



SIVILOMBUDSMANNEN
Norwegian Parliamentary Ombudsman

VISIT REPORT

Ila Detention and Security Prison

6-9 March 2017



**National Preventive Mechanism against
Torture and Ill-Treatment**



Ila Detention and Security Prison

6-9 March 2017

Table of contents

1	The Parliamentary Ombudsman's prevention mandate	4
2	Torture and ill-treatment	5
3	Summary	6
4	How the visit was conducted	10
5	About Ila Detention and Security Prison	11
6	Ila as a prison for inmates in preventive detention	13
7	Physical conditions	14
7.1	Sanitary conditions and indoor climate	14
7.2	Outdoor areas	16
7.3	Activity building and training centre	16
7.4	Security Section G	16
8	Admission and assessment	18
8.1	Admission procedures	18
8.2	Assessment of inmates in preventive detention	18
9	Employment and activity programmes	20
9.1	Activity programme	20
9.2	Recreational activities, time spent outside the cells and outdoor exercise	21
9.3	Therapeutic programmes	21
10	Protecting and safeguarding the inmates	23
10.1	Suicide and self-harm prevention procedures	23
10.2	Sense of safety	23
10.3	Particularly vulnerable groups	24
11	Exclusion from company	26
11.1	Legal basis	26
11.2	The use of exclusion from company at Ila Detention and Security Prison	27
11.2.1	Exclusion from company decided by administrative decision	27
11.2.2	Court-ordered isolation	27
11.3	Measures to compensate for the detrimental effects of isolation	28
11.4	Long-term exclusion from company of inmates with mental health problems	30
11.4.1	International commitments relating to isolation and mental health problems	30
11.4.2	Treatment offered to long-term isolated inmates at Ila Detention and Security Prison	31
11.4.3	Measures to compensate for the detrimental effects of isolation for inmates in long-term isolation	32
11.5	Institutional culture and exclusion	33
12	Other invasive measures	35
12.1	Body searches	35

12.2 Collection of urine samples.....	36
13 Information for inmates.....	37
14 Contact with the outside world	38
14.1 Visits	38
14.2 Phone time	38
14.3 Skype	38
15 Health services	39
15.1 In general	39
15.2 Admission interview.....	39
15.3 Access to health services	40
15.4 Collaboration with the specialist health service and substance abuse rehabilitation	40
15.5 The health service and Ila's psychologist team.....	40
15.6 The health service's role in connection with exclusions from company (isolation)	41
15.7 Duty of confidentiality in connection with escorted leave outside the prison for medical examinations or treatment.....	42

1 The Parliamentary Ombudsman's prevention mandate

Based on Norway's ratification of the Optional Protocol to the UN Convention against Torture, the Parliamentary Ombudsman has been issued with a special mandate to prevent torture and other cruel, inhuman or degrading treatment or punishment.¹ The Parliamentary Ombudsman has established its own National Preventive Mechanism (NPM) in order to fulfil this mandate.

The NPM makes regular visits to locations where people are deprived of their liberty, such as prisons, police custody facilities, mental health care institutions and child welfare institutions. The visits may be announced or unannounced.

Based on these visits, the NPM issues recommendations with the aim of preventing torture and other cruel, inhuman or degrading treatment or punishment.

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

In its endeavours to fulfil the prevention mandate, the Parliamentary Ombudsman also engages in extensive dialogue with national authorities, civil society and international human rights bodies.

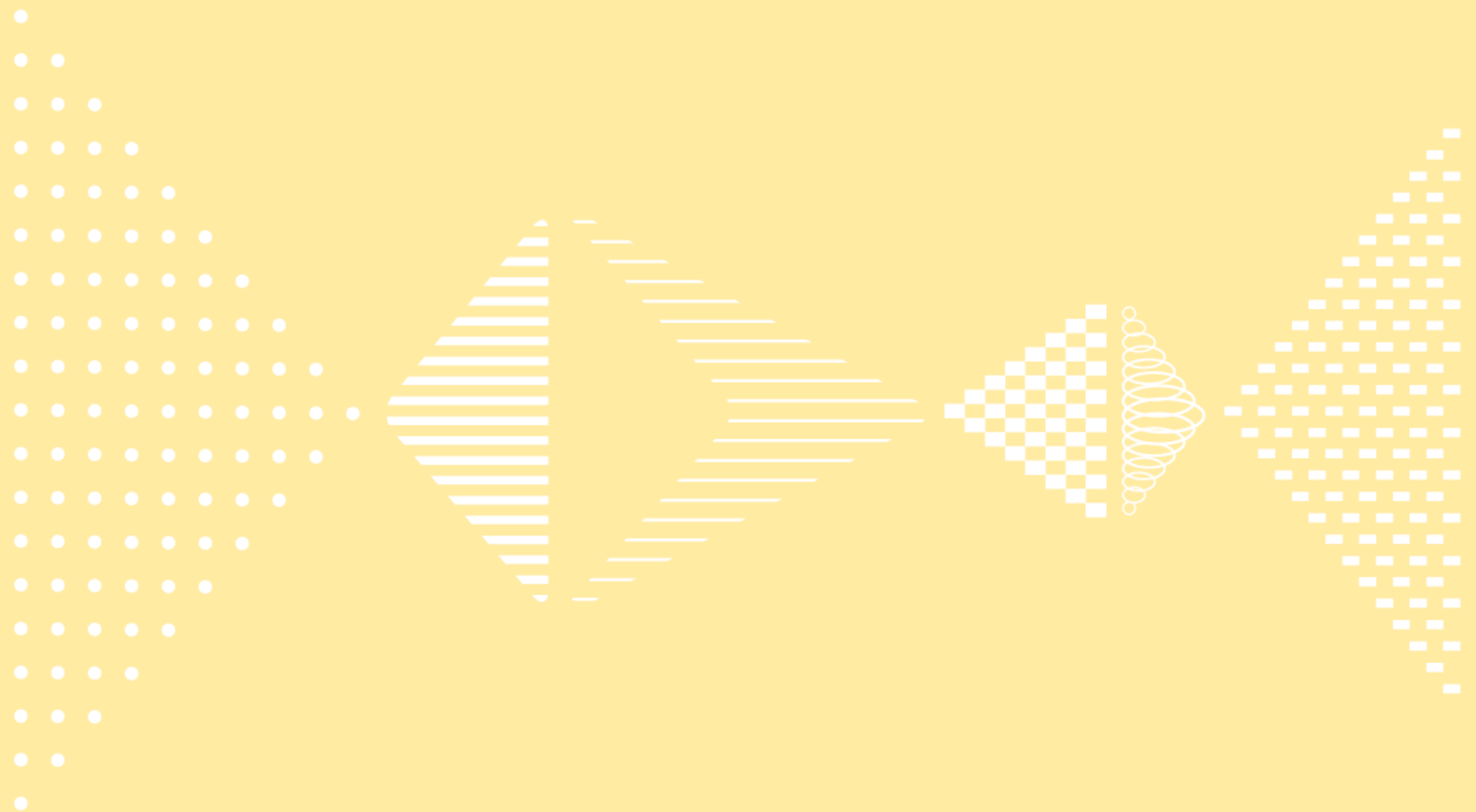
¹ Section 3 a of the Parliamentary Ombudsman Act.

2 Torture and ill-treatment

The prohibition on torture and other cruel, inhuman or degrading treatment or punishment is established in several international conventions that are binding on Norway.

The UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (the Convention against Torture), adopted in 1984, plays a central role in this connection. The same prohibition is also enshrined in the UN International Covenant on Civil and Political Rights (Article 7), the UN Convention on the Rights of the Child (Article 37), the UN Convention on the Rights of Persons with Disabilities (Article 15), and the European Convention on Human Rights (Article 3). Norway has endorsed all these conventions.

People who have been deprived of their liberty are more vulnerable to violations of the prohibition against torture and inhuman treatment. That is why the UN adopted an Optional Protocol to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in 2002.



3 Summary

The Parliamentary Ombudsman's National Preventive Mechanism (NPM) visited Ila Detention and Security Prison on 6–9 March 2017. The exact date of the visit was not announced in advance. The prison has 124 places divided between 12 sections and 230 employees. More than half of the places are adapted for inmates sentenced to preventive detention. The visit included eight of the 12 sections.

The prison administration, the other staff and the health service were helpful throughout the visit, and all requested information was made available to the NPM.

Only two of the sections at Ila Detention and Security Prison had a toilet or shower in the cells. Inmates stated that they had limited access to toilets at night. In practice, most inmates therefore chose to urinate in the sink. The sink is also used for personal hygiene purposes, such as washing hands, brushing teeth and shaving. Several inmates also stated that they had defecated in the rubbish bin. Inmates complained about poor air quality in several sections, and that it was especially cold in Section H in winter.

Ila Detention and Security Prison has a well-developed activity programme. In general, there were few critical remarks about the programme offered at Ila Detention and Security Prison.

The inmates largely gave the impression that they felt safe. However, views differed somewhat between inmates in the different sections, and it was stated that there had been episodes where particular groups of inmates had been harassed. The prison stated that it had a zero-tolerance policy to harassment and bullying, and that immediate action was taken in such cases. Inmates who stated that they did not feel safe mentioned low staffing levels in particular, which led to fewer staff being present in the common areas.

Based on the information received from the prison and observations made during the visit, it seems clear that there are persons in Section G with severe mental health problems whose condition has deteriorated during their imprisonment. It emerged that the prison has made great efforts to have individuals in long-term isolation transferred to mental health care institutions. Furthermore, the prison administration has itself raised the question of whether the regimen currently offered in Section G can be classified as inhuman or degrading treatment. The Parliamentary Ombudsman is seriously concerned of the situation in which individuals with mental health problems are subject to long-term isolation. These inmates are entitled to treatment, which the prison is unable to provide within the current framework.

The staff stated that, in general, it was demanding to organise activities that could compensate for the detrimental effects of isolation in Section G. To a certain extent, this is due to the state of the building and, in particular, to the lack of suitable premises for such activities. The Parliamentary Ombudsman observed that the focus on the inmates in long-term isolation meant that other inmates held in isolation risked being offered an activity programme that meant that they had to spend 22 hours or more per day locked in their cells. Research shows that the psychological effects of isolation arise quickly for remand inmates, and that the risk increases with each passing day. For inmates who are held in complete isolation over time, the risk of permanent harmful effects of isolation increases, necessitating measures to counteract such effects.

