsman Act.....	80
› Instructions for the Parliamentary Ombudsman for Public Administration	82



The Parliamentary Ombudsman's prevention mandate

On 14 May 2013, the Storting voted in favour of Norway ratifying the Optional Protocol to the Convention against Torture, abbreviated OPCAT. The Storting awarded the task of exercising the mandate set out in OPCAT to the Parliamentary Ombudsman. In 2014, the National Preventive Mechanism (NPM) was established as a department under the Parliamentary Ombudsman to address this area of the Ombudsman's work.

The Parliamentary Ombudsman, represented by the NPM, conducts regular visits to places where people are deprived of their liberty, such as prisons, police custody facilities, mental healthcare institutions and child welfare institutions. The visits can be both announced and unannounced.

The NPM has right of access to all places of detention and the right to speak in private with people who have been deprived of their liberty. The NPM also has right of access to all necessary information that is relevant to the conditions for people deprived of their liberty.

As part of its prevention efforts, the NPM engages in extensive dialogue with national authorities, control and supervisory bodies in the public administration, other ombudsmen, civil society, NPMs in other countries and international organisations in the human rights field.

An advisory committee has been established that contributes expertise, information, advice and input to the prevention work.

The UN Convention against Torture

The UN Convention against Torture states that torture and inhuman treatment are strictly prohibited and that no exceptions can be made from this prohibition under any circumstances. States that endorse 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'.¹

Norway ratified the Convention against Torture in 1986. The Prohibition against torture is set out in various parts of Norwegian legislation, including Article 93 of the Norwegian Constitution.

The UN Convention against Torture states that torture and inhuman treatment are strictly prohibited and that no exceptions can be made from this prohibition under any circumstances.

¹ See the UN Convention against Torture Article 12.

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.

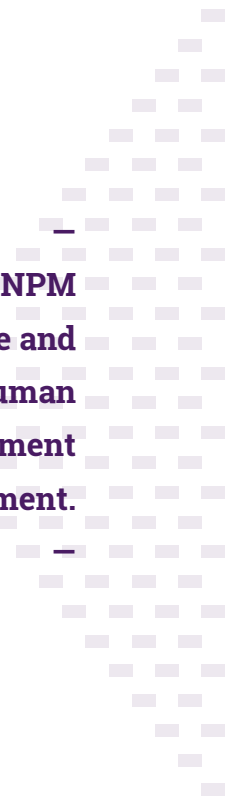
The Optional Protocol was founded on a desire to increase the effort to combat and prevent torture and inhuman treatment. OPCAT therefore stipulates new working methods to strengthen these efforts.

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

The NPMs should make recommendations to improve the protection of persons deprived of liberty. They can also make comments on laws and regulations and propose reform.

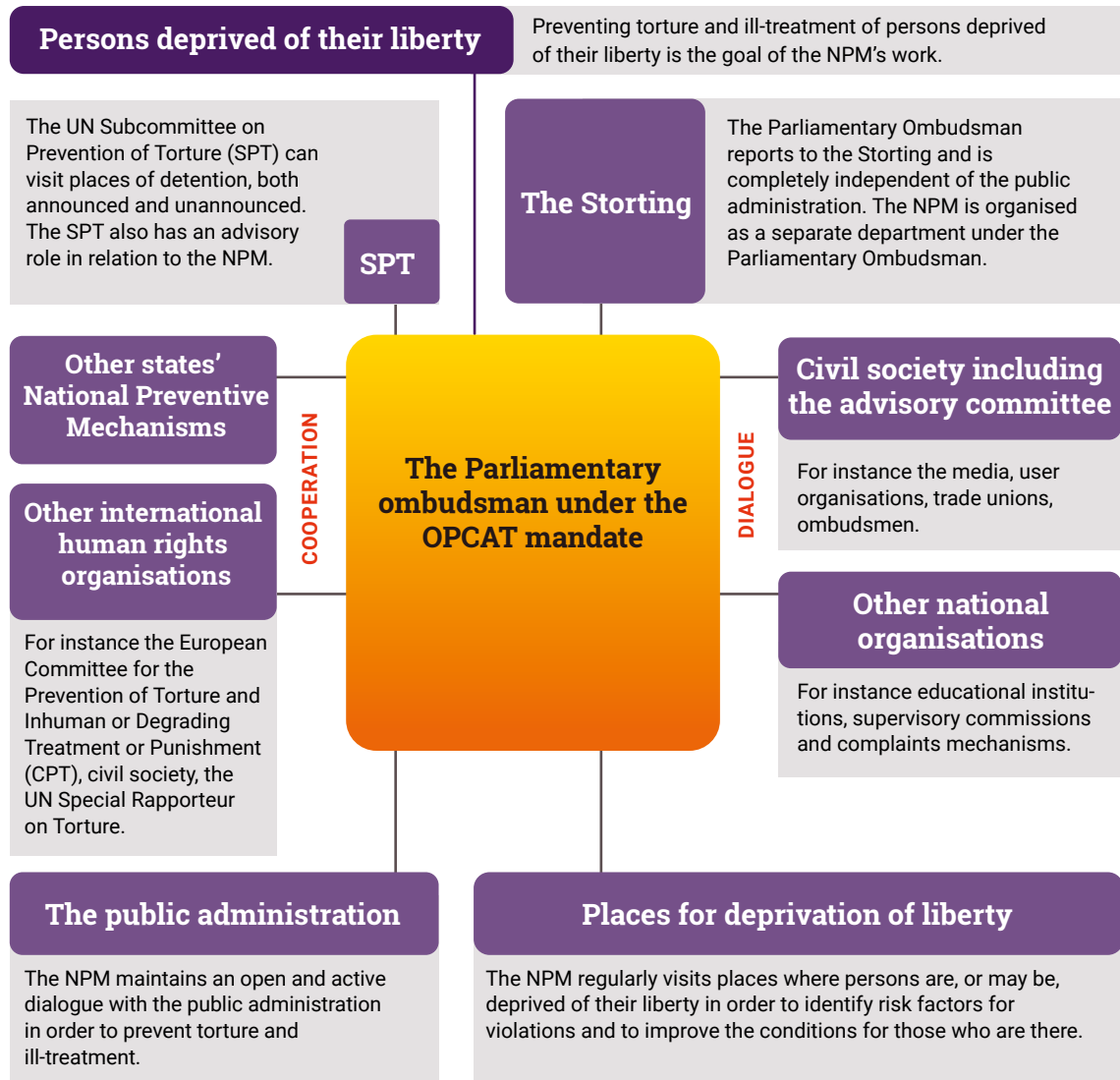
The NPMs must be independent of the authorities and places of detention, have the resources they require at their disposal, and have employees with the necessary competence and expertise.

The Optional Protocol has also established an international body that works in parallel with the national preventive mechanisms, the UN Subcommittee on the Prevention of Torture (SPT). The SPT can monitor conditions in detention and treatment of persons deprived of their liberty through country visits to states that have ratified the Optional Protocol. The SPT's mandate also includes providing advice and guidance to the National Preventive Mechanisms.



**The objective of the NPM
is to prevent torture and
other cruel, inhuman
or degrading treatment
or punishment.**

The NPM's most important relations



2 >



Befragung Observationsleiter

- Bitte beschreiben Sie die Situation, in der Sie die Beobachtung durchführen.
- Was ist das Ziel der Beobachtung?
- Welche Aufgaben haben die Beobachteten?
- Wie wird die Beobachtung durchgeführt?

Befragung Observationsleiter

(Name)

Frage

Working methods

Many different factors have a bearing on the scope of torture and inhuman treatment. Effective preventive work requires a holistic approach. One of the most important aspects of our work is to speak directly to persons deprived of their liberty.

Reasons for torture or inhuman treatment are complex and influenced by legal and institutional frameworks, physical conditions, training, resources, management, and institutional culture.¹ The National Preventive Mechanism's (NPM) main task is to identify the risk of torture and inhuman treatment to prevent people from being subjected to such violations. Our work is based on international conventions, rules and standards.

The possibility to choose which places we visit, and when and how we carry out the visit, is decisive for an efficient and credible prevention mandate. It also requires access to all parts of the institutions we visit, and the opportunity to conduct private interviews with all persons present at the institution. The core of our work is to investigate and understand the specific challenges of the places we visit, to make recommendations on how the risk of inhuman treatment can be limited in order to better safeguard the people who have been deprived of their liberty, and use dialogue as a means of implementing change.

The NPM therefore has a broad methodical approach. Our primary method is to visit places where people are deprived of their liberty. This gives us the opportunity to speak with people deprived of their liberty, and it gives a good insight into the conditions within institutions.

In addition to conducting preventive visits, the NPM works strategically on knowledge sharing, competence building, and advocacy. We maintain an ongoing dialogue with authorities, educational institutions and civil society, and cooperate closely with international human rights bodies.

In 2018 the NPM carried out three visits to child welfare institutions, three visits to prisons and five visits to mental healthcare institutions.



¹ See the UN Subcommittee on Prevention of Torture (SPT), The approach of the Subcommittee on Prevention of Torture to the concept of prevention of torture and other cruel, inhuman or degrading treatment or punishment under the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 30 December 2010 CAT/OP/12/6.



Visits to prevent torture

The NPM visits facilities all over Norway where people are, or could be, deprived of their liberty. This includes public and private institutions and facilities. In 2018, we visited prisons, child welfare institutions, and mental healthcare institutions. We also followed up places visited previous years, including the detention center at Trandum. Several other sectors fall within our mandate, but priorities have been necessary in line with available resources.

The NPM does not replace the role of supervisory bodies. All of the sectors in which we conduct visits have dedicated bodies that are responsible for ongoing supervision. The NPM is in dialogue with these bodies in connection with its visits and can also make recommendations to them.

Mapping and information gathering before visits

As a rule, the places we visit are not informed about when the visit will take place. Most are notified that a visit will take place within a period of two to four months. This enables the NPM to gather information from several sources before the visit. Key sources in this phase include documents from the place to be visited, the supervisory authorities, official authorities, and other relevant bodies. The NPM has access to all necessary information that is relevant to the conditions in places of detention. Examples include administrative decisions, patient records, statistics, and internal documents on operations. The NPM maintains the right to conduct fully unannounced visits where this is most conducive to achieve the prevention objective.

To be able to carry out systematic and expedient prevention work, it is crucial that the NPM has full, unabridged access to sources. Reviewing relevant documentation in advance enables the NPM to identify potential risk factors for undignified and inhuman treatment, thereby ensuring that the visits address the challenges at the place in question.

Interviews with people deprived of their liberty

During the NPM's visits, the conditions at the institution are examined through own observations, interviews, and a review of documentation. Cameras are used to document physical conditions, information posters, and equipment.

The NPM's main focus is always on conducting private interviews with the persons who have been deprived of their liberty. These interviews are a particularly important source of information, because people deprived of their liberty have first-hand knowledge of the conditions at the institutions. They are in a particularly vulnerable situation and have a special right to protection. Interpreters are used as required.



Interviews are also conducted with the staff, management, health services and other relevant actors. Documentation is also obtained to demonstrate the conditions at the institution, such as routines and procedures, local guidelines, administrative decisions on the use of force, logs, plans, and health documentation.

The NPM prepares adapted interview guides for the different groups we wish to interview during a visit. All the conversations take place in the form of partly structured interviews.

All findings are published

The NPM writes a report after every visit. In the reports, we describe the findings and risk factors identified during the visit and present recommendations for changes to the institution. The goal of these recommendations is to reduce the risk of people deprived of their liberty being subjected to torture or other cruel, inhuman or degrading treatment or punishment.

All reports are published on the Parliamentary Ombudsman's website. We also send the report to the institution in question and ask that they make the report available to the people deprived of their liberty and the staff.

The institutions visited are given a deadline for informing the Ombudsman about their follow-up of the recommendations. Their follow-up is also published on the Ombudsman's website.

Change requires efforts at several levels

The reports and the direct follow-up of the places in question form an important part of the NPM's work. However, the prevention work is not limited to the institutional level.

In 2018, the NPM has maintained a close dialogue with the public administration, official bodies, supervisory authorities, and civil society (see Chapter 6). If the institutions we visit do not comply with our recommendations, we may need to communicate the challenges to a higher level of authority – at the regional or national level. The Norwegian authorities are obliged to consider the NPM's recommendations and initiate dialogue on possible implementation measures.

All the sectors covered by the NPM's mandate have dedicated administrative bodies that are responsible for supervising the sectors. Follow-up of the supervisory bodies is also important to ensure efficient prevention. The fact that the prevention mandate covers all sectors where people may be deprived of their liberty also enables us to point out the weaknesses and strengths of the various supervisory bodies' focus and working methods.

Another important aspect of our preventive work is to raise awareness of the situation of, and the human rights obligations pertaining to, people deprived of their liberty in Norway and of the risk factors we have identified. We do this by contributing to seminars, giving lectures, providing training, and engaging in dialogue with relevant institutions (see the overview of activities in 2018 on page 68.)

The NPM also cooperates and exchanges information with international human rights bodies. The NPMs of other countries are important partners. (see Chapter 7 for more information about this work).

The NPM's staff

The NPM has an interdisciplinary composition. It includes employees with degrees in the fields of law, criminology, sociology, psychology, social science and human rights.

The NPM is organised as a separate department under the Parliamentary Ombudsman. We do not consider individual complaints.

External experts

The NPM has the possibility to call in external expertise for individual visits. External experts are assigned to the NPM's visit team during the preparation for and execution of one or more visits. They can also assist in writing the visit report and provide professional advice and expertise to the visit team. In 2018, the NPM was assisted by external experts at five visits.



Photo: Mona Ødegård

NPM staff per 31 January 2018.

