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The Parliamentary Ombudsman Norway

National Preventive Mechanism against Torture and Ill-Treatment

VISIT REPORT

- Summary and Recommendations

Trondheim prison 17-19 March 2015



TRONDHEIM PRISON

Report Summary and Recommendations from the National Preventive Mechanism's Visit to Trondheim Prison¹

17-19 March 2015

The Parliamentary Ombudsman's preventive role

After Norway's ratification of the Optional Protocol to the Convention against Torture (OPCAT) in the summer of 2013, the Parliamentary Ombudsman was given a mandate to prevent torture and other cruel, inhuman or degrading treatment or punishment.² To fulfil this mandate, a special unit called the National Preventive Mechanism (NPM) was established in the Parliamentary Ombudsman's office.

Representatives of the NPM make regular visits to locations where people are deprived of their liberty, such as prisons, police custody facilities, psychiatric institutions and child welfare institutions. The visits may be announced or unannounced.

On the basis of these visits, recommendations are issued with the aim of preventing torture and other cruel, inhuman or degrading treatment or punishment.

The Parliamentary Ombudsman, through the NPM, is authorised to enter all places of detention and to engage in private conversations with those who have been deprived of their liberty. The NPM also has access to all essential information relating to detention conditions. Through independent observation and dialogue conducted during its visits, the NPM seeks to uncover risk factors that could open the way for abuses to occur. Conversations with persons deprived of their liberty are given special priority.

The NPM also conducts extensive dialogue with national authorities, civil society groups and international human rights bodies.

Summary

The Parliamentary Ombudsman's National Preventive Mechanism (NPM) made a visit to Trondheim Prison on 17–19 March 2015. Trondheim Prison has the capacity to hold 194 inmates, divided between 155 high security places (the Nermarka section), 29 lower security places (the Leira section) and ten places in a day release unit (at Kongensgate 95). The visit to the Leira section focused on the conditions for female inmates, while no visit was made to the Kongensgate 95 unit. The prison was notified of the visit four weeks in advance and was asked to submit specified information. The request was complied with in a timely manner by the prison.

The visit started with a meeting with the prison administration at which the NPM presented the Parliamentary Ombudsman's prevention mandate and the working methods used in connection with

¹ You can find the full visit report in Norwegian on the NPM's website:

https://www.sivilombudsmannen.no/reports/category2967.html.

² The Parliamentary Ombudsman Act § 3a.

prison visits. The need for private interviews with inmates was emphasised in particular. The administration of Trondheim Prison presented the prison's organisation and operation, as well as professional and organisational challenges. The prison administration and the other staff were helpful throughout the visit, and all requested information was made available to NPM.

An inspection was carried out of the prison, including of the health service's premises, and separate meetings were held with the prison health service. Interviews were also conducted with inmates. The interviews were held in the inmates' cells or in meeting rooms belonging to the different sections. A document review was carried out of all important documents and the use-of-force records related to the use of security cells in 2014 and so far in 2015, and of a selection of decisions regarding exclusion from company from the same period. The NPM also conducted interviews with several staff members at different levels of the organisation and with representatives of the trade unions. The visit ended with a meeting with the administration at which the NPM informed the administration about its preliminary findings and recommendations.

The document review of decisions and the supervision log related to the use of security cells and restraint beds showed material shortcomings in the registration of documents and formed the basis for several recommendations. Furthermore, a review of decisions regarding exclusion from company pursuant to Section 37 of the Enforcement of Sentences Act indicated that the prison's quality assurance of the case processing in these cases was inadequate. Some of the decisions were not signed, and decisions on when the measure should be discontinued were rare. In addition, the decisions rarely stated whether less intrusive measures such as partial exclusion had been considered. In some cases, inmates remained in the restricted section (A1) without a decision until a place became available in the communal section.

On the positive side, the NPM noted that the prison was clearly concerned with adapting activities to the needs of individual inmates. The fact that only 60 per cent of the inmates are employed/participate in activity programmes is a cause for concern, however.