Upon admission, body searches are carried out in one of the cells in Section G. Otherwise, body searches are conducted in a room beside the front door to the main building. Due to its size and inventory, this room was not suitable for such an invasive act as a full body search. Ila Detention and Security Prison has recently built a new arrival building. The prison administration stated that the physical premises used for body searches will improve significantly once the new building is ready for use.

Both staff and inmates confirmed that it was standard practice to have both a male and a female officer present during body searches. The female officer turned her back to the inmate during the last part of the undressing process, but several inmates said that they found the presence of female staff members in the cramped room intrusive. It was also normal for a female officer to be present during the collection of urine samples.

The information the prison provides upon arrival was regarded as good, but several foreign inmates had not received the prisons' information brochure or fire instructions in a language they understood.

The majority of inmates who had been in contact with the health service stated that they received follow-up relatively quickly. The inmates' satisfaction with the follow-up from the health service varied somewhat, but many were highly satisfied. Several inmates found it problematic that, during escorted leave outside the prison, officers were present during consultations and treatment by health personnel.

Recommendations

Physical conditions

Sanitary conditions and indoor climate

- Until toilets have been installed in all cells, all inmates should be able to use the shared toilets when necessary, at all hours of the day.
- Measures should be taken to ensure that the indoor climate and temperature safeguard the inmates' health.

Protecting and safeguarding inmates

Suicide and self-harm prevention procedures

- The prison should develop written procedures for the prevention and handling of suicide risk.

Sense of safety

- Steps should be taken to ensure that foreign inmates receive fire safety training and that procedures are prepared and are available in a language the inmates understand.

Exclusion from company

Court-ordered isolation

- Full or partial isolation in Section G due to building or staff conditions should only be used in cases where such conditions are acute, and not as a routine measure.

Measures to compensate for the detrimental effects of isolation

- The prison should ensure that all inmates in Section G, including those in shorter-term isolation, have access to satisfactory and meaningful measures to compensate for the detrimental effects of isolation.

Treatment offered to long-term isolated inmates at Ila Detention and Security Prison

- Central government authorities should implement measures to ensure that inmates in long-term isolation at Ila Detention and Security Prison are offered treatment and that their isolation ceases.

Measures to compensate for the detrimental effects of isolation for inmates in long-term isolation

- It is recommended that special measures be introduced to activate inmates who are excluded long-term from company, without this being at the expense of those who are excluded for shorter periods.

Other invasive measures**Body searches**

- Ila should consider introducing two-stage body searches or other similar methods to make the body search process as non-invasive as possible.
- Male officers should be used for body searches.

Collection of urine samples

- Urine samples should be collected under the supervision of male officers only.
- The prison should consider using alternative premises for urine sample collection, or alternatives to urine sample collection where possible.

Information for inmates

- The prison should ensure that foreign inmates have access to the information booklet in a language they understand.

Contact with the outside world**Skype**

- In consultation with the authorities, the prison should look into whether it is possible to find a solution that could enable the use of alternative means of communication.

Health services

- Health service staff should familiarise themselves with the Istanbul Protocol, and acquire expertise in uncovering abuse in accordance with the Protocol.
- The health service should ensure that suicide risk is always assessed in the first admission interview.
- The prison should ensure that envelopes for request forms are always available and that the inmates are informed about the possibility of using a sealed envelope.

- In connection with the presence of officers during consultations with health personnel, individual risk assessments should be carried out, and the Directorate of Health's guidelines should be complied with.

4 How the visit was conducted

In January 2017, Ila Detention and Security Prison was notified that the Parliamentary Ombudsman's National Prevention Mechanism would carry out a visit in the period March to May 2017. The exact date of the visit was not announced. Separate notification was sent to the prison health service.

The visit took place in the period 6–9 March. During the visit, the sections, intake rooms, visiting room, the training centre, activity building, health department and exercise yards were all inspected.

At the time of the NPM's visit, there were 117 inmates in the prison. The Parliamentary Ombudsman's National Prevention Mechanism visited the following sections: A, B, C, G, H, J, L and the annex. There were 75 inmates in these sections altogether.

The NPM interviewed a total of 50 inmates. The interviews were mainly conducted in the inmates' cells or in an interview room. No staff were present during any of the interviews. The interviews took place in either Norwegian or English. An interpreter was used during one of the interviews.

During the visit, interviews were conducted with section managers, prison officers and milieu therapists, the head of the psychologist team, a union representative and the health service.

On 16 March, a concluding meeting was held with the prison administration, at which the preliminary findings were presented.

The visit was well organised by the prison administration.

The following persons participated from the Parliamentary Ombudsman:

- Aage Thor Falkanger, Parliamentary Ombudsman
- Helga Fastrup Ervik, head of the NPM, legal adviser
- Christian Ranheim, senior adviser, legal adviser
- Jonina Hermannsdottir, senior adviser, criminologist
- Johannes Flisnes Nilsen, senior adviser, legal adviser
- Jannicke Thoverud Godø, senior adviser, psychologist
- Elyse Leonard, higher executive officer, social scientist
- Rasmus Sand, senior adviser, legal adviser at the Parliamentary Ombudsman's complaints department

5 About Ila Detention and Security Prison

Ila Detention and Security Prison is located in Bærum municipality and has 124 places divided between 12 sections and 230 employees. More than half of the places (67 places) are adapted for inmates in preventive detention. Ila was originally built as a women's prison in 1938 and it was used as a prison camp for up to 5,000 people during World War II. Now, the prison houses inmates sentenced to preventive detention, convicted inmates and remand inmates from all over the country.

In 2016, the occupancy rate was 98%, with a total of 43,718 prison days. All the inmates are men, and, at the time of the visit, there were no juvenile inmates.

The prison is divided into the following sections:

The south block

- Section G: Admission section for remand inmates, inmates serving ordinary sentences who have been transferred from other institutions by agreement, and inmates who do not meet the criteria for staying in the communal section. Room for up to five inmates in connection with planned placements.
- Section L: Admission and assessment section for inmates in preventive detention. Six places. From 1 August 2017, the section will have seven places.
- Section K: Section for implementation of compulsory mental health care pursuant to Section 5-6 of the Mental Health Care Act. One place.
- Section H: Communal section, mainly for remand inmates. 11 places.
- Section I: Communal section for remand inmates and inmates serving ordinary sentences. Nine places.
- Section J: Communal section, mainly for inmates in preventive detention. 11 places.
- Section M: New building with an especially high security level.

Main building

- Section B: Communal section for inmates in preventive detention. 12 places.
- Section E: Communal section, mainly for inmates serving ordinary sentences, some remand inmates. 15 places.
- Section C: Communal section for inmates in preventive detention. 12 places.
- Section D: Communal section for inmates in preventive detention. 11 places.
- Section F: Communal section for convicted inmates serving ordinary sentences. Seven places.
- Section A: Communal section for inmates in preventive detention. 12 places.

The annex

- Inmates in preventive detention, inmates serving ordinary sentences and remand inmates. The inmates normally need close follow-up. 12 places.

During the visit, 55 per cent were inmates in preventive detention, 24 per cent were convicted inmates and 21 per cent were remand inmates. As of 16 January 2017, the average length of

sentence for convicted inmates was 7.83 years. As of the same date, the average minimum term for inmates in preventive detention was 5.5 years and the average time frame was 10.2 years.

6 Ila as a prison for inmates in preventive detention

Preventive detention is a special criminal sanction for serious crimes. It replaced preventive supervision in 2002 and the legal authority for it is provided in Section 39 c of the General Civil Penal Code. Offenders whom the courts deem to be criminally responsible can be sentenced to preventive detention if there is a high risk of them reoffending or if they are deemed to be a danger to society. There is no maximum limit on the total duration of the preventive detention. When someone is sentenced to preventive detention, a time frame and normally also a minimum term are stipulated. The inmate cannot be released until the minimum term has expired, and the term of preventive detention can be extended by five years at a time after the expiry of the time frame.

Pursuant to Section 2 of the Regulations relating to Implementation of the Criminal Sanction of Preventive Detention (in Norwegian only), the main reason for imposing preventive detention is as follows:

‘Preventive detention is intended to safeguard society's need for protection against the commission of new serious crimes by the person sentenced to preventive detention. The person sentenced to preventive detention shall, as far as appropriate from a security perspective, be given an opportunity to change his/her behaviour and adapt to a life in freedom.’

There are currently three institutions in Norway that accommodate inmates sentenced to preventive detention: Trondheim Prison, Bredtveit women's prison and Ila Detention and Security Prison. Of these, Ila has by far the most inmates in preventive detention.

The fact that around half of all the inmates at Ila are in preventive detention means that the prison has a special focus on the inmates undergoing a behavioural change process before release. This requires specifically targeted activities to be offered to the inmates during the serving of their sentences. According to the Preventive Detention Regulations, the content of a preventive detention sentence shall be based on the convicted person's crime and it shall be adapted to the special requirements and needs of the individual. In addition, the change processes must be documented and risk assessments must be prepared. Ila has a special team of psychologists to carry out these tasks. Their main task is to prepare risk assessments and an expanded programme of courses through the programme department.

As a prison for inmates in preventive detention, a high proportion of Ila's inmates are sexual offenders and/or have been convicted of grievous violence. At the same time, there are a number of other vulnerable groups in the prison, for example intellectually disabled persons or persons with serious mental health problems. Combined with the high occupancy rate (98 per cent), this composition of inmates is particularly challenging for Ila Detention and Security Prison.

The distinctive characteristics of the preventive detention system, combined with the different groups of inmates, affects prison conditions at Ila in several different ways. It has a particularly large impact on the areas of admission and assessment, programme activities, the environment and safety in the sections, and on matters relating to parole.

How the preventive detention system affects the prison conditions will be described in the report.

7 Physical conditions

The main building at Ila Detention and Security Prison was built in 1938 and is now a listed building. The south block was built in 1963. The buildings are outdated by today's standards, which is apparent in the prison's living units. The annex was originally built during the same period to serve as an isolation section, and it is listed as a protection class 2 building in the Ministry of Justice and Public Security's National Protection Plan. The building was recently renovated.

The activity building was completed in 2002, while the training centre opened in 2007. Both these buildings are therefore of a more modern standard. Ila has also completed the building of Section M for the highest-security inmates. This building is not in use yet.