From left: Silje Sønsterudbråten, Mette Jansen Wannerstedt, Jonina Hermannsdottir, Johannes Flisnes Nilsen, the Parliamentary Ombudsman Aage Thor Falkanger, Helga Fastrup Ervik, Aina Holmén, Jannicke Godø, and Christian Ranheim.

External experts in 2018

PLACE VISITED	EXTERNAL EXPERT
Sandviken hospital, emergency psychiatric units	Joar Ø. Halvorsen
Østfold hospital, local security sections in the psychiatric unit	Else Marie Molund
Østfold hospital, geriatric section in the psychiatric unit	Else Marie Molund
Bergen Prison	Joar Ø. Halvorsen
Oslo Prison	Thomas Haug

3»



Selected topics from 2018

The UN Committee against Torture critical of Norway's use of isolation

This year, the UN Committee against Torture criticised the Norwegian authorities for the way in which persons deprived of their liberty were treated. Among other things, the committee expressed concern about the extent of long-term isolation in prisons, which often occur because of a lack of resources. According to the committee, the use of solitary confinement of inmates with serious mental health conditions is violates human rights standards and should be abolished.

The UN Committee against Torture based its assessments on Norway's report on the implementation of its obligations under the UN Convention against Torture, and an oral dialogue between Norwegian government representatives and the committee that took place in Geneva in spring 2018.¹ A number of Norwegian institutions and non-profit organisations also submitted supplementary information. The National Preventive Mechanism (NPM) provided a written submission to the committee on key findings from visits it conducted under its prevention mandate. The NPM also attended a preliminary meeting with the members of the committee and attended the hearing in Geneva.²

Major concern about the use of isolation

The UN Committee against Torture highlighted several problematic circumstances relating to the use of isolation in Norway. The committee was concerned about long-term isolation in prisons and the increase in the number of registered administrative decisions on isolation, often on grounds of circumstances relating to the prison premises or staffing. The committee was also concerned that practices which constituted *de facto* isolation were not registered as individual decisions that could be appealed. The committee pointed out that legal requirements for the use of isolation were not sufficiently precise, and that ambiguous requirements for making a decision on isolation may lead to measures that amount to violations of the UN Convention against Torture.

1 The UN Committee against Torture, concluding observations for Norway's eighth periodic report on implementation of its obligations under the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 5 June 2018, CAT/C/NOR/CO/8.

2 More information about the reporting process and the NPM's input is available here (in Norwegian only): <https://www.sivilombudsmannen.no/aktuelt/rapporterer-til-fn-under-horingen-av-norge-i-geneve/>

The expert committee also expressed concern that Norwegian legislation does not stipulate a maximum limit for how long an inmate may be held in isolation. This was also problematised by the UN Human Rights Committee in April 2018, which recommended that an absolute time limit be set in accordance with international standards.³

Based on these concerns, the committee recommended that the authorities ensure that law and practice relating to isolation are brought in accordance with the UN Convention against Torture and the UN Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules). The committee made a number of detailed recommendations on the use of isolation in prisons, including that:

- › matters relating to the prison building or staffing conditions may not be used as grounds for isolation
- › the legal framework must be amended to ensure that solitary confinement is only used in exceptional cases
- › inmates in solitary confinement must receive daily medical supervision, and isolation must be discontinued if the inmate suffers detrimental effects
- › the person in isolation's right to appeal and to legal review must be maintained

The committee was also concerned about the systematic use of isolation in police custody facilities, and the suicide rate of persons on remand that may be caused by being placed in isolation. The committee recommended that the authorities implement measures to prevent unnecessary use of isolation in police custody facilities, including by ensuring sufficient staffing and suitable premises to attend to inmates on remand.

Shortcomings in prison mental healthcare

Concern was also expressed about inadequate mental health follow-up in prison. The committee referred to a particularly high rate of mental illnesses among inmates in Norwegian prisons, and to the fact that a severe lack of beds in the mental healthcare service meant that inmates were placed in isolation in prison rather than being offered healthcare.

The committee expressed serious concern about reports of such inadequate medical follow-up of inmates with symptoms of severe mental health illnesses. The committee recommended that the authorities

- › abolish the use of isolation on inmates with serious mental health conditions
- › implement measures to ensure full access to adequate mental health care for inmates, both in prison and in the mental healthcare services

The UN Human Rights Committee made similar recommendations to the Norwegian authorities in its concluding observations.⁴

The UN Committee against Torture recommended abolishing isolation of prisoners with serious mental health challenges.

3 The UN Human Rights Committee, concluding observations for Norway's seventh periodic report on implementation of the UN International Covenant on Civil and Political Rights, 25 April 2018, CCPR/C/NOR/CO/7, paragraph 24–25.

4 The UN Human Rights Committee, concluding observations for Norway's seventh periodic report on implementation of the UN International Covenant on Civil and Political Rights, 25 April 2018, CCPR/C/NOR/CO/7, paragraph 26–27.

Coercive measures still widely used in the mental healthcare services

The UN Committee against Torture also raised several problematic issues relating to the mental healthcare services. The extent of the use of coercive measures and other means of force gave particular cause for concern. It was pointed out that forced medication constituted a risk of lasting and irreversible harm. The committee also criticised the lack of attempts at using less invasive measures before forced treatment was initiated, and that the authorities lacked an overview and control when electroconvulsive therapy (ECT) was administered without consent. The committee recommended a number of measures, including that the authorities

- › ensure that the patients' dignity is preserved and that attempts at eliminating unlawful use of force be continued, including by considering further legislative amendments
- › establish efficient procedural safeguards for the patients, including by ensuring effective complaint mechanisms
- › ensure clear and detailed rules for the use of coercive measures, including restraint beds, with a view to achieving a significant reduction in both scope and duration
- › consider eliminating forced treatment with intrusive and irreversible effects, such as ECT
- › ensure reparation and rehabilitation for persons subjected to arbitrary psychiatric treatment against their will, without procedural safeguards and independent supervision

The UN Human Rights Committee also expressed concern about the use of force in the mental healthcare services in its observations regarding Norway.⁵

Criticism of the conditions at Trandum

The committee was concerned about the treatment of detainees at the police immigration detention centre at Trandum. The committee referred among other things to the use of body searches that the detainees experienced as humiliating. The lack of routine medical examinations on arrival was problematised, and many municipalities' long waiting times and lack of willingness to offer health services to this group of people was considered particularly worrying. It could in this respect become impossible to identify signs of torture and provide the necessary treatment to those concerned. The committee recommended that the authorities ensure that persons detained at Trandum receive treatment in accordance with international standards, including that

- › the authorities ensure full protection against future persecution or torture
- › detainees promptly receive an offer of a medical examination on arrival at the detention centre
- › procedures be established to identify victims of torture and to assess the risk of torture in cases of deportation

⁵ See note above, paragraph 22–23.

Need for better training in documenting torture injuries

Another area of concern for the committee was findings relating to the prison staff and health personnel's limited knowledge of how torture injuries should be efficiently investigated and documented. The committee recommended that all health personnel and public servants working with persons deprived of their liberty be given training based on the Istanbul Protocol. This is the UN's manual for effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment.⁶ The committee also recommended that the authorities provide obligatory training relating to the rules of the UN Convention against Torture and on the absolute prohibition against torture for police and prison staff, judges, prosecuting authorities, and defence lawyers.

Challenges relating to the serving of sentences in another state

The committee's final point was related to Norway leasing prison places in the Netherlands. It was recommended that the Norwegian authorities refrain from leasing prison places outside their territory.⁷ The authorities were also requested to ensure that public monitoring bodies like the NPM are entitled to monitor and supervise the conditions in all prisons and other places where people are deprived of their liberty.

Persons deprived of their liberty are subject to particular risk

Overall, the committee's observations show that several aspects of the way in which persons deprived of their liberty in Norway are treated give rise to international concern. The placement of inmates with severe mental health conditions in isolation gives rise to particularly great concern about violations of the prohibition against torture and ill-treatment.

The areas of concern highlighted by the committee are very much in line with the NPM's findings after 50 visits to places in which people are deprived of their liberty between 2014 and 2018. Both the committee's observations and the NPM's findings indicate that there is a need for targeted efforts on the part of the Norwegian authorities to prevent violations of the prohibition against torture and inhuman treatment.



Head of the NPM Helga Fastrup Ervik presents the NPM findings for the UN Committee against Torture.

⁶ The Istanbul Protocol, Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Professional training series no. 8/Rev. 1, the UN High Commissioner for Human Rights, Geneva and New York, 2004.

⁷ The lease between Norway and the Netherlands was terminated on 1 September 2018.



Routine use of coercion in child welfare institutions

In recent years, the National Preventive Mechanism's (NPM) visits to child welfare institutions have found that young people are subjected to routine use of coercion. It is a matter of concern that several of the institutions we have visited have had a weak understanding of the legislation that, in some cases, has led to violations of the law and a high risk of integrity violations.

In certain cases, children and young people can be placed in an institution involuntarily. The Child Welfare Act Section 4-24 provides for placing children and young people between the ages of 12 and 18 with 'serious behaviour problems' in a treatment or training institution without their consent for up to twelve months. Section 4-25 second paragraph provides for issuing an interim order for placement without the child's consent on the same grounds.¹ Furthermore, a child who has reached the age of 15 who gives their consent can be placed in an institution on the same grounds pursuant to Section 4-26. If the child has not reached the age of 15, the consent of those who have parental responsibility for the child is required.²

In autumn 2016, the Parliamentary Ombudsman's National Preventive Mechanism (NPM) began visiting child welfare institutions, and, at the end of 2018, we had visited nine institutions where children and young people can be placed without their consent.³ We have visited state-owned and private emergency institutions and long-term institutions.

Routine coercion is when force is used as an integrated part of the institution's practice, without being specifically assessed for the individual resident in the specific situation. The NPM has highlighted findings of routine coercion after several visits.

Institutions cannot make house rules, procedures etc. that restrict the residents' rights as such restrictions requires a decision based on individual assessment of the legal criteria for such restrictions in each case and specific situation.⁴ This means that coercive measures and restrictions that are regulated by the Rights Regulations cannot form part of an institution's general rules or procedures.

The NPM has nevertheless, on several visits, found that coercion is laid out as part of the rules or procedures. The findings concern personal searches and baggage searches, restrictions on the use of mobile phones, and on freedom of movement; in the form of being constantly followed closely by an adult ("shadowing") or being separated from the rest of the youth group.

1 The Act requires that the child has shown serious behavioural problems 'in the form of serious or repeated criminality, in the form of persistent abuse of intoxicants or drugs or in other ways.'

2 Even if the child is staying in the institution voluntarily, they may be retained there for up to three weeks after their consent has been expressly withdrawn.

3 Cf. the Child Welfare Act Section 4-24 and 4-25 second paragraph, but also Section 4-26 concerning retention in an institution based on consent.

4 The Rights Regulations Section 3.

Much of the routine coercion we have found was implemented as part of the admission process, but we have also seen examples of routine use of coercion during the stays. Examples include using “motivational trips” – carried out as a coercive measure – as an automatic consequence for breaking a rule, routine searches after visits home, and a general prohibition on the use of mobile phones at the institution.

In some cases, an administrative decision was made although no individual assessment had been carried out, claiming the restriction should be implemented because it was part of the institution's procedures. Other institutions did not register the restrictions as administrative decisions, but the restrictions were described in procedures or indirectly in other types of documentation. Both practices violate the requirements for the use of coercion in child welfare institutions.

The use of force at institutions is strictly regulated

The right to freedom and self-determination is protected by human rights and can only be restricted if the intervention is necessary, proportionate, and regulated by an act or regulation. Children and young people who are placed in an institution without their consent have already had their freedom of movement and self-determination restricted. Being placed in an institution against one's will constitutes deprivation of liberty according to the International Covenant on Civil and Political Rights.⁵

The basic principle for all child welfare institutions is that the use of coercion is not permitted. However, the Act and Regulations allow use of force in special situations.⁶

The Rights Regulations stipulate the types of force that may be permissible, but they shall also ensure that the integrity and rights of children and young people are safeguarded when they are staying at an institution. The Regulations stipulate special rules for children and young people placed in an institution based on Child Welfare Act Section 4-24 and Section 4-26.⁷ These rules concern:

- › **Restriction on the right to move freely about within and outside the institution (Section 22)**
- › **Visits to the institutions (Section 23)**
- › **Electronic means of communication (Section 24)**
- › **Testing for drugs/alcohol (Section 25)**

The provisions of the Rights Regulations set the framework for the use of force and make it clear that such force can only be used when necessary and proportionate in a specific situation.⁸

The use of force entails a risk of degrading and inhuman treatment. Coercive measures cannot be used to a greater extent than necessary, and other means must be tried first. An assessment of whether to use force must take account of all fundamental legal principles. The intervention must be warranted by law and the best interests of the child, and the child's right to be heard must always be safeguarded as part of the assessment.

5 The UN Human Rights Committee, General Comment No 35, paragraph 62.

6 Cf. the Child Welfare Act Section 5-9 and the Rights Regulations Section 13.

7 The provisions in Chapter 1, 2, 3 and 5 of the Regulations apply correspondingly to residents who are placed pursuant to Section 4-24 and Section 4-26, with the special rules that follow from this chapter. This also applies to residents placed on the basis of an interim order pursuant to the Child Welfare Act Section 4-25 second paragraph second sentence.