It was also pointed out that there were instances of unreasonably long stays in the restricted section, both for newly admitted inmates and for inmates being transferred to the restricted section following an exclusion decision. Despite the fact that activation measures were organised by social workers and prison officers, many inmates stated that they found it hard to cope with the high degree of isolation and little contact with other inmates and staff. In general, the prison buildings are not adapted to today's execution of sentences, as regards contact between the inmates and the organisation of communal activities.

The first period as an inmate is a particularly vulnerable phase, and the prison's reception procedures and how inmates are attended to in this phase were therefore focused on in particular. The inmates expressed varying experience regarding what information they received on their admission to the prison. Some inmates said that the information they received was good. Several inmates stated that they had received little or no information, however. Foreign inmates seemed to be particularly vulnerable to poor information procedures. Some foreign inmates said that they had not had a conversation in a language they understood, even several weeks after they were admitted. The prison's admission interview form did not contain any questions relating to suicide risks. The administration was aware that the admissions procedures had not worked well enough and said that work had been initiated to improve the procedures.

The NPM has several recommendations relating to the health service at Trondheim Prison. They particularly concern the inmates' access to both primary and specialist health services.

Both inmates and staff stated that there was much noise and unrest in some of the communal sections, and that groups of inmates sometimes took control of the communal kitchen. Several inmates would like to see more intervention by prison officers in such situations, and many inmates in these sections felt that, in general, the prison officers spent too little time in the communal areas. Some inmates also said that they felt unsafe, and that episodes of violence occurred that the prison officers did not pick up on.

Several foreign inmates experienced language and communication problems and felt overlooked. A large part of the communication between the staff and foreign inmates seemed to be limited to simple messages. Some of the inmates the NPM interviewed with the help of an interpreter had not had a conversation with anyone in a language that they understood since their admission to the prison.

The NPM got the impression that inmates in the women's section had often been locked in during periods of high sickness absence among the staff or when there were a large number of escorted leaves. The women in the section also expressed dissatisfaction that they were not allowed to use the large exercise yard with sports facilities that the communal sections for men in the E section had access to. The exercise yard near the women's section does not provide any real opportunities for running or ball games.

Alcohol and drug problems expose the inmates to additional health risks and reinforce a number of other problems related to living conditions. Based on this, the NPM finds it worrying that women are neither offered the same measures to master such problems as male inmates nor are they offered to serve their sentence in a unit for mastering drug and alcohol problems.

The prison does not have cells adapted to inmates with disabilities in the communal sections. This means that inmates with disabilities who are to serve their sentence in a communal section and who are admitted to Trondheim Prison are placed in a restricted section where they have limited contact with other inmates, solely because of their disabilities. The NPM also pointed out that help with cleaning for disabled inmates should be provided by professional personnel and not by other inmates.

The preventive detention section is in a building that seems well adapted for the purpose. Some of the inmates in the preventive detention section expressed dissatisfaction with the treatment they receive in the prison. Several inmates also expressed concern about the use of temporary staff and that the section is not always staffed by personnel with the necessary expertise in working with persons who have received a preventive detention sentence.

Based on its visits, the National Preventive Mechanism finds that there are grounds for issuing the following recommendations:

• When security cells are used, a decision should always be made pursuant to Section 38 of the Execution of Sentences Act. The decision should always state which less intrusive measures have been attempted previously or found to be clearly inadequate.

• A supervision log should be kept that clearly states the name of the inmate and the exact time when the stay in the security cell started and ended.

• Full removal of all the inmates' clothes when they are detained in a security cell should only take place following an individual risk assessment. If the prison decides that the inmates should not be issued with clothing other than underwear, this should be stated in the supervision log. In situations where there is a high risk of suicide/serious self-harm, the prison should provide rip-resistant clothing/suicide prevention clothing.

• Inmates in security cells should be offered to spend time outdoors in fresh air if held there for more 24 hours.

• When restraint beds are used, a decision should always be made pursuant to Section 38 of the Execution of Sentences Act.