The size of the cells the NPM visited at Ila was within the internationally recognised minimum standards.²

7.1 Sanitary conditions and indoor climate

International guidelines state that the sanitary conditions shall enable every inmate to attend to the needs of nature when necessary and in a hygienic and decent manner.³

Neither the Execution of Sentences Act nor the pertaining regulations and guidelines specifically mention sanitary conditions. However, it follows from Section 2 of the Execution of Sentences Act that a sentence shall be executed in a manner that 'ensures satisfactory conditions for the prisoners'. Section 3-22 of the Regulations states that 'common rooms and prisoners' rooms shall have satisfactory equipment and furniture and be kept in a proper state'.

With the exception of Sections G and J, none of the cells in the sections the NPM visited had a toilet or shower. Some of the sections had common double showers where two persons can shower at the same time without any supervision by staff. This can constitute a risk of abuse, especially in a prison with so many sexual offenders among the inmates.

Inmates stated that they had limited access to toilets at night. This is due to the low staffing level combined with the need for satisfactory security procedures for letting inmates out of their cells to use the toilet. It emerged that inmates had to wait for well over an hour to use the toilet in some cases. If the inmates needed the toilet at night, the staff were contacted via the intercom system. It is noisy and meant that, in many cases, inmates in nearby cells woke up. In practice, most inmates therefore chose to urinate in the sink in their cell. This was also used for personal hygiene purposes, such as washing hands, brushing teeth and shaving. Several inmates also stated that they had defecated in the rubbish bin. Staff confirmed that they had picked up plastic bags with excrement either in the room or outside the windows if they had been thrown out the cell window.

² See for example the standards adopted by the European Committee for the Prevention of Torture (CPT), which require a cell size of at least six square metres. CPT/Inf (2015) 44.

³ See, among other things, the UN's Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules), Rule 15; The European Prison Rules, Rule 19.3; and CPT's standards, page 18, paragraph 49. In a number of rulings, the European Court of Human Rights (ECtHR) has taken account of the sanitary conditions in prisons as part of an overall assessment of whether the prohibition against torture and other cruel, inhuman or degrading treatment or punishment set out in the European Convention on Human Rights Article 3 has been violated. See, *inter alia*, Muršić v. Croatia, Application No 7334/13; Vasilescu v. Belgium, Application No 64682/12; and Podeschi v. San Marino, Application No 66357/14.

In its standards for prisons, the European Committee for the Prevention of Torture (CPT) has stated the following about a similar practice:

‘The CPT must state that it does not like the practice found in certain countries of prisoners discharging human waste in a bucket in their cells (which are subsequently “slopped out” at appointed times). Either a toilet facility should be located in the cellular accommodation or means should exist enabling prisoners to use a toilet facility to be released from their cells without undue delay at all times (including at night).’⁴

The CPT has visited Ila Detention and Security Prison on three different occasions. In its report from its 2011 visit, one of the recommendations to Norway was that inmates who need to use the toilet should have the opportunity to do so without delay, also at night. In their reply to the CPT, the Norwegian authorities described the security challenges associated with letting inmates out of their cells, but also stated that the prison was planning renovations that will lead to all cells having their own shower and toilet.

The fact that toilets have yet to be installed in the majority of the cells in the prison six years after the CPT’s last visit gives cause for concern. The administration at Ila stated that this is partly due to budgetary issues, and partly due to technical building factors. According to the prison, a project had been initiated to build a test cell to test various solutions. The prison administration did not see it as realistic for a solution to be in place earlier than in two to three years.

The Parliamentary Ombudsman has previously expressed concern about the building conditions in some of the prisons the NPM has visited, and, in several reports, emphasised the importance of inmates having access to a toilet when needed, regardless of the hour of the day.⁵ In this connection, it is emphasised that the inmates at Ila are mainly serving long sentences.

For the individual inmates, the sanitary conditions are very important in relation to their sense of dignity and the possibility of attending to their own personal hygiene during their time in prison.

Several of the inmates the NPM spoke to complained about poor air quality, and that it was especially cold in Section H during winter. The prison administration stated that they were in a dialogue with Statsbygg about this, but that a solution required total renovation of the ventilation system in the south block.

The UN’s Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) require, among other things, that ventilation and heating shall be in accordance with health standards.⁶The

⁴ CPT/Inf(92)3-part2, paragraph 49.

⁵ See, among other things, the report from a visit to Drammen Prison in 2016: ‘Following a visit to Drammen Prison in June 2013, the Parliamentary Ombudsman asked the Correctional Service Region South for a more detailed statement on the sanitary conditions at Drammen Prison and the possibilities of inmates being let out of their cells in the evenings and at night. The Parliamentary Ombudsman also asked the region whether it believed that having to use a bucket for many hours of the day is within the regulatory requirement for “satisfactory equipment and furniture” and the European Prison Rules’ requirement for easy access to hygienic sanitary facilities.’

⁶Rule 13: All accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation.

European prison standards contain similar wordings, and they are referred to and discussed in connection with overall assessments carried out by the European Court of Human Rights (ECtHR).⁷

The CPT states that:

‘Cells should offer sufficient living space for the prisoners they are used to accommodate, should benefit from good access to natural light and ventilation, and should be equipped with adequate artificial lighting and heating.’⁸

Furthermore, the CPT has criticised several prisons for having too low indoor temperatures in winter.⁹

Recommendations

- Until toilets have been installed in all cells, all inmates should be able to use the shared toilets when necessary, at all hours of the day.
- Measures should be taken to ensure that the indoor climate and temperature safeguard the inmates’ health.

7.2 Outdoor areas

Ila Detention and Security Prison is located on a relatively large plot of land with adjoining recreational areas. The main building and the south block have their own exercise yards, both of which are relatively big and provide opportunities for physical activity, including ball games. There were no complaints about the exercise yards during the visit.

Section G also has its own exercise yard, as does the annex. While the exercise yard for Section G came across as traditional and relatively austere, with a chain-link roof and a size of around 240 square metres, the exercise yard attached to the annex had tables and benches and a view of the surrounding scenery. It was stated that there were plans to use external funding to create a therapeutic garden next to the annex.

7.3 Activity building and training centre

Among other things, the activity building housed a shop, gym, exercise room, music room and library. The building was completed in 2002 and was in good condition.

The training centre opened in 2007, and appeared to be well designed and adapted to the various activities that go on there, including a school, workshop facility and programme activities.

7.4 Security Section G

Section G was located on the ground floor of the south block. The cells are just under eight square metres in size and contain a bed, table/bench and toilet, a sink and a mirror in stainless steel. All the cells have their own TV. There were vents by the windows to allow fresh air in. The floor and the

⁷ See, *inter alia*, Muršić v. Croatia, Application No 7334/13.

⁸ Report on Andorra 1 (2000), paragraph 39.

⁹ See, *inter alia*, CPT/inf (94) (9) Portugal, paragraph 81, CPT/inf (96) (9) Spain, paragraph 183 and CPT/inf (97) (12) Italy, paragraph 118. The CPT has not criticised the ventilation or heating during its visits to Ila, but nor has the committee visited the prison in winter.

walls were in contrasting colours, and the cells interior were made of material that facilitated cleaning.

Section G functions both as a restricted section for inmates who are excluded from company on the basis of an administrative decision by the prison or detainees who are placed in isolation under a court order, and as an admission section. The section had no communal area, and, outside exercise times, the inmates therefore had to spend most of the time in their cells. One of the cells had been converted into a fitness cell by placing a treadmill and a spin bike there.

The security cells were placed in a separate closed-off area beside Section G, which the inmates had to pass to enter the exercise yard. There were a total of four security cells, each around nine square metres in size. One of the cells had a restraint bed and mobile restraints were available. The cells had a squat toilet and limited access to natural light. The floors and walls of the security cells were in contrasting colours, but not the walls and the ceiling. All cells had a clock showing the time, and featuring a calendar and thermometer. This is important, since the loss of sense of time can increase the psychological strain of being in solitary confinement. The cells were equipped with a flame retardant and rip-resistant mattress and blanket. Ila had acquired rip-resistant tunics. They can be used in cases where inmates' normal clothes have to be removed due to a risk of self-harm or suicide attempts. This is in line with the NPM's previous recommendations on preventing inmates with a high suicide risk from being left naked in a security cell. Such garments should only be used as a last resort, however, following an assessment of the suicide risk in each specific case. The staff in Section G confirmed that the inmates in the security cells normally use their own clothes. The light in the security cells could be dimmed, and the cells had good ventilation.

8 Admission and assessment

8.1 Admission procedures

At Ila, Section G functions as the admission section. The section does not have its own intake room, and body searches are normally conducted and urine samples collected in one of the cells. (Read more about body searches and the collection of urine samples in chapter 12 *Other invasive measures*).

Since Ila has many vulnerable inmates, it is especially important to have good assessment procedures in place in connection with admissions. According to the prison, this is ensured for remand inmates and convicted inmates by obtaining information about them before admission. Routine admission interviews are also carried out. Ila's procedures and practice in this area appeared to be good.

Based on the information the NPM received from various sources during the visit, it is assumed that inmates are normally taken to an available place in the communal section shortly after the admission interview. For inmates in preventive detention, this was assessment section L.

8.2 Assessment of inmates in preventive detention

The Correctional Service's Guidelines on the Implementation of Preventive Detention state the following about the assessment of inmates in preventive detention:

'Measures should be taken to prepare individual plans containing dates for goals, measures and evaluations. It will also be important to map the individual's situation and prepare systematic plans. Assessment and observation are necessary to determine whether the convicted person has achieved a sufficient degree of change in his/her behaviour that parole is warranted.'¹⁰

'A preliminary assessment shall be carried out of the convicted person and his/her special requirements and needs. The assessment shall include an evaluation of the risk of reoffending'¹¹

At Ila Detention and Security Prison everyone with a final and enforceable judgment sentencing him to preventive detention spends their initial period in prison in admission section L. According to the prison, this period normally lasts for 8–10 weeks. During the visit, however, it emerged that several inmates had spent considerably longer in this section. The staff in Section L consisted of two milieu therapists with a three-year university college education, seven prison officers and one section manager. The milieu therapists and the prison officers performed the same tasks and everyone wore a uniform.