8 The County Governor of Aust-Agder and Vest-Agder illustrates this in the report: Historien om Stina. Fylkesmannens rapport etter tilsyn med Kristiansand kommune, Sørlandet sykehus HF, Bufetat Region Sør, Næringsorg Sør og Aleris Ungplan og BOI 27.7.2017 – 7.2.2018. ('The story of Stina. The County Governor's report following inspections of Kristiansand municipality, Sørlandet Hospital health trust, Office for Children, Youth and Family Affairs (Bufetat) – Region South, Næringsorg Sør and Aleris Ungplan & BOI 27 July 2017 – 7 February 2018' – in Norwegian only).



Legal requirements for interventions in children and youth rights:

1. the intervention must be warranted by law (the principle of legal authority)
2. it must pursue a legitimate purpose
3. it must be necessary and proportionate to achieve the purpose

Documentation

The requirements for documentation of use of coercion in child welfare institutions are strict. All decisions on the use of force or restrictions that are considered individual decisions must comply with the Public Administration Act.⁹ An administrative decision must state the grounds for the decision and be in writing. The Supreme Court's practice is that the requirements for grounds are more stringent when the measure is invasive. The Rights Regulations state that all decisions shall be recorded in protocols.¹⁰ The institutions must substantiate that the conditions in the provision in question have been met and describe why it was necessary to use force and what was done to avoid using force.¹¹ The duty to state grounds is intended to ensure thoroughness and precision on the part of the decision-makers and is an important guarantee of legal protection for individuals. It must be possible for the person subjected to force to understand why the legal conditions are considered to be met.

This means that coercive measures shall be a last resort, and concrete, situational, and individual grounds must be provided.

⁹ The Rights Regulations Section 26: All decisions pursuant to Sections 14, 15, 16, 17, 18, 22, 23 and 24 are deemed to be individual decisions pursuant to the Public Administration Act. These decisions shall be entered in the records and presented to the supervisory authorities.

¹⁰ The Rights Regulations Section 26.

¹¹ Cf. the Public Administration Act Sections 24 and 25.

The risk of routine use of coercion

Being constantly followed closely by an adult ("shadowed"), being excluded from the rest of the group, or refused contact with friends and family are in themselves serious interventions in the personal integrity of children and young people. When such coercive measures become routine, the adolescents are also deprived of the due process guarantees. Such guarantees are ensured through the requirement that individual decisions shall be made in writing, and that the adolescent shall be informed about the right to appeal, and given the opportunity to appeal.

Children and young people's right to participation is also violated when force becomes routine. One of the conditions for participation is that individual assessments are based on the person concerned being heard and having had an actual opportunity to participate.

Furthermore, routine coercion is a violation of the institutions' obligation to work systematically to prevent the use of coercive measures. This duty concerns all types of coercion and is not limited to force used in situations of acute danger.¹² Many institutions have limited awareness of their responsibility to prevent use of coercion, such as restricting freedom of movement or restricting access to electronic means of communication.

The institutions are obliged to have the staff and work methods necessary to enable them to deal with the target group for which they are approved within the applicable regulatory framework.¹³ During our visits, we have found institutions, with the same target groups as those who use routine coercion, which have met the obligation to prevent the use coercive measures and to only use coercion when absolutely necessary.

Nevertheless, we experience that use of coercion is often based on a perception that rules and routines involving force, are necessary.

Findings from our visits and child welfare research confirm that institutions often perceive restrictions and treatment measures with strong elements of coercion as necessary, both to the treatment of the individual youth and to the overall operation of the institution. Examples of this include the use of so-called motivational trips when rules are broken or as a form of social control, routine confiscation of mobile phones, and youth being routinely restricted to a separate part of the institution upon arrival, often for several days. In her doctoral thesis on the use of coercion in child welfare institutions, Alvestad Reime writes that staff say that they are often creative about finding leeway when they think that the Rights Regulations prevent them from doing a good job. Among other things, they describe how they take the adolescents on compulsory mountain hikes upon admission, which they themselves acknowledge can be perceived as "brutal, dramatic and problematic in relation to force".¹⁴

Overall, our findings show that many children and young people placed in institutions are subjected to unnecessary and unjustified interventions in their personal integrity and that their due process protection is seriously violated. This entails a risk of degrading and inhuman treatment. The authorities are obliged to ensure that such practices are discontinued. It is also important that the supervisory bodies monitor the actual practices at the institutions they supervise.

12 The Rights Regulations Section 12.

13 Cf. The Rights Regulations Section 24 and Circular Q-19/2012 Guidelines to the Regulations of 15 November 2011 relating to rights and the use of force in child welfare institutions (the Rights Regulations), p.24.

14 Monika Alvestad Reime: Children and Coercion. Recent Trends in Governing and Divergent Discourses in Residential Child Care. University of Bergen 2018, p. 113. http://bora.uib.no/bitstream/handle/1956/18156/Monika%20Alvestad%20Reime_Elektronisk.pdf

Thematic report on segregation in mental healthcare institutions

In December 2018, the National Preventive Mechanism (NPM) published a report on segregation in mental healthcare¹. This thematic report is a summary of the NPM's findings on the segregation of patients admitted to compulsory mental healthcare institutions, based on visits to 12 hospitals in the period 2015–2018.

From our very first visits to psychiatric hospital departments, the NPM has made worrying findings concerning the use of a measure called 'shielding' (a form of segregation). Many patients are subjected to segregation, and the coercive measure may be used for a long time. Segregation often takes place in stripped rooms with little meaningful social contact, strict rules for behaviour, lack of available activities, and unclear treatment plans.

Based on these concerns, the NPM launched a thematic report on the use of segregation in December 2018. The purpose of the thematic report is to provide a summary and elaboration of the NPM's findings on the use of segregation from its visits to mental healthcare institutions. The findings are assessed on the basis of human rights requirements and standards, and discussed in light of history, research, and public statistics.



¹ The report is entitled "Skjerming i psykisk helsevern - risiko for umenneskelig behandling" ('Segregation in mental healthcare - risk of inhumane treatment'). The report is in Norwegian only.

What is segregation?

Segregation in Norwegian mental healthcare institutions entails that the patient is being completely or partly removed from the other patients, reducing human contact to health personell only. Segregation can be implemented against the patient's will and take place in the patient's room or in a dedicated segregation unit. A segregation unit is a room with one or more beds separated from the other parts of the department, normally with a door that can be locked. Patients in segregation units can be denied access to communal rooms in the ordinary department, and will normally not be able to have social contact with patients or others in the other parts of the department.

Low threshold for using segregation

Norway is one of the few countries that has a special legal provision on the use of segregation as a coercive measure, distinct from the use of isolation. Segregation can be used both as a control measure to protect the patient or others against aggressive behaviour, and as a treatment measure where the idea is that reduced sensory impressions will calm the patient. The legal threshold for being able to impose segregation as a control measure is clearly lower than for isolation, which requires that the situation is acute. In practice, however, the patients often perceive segregation as being the same as isolation. Using segregation as a compulsory treatment measure is also problematic because there is insufficient knowledge of the effect of the treatment.

Extensive use of segregation

Public figures and surveys indicate that the use of segregation increased significantly in the period 2001–2016. The figures also indicate that some hospitals use segregation more than others, and that some patients are segregated for long periods of time.

The NPM's visits have also shown that in some hospitals, segregation is an integral part of the treatment regime, for example in that a large proportion of the available beds are located in segregation units. Several of the wards the NPM has visited had a culture characterised by strict boundary setting and correction of undesirable behaviour that could trigger conflicts and segregation measures. The visits also found that inadequate options for engaging in meaningful activities and spending time outdoors can trigger segregation.

Segregation often takes place in undignified conditions

The segregation units in most of the hospitals the NPM has visited have a bare and sterile appearance. Many patients and staff referred to them as being prison-like. The rooms often had no furnishing apart from a bed, and sometimes a table and a chair. In almost all cases, the rooms are painted white with no decoration or pictures on the walls. Many rooms had windows with film that made it completely or partly impossible to look out of.

The bare design of the segregation unit premises is often justified as a security precaution. The NPM believes that such a view of security is problematic as research does not support the notion that a lack of furnishing prevents violence and destruction. On the contrary, research indicates that humane design can contribute to reducing the use of coercion. The hospitals also contended that the patients' sensory impressions should be limited to help them calm down. However, the patients' experience indicates that the bare design reinforces the impression of segregation as a form of punishment. The NPM's visits found that many of the institutions have a low awareness of the potential negative effects of a lack of sensory impressions. Several segregation units also had restraint beds and isolation rooms. This further reinforces the impression of segregation as a form of punishment. Such segregation units generally do not adequately safeguard patients' dignity.

Isolation-like segregation

One important finding is that segregation in many cases clearly resembles isolation. Many patients spend a lot of time alone, often with little contact with the staff. Examples were also found of segregation measures being used for a prolonged period of time. Some patients are segregated for several months or, in exceptional cases, years.

The implementation of segregation is often characterised by strict rules, unclear treatment content, and a lack of opportunity to spend time outdoors every day or participate in adapted activities. The NPM has also found that physically restraining patients by manual control is incorrectly considered as being covered by a segregation decision, and that patients can be held, wrestled to the ground and, in some cases, physically carried into a segregation unit, without an administrative decision being made to that effect.

Furthermore, administrative decisions on the use of segregation were often inadequately documented, without a precise description of why segregation was considered necessary in each individual case.

The thematic report shows that human rights standards set clear limitations on the right to use isolation-like measures in the health care services. The use of segregation, particularly if upheld over long periods of time, in an invasive manner with a low degree of freedom of movement, meaningful human contact and self-determination, can constitute a risk of violation of the prohibition against inhuman and degrading treatment.

Need to focus on alternatives to segregation

The thematic report points out that alternatives are needed to the current segregation practices. In the report, the NPM issues the following recommendations to help prevent the risk of inhuman and degrading treatment caused by segregation:

To the national health authorities

Statistics

- › prepare a national overview of the duration of segregation measures. Such an overview should also include information about geographical variations and, in particular, prolonged measures.

Assessment of the legislation

- › carry out an assessment of whether the legislation that applies to the use of segregation is in accordance with human rights requirements and standards, both as regards the right to use segregation as a treatment measure and as a control measure. The need for special due process guarantees should also be considered to avoid prolonged segregation.

Knowledge building

- › consider national professional development projects on segregation, such as projects on humane and safe design of segregation units in mental healthcare institutions, less invasive methods for implementing segregation, and alternatives to segregation.

To health trusts and local hospital departments

Implementation of segregation

- › ensure that segregation is not implemented in a way that constitutes isolation, and enable patients to have meaningful social interaction.
- › ensure that further restrictions and force during segregation only take place if there is a legal basis and it is strictly necessary and proportionate.
- › implement special measures at the local level to avoid prolonged use of segregation.

Preventing segregation

- › implement measures in consultation with patients to prevent the use of segregation, including by developing alternatives to segregation.

Special requirements for staff

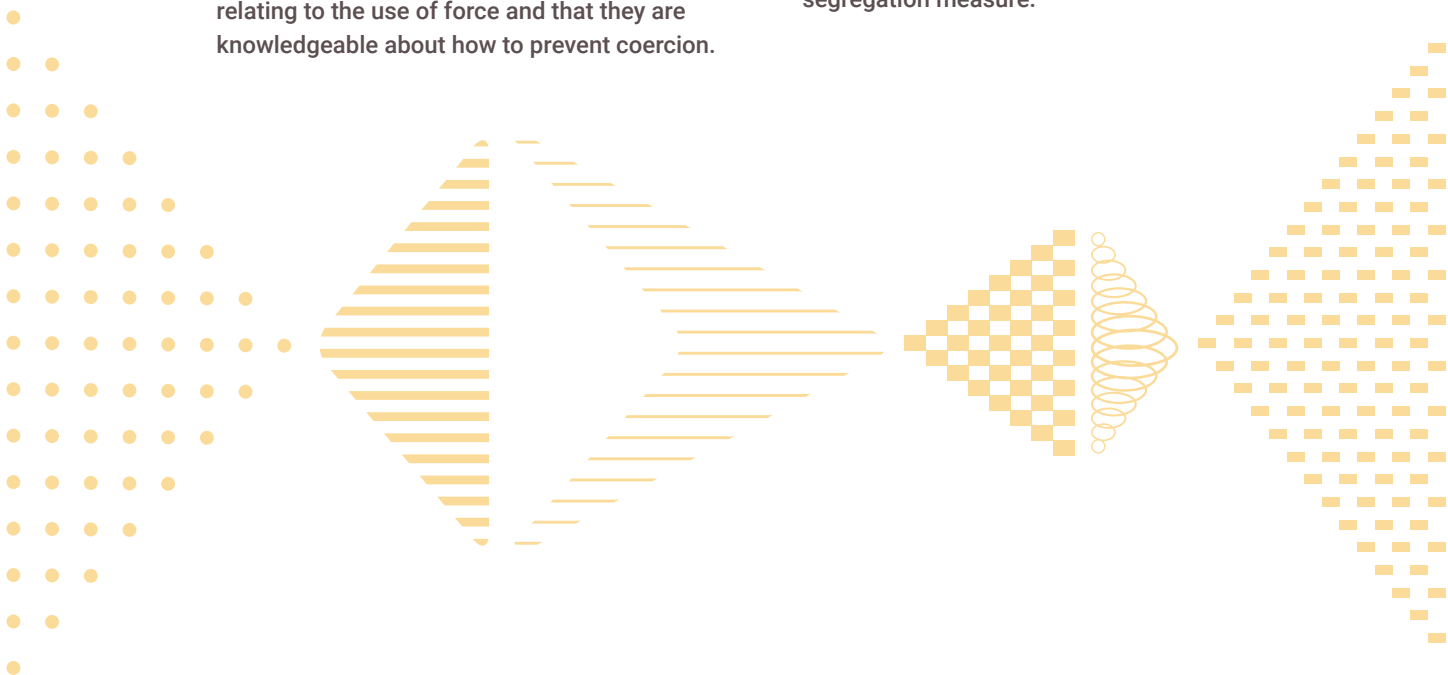
- › ensure that staff who work in the segregation units meet high ethical awareness requirements relating to the use of force and that they are knowledgeable about how to prevent coercion.