• 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, a decision should be made pursuant to Section 37 of the Execution of Sentences Act. The decision should state when the measure ends.

• All decisions involving measures set out in Section 37 of the Execution of Sentences Act should state whether less intrusive measures have been considered. Statistics should be kept of the number of such decisions and the grounds for and duration of exclusion pursuant to Section 37.

• The prison should implement measures that ensure that all inmates who are not subject to restrictions imposed by the court or who are completely excluded from the company of others as a preventive measure pursuant to Section 37 first paragraph of the Execution of Sentences Act are offered at least eight hours of meaningful employment/activity outside the cell each day. Particular consideration should be given to activation of inmates who are partly or completely isolated.

• The prison should implement measures to avoid unnecessary long stays in the restricted section. All decisions involving measures set out in Section 37 should state whether less intrusive measures have been considered. Statistics should be kept of the number of such decisions and the grounds for and duration of exclusion pursuant to Section 37.

• The prison should, through the presence of prison officers, ensure that communal activities are organised in a way that is perceived as safe and inclusive for all inmates.

• If any members of staff demonstrate poor attitudes, the administration should take action to deal with this.

• The prison should continue to improve the information provided on admission. It should consider introducing a system for following up the initial admission interview, so as to meet the inmates' need for assistance and information.

• The prison should provide inmates who do not have sufficient Norwegian or English language skills with interpreters during the admission interviews and when important information is to be provided at a later date. The question 'do you need an interpreter?' should be asked in more than one language to ensure that it is understood.

• Questions about mental health and suicide risk should be included in templates for admission interviews.

• Special arrangements should be made to attend to the needs of isolated inmates, inmates in need of extensive assistance and vulnerable groups.

• New inmates should undergo a health examination by a doctor, or a nurse under the supervision of a doctor, preferably in connection with the admission interview or within 24 hours of being admitted. It is proposed that all new inmates who are admitted to the prison after the working day is over undergo a health examination by an accident and emergency unit doctor.

• All written requests to the health department should be answered in the course of 24 hours on weekdays or on Mondays after a weekend. All written requests and any answers should be registered in the electronic patient records.

• The police and the prison should escort patients to the specialist health services by agreement. A letter should be sent to the inmate if an escorted visit to the specialist health service is cancelled by the police or the prison, so that the inmate is given an opportunity to appeal the decision. A non-conformity system should be established for registration of cancellations of escorted visits to the specialist health service.

• Female inmates should be offered the same activities as men, and the prison should consider how outdoor facilities for women can contribute to this end.

• Women should be offered the same treatment for drug or alcohol problems as male inmates.

• The prison should ensure that a log is kept of any limitations on, or exclusion from the company of others, and that individual decisions are put in writing, if necessary after the event. It should also be ensured that the prison does not discriminate against women in its practice by locking in women in their cells more frequently than men.

• The prison should systematically address the conditions under which foreign inmates serve their sentences and put in place the competence needed to ensure that they are not isolated and that they are given access to the same information as Norwegian inmates.

• Inmates with disabilities should be ensured the same conditions as other inmates. Pending the establishment of adapted cells, inmates who are in the restricted section solely because of their disabilities should be ensured contact with other inmates where they are.

• Other inmates should not be responsible for cleaning the cells of disabled inmates.

• The prison should ensure that the preventive detention section makes arrangements to ensure that the detainees are given opportunities to change.

• The prison should ensure that building-technical conditions do not prevent inmates from taking part in activities or having contact with others, and do not prevent the satisfaction of basic sanitary needs. Inmates should be provided with toilets in their cells.

• The prison should ensure that the best interests of the child are preserved in connection with visits from the children of inmates.



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Contact Information:

Telephone:	+47 22 82 85 00
Free of charge:	800 800 39 (only from landlines in Norway)
Email:	postmottak@sivilombudsmannen.no
Office address:	Akersgata 8, Oslo
Postal address:	Postboks 3 Sentrum, N-0101 Oslo, Norway

www.sivilombudsmannen.no/npm