During the assessment period, the inmates have conversations with the prison's psychologists/psychiatrist who assess the risk factors. Recognised risk assessment tools are used for

¹⁰ Section 3 of the Guidelines on the Implementation of Preventive Detention (in Norwegian only).

¹¹ Ibid. Section 4.

this assessment.¹² The assessment aims to help the inmate prepare for a prison term that can help to reduce these risk factors.

¹² See the article *Er forvaringsordningen tilpasset dagens forvaringsdømte?* ('Is the preventive detention system adapted to modern inmates in preventive detention?') by Randi Rosenqvist and Tonje Sandal in *Tidsskrift for strafferett* 01/2015, page 63.

9 Employment and activity programmes

The Correctional Services are required to organise activities for inmates during daytime.¹³ A good and broad range of activities is important in order to ensure that inmates can make meaningful progress while serving their sentences. The right to training is set out in international conventions and recommendations, and is meant to ensure that inmates are given a training programme they can benefit from.¹⁴

As regards inmates in preventive detention, the Guidelines on the Implementation of Preventive Detention state the following, among other things:

‘An important precondition is that the content of preventive detention shall differ from punishment in the traditional sense, and that the content shall be adapted to the special requirements and needs of the individual. This requires expertise in many different areas and an extensive collaboration with other public agencies and voluntary organisations. Measures such as behavioural training, work training, crime-related and other programme activities, conversation groups, teaching and recreational activities will be important elements of serving the sentence. As regards cooperation with the public administration, the health and social services and the labour and educational agencies will be key partners. Important tasks can include motivating the individual to accept offers of treatment for mental health or somatic disorders, substance abuse etc.’¹⁵

9.1 Activity programme

Ila Detention and Security Prison has a well-developed activity programme. According to figures from the prison, the proportion of person-days with activities in 2016 was 89 per cent, which is regarded as high.

The educational activities are under the auspices of Rud upper secondary school and include teaching for pupils at primary school and lower and upper secondary school level. Both general studies subjects and vocational programmes are taught.

The activity programme is varied and extensive. It includes a mechanical workshop, carpenter’s workshop, small-scale industry, a kitchen and the prison’s own garden nursery.

The inmates largely took a positive view of the activity programme. At Ila Detention and Security Prison, as elsewhere in the Correctional Service, convicted inmates and inmates sentenced to preventive detention have an activity duty. In addition, the prison was concerned with also offering remand inmates a voluntary activity programme.

One of the prison’s challenges is that it houses very different groups of inmates in terms of the types of crime and level of functioning. The activity programme appeared to take this into account in a good way by offering activities with different levels of difficulty and by keeping particularly vulnerable inmates apart from others in work contexts.

¹³ Section 18 of the Execution of Sentences Act.

¹⁴ Report No 37 to the Storting (2007–2008) *Punishment that works – less crime – a safer society*.

¹⁵ Section 3.

9.2 Recreational activities, time spent outside the cells and outdoor exercise

Ila Detention and Security Prison has a dedicated activity building of modern standard. Among other things, it contains a gym, exercise room, music room and a well-equipped library. The prison also has its own shop and chapel with a prison chaplain.

In addition to individual exercise, the recreation department organises special programmes, e.g. yoga, circuit training and music teaching. Several of the programmes take place during the day and are especially adapted for inmates who, for various reasons, are not obliged to work. Each section normally has access to the fitness room three times a week.

Several inmates pointed out that they had previously been allowed to participate more often in recreational activities outside the prison, but that the rules had been tightened for various reasons. Despite this, the Parliamentary Ombudsman finds that the recreational activities offered at Ila Detention and Security Prison are relatively extensive and of good quality.

The European Committee for the Prevention of Torture (CPT) points out in its standards that those remanded in custody should be able to spend at least eight hours a day outside their cells, while convicted inmates should be allowed more time out of their cells.¹⁶ The prison did not have any statistics showing exactly how many prison days the inmates spent locked in for more than eight hours, but the impression was that the normal amount of time inmates without restricted access to company spent outside the cells was more than eight hours per day. Few inmates complained about the time spent outside their cells, but the NPM was informed that, on occasion, inmates were locked in during the day if the activity programme was closed down for some reason.

The Mandela Rules and the European Prison Rules state that all inmates who do not work outdoors shall be given an opportunity for at least one hour of suitable physical activity in the open air every day, if the weather permits.¹⁷ The CPT's standards state the following:

‘The requirement that prisoners be allowed at least one hour of exercise in the open air every day is widely accepted as a basic safeguard (preferably it should form part of a broader programme of activities). The CPT wishes to emphasise that all prisoners without exception (including those undergoing cellular confinement as a punishment) should be offered the possibility to take outdoor exercise daily. It is also axiomatic that outdoor exercise facilities should be reasonably spacious and whenever possible offer shelter from inclement weather.’

All inmates at Ila Detention and Security Prison had access to outdoor exercise once a day. The times varied somewhat, depending on the day and the number of inmates who wanted to take outdoor exercise, but each inmate could spend at least one hour in the open air every day. The main exercise yards are big and adapted for physical activity, including ball games.

9.3 Therapeutic programmes

The therapeutic programmes at Ila Detention and Security Prison are an important part of the work on rehabilitating inmates sentenced to preventive detention.¹⁸ The programmes comprise measures

¹⁶ CPT standards, page 17, paragraph 47.

¹⁷ The Mandela Rules, Rule 23.1, and the European Prison Rules, Rule 27.1.

¹⁸ According to the Directorate of Norwegian Correctional Service's circular 3/2015, programme activities shall enable criminals to do something themselves to change their criminal behaviour pattern.

in the form of teaching, skills training and/or structured conversations. The programme activities are carried out in groups or individually.

In principle, participation is voluntary and based on the convicted person wishing to change. However, when the courts consider release on parole, participation in programmes is an important factor.¹⁹ This means that many inmates regard participation as *de facto* mandatory.

The programme activities at Ila are organised by a special programme department with five full-time programme supervisors. The following are among the programmes offered:

- The National Substance Abuse Program (NSAP)
- Motivator and Motivator 1-1
- Relationships and interaction (Relasjon og samspill - ROS) (sexual abuse)
- The non-violence programme Ctrl.alt.del
- Crime prevention (Brotts-brytet)
- Anger management, the Brøset model
- Stress and anger management
- Dialogue workshop
- Basic therapy

Conversation groups based on the ATV (Alternative to Violence) model are also offered.

In general, there were few critical remarks about the programmes offered at Ila Detention and Security Prison, and several inmates expressed that they found it very useful to participate in the programmes. The prison pointed out it was challenging to organise meaningful programme activities that could lead to behavioural change among inmates with short preventive detention sentences and inmates with mild intellectual disabilities.

¹⁹ Hansen, Kristin Alseth, *Innholdet i særreaksjonen forvaring. Er lovgivers intensjoner oppfylt?* ('The content of the criminal sanction of preventive detention. Are the legislator's expectations fulfilled?') Master's thesis, the University of Oslo, 2007, page 62. In all 18 judgments from 2005 to 2007 concerning requests for release on parole from preventive detention, participation in treatment or a programme was a factor in the court's assessment.

10 Protecting and safeguarding the inmates

10.1 Suicide and self-harm prevention procedures

Ila Detention and Security Prison did not have separate written procedures for preventing suicide and self-harm. However, the prison stated that it places great emphasis on this work by obtaining information before and during admission, and during the assessment period for inmates sentenced to preventive detention.

The prison's template for admission interviews showed that the risk of suicide and self-harm is among the topics that are to be raised. In addition, the health service stated that the nurse conducting the admission interview raises this topic as a matter of routine.

Many inmates were uncertain about whether they had been asked about this directly after admission. Several interviewees stated that they had been asked such questions, but only at their first meeting with a doctor.

The prison had special emergency response procedures in place for suicides or suicide attempts. The prison stated that, among other things, this included immediate notification to the health service, increased supervision and consideration of alternative placement.

Several inmates stated that if they were at risk of suicide or self-harm, they could be placed in the prison's security section, Section G, and in some cases in a security cell. It cannot be ruled out that, under the circumstances, using a security cell as a suicide-prevention measure could have the opposite effect in that, instead of alleviating the risk of suicide, it could actually increase the risk in the short and long term. This underlines the importance of ensuring that both the use of security cells and the length of stays are based on this being assessed as a strictly necessary measure.

Recommendation

- The prison should develop written procedures for the prevention and handling of suicide risk.

10.2 Sense of safety

The inmates largely gave the impression that they felt safe at Ila. However, views differed somewhat between inmates in the different sections, and it was stated that there had been episodes where particular groups of inmates had been harassed. The prison stated that it had a zero-tolerance policy to harassment and bullying, and that immediate action is taken in such cases. However, it can be difficult to discover all episodes, and the NPM was informed about concrete incidents between inmates.

The inmates who stated that they did not feel safe referred especially to low staffing levels, which led to fewer staff being present in the common areas. The prison stated that staffing was limited for budgetary reasons, and that the situation was especially vulnerable in periods where individual staff members had to perform other tasks, for example in connection with outdoor exercise. The staff members the NPM spoke to expressed the view that more staff were required in order for them to spend more time with the inmates.

In the annex section, the impression was that relations were good between inmates and staff members, and that the staff were largely present in the communal section. Relations between the staff and inmates in preventive detention in the other sections were affected by the special nature of the preventive detention regime. The vast majority of inmates said that the staff were important to ensure safety, but that observation and the writing down of inmates' behaviour by the staff made them feel that they were under surveillance. This made it difficult for the staff to build relations with the inmates.

Ila Detention and Security Prison stated that, in 2016, it had 33 reported situations involving violence and threats between inmates, and 41 reported incidents where staff members were the targets. The statistics do not provide a basis for assessing the severity of the incidents. However, it was a consistent view among both inmates and staff that the preventive detention regime meant that most inmates wanted to avoid episodes that would have a negative impact on requests for parole, and that this contributed to limiting the number of serious incidents in the prison.

Foreign inmates stated that they did not feel safe as regards fire preparedness. The posters on the cell doors describing procedures in case of fire were only in Norwegian, and information provided over the loudspeakers in connection with fire alarms was normally given in Norwegian.

Recommendation

- Steps should be taken to ensure that foreign inmates receive fire safety training and that procedures are prepared and are available in a language the inmates understand.