The physical design of segregation premises

- › implement measures to ensure that premises that are used for segregation are designed in a humane manner that avoids sensory deprivation. Restraint beds should not be placed in the segregation units.

Due process protection in connection with segregation

- › take steps to ensure that decisions on segregation are justified by concrete and independent assessments by the person responsible for the decision.
- › Take steps to ensure that a treatment plan for segregation is always prepared, as far as possible in consultation with the patient. A treatment plan should contain therapeutic treatment, tailored activities, and daily opportunities for spending time outdoors, as well as a plan for the discontinuation of the segregation measure.





4 ➤

Visits in 2018

Prisons

Arendal Prison

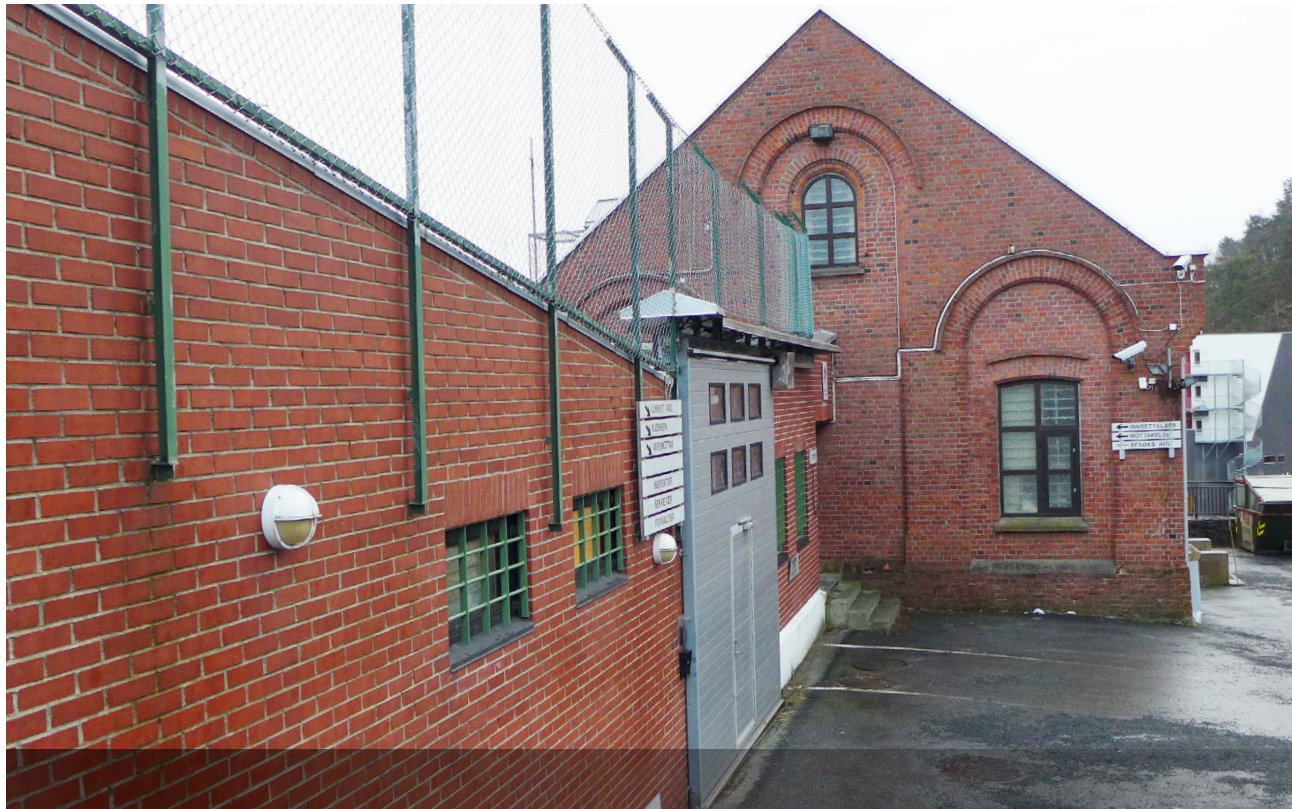
7–8 February 2018

Arendal Prison has capacity for 32 male inmates in its high-security section. The NPM did not visit the prison's low-security section. The prison, which was built in 1862, is due to be closed down when a new prison in Agder is completed in 2020.

During the visit, the NPM found a number of circumstances that gave cause for concern.

The most serious finding was the degree to which lock-ins and isolation were used. This particularly applied to the section for convicted inmates, where inmates were locked in their cells for more than 20 hours a day from Friday to Monday. Several inmates in this section were also locked in their cells for 20 hours a day on weekdays.

A number of inmates said that they did not feel safe in the prison. They gave reports of inmates screaming, crying loudly and kicking and hitting the doors. This led to several inmates fearing that other inmates might develop aggressive tendencies due to excessive lock-ins.



Arendal Prison

A review of the prison's procedures for the remand section showed that nearly all inmates were held under conditions that, according to international guidelines, constitute isolation. The prison had few measures to compensate for the detrimental effects of isolation, and there were inmates who appeared to function particularly poorly under these conditions.

A higher number of inmates at Arendal Prison expressed suicidal thoughts, or reported that fellow inmates had such thoughts, than the NPM has previously encountered during visits to prisons. Limited social interaction and long lock-ups during the weekends were pointed out as contributing causes by several inmates.

The NPM is concerned that the extent of the lock-ins constitutes a risk of inhuman treatment.

The NPM's investigations showed that 53 of the 113 decisions on partial isolation were based on there being no available places in the communal section. Using a shortage of places as grounds for isolation is problematic from a legal perspective.

Arendal Prison had two holding cells. These were located in the security section together with the two security cells, separated from the prison's regular sections. Both holding cells appeared to be worn-out and not suitable for a prolonged stay.

The information given to new inmates was inadequate. A number of problematic findings relating to activities for the inmates also emerged. At the time of the visit, the prison did not offer any programme activities, and the fitness room showed signs of wear and tear, with little equipment and poor ventilation.

During the visit, it emerged that the inmates who had access to education and work activities were satisfied with these. At the same time, it was found that the activity programme was often limited because the prison did not have the funds to hire temporary staff to keep the operations running when staff were on sick leave.

Bergen Prison

2–4 May 2018

The visit to Bergen Prison was part of the follow up of the NPM's report following its previous visit in 2014. The main purpose of the visit in 2018 was to investigate the prison's practices in connection with isolation and time spent outside the cells.

Bergen Prison is Norway's second largest prison and has an ordinary capacity of 265 places, divided between 209 high security places and 56 lower security places. The NPM's visit did not include the prison's lower security section.

The NPM found that the prison's security cells were in bad condition, and that the size of the smallest cell bordered on the European Committee for the Prevention of Torture's (CPT) minimum recommendations. The calling system did not work and the lights were on in the cells all day round with no possibility of dimming even during night time.

The NPM was concerned about weaknesses discovered in the procedures and practices relating to placing minors on restraint beds and the placement of minors in security cells.

A review of records from 2017 showed that around 24 per cent of all placements in security cells were due to a risk of suicide or self-harm. Four of nine placements in security cells between January and May 2018 were made to prevent suicide or self-harm. The prison administration informed the NPM that a shortage of resources was a contributing factor to security cell placements. It is a serious and reprehensible matter that persons in an acute life crisis are placed in a security cell and that the resource situation is partly to blame for this.

The NPM was informed that women were at times placed in the restricted section A-vest because there were no available places in the women's section. The NPM finds it very worrying that women are placed in a restricted section due to a shortage of places and resources.

Many complained of too much isolation and too little activation in the A-vest and A-øst sections. Although the inmates in A-øst have a better activity programme than was the case during the 2014 visit, the section still makes extensive use of isolation. A number of inmates are still in the section for long periods without an administrative decision on isolation being made.

It emerged during the visit that Bergen Prison regularly had inmates with such severe mental disorders and low level of functioning that they were generally unable to be part of the ordinary prison community. These inmates risked being excluded in section A-vest for long periods of time. The NPM

takes a very serious view of the situation in which individuals with mental health problems are subject to long-term isolation. The Norwegian authorities have a duty to ensure that inmates with mental illness who are detained in prisons are not subjected to degrading or inhuman treatment.

During the visit in 2018, the NPM was informed that inmates were more often locked in their cells as a result of a shortage of resources than was the case in 2014. The reasons for this included new supervision procedures in the communal sections B and C. The NPM is still concerned about the staffing situation in Bergen Prison's communal sections.



Bergen Prison



Oslo Prison

Oslo Prison

12–14 November 2018

The prison is one of the biggest in Norway with a total capacity of 240 inmates when all sections are in operation. Oslo Prison primarily houses inmates remanded in custody and is the prison in Norway with the highest number of such inmates.

At the time of the visit, the prison had two sections in operation, Section B (Bayern) and Section C (Stifinnern). Stifinnern is a small special section, and the NPM only visited the Bayern section. Bayern comprises ten units of which the NPM visited seven.

The report from the visit will be finalised in the course of 2019.

Mental healthcare

Reinsvoll psychiatric hospital

27 February–1 March 2018

During the NPM's visit to the emergency psychiatry and psychosis treatment department at Reinsvoll hospital, a key finding was that the institutional culture at the department as a whole appeared to be characterised by respect for the patients' integrity and needs. The department had systems in place for maintaining a good institutional culture over time, including good management, and a thorough process for recruiting new employees focusing on assessments of personal suitability. Several aspects of the department's operation should serve as an example to be followed by other mental healthcare institutions.

The patients were offered varied activities adapted to their wishes and level of functioning, and good access to pleasant natural surroundings. The department's inpatient units had well-maintained and pleasant communal areas. Many patients emphasised that they were received in a caring and welcoming manner.

Rather than emphasising training in the practical use of force in a conflict that has already arisen, the department worked on preventing use of force by focusing on attitudes and communication that can prevent situations from escalating.

Shortcomings were found in the department's practice in relation to administrative decisions to use coercion, particularly decisions regarding treatment without the consent of the patient. Often, the administrative decision did not contain a satisfactory description of the actual circumstances and an assessment of whether the requirements were met. Since treatment without the consent of the patient is a very serious intervention, there was a need for further measures to ensure sufficient consideration and documentation of whether the legal requirements were met.

Furthermore, not all patients had received written grounds for the decision to use coercive measures, and the duty to give the patients a chance to state their case before such a decision is made was not sufficiently implemented in the department's procedures. It was also found that the patients were, only to a varying degree, offered an evaluation interview after a decision to use force had been made, which is a measure required by law. The NPM underlined that this is an important means of safeguarding patients' rights and preventing arbitrary use of force.

It also gave cause for concern that psychopharmacological treatment was a particularly prominent part of the treatment given at the department. There appeared to be few other treatment options, such as cognitive therapy. The department had few psychologists and specialist psychologists on staff.

There was an increase in the use of mechanical restraints in some wards in 2017. However, no findings were made that indicated disproportionate use.

The NPM expressed concern about the fact that there were examples of restraints being used for more than six hours and noted that the restraint beds being in full view in the segregation units was problematic.

According to the hospital, Electroconvulsive treatment (ECT) had not been administered on grounds of necessity (i.e. without informed consent in a life-threatening situation) at the department in the period 2015–2017.

Several of the segregation (in Norwegian law termed 'shielding') units had a somewhat sterile feel, but were kept in a proper and clean state. Segregation was carried out in a humane way. It was emphasised that the staff generally seemed to have regular contact with the patients in the segregation units, and that the department's management had clearly signalled that this was a priority. It was also positive that segregated patients were generally given the opportunity to spend time outdoors every day and that they could also engage in recreational activities in the segregation unit.



Reinsvoll psychiatric hospital

The county psychiatric department, Vestfold Hospital

10–12 April 2018

The main focus of our investigation during the visit to the county psychiatric department at Vestfold Hospital in Tønsberg was the emergency psychiatric units, including the psychiatric emergency unit, the general psychiatry emergency in-patient unit, and the emergency psychosis in-patient unit. There are plans to move the emergency wards when a new hospital building has been completed in 2019.

The NPM's visit showed that the emergency psychiatric sections, particularly a number of the segregation units, showed signs of wear and tear and were not suitable for safeguarding patients' safety and dignity. The sections had little or no information on their notice boards about activities, patient rights or control and supervisory authorities.

The activity programme seemed poor and there were very limited possibilities of spending time outside in the fresh air.

The staff did not have a common understanding of the fact that activities can prevent violence and the use of force.

The emergency sections had a high use of coercive measures compared with national figures. There was an increase in the use of mechanical restraints and short-term physical restraint at the emergency sections last year, despite measures to reduce the use of force. A review of the documents showed that the police had been involved in the use of mechanical restraints on patients twice. An inspection of the premises showed that the section for psychosis had an spit hood that could prevent patients in restraints from spitting. Despite it rarely being used, the NPM pointed out that using spit hoods is very invasive and that the availability of the mask in itself increases the chances of use.

Several factors were identified in connection with the visit that indicated a real risk of excessive use of force. During the visit, we met a number of patients with cuts and bruises following confrontations with staff.



The county psychiatric department, Vestfold Hospital

Administrative decisions were not consistently made when patients were held down on the ground, and such situations were often inadequately described in the patient records.

Evaluation interviews were not always carried out after use of force, and the NPM identified a lack of systematic and more active use of evaluation interviews as part of the patients' right to influence the work on reducing use of force.