10.3 Particularly vulnerable groups

Staff members identified three particularly vulnerable groups of inmates: sexual offenders, inmates with mental health problems and inmates with intellectual disabilities.

Ila does not have a special section for sexual offenders. However, several inmates stated that they experienced less harassment at Ila than in other prisons. According to the same inmates, this is due to the relatively large number of sexual offenders in the prison. However, placing sexual offenders in normal communal sections can entail a safety risk, and it requires special attention from staff.

The prison stated that it has a relatively large group of inmates with mental health problems. Many stated that they chose to isolate themselves for periods due to anxiety disorders.

Research indicates that around one out of ten inmates in Norwegian prisons have an intellectual disability.²⁰ Ila Prison confirmed that they have several inmates with mild intellectual disabilities. This is a particularly vulnerable group which requires special attention by staff.

The prison administration and staff members stated that they reacted strongly against harassment or exploitation of vulnerable groups. Measures included separating the inmates responsible for the harassment and transferring inmates to other prisons or sections if necessary. Ila's sections seemed to be able to facilitate such transfers, and the annex section in particular seemed to protect

²⁰ Søndena, E., Rasmussen, K., Palmstierna, T. and Nøttestad, J. (2008), The prevalence and nature of intellectual disability in Norwegian prisons, *Journal of Intellectual Disability Research*, 52, pp. 1129–1137.

vulnerable inmates from harassment and serious incidents. However, the prison's high occupancy rate meant that it was challenging to move inmates between sections when necessary.

The prison employment service seemed to be well organised and able to protect vulnerable groups and individuals. Among other things, there were special work activities for particularly vulnerable inmates in shielded areas.

11 Exclusion from company

11.1 Legal basis

Pursuant to Section 37 of the Execution of Sentences Act, the prison may decide that a prisoner shall be wholly or partly excluded from the company of other prisoners if this is necessary in order to prevent the prisoner from continuing to influence the prison environment in a particularly negative manner, to prevent prisoners from injuring themselves or acting violently or threatening others, to prevent considerable material damage, to prevent criminal acts, or to maintain peace, order and security, or if the prisoner himself or herself so wishes. Complete or partial exclusion shall not be maintained longer than necessary, and the prison shall continually assess whether grounds for the exclusion continue to exist.

Section 40 c) of the Execution of Sentences Act provides for excluding inmates from leisure company or leisure activities if the inmate wilfully or negligently breaches the rules concerning peace, order and discipline or aided and abetted such a breach. Section 39 provides for immediate exclusion from company for up to 24 hours if it is probable that a prisoner has committed such acts.

Pursuant to Section 17 second paragraph of the Execution of Sentences Act, inmates sentenced to preventive detention can be wholly or partly excluded from company in the interests of peace, order and security, or if it is in the interests of the prisoners themselves or other prisoners, and does not appear to be a disproportionate interference.

A formal administrative decision shall always be made if an inmate is excluded from company.²¹ In cases where inmates serve their sentence under conditions that, in reality, entail complete or partial exclusion from the company of others during periods when communal activities are organised, an administrative decision on complete or partial exclusion must be made.

International guidelines set out important requirements for what type of exclusion is deemed to constitute solitary confinement. The Mandela rules define solitary confinement as situations in which the inmate is confined without meaningful human contact for 22 hours or more a day.²² Such confinement shall be used 'only in exceptional cases as a last resort, for as short a time as possible and subject to independent review, and only pursuant to the authorization by a competent authority'.²³ Such isolation or solitary confinement shall not be used for more than 15 days.²⁴

In its report on solitary confinement, the United Nations Special Rapporteur on torture and other cruel, inhuman and degrading treatment or punishment concluded that solitary confinement can in some cases constitute a breach of international conventions.²⁵ The Special Rapporteur stressed the well-documented harmful effects that isolation can have on the health of individuals.²⁶

²¹ Limitations of, or exclusion from, ordinary daily contact must meet the conditions set out in Section 17 second paragraph, Section 29 second paragraph, Sections 37, 38, 39 or Section 40 second paragraph (d). This follows from an interpretation of Section 17 first paragraph of the Execution of Sentences Act and it is confirmed in the Directorate of Norwegian Correctional Service's Guidelines to the Act.

²² The Mandela Rules, Rule 44

²³ The Mandela Rules, Rule 45

²⁴ The Mandela Rules, Rules 43 and 44.

²⁵ The UN Special Rapporteur on Torture, Interim Report A/66/268 of 5 August 2011, page 19.

²⁶ The UN Special Rapporteur on Torture, Interim Report A/66/268 of 5 August 2011, paragraphs 54 and 55. See also the Istanbul Statement on the Use and Effects of Solitary Confinement: 'The central harmful feature of

The CPT has also highlighted the risk of harmful health effects:

'[solitary confinement] can have an extremely damaging effect on the mental, somatic and social health of those concerned. This damaging effect can be immediate and increases the longer the measures lasts and the more indeterminate it is.'²⁷

Based on what is known about the harmful effects, the CPT has recommended that 'solitary confinement should only be imposed in exceptional circumstances, as a last resort and for the shortest possible time'.²⁸

In its case law, the ECtHR has focused in particular on high-security regimes. It has endorsed the concern about the harmful effects of solitary confinement and about the fact that such isolation is considered to be among the most serious measures a prison can implement.²⁹ The ECtHR has emphasised that solitary confinement, including in cases that involve particularly dangerous persons, may not be prolonged indefinitely.³⁰ It has also emphasised whether the state in question has done enough to alleviate the negative effects of a strict security regime.³¹ At the same time, it has acknowledged that exclusion from the company of other inmates for security or protection reasons, even for a very long period of time, does not in itself constitute inhuman treatment, but that this depends on an overall assessment in each case.³²

11.2 The use of exclusion from company at Ila Detention and Security Prison

11.2.1 Exclusion from company decided by administrative decision

In 2016, Ila stated that they had issued 103 exclusion decisions pursuant to Section 37 (convicted inmates and inmates on remand) and 10 decisions pursuant to Section 17 second paragraph (inmates in preventive detention). For the years 2015 and 2016, the prison implemented 33 exclusions lasting more than 14 days. Exclusions at Ila can take place by placing the inmate in a separate cell or through placement in Section G.

11.2.2 Court-ordered isolation

In addition to exclusion from the company of other inmates pursuant to Section 37 and Section 17 second paragraph of the Execution of Sentences Act, inmates at Ila are regularly isolated by order of a court pursuant to Section 186 (partial isolation) and Section 187 (full isolation due to risk of interference with evidence). The grounds given for placing remand inmates subject to a media ban pursuant to Section 186 in Section G are normally that the communal sections have a TV, radio and newspapers available, and that it is therefore impossible to practise the media ban in such sections.

solitary confinement is that it reduces meaningful social contact to a level of social and psychological stimulus that many will experience as insufficient to sustain health and well-being.'

²⁷ CPT/Inf(2011)28-part2, paragraph 53.

²⁸ The CPT Standards, page 37, paragraph 64.

²⁹ See, *inter alia*, the ECtHR judgment of 10 April 2012 in Babar Ahmad and Others v. the United Kingdom, Application No 24027/07, 11949/08, 36742/08, 66911/09 and 67354/09.

³⁰ Ramirez Sanchez v. France, Application No 59450/00 paragraph 145, and Babar Ahmad and Others v. the United Kingdom, paragraph 210.

³¹ Piechowicz v. Poland, Application No 20071/07, paragraph 172 ff.

³² See, *inter alia*, the ECtHR judgment of 12 May 2005 in Öcalan v. Turkey, Application No 46221/99 and the ECtHR judgment of 18 March 2014 in Öcalan v. Turkey (No. 2), Application No 24069/03, 197/04, 6201/06 and 10464/07.

Remand inmates have been partially isolated in Section G because of lack of space in the communal sections. In such cases, a decision is made pursuant to Section 37 ninth paragraph of the Execution of Sentences Act on the grounds that building or staff conditions necessitate this. The inmate in question will normally be able to spend time outdoors, exercise and attend church services together with the inmates in the south block. The revised Guidelines to the Act on the Execution of Sentences specify that in order for this provision to apply, ‘the building or staff conditions must be acute (fire, injuries/damage or unforeseen staff shortage), cf. the wording “necessitate”. The provision does not authorise isolation of inmates on the basis of permanent resource or staffing challenges’.^{33,34}

Recommendation

- Full or partial isolation in Section G due to building or staff conditions should only be used in cases where such conditions are acute, and not as a routine measure.

11.3 Measures to compensate for the detrimental effects of isolation

The staff at Ila stated that it was difficult to estimate how many of the inmates who were isolated for 22 hours or more, but that most of the inmates placed in Section G probably were. This means that the provisions of the Mandela Rules on solitary confinement apply to these inmates (see chapter 11.1 *Legal basis*).

International guidelines refer to the necessity of implementing measures that can prevent or counteract the harmful effects of isolation.³⁵ Solitary confinement is a highly intrusive measure, and research shows that even brief periods in isolation can lead to psychological harm for the inmate.³⁶ Research shows that, for remand inmates, the psychological effects of isolation arise quickly, and that the risk increases with each passing day.³⁷ For inmates who are in full isolation over time, the risk of permanent harmful effects of isolation increases, thereby also increasing the requirement of the content of measures that must be implemented to counteract such effects.³⁸

The Execution of Sentences Act with pertaining regulations describes the Correctional Service’s duty to initiate measures to compensate for the detrimental effects of isolation, both for remand inmates and for inmates isolated pursuant to Section 37 or Section 17 second paragraph.³⁹

Ila had established a separate resource team that had main responsibility for following up inmates in long-term isolation (see chapter 11.4.3 *Measures to compensate for the detrimental effects of isolation for inmates on long-term exclusion from company*). For remand inmates and other inmates excluded from company, the staff in Section G were responsible for implementing measures to

³³ Point 37.17 of the Guidelines to the Execution of Sentences Act.

³⁴ See also the Parliamentary Ombudsman’s opinion on exclusion from company on the basis of building or staff conditions, SOMB-2007-62.

³⁵ See, *inter alia*, Mandela Rule 38 (2) and CPT, 21st General Report, 10 November 2011, paragraph 61.

³⁶ See Smith, Peter Scharff, The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature. Crime and Justice, vol. 34, no. 1, 2006, page 495.