All of the emergency units at Tønsberg had separate nightshift staff. The nightshift staff appeared to be more distanced from management and other staff. It was reported that the basic nightshift staffing was inadequate, at the same time as many new admissions took place during this shift. This increased the workload and the risk of use of force. It seemed that the high focus on security and a somewhat strict framework affected the nightshift staff. In addition nightshift staff rarely participated in general staff training.

The number of segregation decisions in the past year had increased and some patients were segregated for long periods. Some examples of good practice during segregation also emerged, where human contact and joint activities with the staff throughout the day were emphasised. In some cases, however, coercive measures were used in the segregation units because the patients felt locked in and tried to get out, and we also observed examples of patients being handled in a way that led to unrest and the situation escalating.

There had been a decrease in the number of administrative decisions on forced medication last year. The legal requirement that the patient must be incapable of giving their consent was not always adequately described, and a number of patients stated that they had not received sufficient information about the potential side effects of the medicines they were given.

Over the past two and a half years, the hospital performed Electroconvulsive treatment (ECT) on a small number of patients on grounds of necessity. (i.e. without informed consent in a life-threatening situation).

Although the threshold for performing ECT on grounds of necessity was high, the findings highlighted several of the problematic aspects of using the principle of necessity provision in the General Civil Penal Code as grounds for treatment as invasive as ECT.

Bergen Hospital, Sandviken psychiatric clinic

14–16 August 2018

A key finding from the visit to Sandviken psychiatric clinic was that segregation (in Norwegian law termed 'shielding') was conducted in premises with undignified conditions. All sections had a segregation unit where patients were kept apart from the other patients. Most of the units had a patient room for segregation, an isolation cell, and a room for mechanical restraints.

The segregation premises had a sparse design with very few sensory impressions. The rooms often had no furniture other than a bed that was fixed to the floor. The isolation cells only contained a mattress with bedding on the floor. A high occupancy rate meant that the isolation cells were often used for segregation. The segregation was often performed in a manner similar to isolation and the patients were subject to strict rules. The staff appeared to lack a clear plan of what a segregation period should include, and there were limited possibilities to spend time outdoors.

It was common practice at the clinic to use mobile restraints as a form of mechanical restraint. This created a risk of normalising the use of coercive measures, and could thereby lead to restraints being used for longer periods. Restraints were used during ambulance transport even if there was no legal authority for so doing. Spit hoods had in some cases been used to cover the patients' faces while being restrained. The NPM advised against using spit hoods, since they can be humiliating to wear and provoke anxiety, particularly for someone who is fixated to a restraint bed.

Some staff had misunderstood the rules on coercive measures and incorrectly believed that an administrative decision was not necessary when patients were physically restrained (i.e. held by manual control) for a short period as a form of 'self-defence' when they behaved in an uncontrolled manner. Another misunderstanding was that it was not necessary to make an administrative decision on physically restraining a patient in connection with segregation, even if the patient physically resisted.

The clinic used a medicine as a coercive measure that had a duration of action lasting several days. Coercive measure can only be used in emergency situations, and the use of prolonged duration of action medicine is problematic. Sandviken had also made an abnormal number of administrative decisions on isolation compared to other hospitals. It was also pointed out that all of the segregation units included isolation cells.

This meant that isolation as a coercive measure were readily available and increased the risk of them being used. Many decisions on segregation were also implemented in isolation cells, thereby lessening the distinction between coercive measures and segregation for the patients and staff.

Although the clinic made good efforts to ensure reliable figures on the use of coercive measures, there was limited reflection on possible causes of the high and increasing figures. The findings indicated low willingness at the institution to critically reflect on its own practices, particularly to what degree attitudes, conduct, and practices affect the use of coercive measures.

A number of patients who had been medicated against their will had experienced unpleasant side effects or had been forced to take high doses of medication over long periods. The NPM underlined that forced medication must be limited to what is strictly necessary, and that the beneficial effect must clearly outweigh the disadvantages of the measure. Many patients felt that they had not received enough information about the side effects of the medications they were being administered. An NPM review of the decisions on forced medication revealed several shortcomings in terms of how the decisions were reasoned.

The clinic stated that Electroconvulsive treatment (ECT) had been performed on nine patients on grounds of necessity in the period 2016–2018. (i.e. without informed consent in a life-threatening situation). Cases were found in which it appeared doubtful that ECT was the only satisfactory treatment option available to avert acute risk of harm to the patient. In a number of cases, ECT had been performed repeatedly without an assessment of necessity being conducted each time.

Few patients felt that they had received sufficient information about their rights during their stay. Nor had the patients been given a routine offer of an evaluation interview after being subject to invasive coercive measures, as stipulated in legislation.



Bergen Hospital, Sandviken psychiatric clinic



Østfold Hospital, Kalnes

Geriatric psychiatric section at Østfold Hospital

9–11 October 2018

The NPM visited the geriatric psychiatric section at Østfold Hospital, which is part of the department of psychiatry and adult habilitation. The NPM also visited the security sections, described in the summary below.

The section was on the hospital's second floor. Patients subject to restrictions or who could find it challenging to locate the roof terrace or main entrance could only get fresh air by going out onto a caged-in balcony. Both the patient rooms and communal areas had sterile white surfaces with no colour or contrasts. In the patient rooms, the patients were not able to control the blinds, which were also transparent. The segregation unit consisted of a large room and a bathroom, and a separate small caged-in balcony. The room had a bed with straps fixed to it for restraints, which hung down from the bed in full view.

Findings from the visit indicated that there was uncertainty in relation to determining whether patients admitted against their will were competent to consent. In one case, a member of staff had waited a week to change the provision under which a patient had been admitted, even though the patient was considered competent to consent.

Such practice is not permitted. If a patient becomes competent to consent during treatment, the person has a right to discontinue treatment.

In general, the section had a low occurrence of the use of force. However, administrative decisions had not been made for all situations where patients were physically restrained by staff against their will. Among other things, there was uncertainty among the staff as to whether they could physically restrain a patient for a period before a decision had been made and, in such case, how long this period could be. The person responsible for administrative decisions was also unsure about whether a separate decision should be made if a patient in segregation was restrained. These circumstances meant that the section did not have confirmed figures on the use of force and that the patients' right to complain, among other things, was not sufficiently safeguarded.

There appeared to be little interest in and knowledge of the occurrence and development of use-of-force figures among the section staff and the department's management. The management was under the impression that figures for how often coercive measures were used, generally were a result of the patients who were admitted and not circumstances that the section could influence through its practices. The milieu therapists were not aware of any increase or decrease in the use of coercive measures.

The security sections at Østfold Hospital

9–11 October 2018

The NPM visited security sections 1 and 2 at Østfold Hospital Trust. The sections are part of the department of psychiatry and adult habilitation. The NPM also visited the geriatric psychiatric section which is described above.

The security sections were both local high-risk psychiatric units. The sections were on the ground floor with a way out to a joint atrium. This ensured that the patients who were subject to restrictions in their section could spend time outdoors. The atrium was encompassed by high walls with many windows. It seemed dark and did not promote a sense of security. The communal areas in the sections had sterile white surfaces. The communal areas appeared too small in relation to the number of patients and staff. This is unfortunate since it can lead to patients isolating themselves in their rooms, and because it can make it difficult to effectively prevent conflicts, violence and uncontrolled behaviour in a security section. The patient rooms did not have curtains and the patients could not control the blinds, which were also transparent. The segregation units consisted of a large room, and a separate small caged-in outdoor area. All of the segregation rooms had beds with straps fixed to it for restraints, which hung down from the bed, fully visible. The premises did not appear suitable for providing good treatment to the patients. The activity programme was not particularly well developed seen in light of the fact that patients were admitted to the security sections for long periods.

The use of restraints over the past year was much more prevalent in security section 2 than security section 1. Certain patients had many administrative decisions issued to them, but restraints had also been used on considerably more patients in total in this section. This difference in occurrence was also found for segregation and forced medication.

The staff at all levels had little knowledge of these systematic differences between the sections. There was also little interest in keeping track of use-of-force figures and little belief that the sections could do anything to reduce the use of force.

There were several cases of prolonged use of restraints in both sections. Mobile restraints were used extensively. This appeared to extend and normalise the use of restraints. It also seemed that nursing staff and specialist registrar were reluctant to release patients from restraints. This prevented a continuous assessment of whether the conditions for using restraints were met.

Findings from the visit indicated that administrative decisions had not been made for all situations where patients were physically restrained by staff against their will.

We found several cases of prolonged use of segregation. This is problematic among other things because of the physical conditions patients are subjected to during segregation. Staff seemed to provide continual social contact and care to patients during segregation. However, certain findings indicated that a rigid approach was used with the patients, which could lead to unnecessary frustration during segregation.

In general, there were shortcomings in the administrative decisions on treatment without the consent of the patient, and the duty to provide grounds was not sufficiently addressed in several cases. The house rules, particularly in security section 1, encompassed among other things restrictions on the use of mobile phones, tablets and computers, which are not permitted under the Mental Health Care Act. A number of segregation instructions and documents showed that the patients' access to the outside world was greatly limited during segregation, without this being based on an individual administrative decision.



Kvammen emergency institution

Child welfare

Kvammen emergency institution

16–17 January 2018

Kvammen emergency institution is a state-owned institution with five places for children and adolescents between the ages of 12 and 18. Kvammen admits adolescents who are placed both voluntarily and against their will. The visit documented several serious findings. The NPM expressed serious concern about whether the Kvammen emergency institution was being run responsibly, and about its ability to operate in line with child welfare legislation and children's rights.

All children and adolescents had to endure an admission regime which entailed a stay at the admission department Kåret for up to three days and in certain cases longer. The admission section had a prison-like feel. On admission, mobile phones were routinely confiscated, and bags were searched. The residents were informed about the house rules and what was expected of them, but received very little information about their rights.

The residents were also subjected to unlawful, routine coercion during the remainder of their stay at the institution.

Mobile phones, tablets, and laptops were confiscated from all the residents for the length of the stay, and the residents did not have access to the internet within the institution. It also emerged that the residents could not leave the institution's grounds without being closely followed by an adult. Findings also showed that Kvammen restricted the residents' freedom of movement in a way that meant they were isolated from the other residents. There is no legal authority for this.

There are strict conditions for using coercion pursuant to both national legislation and international conventions, and an institution cannot write house rules, procedures or similar that restrict young people's rights. Kvammen's routine use of force during admission and during the stay meant that the residents were subjected to unlawful use of force.

The institution had in some cases used coercion on the basis of the police's wishes and needs. The NPM underlined that the police cannot instruct a child welfare institution to exercise force in excess of the restrictions provided for in child welfare legislation. Nor should the institution follow instructions from the police that it does not consider necessary and that are not within the regulations to which the child welfare institution is subject.

The NPM found several errors and shortcomings in Kvammen's administrative decisions and record keeping relating to the use of coercion. This



Agder behandling ungdom (institution for adolescents), Furuly

concerned among other things shortcomings in logging decisions on the use of force, weak grounds, and descriptions that made it difficult to assess whether the statutory conditions for the use of coercion were met, and decisions on use of coercion that Kvammen was not authorised to make. The use-of-force records were not quality assured by the institution's management. Under-reporting of use of coercion seen in conjunction with inadequate administrative decisions, unauthorised use of force, and shortcomings in quality assurance entailed a major risk of the residents being subjected to unnecessary force.

The county governor had repeatedly highlighted several concerns in its supervisory reports to Kvammen emergency institution. It was difficult to see how Kvammen had endeavoured to follow up the county governor's reports.

Agder behandling ungdom (institution for adolescents), Furuly department

12–14 March 2018

Furuly is a public child welfare institution and is one of Agder behandling ungdom's three departments. The institution has three places and receives young people, including youth who have been placed there without their consent. Due to few placements over the past year and many new or recently revised routines and procedures, the NPM had a limited basis for assessing the institution's practices. On that account, the report did not go into detail in certain areas that are usually investigated during visits to child welfare institutions.

Upon arrival, the staff went through the luggage with the youth. The NPM underlined that if a search is to be carried out, an administrative decision must be made beforehand. This must be explained to the resident who can choose whether to be present, and a use-of-force record must be kept.

The management and staff had previously been in a situation where they had needed to implement use of coercion under pressure from the police. The child welfare service also expected the institution to make decisions on extensive restrictions. In this situation, the institution felt that it had no other choice than to comply. The county governor pointed out that restrictions had been enforced that were in excess of what is permitted pursuant to the Rights Regulations.

The police or other parties cannot instruct a child welfare institution to exercise coercion in excess of the restrictions provided for in the Rights Regulations. The use of coercion exercised on this basis entails a high risk of young people being subjected to arbitrary deprivation of their liberty.

Furuly had procedures for restricting freedom of movement in an apartment on the centre's first floor, which appeared to facilitate more extensive force than the staff and management had described as desired practice. The procedures lacked a description of how to ensure that the adolescents placed in the apartment were not isolated from the other residents. Certain parts of the procedure handbook also contained elements that the NPM pointed out could contribute to a sense of insecurity and helplessness and increased the experience of force.

The NPM underlines the importance of routines and procedures that safeguard children's rights, including their right to proper care and treatment. It is also essential that both the management and staff are familiar with the procedures and have a shared understanding of how they should perform their work, and that everyone has the knowledge and expertise needed to give the treatment that the institution provides.

It could take time before the residents at Furuly were offered schooling, due to what the institution felt was a delayed and reluctant response on the part of local schools to accept the Furuly residents. The NPM underlines the importance of all children and young people who have a right to schooling being provided this without undue delay.