³⁷ See Horn, Thomas, *Fullstendig isolasjon ved bevisforspillelse* (‘Full isolation in connection with risk of interference with evidence’). University of Oslo, the Faculty of Law, 2015 page 23.

³⁸ Shalev, Sharon, A Sourcebook on Solitary Confinement. Mannheim Centre for Criminology, London School of Economics and Political Science (2008) page 43.

³⁹ See Sections 2 and 46 of the Execution of Sentences Act. Regulations to Section 1-2 and 3-35 of the Execution of Sentences Act.

compensate for the detrimental effects of isolation. In the written administrative decisions, individual measures were specified for the inmates who were partially isolated, such as which parts of the prison's activities they had access to. The administrative decisions for the inmates who were fully isolated only contained an order prescribing supervision by staff. The measures for the inmates who were fully isolated seemed to be largely dependent on resources being available in the form of personnel and activities and on the extent to which the staff took the initiative to activate the inmates.

The inmates in Section G had access to the section's own exercise yard and to shower facilities. Several of the inmates had a TV with a video player or PlayStation. Human contact largely took place when food was handed out. The staff members also played cards or board games with the inmates in the interview room if they had the opportunity to do so. However, contact between the inmates and staff was limited due to the resource situation, especially when other inmates needed follow-up. In addition, Section G is also the admission unit at Ila. This means that the staff are responsible for carrying out body searches and admission interviews with new inmates.

The NPM was informed that inmates in Section G seldom received visitors, except for lawyers. Only a few inmates were visited by family members. Nor was it normal for inmates in Section G to receive visits from prison visitors. The inmates in the section regarded conversations with the prison chaplain as important.

The library at Ila was a short distance from Section G. . Section G also had a shelf with magazines and books the inmates could borrow.

Several inmates exercised regularly, but for some of them, this required that no other inmates were present in the gym because of the security risk or due to a court order of full isolation. One cell in Section G had been equipped with a treadmill and a spin bike that the inmates could use. According to staff members in Section G, it was in daily use.

The staff stated that it was demanding to organise activities in Section G. To some extent, this is due to the state of the building and especially because of the lack of suitable premises for such activities. The Parliamentary Ombudsman observed that the focus on the inmates in long-term isolation meant that other inmates held in isolation risked being offered only a limited activity programme resulting in being locked in the cell for 22 hours or more per day. It was a challenge when both the resource team and the permanent staff at Section G wanted to organise activities at the same time. Since the inmates whom the resource team is responsible for were subject to a strict security regime, the staff in Section G could not take shorter-term isolated inmates for exercise if long-term isolated inmates were in the same area. The NPM was informed that members of the resource team sometimes also helped the other inmates, but that there were limited possibilities for this for resource reasons.

Recommendation

- The prison should ensure that all inmates in Section G, including those in shorter-term isolation, have access to satisfactory and meaningful measures to compensate for the detrimental effects of isolation.

11.4 Long-term exclusion from company of inmates with mental health problems

11.4.1 International commitments relating to isolation and mental health problems

People with mental health problems will be particularly vulnerable to inhuman or degrading treatment in prison, especially if they are fully isolated. Several international guidelines and conventions therefore deal especially with inmates with mental health problems. The Mandela Rules state that:

‘The imposition of solitary confinement should be prohibited in the case of prisoners with mental or physical disabilities when their conditions would be exacerbated by such measures.’⁴⁰

Article 15 of the Convention on the Rights of Persons with Disabilities (CRPD) requires states to ensure that persons with disabilities are not subjected to torture or cruel, inhuman or degrading treatment or punishment. The CRPD Committee has underlined that mentally ill persons shall not be isolated if this can lead to their condition deteriorating, and that such placement may be in violation of Article 15 of the CRPD. The Equality and Anti-Discrimination Ombudsman writes in its report *Innsatt og utsatt - rapport om soningsforholdene til utsatte grupper i fengsel* (‘Vulnerable inmates – report on prison conditions for vulnerable groups in prison’) that:

‘The practice of isolating inmates with disabilities raises the question of whether the state meets its obligation to ensure protection against inhuman punishment as set out in Article 15 of the CRPD.’⁴¹

The ECtHR has considered the issue of imprisonment of persons with mental health problems in several judgments, and it has found states guilty of violations of the European Convention on Human Rights Article 3 in a number of cases where mentally ill persons have not received adequate treatment in prison.⁴²

The UN Special Rapporteur has stated that:

‘States should abolish the use of solitary confinement for juveniles and persons with mental disabilities. In regard to the use of solitary confinement for persons with mental disabilities, the Special Rapporteur emphasizes that physical segregation of such persons may be necessary in some cases for their own safety, but solitary confinement should be strictly prohibited.’⁴³

In its standards, the CPT has stated that:

⁴⁰ The Mandela Rules, Rule 45

⁴¹ CRPD Article 15: 1. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation. 2. States Parties shall take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment.

⁴² For an overview of case law, see the ECtHR’s fact sheet on detention and mental health: http://www.echr.coe.int/Documents/FS_Detention_mental_health_ENG.pdf.

⁴³ Report of the UN Special Rapporteur on Torture (2011), A/66/268.

‘A mentally ill prisoner should be kept and cared for in a hospital facility which is adequately equipped and possesses appropriately trained staff. That facility could be a civil mental hospital or a specially equipped psychiatric facility within the prison system. Whichever course is chosen, the accommodation capacity of the psychiatric facility in question should be adequate; too often there is a prolonged waiting period before a necessary transfer is affected. The transfer of the person concerned to a psychiatric facility should be treated as a matter of the highest priority.’⁴⁴

11.4.2 Treatment offered to long-term isolated inmates at Ila Detention and Security Prison

For several years, a number of inmates with mental health problems have for long periods of times been isolated in Section G. At the time of the visit, there were two inmates who had been isolated almost without interruption since July 2013 and April 2014, respectively. One was partially isolated and the other fully isolated. Two previously long-term excluded inmates had been transferred to regional secure treatment facilities in mental health care prior to the visit. In addition, inmates were regularly isolated for shorter periods in Section G on the basis of administrative decisions, either due to suicide risk or at their own request because of anxiety or other mental health problems.

The prison and the health service stated that they were unable to offer this group of inmates treatment within their current framework conditions.

The prison administration was of the opinion that most long-term isolated inmates should have been transferred to mental health care institutions, and that the condition of some inmates had deteriorated in prison. Several inmates had been admitted to an institution on an emergency basis, but they were returned within a short time because they were not deemed to have a serious mental disorder, which is the statutory requirement for committing someone.⁴⁵ The prison disagreed, and argued that insufficient time had been spent on psychiatric diagnosis.

The CPT has visited Ila on three occasions – in 1997, 2005 and 2011. In the reports from all the visits, the Norwegian authorities were criticised for not ensuring that inmates with serious mental disorders are transferred to the public health service. In its report from 2011, the CPT wrote the following:

‘Further, in particular at Bergen, Ila and Oslo Prisons, the delegation was informed of difficulties in transferring severely mentally-ill prisoners to psychiatric hospitals (especially for longer-term treatment). In a number of cases, when the persons concerned were discharged after a few days’ stay in an acute psychiatric ward and referred back to the prison, they were not yet able to cope with life in prison. The CPT wishes to stress once again that prisoners suffering from a severe mental illness should be cared for and treated in an adequately equipped and staffed hospital setting. The Committee reiterates its recommendation that the Norwegian authorities take the necessary steps to ensure that such prisoners are transferred to an appropriate psychiatric unit/hospital.’⁴⁶

⁴⁴ 3rd General Report of the CPT, published in 1993, CPT/Inf(93)12-part, paragraph 43.

⁴⁵ Section 3-3 of the Mental Health Care Act.

⁴⁶ Report to the Norwegian government on the visit to Norway carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 18 to 27 May 2011, CPT 2011/70.

The Norwegian authorities responded to the criticism by pointing out that views on diagnosis and the need for health care can differ, and that, in cases of disagreement, a complaint can be submitted to the County Governor.⁴⁷

Based on the information received from the prison and our own observations made during the visit, there is no doubt that there are persons in Section G with severe mental health problems whose condition has deteriorated during their imprisonment. It emerged that the prison has made great efforts to have these persons transferred to mental health care institutions. The prison administration has itself raised the question of whether the regimen currently offered in Section G can be classified as inhuman or degrading treatment.

The Parliamentary Ombudsman is seriously concerned of the situation in which individuals with mental health problems are subject to long-term isolation. These inmates are entitled to treatment, which the prison is unable to provide within the current framework.

The Directorate of Health and the Directorate of Norwegian Correctional Service jointly produced the report *Oppfølging av innsatte med psykiske lidelser og/eller rusmiddelproblemer* ('Follow-up of inmates with mental health problems and/or substance abuse problems') in 2016. Among other things, the report recommends that a national reinforced communal section be established for inmates with strongly aggressive behaviour and mental health problems in order to prevent long-term isolation. Ila Detention and Security Prison has prepared a plan to turn Section H into a temporary reinforced communal section for the most seriously ill inmates as an immediate measure.

In its allocation letter to the Directorate of Norwegian Correctional Service for 2017, the Government states that the Directorate of Health and the Directorate of Norwegian Correctional Service shall follow up the recommendation that a national reinforced communal section be established. However, the government has not earmarked funds in 2017 for new measures to achieve this objective.

Recommendation

- Central government authorities should implement measures to ensure that inmates in long-term isolation at Ila Detention and Security Prison are offered treatment and that their isolation ceases.

11.4.3 Measures to compensate for the detrimental effects of isolation for inmates in long-term isolation

In the revised national budget for 2014, NOK 5 million was allocated *for extra staffing to facilitate activities based on the individual inmate's situation and needs*.⁴⁸ This allocation has later been increased to around NOK 10 million per year.

The funds have been used to establish a special resource team for inmates in long-term isolation at Ila Detention and Security Prison. The team consisted of 11 members: two milieu therapists and nine

⁴⁷ Response of the Norwegian Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Norway from 18 to 27 May 2011, CPT/Inf (2012) 20 page 23.

⁴⁸ Proposition No 93 to the Storting (2013–2014), *Tilleggsbevilgninger og omprioriteringer i statsbudsjettet 2014*, ('Supplementary allocations and reprioritisations in the national budget 2014) chapter 430.

officers working a rota. A psychologist and a recreational supervisor, both working 50% of a full-time position, were attached to the team, as well as an instructor/conversation group leader working 20% of a full-time position.

The resource team stated that they were able to activate the inmates to a certain extent. The staff took them to the local shop, for exercise and walks. Some of the inmates cooked food in other sections, but this offer was limited for resource reasons and because the kitchen had to be kept separate from the ordinary inmates in the section for security reasons.

More escorted leaves outside the prison were also granted. The prison itself stated that the use of security cells had been significantly reduced after the team was established. In 2016, there were a total of three confinements in a security cell and no use of restraint beds at Ila. The prison also stated that the number of incidents of violence and threats against staff in Section G had been reduced.

The resource team described its cooperation with the health service as good. The challenge was that inmates in long-term isolation did not themselves want help from the health service and that they therefore did not receive the treatment they needed in prison.

Recommendation

- It is recommended that special measures be introduced to activate inmates who are excluded long-term from company, without this being at the expense of those who are excluded for shorter periods.

11.5 Institutional culture and exclusion

In institutions that are authorised to deprive people of their liberty, there will always be an imbalance of power between the administration and staff, on the one hand, and inmates, on the other. People deprived of their liberty are dependent on the staff if their daily needs are to be met and fundamental rights respected. The imbalance of power between staff and inmates creates vulnerability to abuse and violations of human dignity and fundamental rights. This vulnerability is further increased in sections with a strict security regime, where extensive force is used.

Sections where inmates are excluded from the company of other inmates are particularly at risk of developing their own subcultures.⁴⁹ They are often placed in sections that are separate from the rest of the prison, there is limited interaction between staff and inmates, the number of officers is small, the inmates can be disruptive and the staff have easy access to coercive measures. It is therefore particularly important that sections where inmates are excluded from company make active endeavours to promote values, attitudes and a shared culture that are in accordance with the right to be treated humanely and with dignity.

It was obvious that the staff in Section G and the resource team worked in a confined environment where maintaining good relations with the inmates could be demanding. In addition, it was reported that the establishment of the resource team had been challenging for both the officers in Section G

⁴⁹ Shalev, Sharon and Kimmitt, Edgar, *Deep Custody: Segregation Units and Close Supervision Centres in England and Wales* (2015), page 64.

and other staff at Ila. It was stated that the cooperation had been problematic at first, but that it now worked well.

The administration at Ila Detention and Security Prison stated that they were aware of the risk of subcultures developing, and measures were implemented to prevent this. Among other things, the resource team staff received guidance from a psychologist and had been on secondments to other institutions outside the prison. Section G staff also received regular guidance from a psychologist. There was a low threshold for reporting threats and violence, and staff were given follow-up after such episodes.

The Parliamentary Ombudsman found no signs that undesirable subcultures had developed in Section G. However, it is important that the administration continues to be aware of this risk and implements measures to reduce it.

12 Other invasive measures

12.1 Body searches

Body searches are an invasive measure, and international guidelines emphasise that body searches must be carried out in a manner that is respectful of the inmate's dignity.⁵⁰ While the Guidelines to the Execution of Sentences Act state that, as far as practically possible, body searches shall be carried out by a staff member of the same sex, international guidelines clearly state that inmates shall only be body searched by personnel of the same sex.⁵¹

Body searches at Ila Detention and Security Prison are carried out when inmates arrive and leave the prison, when cells are searched and after visits and home leaves. During body searches, inmates have to remove all their clothes and the clothes are searched. The inmates also have to go through a metal detector after the body search.

The body searches on arrival were carried out in one of the cells in Section G, and otherwise in a room near the entrance to the main building. This room was around six square metres in size, and two of the walls were covered with lockers for visitors' use. During the body search, two officers were in the room with the inmate. The small room was cramped and not suitable for such an invasive act as removing all one's clothes. Both staff and inmates confirmed that it was standard practice to have both a male and a female officer present. Inmates confirmed that the female officer was supposed to turn her back to the inmate during the last part of the undressing process, but some found the presence of female staff in that cramped room to be intrusive. Several inmates said that they were apprehensive about body search situations and therefore chose not to work in the garden nursery outside the prison because this entailed daily body searches.

Full visitation can involve the inmate having to undress completely in one process, or the undressing can be carried out in stages so that all clothes are removed, but not at the same time. The latter method avoids the inmate having to be completely naked, although all the clothes and the whole body are searched. This is the form of body search the CPT recommends:

'A strip search is a very invasive - and potentially degrading - measure. Therefore, resort to strip searches should be based on an individual risk assessment and subject to rigorous criteria and supervision. Every reasonable effort should be made to minimise embarrassment; detained persons who are searched should not normally be required to remove all their clothes at the same time, e.g. a person should be allowed to remove clothing above the waist and to get dressed before removing further clothing.'⁵²

The NPM was informed that the prison had considered such two-stage body searches, but that it did not wish to introduce them.⁵³

⁵⁰ The Mandela Rules, Rule 50, and the European Prison Rules, Rule 54.4

⁵¹ The Mandela Rules, Rule 52.1, and the European Prison Rules, Rule 54.5.

⁵² The CPT's visit to the Netherlands in 2011, CPT/Inf (2012) 21 page 23, paragraph 32.

⁵³ The Parliamentary Ombudsman has recommended two-stage body searches in several of its visit reports. See, *inter alia*, the reports from Drammen police custody facility, Bergen police custody facility, Ålesund police custody facility, Drammen Prison and Stavanger Prison.

Ila Detention and Security Prison has recently built a new arrival building. It had not been taken into full use at the time of the visit, however. The prison administration noted that the physical premises used for body searches will improve significantly once the new building is ready for use.

Recommendations

- Ila should consider introducing two-stage body searches or other similar methods to make the body search process as non-invasive as possible.
- Male officers should be used for body searches.

12.2 Collection of urine samples

Urine samples were collected in a separate room in the main building. Section 3-26 of the Regulations to the Execution of Sentences Act states that urine samples shall either be provided under supervision, or the sample can be provided without supervision by the staff if the prisoner has taken off all his or her clothes beforehand. In such case, the sample can be provided in a suitable 'naked' room without a water supply.

The Guidelines to the Execution of Sentences Act specify that inmates who have problems providing a urine sample shall be given a deadline of at least four hours before failure to provide a urine sample is considered to constitute refusal to obey an order. A concrete assessment must be made of whether the deadline should be extended if special circumstances so indicate. Inmates who are going to provide a urine sample in a suitable room without supervision shall be offered clothes from the prison during the sample taking. Inmates shall not be left without clothes for a prolonged period. The guidelines state that the officers present should preferably be of the same sex as the inmate.

The room where the urine samples were collected had limited floor space. As with the body searches, two officers were present. A female officer could also be present during the collection of urine samples, but the NPM was informed that they were expected to turn their back to the inmate. If the inmate was unable to provide a urine sample under supervision, he would be undressed and taken to a small toilet cubicle where the toilet was covered to avoid access to water.

The cramped conditions, the presence of a female officer and individual problems with urinating meant that some inmates found the urine sample collection situation problematic. Some inmates had been punished for refusing to obey an order when they failed to provide a urine sample. This had normally led to exclusion from company during leisure time or temporary confiscation of their TV.

The Guidelines to the Execution of Sentences Act underline that it is up to the prison to consider possible alternatives to urine samples, such as breathalyser tests, blood samples or other less invasive examinations, e.g. examination of body fluids such as spit and sweat.

Recommendations

- Urine samples should be collected under the supervision of male officers only.
- The prison should consider using alternative premises for urine sample collection, or alternatives to urine sample collection where possible.

13 Information for inmates

Most inmates have a great need for information when they are admitted to prison, especially first-time inmates. Good admission procedures are intended to ensure that inmates quickly become familiar with their rights and obligations in prison. At the same time, it is a challenge that, for many inmates, the admission process can be affected by a feeling of shock or by intoxication, or that the inmates do not speak or understand Norwegian or English. Information will therefore often need to be repeated, with an interpreter present if necessary, to ensure that the inmates receive and understand the necessary information.

The Mandela Rules state that, immediately after admission, all inmates shall be given information about laws and internal prison regulations, their rights and obligations and all other information that is necessary to enable the inmate to adapt to life in prison.⁵⁴ It is also emphasised that this information shall be provided in a manner and language the inmate understands. This is also stated in the European Prison Rules.⁵⁵

The prison had developed admission instructions and a checklist in which the prison's admission procedures are described. It must be noted on this checklist each time information is given, to ensure that the inmates receive the information they are entitled to. This is a good practice.

Ila has produced an information booklet that was available in the cells. An overview of activities and routines was available in all sections, and relevant information was posted on message boards. This included information about the supervisory council.

The prison informed the NPM that, as of January 2017, there were 35 non-Norwegian inmates. Most of them could communicate in Norwegian or English.

The staff stated that an interpreter was used when necessary. This was mainly when documents were served on inmates and in connection with conversations with the health service. The health service stated that they had used an interpreter on two occasions in 2016.

It was stated that the information booklet had been translated into several languages, but the NPM only found Norwegian copies of the booklet in the foreign inmates' cells.

Recommendation

- The prison should ensure that foreign inmates have access to the information booklet in a language they understand.

⁵⁴ The Mandela Rules, Rules 54 and 55.

⁵⁵ The European Prison Rules, Rule 30.1.

14 Contact with the outside world

The CPT emphasises the importance of inmates being able to maintain contact with the outside world, especially to be able to safeguard their relationship with their family and close friends.⁵⁶ This is especially important at Ila Detention and Security Prison, since the prison has many inmates serving long sentences and inmates serving indefinite preventive detention sentences.

14.1 Visits

The visiting section was in the main building. It comprised five visiting rooms. Two of these visiting rooms were adapted for visits by children. The rooms were eight square metres in size and contained a sofa, a table and chairs. All the rooms had a small TV.

Information about procedures and rules for visits was published on the prison's website. The website also had special pages for children who are going to visit the prison, in addition to general information containing photos and an information video.

Most of those who used the visiting system thought that it worked well. However, many felt that the body searches before and after visits were stressful.

14.2 Phone time

The inmates had 20 minutes of phone time per week in accordance with Section 3-29 of the Regulations to the Execution of Sentences Act. Several inmates said that their phone time had been extended on the basis of special circumstances. Many complained that the phone time was too short, that using the phone was expensive and that the system for planning and making phone calls was rigid. This is information that the Parliamentary Ombudsman often receives when visiting prisons. The stipulated phone time is in accordance with the regulations and cannot be changed by the prison.