Skjerfheimkollektivet

18.–20. september 2018

Skjerfheimkollektivet is a residential and treatment institution for adolescents between the ages of 15 and 18 with serious substance abuse problems. The institution is a department under Buskerud, Vestfold and Telemark handling ungdom, owned by the Norwegian Children, Youth and Family Affairs Service (Bufetat).

Skjerfheimkollektivet was well equipped and the physical conditions were pleasant and clearly reflected consideration for the youth living there. The exceptions were the room for urine tests and the "sluice room". These rooms were used to perform coercive measures and it is therefore important that they are designed to ensure the patients' sense of security and dignity.

Over the years before our visit, Skjerfheimkollektivet had made several changes to the way in which they worked with the residents. The changes implied among other things a more individual approach to the residents' treatments and in their everyday lives, less rigidity and more focus on the residents going to school or working outside the institution. The changes were important to providing a secure framework and good treatment for each individual resident.

Different measures described as camps or trips were used at Skjerfheimkollektivet, which are measures typically used by substance abuse institutions for minors.

The trips were described in and based on decisions on restricted freedom of movement pursuant to the Rights Regulations Section 22. An administrative decision of this kind cannot be used to take a young person on a trip against their will as part of their treatment. The institution must ensure participation and consent on the part of the resident before being entitled to take them on therapeutic trips.

Both the county governor and the Office for Children, Youth and Family Affairs – Region South have previously pointed out to Skjerfheimkollektivet that motivational trips must be undertaken based on the resident's consent. The NPM cannot see that this differs in the case of admission camps, which were also part of the treatment. The admission camps were also routinely organised. Coercion cannot be routinely exercised as a normal part of treatment or the institution's operations.

It became known during the visit that a lack of information about and the possibility to exercise user participation led to the admission camp being characterised by insecurity, fear and use of force. Information and participation are essential to prevent use of force and to be able to provide the right help to the residents.

It also emerged that the length of the trips varied, and the residents were not told how long they were going to be away. The lack of opportunity to participate and be heard and the lack of information about content, place and length amplify the impression of the trips being forced.

The section manager at Skjerfheim had the overall responsibility for use-of-force decisions and records, following up the residents' complaints and cooperating with the supervisory authorities. The administration's strategy was that the use of force should always be discussed in the staff group. The staff also confirmed this.

Although the staff and administration at Skjerfheim appeared to have reflected on and discussed the use of coercion, this was not as well reflected in all of the use-of-force records we were presented. A review of the records showed that the use-of-force decisions and record keeping had several weaknesses as regards justification, completion and dating. Among other things, the decisions relating to "detoxtrips" generally lacked adequate descriptions and grounds. This made it difficult to see whether the conditions in Section 22 of the Rights Regulations were met.







Follow-up of the NPM's recommendations

After each visit, the NPM publishes a report describing its findings and making recommendations for preventing torture, inhuman and degrading treatment.¹ Much of the preventive work begins after the reports have been published.

We ask all places we visit to provide written feedback on how the recommendations have been followed up within three months of the visit report being available.²

The feedback we received throughout the year indicates that the institutions generally followed up the recommendations in a thorough manner. The majority of places have implemented numerous measures that play an important role in reducing the risk of inhuman and degrading treatment.

At times, institutions can be surprised by our findings, but they generally recognise the issues we raise. This forms the basis for constructive dialogue about the risks relating to the recommendations and the need for change. It also underlines the importance of the NPM's visit in that an external force can be necessary to get to grips with challenges that are already known.

Certain recommendations require limited effort to follow up, while others are more challenging. This means that the NPM's follow-up can sometimes continue over a long period, and at other times be concluded relatively quickly.

In some cases, institutions we visit do not follow up our recommendations. These institutions often refer to their resource situation as the prime reason for their inability to implement the recommendations. This has for example been the case in certain prisons, where the NPM has criticised the placement of people with mental health problems in sections without access to social interaction or in security cells, and in mental healthcare institutions where the NPM has recommended improvements to the physical conditions. The fact that some institutions have not followed up the recommendations may also be related to ambiguity in regulations. Furthermore, discussions may arise with the institutions about what constitutes a reasonable weighing of security considerations against the safeguarding of the integrity of people deprived of their liberty. One example of this is the NPM recommending that prisons change their body search procedures. Such topics are regularly raised at meetings with central government authorities.

Throughout 2018, we have followed up 12 institutions visited in 2017 and 2018. Three of these are still being followed up at the turn of the year.

In the following, we will highlight some examples of how the NPM's recommendations were followed up over the past year based on the nine concluded follow-up cases.³

1 For an overview of visit reports, see: <https://www.sivilombudsmannen.no/besoksrapporter/>

2 The follow-up letters and correspondence with the NPM are published on the Ombudsman's website. See: <https://www.sivilombudsmannen.no/besoksrapporter/>

3 The following institutions' follow-up was concluded in 2018: Kvammen emergency institution, the emergency psychiatry and psychosis treatment department at Reinsvoll psychiatric hospital, Åna Prison, the section for psychosis treatment at Gaustad Hospital (Oslo University Hospital), the security section at the police immigration detention centre at Trandum, the emergency psychiatric unit at Akershus University Hospital, Arendal Prison, the child welfare institution Klokkegårdenkollektivet, and Ålesund Hospital's psychiatry department.

Serious findings led to temporary closure

The NPM visited the child welfare institution in Kvammen in January 2018 and discovered extensive unlawful and routine use of coercion that appeared to be an integral part of the institution's treatment of the young people placed there. On the basis of this visit, the NPM expressed serious concern about whether the institution was being run responsibly, and about its ability to operate in line with child welfare legislation and children's rights.

The severity of the findings was raised with the regional and central authorities.⁴ As a result, a working group was established charged with following up the NPM's findings. A new acting head of the unit was appointed and the institution was temporary closed down.

Extensive changes were implemented that included a comprehensive evaluation and audit of all the institution's procedures. A new procedures manual was developed, and steps were taken to ensure that all staff were familiar with the procedures. The NPM was also informed that the institution introduced staff training about child welfare legislation, as well as systematic focus on its institutional culture. Youth placed at Kvammen shall now be able to move freely within as well as out of the institution unless an individual decision provides for restrictions to freedom of movement.

Changes were also made to the material conditions at the institution in line with the NPM's recommendations. The rooms were redecorated to make them more suitable for a child welfare institution, and the NPA has been informed that there should no longer be any rooms at the institution in which the residents are not able to control the lighting, water, temperature and blinds.

The visit to Kvammen and implementation of all the NPM's recommendations demonstrates the importance of the prevention mandate.

The NPM must use different measures to enable actual changes to practices that cause concern.

More instruments in the event of inadequate follow-up

After its visit to Klokkegården (now Bakkekollektivet) in 2017, the NPM was particularly concerned that the use of forced 'motivational trips' as part of the treatment, subjected young people at the institution to inhuman and degrading treatment. The NPM found that several aspects of the institution's practices were not in accordance with the Rights Regulations.

Follow-up on the part of the institution did not reflect the severity of the findings. It became clear that the institution lacked the will to change its practices in line with the recommendations. The NPM therefore raised the case with the county governor, the approval authority, and the directorate. This led to a brief pause in admissions to the institution and further follow-up from the responsible sector authorities.

The follow-up in this case illustrates that certain matters can be difficult to solve through dialogue with the institution, and that the NPM must use different measures to enable actual changes to practices that cause concern.

⁴ Regional management of the Office for Children, Youth and Family Affairs (Bufetat) and the management of the Directorate for Children, Youth and Family Affairs (Bufdir).

Some examples of follow-up of the NPM's recommendations in 2018:

Documentation and correct logging of decisions relating to use of coercive measures

The NPM discovered under-reporting of the use of coercion in several institutions, and that decisions had been made on inadequate grounds. At certain institutions, administrative decisions had not been sufficiently quality assured by the management. Correct and thorough documentation of the use of coercive measures is essential to ensuring the due process protection of people who are deprived of their liberty. It is also crucial to ensure that internal and external control mechanisms are able to perform their duties.

Findings and recommendations

- › During the visit to the emergency psychiatric department at Akershus University Hospital, information emerged indicating that patients were physically restrained without an administrative decision being in place. The NPM recommended that the institution ensure that such decisions were made and recorded in a manner that secures accuracy in the reported uses of coercive measures, and to enable patients to exercise their right to complain.

Follow-up

- › The department sought advice and guidance from the Ministry of Health and Care Services as a result of the NPM's recommendation. The definition of short-term physical restraint of a patient has been specified in accordance with this, and training has been given at the department to ensure that staff are certain of when an administrative decision should be made.

Preventing the use of coercive measures

Findings and recommendations

- › After visits to both child welfare and mental healthcare institutions, the NPM has expressed concern about several of the institutions not employing systematic measures to prevent use of coercive measures. Preventing the use of coercive measures can be done in many ways and should include staff training and a focus on a good treatment culture, as well as ensuring well-designed premises and better and more available activities.

Follow-up

- › A number of institutions have increased their efforts to prevent the use of coercive measures on the basis of the NPM's recommendations.
- › After the visit to the child welfare institution Kvammen, the institution decided to start up weekly staff meetings discussing the use of coercive measures under the Rights Regulations. Work on raising competence in trauma-informed care through the 'Handlekraft' programme also became a priority.
- › After the visit to Reinsvoll hospital, the NPM recommended that the restraint beds be removed from the segregation areas. Reinsvoll has stated that it has decided to remove all permanently attached mechanical restraints from the beds in the segregation units.

Right to information

To effectively prevent the risk of torture and inhuman treatment, people who have been deprived on their liberty must know their rights, including their right to complain.

Findings and recommendations

- › On several of our visits to prisons, mental healthcare institutions and child welfare institutions, we have found that information about rights, including the right to complain, was hard to find and that the staff were not always aware of their duty to make this information available.

Follow-up

- › After the visit to Åna Prison, the procedures for distributing information to new inmates have been reviewed to ensure that everyone has access to the information pamphlet. The same has been done at Arendal Prison on the basis of our visit.
- › At the police immigration detention centre at Trandum, the administrative decision templates were changed to include separate fields to be filled out when the detainees have been informed of their right to complain, and to ensure that detainees are given the help they need if they want to file a complaint.
- › After the NPM's visit to Akershus University Hospital, the psychosis department developed a new procedure to ensure that all patients are given both the administrative decision form and pertaining written notes that contain the grounds for the decision to use coercive measures.

Participation

Findings and recommendations

- › During several visits to different sectors, the NPM has seen that people who are deprived of their liberty have not been given an opportunity to influence matters that affect their situation.

Follow-up

- › After the NPM's visit, Ålesund Hospital revised its guidelines for admission interviews so that patients are normally asked questions about their previous experience with use of force. It has also initiated evaluation interviews following the use of coercive measures in accordance with new legislation.
- › After the visit to Reinsvoll psychiatric hospital, the department ensured that follow-up interviews now were conducted and documented as part of the evaluation of all use-of-force decisions.
- › After the NPM's visit, the child welfare institution Kvammen developed a separate routine to ensure that the residents are able to influence their own situation and treatment. The resident's participation must be ensured at the admission meeting, when preparing the action plan, at daily and weekly meetings with the main contact person, in weekly plans, follow-up meetings and at the concluding interview.

Physical conditions

Well-designed physical surroundings are an important aspect of ensuring that people who have been deprived of their liberty are treated well. Research supports the fact that beneficial physical surroundings can help to reduce the use of coercive measures.

Findings and recommendations

- › The physical conditions have been criticised at many of the prisons, mental healthcare institutions and child welfare institutions the NPM has visited. Our recommendations have particularly concerned security cells, segregation units and isolation rooms. In several of these cases, the NPM has ascertained that the conditions entail a high risk of inhuman treatment.

Follow-up

- › Gaustad hospital established a working group following the NPM's visit that has implemented a number of measures to improve the physical conditions at all its segregation units. These included painting, equipping and furnishing the segregation units.
- › An extensive development project was initiated by Åna Prison following the NPM's visit, to improve the physical environment. Work has also been started on improving the exercise yard for inmates placed in solitary confinement under a court order, or who have limited opportunity to socialise with other inmates. Dimmers have also been installed in the security cells to prevent inmates being subjected to full lighting throughout the day and night.
- › After the NPM's visit, Arendal Prison decided to discontinue the use of holding cells. The NPM found the cells to be unsuitable for prolonged detainment.
- › Following the visit to Akershus University Hospital, the hospital started redecorating the atrium, painting the entrance area and planting in the outdoor area. Indoors, the walls were painted and pictures hung up. The hospital has stated that it is also investigating the possibility of initiating a project on the physical treatment environment at the department in cooperation with an interior architecture programme.
- › After the NPM's visit to the police immigration detention centre at Trandum, clocks with calendars were hung up in the security section so that the inmates there can keep track of time.
- › Following the visit to Ålesund Hospital, funds were set aside to upgrade all segregation areas, including new furnishings. Funds were also allocated to a full upgrade of the secure psychiatric rehabilitation unit, including for establishing new outdoor areas.

Discovering injuries

Effective investigation and documentation of torture, and other cruel, inhuman or degrading treatment requires that people deprived of their liberty are examined for signs of physical and psychological harm. In this way disproportionate use of force and violence inflicted by authorised persons, and harm caused by isolation can be pursued. Health personnel who work at institutions where people are deprived of their liberty play an important role in uncovering and reporting such incidents. The institutions themselves have a duty to uncover and effectively follow up the incidents. Central government authorities have an overriding duty under the UN Convention against Torture to ensure that structures are in place to facilitate this, including a reporting system for health personnel.

Findings and recommendations

- › On visits to all sectors, the NPM has revealed inadequate procedures for reporting injuries that give rise to suspicion of disproportionate use of force.