14.3 Skype

The prison had no system for alternative means of communication (for example Skype). Since Ila is one of three detention and security prisons in Norway, many of the inmates live far away from their families and friends. It was emphasised that foreign inmates would benefit greatly if they could use Skype, and such a solution could go some way to making up for inmates' lack of contact with family and friends who are unable to visit.

Recommendation

- In consultation with the authorities, the prison should look into whether it is possible to find a solution that could enable the use of alternative means of communication.

⁵⁶ CPT Standards, page 18, paragraph 51.

15 Health services

15.1 In general

The health service at Ila Detention and Security Prison is organised under the health service in Bærum municipality.

At the time of the visit, the health department had the following staff members:

- One section manager (psychiatric nurse)
- Four nurses in full-time positions, and one working 80% of full-time
- A doctor visiting the prison three times a week
- A physiotherapist working 60% of a full-time position

Of the five nurses, there were three women and two men. The doctors were general practitioners, one of whom was a woman and two were men. A nurse was present every weekday from 7.30 to 22.00. At weekends and on public holidays, health personnel were available via a duty rota scheme.

In addition to treating somatic complaints, the nurses and doctors assist with supportive conversations for inmates with mental health problems. When medication is needed, this is prescribed by the prison doctor. Medication is distributed by officers in one-week medication dispensers prepared by the health service. The officers had all taken a medication course. The procedures and practice in this context appeared to be good.

The health service stated that, for budgetary reasons, they had reduced two of the positions, one nurse having gone from a full-time position to 80% of full-time, and the physiotherapist having gone from a full-time position to 60% of full-time. They feared further budget cuts in future as well. Ila seemed to have a mainly well-functioning health service. A reduction in the current service would give cause for concern, however, considering the health challenges of Ila inmates.

15.2 Admission interview

It was positive that the inmates had access to health services both during the day and in the evenings. This also means that the important admission interview can take place shortly after the inmates arrive at the prison. The health service stated that the first assessment interview is normally conducted within 24 hours. Most inmates confirmed that the admission interview with the health service took place during the first 1–3 days. A speedy admission interview is important from a prevention perspective. It is often in connection with such independent conversations and examinations that signs of abuse in police custody facilities or in connection with police questioning are uncovered. It is therefore positive that such conversations take place soon after arrival. The health service stated that they were not familiar with the UN's Istanbul Protocol.⁵⁷ This protocol provides important guidelines for requirements for documenting abuse.

The checklist used by the health service in connection with the arrival interview was relatively simple, but it contained a requirement for a health assessment of the inmate's physical and mental state. According to the health service, there was a particular focus on dejection and depression and the risk of self-harm and suicide. Many inmates were uncertain about whether they had been asked about

⁵⁷ The Istanbul Protocol, Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

suicide risk directly after admission (see chapter 8.1 *Admission procedures*). Several interviewees stated that they had been asked questions about this, but only at their first meeting with a doctor. Inmates are offered a conversation with a doctor six weeks after arrival at the latest. Research shows that inmates often commit suicide during their initial period in prison, and early mapping of suicide risk is therefore important.⁵⁸

15.3 Access to health services

Inmates can make an appointment with the health service by filling in a request form. Envelopes could be obtained from prison officers in which the request form could be placed and the envelope sealed afterwards. Several inmates confirmed that this was the case. The envelopes were not freely available in the communal area because, according to the staff, the inmates took the envelopes and used them for other things.

In the same way as other people, inmates are entitled to confidential communication with health personnel. Inmates shall not be required to share health information intended for the health department with prison staff, neither directly nor indirectly.⁵⁹ Inmates must be able to trust that their right to privacy will be respected. It is therefore important that envelopes are available and that all inmates know where to obtain them.

Several inmates also stated that they communicated orally with the health personnel when they stopped by the section.

The majority of inmates who had been in contact with the health service stated that they received follow-up relatively quickly. The inmates' satisfaction with the follow-up from the health service varied somewhat, but many were highly satisfied.

15.4 Collaboration with the specialist health service and substance abuse rehabilitation

The District Psychiatric Centre (DPC) in Sandvika has a special Ila team. Part of their working hours are earmarked for work with Ila inmates. The team comprises:

- A psychiatrist working 30% of a full-time position
- Three psychologists, each working 30% of a full-time position
- Two social workers, each working 10% of a full-time position.

The team has consultations with inmates on Mondays and Fridays based on referrals from the prison doctor. Conversational therapy in substance abuse rehabilitation is also offered. There was no specialised substance abuse rehabilitation unit at Ila, but the prison had its own programmes, which are adapted for inmates with substance abuse problems (see chapter 9.3 *Therapeutic programmes*).

15.5 The health service and Ila's psychologist team

As a detention and security prison, Ila has its own team of four psychologists under the leadership of a psychiatrist. Their main task is to prepare risk assessments of inmates in preventive detention.

⁵⁸ Hammerlin, Yngve. *Selv mord og selvmordsnærhet i norske fengsler - selvmordsforebyggende arbeid i fengsel* ('Suicide and suicidality in Norwegian prisons – Suicide prevention work in prisons'). Correctional Service of Norway Staff Academy (KRUS), 2009 p. 57.

⁵⁹ CPT Standards, page 39, paragraph 34.

Findings from the visit showed that the health service and the psychologist team respected the independence of their different roles, and that their different areas of responsibility were also kept separate in practice.

15.6 The health service's role in connection with exclusions from company (isolation)

Section 37 seventh paragraph of the Execution of Sentences Act states that a medical practitioner shall be notified of exclusions without undue delay. For inmates in preventive detention, the same follows from Section 13 sixth paragraph of the preventive detention regulations.

All administrative decisions reviewed by the Parliamentary Ombudsman state that a medical practitioner shall be contacted without undue delay. The health service stated that they were informed immediately, and that the message was passed on to the doctor if the doctor was not present in the prison.

As regards supervision of inmates excluded from company, the European Prison Rules state the following:

'The medical practitioner or a qualified nurse reporting to such a medical practitioner shall pay particular attention to the health of prisoners held under conditions of solitary confinement, shall visit such prisoners daily, and shall provide them with prompt medical assistance and treatment at the request of such prisoners or the prison staff.'⁶⁰

The Mandela Rules also require daily supervision of inmates in solitary confinement.⁶¹

In its guide IS-1971 (2013), the Directorate of Health recommends that employees in the prison's health and care service visit isolated inmates when medical reasons so indicate.⁶² Examples include when an inmate him/herself requests a visit, or if information from the Correctional Service or others gives reason to believe that the inmate needs supervision. The same is reflected in the Guidelines to the Act on the Execution of Sentences.⁶³

The health service at Ila Detention and Security Prison stated that the frequency of supervision varied somewhat. Some inmates wanted daily supervision, while others had notified the health service that they would notify them if they wanted contact. The health service also carried out its own assessments of the need for supervision based on their own observations and information from staff. The Directorate of Norwegian Correctional Service has decided that everyone who is isolated pursuant to Section 37 of the Execution of Sentences Act shall be checked by prison staff once an hour. Ila introduced this scheme in 2017.

For security reasons, conversations with inmates in long-term isolation were not held without security being present.

⁶⁰ The European Prison Rules, Rule 43.2

⁶¹ The Mandela Rules, Rule 44

⁶² The Norwegian Directorate of Health's guide (January 2013) *Helse- og omsorgstjenester til innsatte i fengsel* ('Health and care services for prison inmates'), page 44.

⁶³ Point 37.15 of the Guidelines to the Execution of Sentences Act.

15.7 Duty of confidentiality in connection with escorted leave outside the prison for medical examinations or treatment

The Correctional Service staff are not subject to the same legislation as health personnel as regards the duty of confidentiality, but are subject to the general rules in the Public Administration Act. In some medical examination and treatment situations, it is necessary for Correctional Service staff to be present to ensure the safety of the health and care personnel carrying out the examination/treatment. In such cases, there may be a conflict between the requirement that Correctional Service staff be present and the provisions on the duty of confidentiality set out in the Health Personnel Act.⁶⁴

Several inmates informed the NPM that officers were present when they were escorted outside Ila for an appointment with a doctor or to receive medical treatment. The prison's instructions regarding security when inmates are admitted to hospital state that the main rule is that at least one officer shall be present because of the risk of injury or escape. The administration at Ila confirmed this practice. The number of health-related escorted leaves per year was estimated to be around 200, and it was stated that it was often health personnel who wanted security to be present.

The Directorate of Health's guide to health and care services for prison inmates states that the presence of officers in such consultation/treatment situations is problematic in relation to complying with the duty of confidentiality. The Directorate recommends that this be resolved by the patient consenting to the presence of Correctional Service staff and that the consent be entered in the records. If the patient objects to Correctional Service staff being present, the health personnel must consider whether the examination/treatment can take place without Correctional Service staff being present. If the health personnel find that the examination or treatment requires the presence of prison officers, the reason must be entered in the records. If the patient still refuses to have Correctional Service staff present during the examination/treatment, the patient must be informed of the consequences, including as regards the prognosis, and this must be entered in the records.

The Parliamentary Ombudsman spoke with several inmates who found it problematic that officers from the prison were present during consultations and treatment with health personnel. The Parliamentary Ombudsman notes that having officers present is the main rule. However, it is recommended that individual risk assessments be carried out and that the Directorate of Health's guidelines be complied with.

Recommendations

- Health service staff should familiarise themselves with the Istanbul Protocol, and acquire expertise in uncovering abuse in accordance with the Protocol.
- The health service should ensure that suicide risk is always assessed in the first admission interview.
- The prison should ensure that envelopes for request forms are always available and that the inmates are informed about the possibility of using a sealed envelope.

⁶⁴The Norwegian Directorate of Health's guide (January 2013) *Helse- og omsorgstjenester til innsatte i fengsel* ('Health and care services for prison inmates'), page 41.

- In connection with the presence of officers during consultations with health personnel, individual risk assessments should be carried out, and the Directorate of Health's guidelines should be complied with.

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
Email: postmottak@sivilombudsmannen.no
www.sivilombudsmannen.no

Foto: Gorm Kallestad / Scanpix