Follow-up

- › Following the NPM's visit to the immigration detention centre at Trandum, the police have changed their procedures to ensure the health personnel's reports on injuries that give rise to suspicion of disproportionate use of force are forwarded to the correct body. It also prepared internal guidelines for this procedure.
- › Alta Youth Centre drew up separate guidelines after the NPM's visit to ensure that any injuries and psychological strain caused by e.g. transportation to and from the institution, are revealed and followed up on arrival to the institution.

Solitary confinement, isolation, and segregation

The NPM has been concerned about the use of solitary confinement in prisons following its visits. Isolation can have a serious impact on the inmate's mental health and may incite more aggressive behaviour and weaken impulse control. It can also increase the risk of suicide among inmates. The UN Special Rapporteur on Torture has concluded that solitary confinement in certain cases can constitute a violation of international conventions.

During its visits to mental healthcare institutions, the NPM expressed similar concerns about the use of segregation. This can be considered both a treatment and control measure, where patients are physically segregated from other patients and removed from social interaction with other patients. Findings have shown that segregation often takes place in premises with few sensory impressions and little human contact, making the measure comparable to isolation.

Child welfare institutions have a very restricted right to place young people in isolation. This can only be done in emergency situations and never without the presence of adults. Still, the NPM has discovered unlawful isolation in several visits.

Findings and recommendations

- › Prisons and the immigration detention centre have been recommended to avoid placing persons with severe mental health challenges in solitary confinement, and rather seek alternative measures.
- › At most of its visits to mental healthcare institutions, the NPM has seen the need to underline that segregation under conditions similar to isolation must not be used.
- › After the NPM's visit to the child welfare institution Kvammen, it recommended ensuring that all use of unauthorised isolation cease with immediate effect.

Follow-up

- › Åna Prison reviewed cases where inmates were isolated at their own request in order to analyse the causes and find measures to counteract them. It also implemented measures to activate inmates in isolation and new procedures to ensure their daily supervision to prevent harm resulting from prolonged isolation.
- › After the NPM's visit, Arendal Prison developed internal guidelines on how inmates isolated at their own request are to be followed up.
- › Following the NPM's criticism of the hospital's segregation practice, Akershus University Hospital specified that patients who are segregated must be under constant supervision.
- › The child welfare institution Kvammen was temporarily closed to ensure, among other things, that all unauthorised use of isolation is stopped with immediate effect. Changes were implemented to prevent this happening again after the institution was reopened.

6>

National dialogue

Outreach activities have been an important element of the National Preventive Mechanism's (NPM) prevention efforts throughout 2018. National dialogue is an important means of spreading information about the NPM mandate, the findings and recommendations from visits, as well as increasing the potential to influence and make a difference. The NPM has held meetings with a number of civil society organisations, given talks at different events, and continued its dialogue with the authorities.

The advisory committee

The advisory committee contributes knowledge, advice, and input to the prevention work. The committee is diverse and comprises 14 organisations with relevant expertise in and experience of the topics the NPM's work concerns.

The advisory committee held three meetings in 2018. The topics of the meetings included the European Committee for the Prevention of Torture's (CPT) visit to Norway, the UN Committee against Torture's examination of Norway in 2018, mental health care for the elderly, and substance abuse treatment in Norway. The committee members also provided input on the prevention efforts in other contexts than the meetings.



The members of the advisory committee at a meeting.

In 2018, the committee comprised representatives of the following organisations:

- › Norway's National Human Rights Institution (NIM)
- › 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
- › 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
- › Amnesty International Norway

Other formal cooperation

The Parliamentary Ombudsman is also represented on the advisory committee of the Norwegian National Human Rights Institution (NIM), which regularly discusses topics of general interest to the Ombudsman and of special interest in relation to the prevention efforts. We also maintain constant contact with the Ombudsman for Children and the Equality and Anti-Discrimination Ombudsman.

Information work, knowledge dissemination and education

The Ombudsman and the NPM staff have given a number of talks at conferences and seminars during the year.

Talks were given at the following events, among others:

- › The Norwegian Association for Penal Reform's penological conference, on women in prison
- › Ideelt Barnevernsforum 2018 conference, on the NPM's visits to child welfare institutions
- › The Working Life Days (*Arbeidslivsdagene*) at the University of Oslo (UiO), on the NPM's work
- › One-day meeting at the Norwegian Board of Health Supervision, on the NPM's work
- › The Directorate of Health's leader forum for the mental health care services' supervisory commissions, on ECT on grounds of necessity
- › The Board of Health Supervision's meeting for the county governors' heads of supervision, on the NPM's visits to child welfare institutions
- › Opening of the exhibition 'Six Norwegian Prisons: Ideas, Spaces, Experiences 1850 – today' at the Oslo School of Architecture and Design, on current and future use of isolation in prisons
- › The Supervisory Commission Conference 2018, on new findings from visits to mental health care institutions in 2018, with particular focus on the use of segregation (also known as 'shielding')
- › UiO Oslo Peace Days, on the NPM's work
- › The Norwegian Psychological Association's Human Rights Committee's 20th anniversary, on segregation in the mental health care services and on preventive methods and psychologists' role in preventing torture and inhuman treatment



Anniversary seminar, The Human Right Committee of the Norwegian Psychological Association.

Newsletters and press releases were distributed in connection with the publication of all visit reports in 2018, and the Ombudsman commented in the media on several of the reports from the NPM's visits. A joint press conference was held with the European Committee for the Prevention of Torture (CPT) at the end of the committee's visit to Norway on 5 June.

See the list of the NPM's activities on page 68.

Dialogue with the authorities

In 2018, the NPM had meetings with the Ministry of Justice and Public Security, the Norwegian Directorate for Children, Youth and Family Affairs, and the National Police Directorate where a number of its findings and recommendations from its visits were discussed. Several meetings were held with the National Police Directorate on the possibility of retrieving statistics on police assistance at child welfare institutions, and the police's use of coercive measures against children and young people in the care of the child welfare services.

A meeting was also held with a working group under the Directorate of Norwegian Correctional Service that is tasked with developing an action plan for preventing the use of isolation in the correctional services.

The NPM was represented in meetings between the European Committee for the Prevention of Torture and the Ministry of Justice and Public Security and the Ministry of Health and Care Services, which concluded the committee's visit to Norway in May/June 2018.

Following up concrete findings from our visits is an important part of our dialogue with authorities. This mainly involves the institutions visited, but some issues are also raised with the responsible directorates and ministries. Read more about how recommendations from visits are followed up in Chapter 5.



University of Oslo, lecture during Oslo Peace Days.



International cooperation

The past year has brought the important international dimension of preventive work to light. In April, the UN Committee against Torture evaluated Norway's follow-up of the UN Convention against Torture at a hearing in Geneva, and the European Committee for the Prevention of Torture (CPT) visited Norway in June. The Parliamentary Ombudsman's National Preventive Mechanism (NPM) contributed with its findings and experience to both these processes. We also continued international cooperation with several other stakeholders.

Committee against Torture (CAT) reviewed the 8th periodic report of Norway

In 2018, the UN Committee against Torture (CAT) reviewed Norway's implementation of its obligations under the UN Convention against Torture for the eighth time since Norway endorsed the convention in 1986. The CAT comprises ten independent experts tasked with evaluating how the states follow up their obligations under the convention. The oral dialogue between the committee and the Norwegian authorities took place in Geneva on 24–25 April. By invitation from the CAT, the NPM attended along with Norway's National Human Rights Institution (NIM) and several Norwegian civil society organisations.

The committee organised a separate meeting with the NPM and other stakeholders in Geneva before the actual dialogue with the Norwegian authorities took place. Here, the NPM presented selected findings from visits under its prevention mandate in the period 2014–2018, based on written input that was sent to the committee in March.¹

The NPM shared its concern at the meeting for, among other things, the use of solitary confinement and isolation, particularly of inmates in Norwegian prisons with serious mental health conditions and risk of suicide.

The NPM also criticised the mental health care services' use of segregation with conditions similar to isolation, where patients had little meaningful social contact. It also pointed out that certain child welfare institutions routinely subject children to invasive use of force that, among other things, entails isolation from the company of other children.

The NPM underlined the unlawfulness of using electroconvulsive therapy (ECT) without the patient's consent, and made reference to major challenges with prolonged use of restraints in the mental health care services. Concerns around the conditions at the police immigration detention centre at Trandum were also raised.



¹ The complete version of the written submission is available here:
https://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/NOR/INT_CAT_INP_NOR_30711_E.pdf

Visit from the European Committee for the Prevention of Torture (CPT)

The European Committee for the Prevention of Torture (CPT) visited Norway in the period 25 May–5 June 2018. This was the committee's sixth visit to Norway. The CPT's task is to prevent torture and other inhuman or degrading treatment or punishment in places of detention, in accordance with the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, endorsed by Norway in 1989.

The committee's employs much the same methods as the NPM, its main tools are visits to places of detention and interviews with persons deprived of their liberty.

The committee visited several prisons, the immigration detention centre at Trandum, a psychiatric clinic and a nursing home. In connection with the visit, the NPM provided input to the committee on the basis of findings and experience from visits under its prevention mandate. We were consulted both before and during the visit. The NPM also took part in concluding meetings between the CPT and the Ministry of Justice and Public Security and the Ministry of Health and Care Services. The NPM also provided the committee with certain supplementary input after its visit.

On the basis of the visit, the committee drew up questions and recommendations to the Norwegian authorities to prevent violations of the European Convention on Human Rights Article 3. The report and recommendations will be published in 2019.



The European Committee for the Prevention of Torture (CPT) visiting the Parliamentary Ombudsman. From left the Parliamentary Ombudsman Aage Thor Falkanger, Therese Rytter, head of the CPT delegation to Norway and Michael Neurauter, CPT Secretariat.

Nordic prevention network

Two meetings of the Nordic prevention network were held during 2018. The network comprises representatives from all NPMs in the Nordic countries.

The first meeting of the year took place in Copenhagen in January 2018. The topic of the meeting was the use of solitary confinement and isolation in prisons. All the national preventive mechanisms presented findings from their respective countries. A visit was also organised to the restrictive unit at Vestre Prison.

The other network meeting took place in August 2018 in Lund in Sweden and dealt with substance abuse treatment. All participants gave presentations on how substance abuse treatment is organised in their respective countries and to what degree involuntary treatment was used. The presentations formed the basis for discussion and sharing of experiences. The participants also visited a Swedish substance abuse institution.

The NPM has also had regular contact with its Nordic counterparts throughout the year.

International visits to the National Preventive Mechanism

We have received a number of delegations throughout the year from different parts of the world that sought to learn how preventive work is organised in Norway and about the NPM's work methods.

We have also contributed input to the establishment of NPMs in Australia and Iceland. Delegations from both countries have visited the NPM and we have been in dialogue with representatives from the countries throughout the year. The focus has been on the establishment and working methods of the Norwegian NPM and how these experiences can be used in the establishment of a new NPM.

We have also received two delegations from the US that sought knowledge on how Norway has organised the work under its OPCAT mandate, as well as its working methods and findings on risk factors in Norwegian prisons. Representatives from the American Bar Association's Subcommittee on Prison Oversight, and the American Civil Liberty Union (ACLU) National Prison Project visited the NPM in May, while representatives from the management of the Association of State Correctional Administrators visited in September.

European cooperation

In 2018, the NPM has regularly provided input to the European newsletter for national preventive mechanisms, which is published by the Council of Europe.

In January 2018, we met with the Danish Ombudsman's children's office (Børnekontoret) to exchange experience from visits to child and adolescent institutions under the prevention mandate. One of the meeting's main focus points was effective and good ways of giving information and talking to children and youth.

Later in January, the NPM went on a study visit to Ballerup Psychiatric Centre in Copenhagen. The visit, which included a tour of the premises, was organised to learn more about effective strategies to achieve a reduction in the use of force in psychiatric inpatient clinics.

Through targeted efforts over many years, Ballerup has managed to significantly reduce the use of mechanical restraints without a corresponding increase in the use of other coercive measures or work-related injuries, and without reducing employee satisfaction. Among the measures included in the project were an increased focus on activities, increased staff presence in the section and a focus on targeted staff guidance.

In November 2018, the NPM was represented at a regional meeting for national preventive mechanisms and non-profit organisations from the Organization for Security and Co-operation in Europe's (OSCE) member states. The meeting was coordinated by the Association for the Prevention of Torture (APT) and OSCE's Office for Democratic Institutions and Human Rights (ODIHR). The topics were the prevention of torture and inhuman treatment relating to administrative detention of migrants, and cooperation between national preventive mechanisms and civil society.

International cooperation

Together with four other international experts, the NPM has been represented in a sounding board for the Association for the Prevention of Torture (APT) in its work to develop a manual for preventive work under OPCAT.

We have also provided input to the UN Subcommittee on Prevention of Torture (SPT) in its work to develop a checklist to improve health monitoring in connection with visits under the prevention mandate.



The NPM in Geneva at the oral dialogue between Norwegian government representatives and the UN Committee against Torture. From left: Christian Ranheim, Mette Jansen Wannerstedt, Helga Fastrup Ervik, Jannicke Godø, and Johannes Flisnes Nilsen.

Seminars and conferences

In January 2018, the NPM participated in an expert group on inmates and mental health hosted by the Penal Reform International in London. This was to provide input on the draft of a new guide for prison officers on mental health among inmates. The guide was published in April 2018.

We also took part in the conference ‘Second UK Mental Disability Law Conference’ in Nottingham, UK in June 2018. During the conference, a number of challenges on safeguarding patients in the mental health care services were discussed, including the significance that the UN Convention on the Rights of Persons with Disabilities (CRPD) should have for different countries’ ongoing legal reforms.

Reports in English

In order to be able to share experience and information with international stakeholders in the prevention field, summaries and recommendations from all the NPM’s visit reports are translated into English. These are published on the Ombudsman’s English website.²



2 See: <https://www.sivilombudsmannen.no/en/visit-reports/>

8 >



Statistics

Number of visits in 2018, per sector

SECTOR	NUMBER
Prisons	3
Mental health care institutions	5
Child welfare institutions	3
Total	11

Number of places visited since start-up, per year:



Visits in 2018

	DATE OF VISIT	PLACE	SECTOR	DATE OF PUBLICATION OF VISIT REPORT
1	16–17 januar	Kvammen emergency institution	Child welfare	4 april 2018
2	7–8 februar	Arendal Prison	Prison	5 september 2018
3	27 februar–1 mars	Reinsvoll psychiatric hospital	Mental health care	3 mai 2018
4	12–14 mars	Agder behandling ungdom (institution for adolescents), Furuly	Child welfare	18 juni 2018
5	10–12 april	Emergency psychiatric units at the county psychiatric department, Vestfold Hospital	Mental health care	17 oktober 2018
6	2–4 mai	Bergen Prison	Prison	<i>Coming in 2019</i>
7	14–16 august	Bergen Hospital, Sandviken psychiatric clinic	Mental health care	<i>Coming in 2019</i>
8	18–20 september	Skjerfheimkollektivet	Child welfare	<i>Coming in 2019</i>
9	9–11 oktober	Security sections at Østfold Hospital, Kalnes	Mental health care	<i>Coming in 2019</i>
10	9–11 oktober	Geriatric psychiatric section at Østfold Hospital, Kalnes	Mental health care	<i>Coming in 2019</i>
11	19–21 november	Oslo Prison	Prison	<i>Coming in 2019</i>

Outreach activities



17
lectures

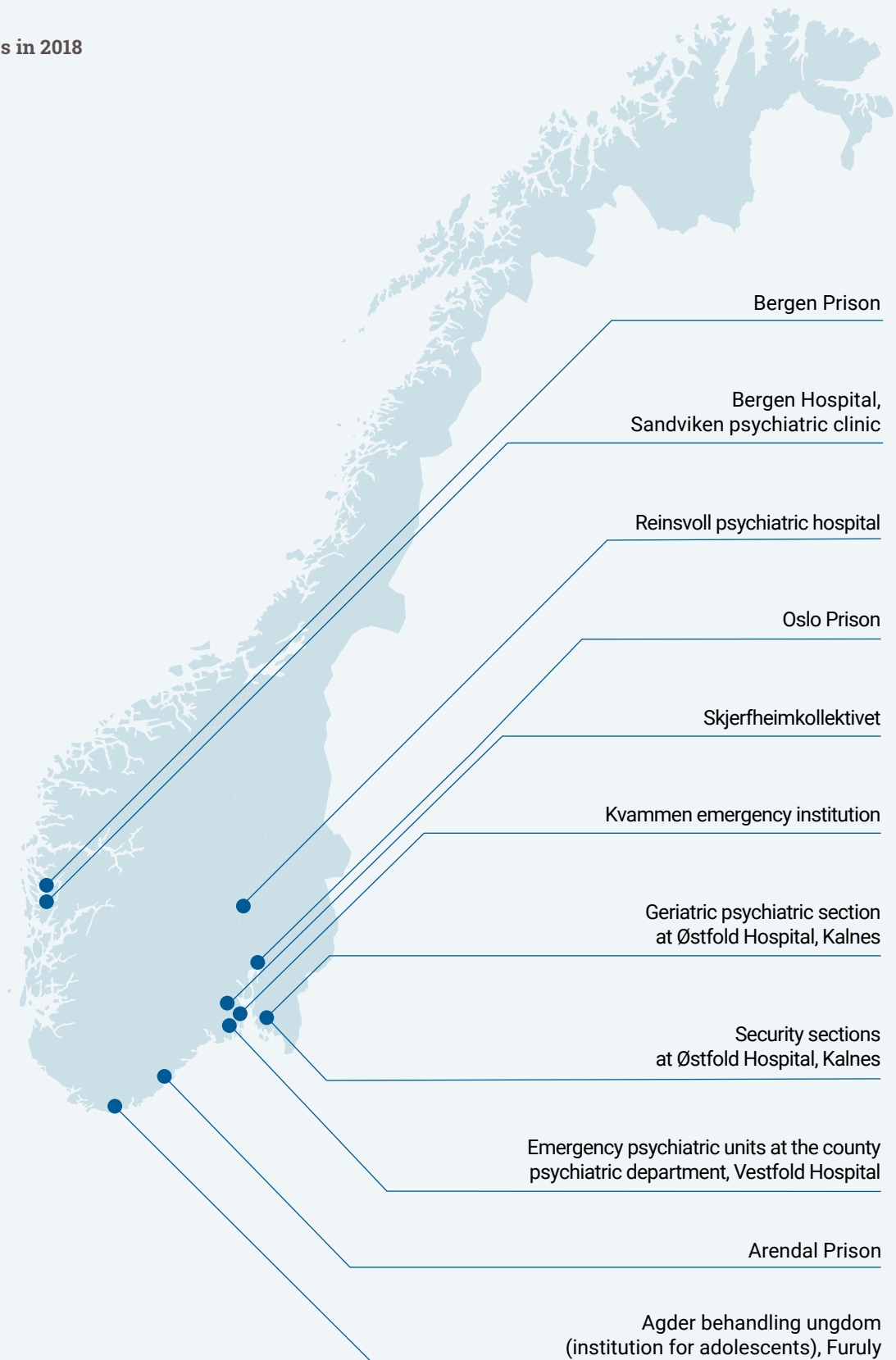


21
meetings
with national
stakeholders



23
meetings with
international
partners

Visits in 2018



Activities in 2018

Talks in Norway

WHEN	ACTIVITY
12–14 January	Talk at the KROM conference on women in prison
6 February	Talk at Ideelt Barnevernsforum 2018 on the NPM's visits to child welfare institutions
7 February	Talk at the Working Life Days (<i>Arbeidslivsdagene</i>) at the University of Oslo on the NPM's work
20 March	Presentation of the annual report to the Storting's Standing Committee on Scrutiny and Constitutional Affairs
19 April	Talk at the Norwegian Board of Health Supervision's one-day meeting on visit methods and main finding from visits
15 May	Talk for the student-run legal advisory service Jussgruppen Wayback in Bergen on the use of solitary confinement in prisons
7 June	Talk at the Directorate of Health's leader forum for the mental health care services' supervisory commissions – on ECT administered on grounds of necessity
28 August	Talk at the opening of the exhibition 'Six Norwegian Prisons: Ideas, Spaces, Experiences 1850 – today' about current and future use of isolation in prisons
13 September	Talk at the Board of Health Supervision's seminar for the county governors' heads of supervision on the NPM's visits to child welfare institutions
25 October	Talk for the Swedish Parliamentary Ombudsmen (JO) during their visit to the Norwegian Parliamentary Ombudsman, on the NPM's visits and follow up
9 November	Talk for the Correctional Service Region South's supervisory councils
15 November	Talk at a seminar for the county governors under the auspices of the Norwegian Directorate for Children, Youth and Family Affairs (Bufdir) on the NPM's visits to child welfare institutions
16 November	Talk at a conference for the mental health care services' supervisory commissions on the NPM's findings and experience from visits, with particular focus on the use of segregation
29 November	Two talks on the NPM's work and on segregation, respectively, at the Norwegian Psychological Association's Human Rights Committee's anniversary seminar
6 December	Talk at Oslo Peace Days, University of Oslo, on the NPM's findings and methods

Meetings, visits and participation in seminars in Norway

WHEN	ACTIVITY
5 February	Meeting of the advisory committee to the NPM
5 February	Meeting in the network for the ombudsmen and the Norwegian National Human Rights Institution (NIM)
12 February	Meeting with the Norwegian National Human Rights Institution (NIM) on the UN Committee against Torture (CAT) assessment of Norway, and the European Committee for the Prevention of Torture's (CPT) visit to Norway
20 March	Submission of the 2017 annual report to the Storting's Presidium
21 March	Launch of the annual report
18 April	Open meeting on the UN Committee against Torture's oral dialogues in Geneva, Switzerland
20 April	Meeting with psychiatrist Ewa Ness, senior advisor at Oslo University Hospital (OUS)
7 May	Meeting of the advisory committee to the NPM
7 May	Meeting in the network for the ombudsmen and the Norwegian National Human Rights Institution (NIM)
11 June	Annual meeting with the Ministry of Justice and Public Security
12 June	Meeting of the advisory committee of the Norwegian National Human Rights Institution (NIM)
18 June	Meeting with the County Governor of Hedmark on findings from a visit to the institution Klokkegårdenskollektivet (now Bakkekollektivet)
27 June	Meeting with the Norwegian Knowledge Centre for the Health Services on mental healthcare for the elderly
20 August	Meeting with the Norwegian Directorate for Children, Youth and Family Affairs on findings from a visit to the institution Klokkegårdenskollektivet (now Bakkekollektivet)
23 August	Training in the Istanbul Protocol with Nora Sveaass
27 August	Meeting of the advisory committee to the NPM
20 September	Meeting in the network for the ombudsmen and the Norwegian National Human Rights Institution (NIM)
18 October	Participation at a seminar on the UN Human Rights Treaty Body Review Agenda 2020
18 October	Meeting with the Children's Ombudsman on the NPM's mandate and visits to child welfare institutions
31 October	Meeting of the advisory committee to the Norwegian National Human Rights Institution (NIM)
8 November	Meeting with the Directorate of the Norwegian Correctional Service's working group on preventing the use of isolation
11 December	Meeting in the network for the ombudsmen and the Norwegian National Human Rights Institution (NIM)

Meetings and visits from abroad

WHEN	ACTIVITY
11 March	Visit from prison inspectors from the US and UK
16 March	Meeting with Steven Caruana on preparing for the establishment of an Australian NPM
23 May	Meeting with the Association of the Prevention of Torture (APT) on case processing tools
29 May	Meeting with the European Committee for the Prevention of Torture (CPT)
5 June	Press conference with the European Committee for the Prevention of Torture (CPT)
5 June	Concluding meeting with the European Committee for the Prevention of Torture (CPT) and the Ministry of Justice and Public Security on preliminary findings from the committee's visit
5 June	Concluding meeting with the European Committee for the Prevention of Torture (CPT) and the Ministry of Health and Care Services on preliminary findings from the committee's visit
21 August	Meeting with research fellow Jane Mulcahy on the significance of Adverse Childhood Experiences (ACE) for inmates
11 September	Meeting with the Althingi Ombudsman of Iceland on the establishment of a NPM in the country
17 September	Skype meeting with the Victorian Ombudsman (Australia) on the establishment of an Australian NPM in the state of Victoria
21 September	Meeting with the Association of State Correctional Administrators, USA on the NPM's methods and visits to prisons
24 September	Meeting with the Netherlands Institute for Human Rights

Meetings and visits abroad, participation in international conferences etc.

WHEN	ACTIVITY
3–4 January	Meeting of the Nordic NPMs held in Copenhagen, Denmark
4 January	Meeting with the Danish Ombudsman's children's office (Børnekontoret) in Copenhagen, Denmark
23 January	Meeting with Penal Reform International about inmates and mental health in London, UK
29 January	Meeting with Therese M. Rytter, member of the European Committee for the Prevention of Torture (CPT) and head of the CPT's delegation to Norway in 2018, and Jens Modvig, head of the UN Committee against Torture (CAT), in Copenhagen, Denmark
30 January	Study visit to Ballerup in Denmark and the Mental Health Services in the Capital Region of Denmark's 'Belt-free centre' project, with a focus on effective strategies to reduce the use of force in psychiatric inpatient wards
23– 25 April	Oral dialogue between the Norwegian government representatives and the UN Committee against Torture, including a preliminary meeting with the committee, in Geneva, Switzerland
24 April	Meeting with the Association of the Prevention of Torture (APT) in Geneva
24 April	Meeting with the Office of the High Commissioner for Human Rights (OHCHR) in Geneva, Switzerland
26–27 June	Participation in the 'Second UK Mental Disability Law Conference' in Nottingham, UK
29–30 August	Meeting of the Nordic preventive mechanisms held in Lund, Sweden
3–4 December	Network meeting for the prevention of torture in the OSCE region organised by the Association for the Prevention of Torture (APT) and OSCE's Office for Democratic Institutions and Human Rights (ODIHR) in Milan, Italy



Budget and accounts 2018

CATEGORY	BUDGET 2018	ACCOUNTS 2018
SALARY *	8,135,000.00	6,951,103.00
OPERATING EXPENSES	3,365,000.00	
Production and printing of visit reports, the annual report and information material		231,995.00
Procurement of external services (including translation and interpretation services)		155,191.00
Travel (visits and meetings)		534,482.00
Other operations		297,996.00
Share of the Parliamentary Ombudsman's shared costs (including rent, electricity, IT services, security, cleaning etc.)		2,139,594.00
TOTAL NOK	11,500,000.00	10,310,361.00

* The deviation from budget in wages in 2018 is largely due to sickness benefit refunds.
Budgeting with such refunds is not allowed in Norway.

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 1 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 1 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 1, 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 ensure 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)



Office address: Akersgata 8, Oslo
Postal address: P.O. Box 3 Sentrum, NO-0101 Oslo
Telephone: +47 22 82 85 00
Free of charge: +47 800 80 039
Fax: +47 22 82 85 11
E-mail: postmottak@sivilombudsmannen.no
www.sivilombudsmannen.no



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

