

### SIVILOMBUDSMANNEN

Norwegian Parliamentary Ombudsman

# Experiences of the Norwegian NPM



ROUNDTABLE DISCUSSION Optional Protocol to the Convention against Torture (OPCAT 02 October 2017 Irish Human Rights and Equality Commission

## Mandate – Parliamentary Ombudsman as NPM

- Norway ratified OPCAT in 2013
- Established NPM Unit under Parliamentary Ombudsman in 2014
- Reports to Parliament, The Standing Committee on Scrutiny and Constitutional Affairs
- Independence and authority



### Complaints

The Ombudsman investigates complaints from citizens who believe they have suffered an injustice or an error on the part of the public

### **Torture Prevention**

The Ombudsman works to prevent torture and inhuman treatment in institutions by visiting facilities where people have been deprived of



## Establishing NPM: «..capabilities and professional knowledge»

• OPCAT article 18:

The States Parties shall (...) ensure that the experts of the NPM have the required capabilities and professional knowledge

- NPM Unit: three lawyers, one psychologist and three social scientists specializing in sociology, criminology and human rights
- External experts
  - Psychologist
  - Medical doctor
  - Lawyer



- Advisory council
  - Bar Association
  - Medical Association
  - Association of Psychologists
  - Patients organisations
  - Mental Health Organisation for youth
  - Ombudsman for Children
  - Ombudsman for Equality
  - Students legal clinic
  - Norwegian Organisation of Asylum Seekers
  - Helsinki Committee
  - Amnesty International Norway
  - Association for former detainees



## First 6 months as NPM

- Mapping of places covered by the NPM mandate
- Competence building in "detention sectors"
- Agree on key thematic priorities for visits
- Establish basic methodology principles
- Establish platform for dialogue with government authorities, monitoring and supervisory bodies and civil society





# Visit methodology

- Primarily **semi-unannounced;** Time period, but no exact date is given.
- 1 day visits to police custody facilities, 3-4 days visits to larger institutions
- Private interviews with people deprived of their liberty
- Inspection of premises
- Interviews with staff, other support personnel (teachers, priest, health department), different times of day
- Review of documents, records, files etc.
- Report shared with the institution 10 days before publication
- 3 months deadline to report back on follow-up of recommendations
- Ethical standard: do no harm







## Visits since late 2014 – total number 42 in 3 ½ years



- Competence building per sector
- Build dialogue but maintain independent perspective
- Methodology: continous adjustments and development
  - To ensure quality of findings and recommendations
  - To maximize impact



## Focus areas for visits to places of detention

- Physical conditions
- Activities and outdoor access
- Coercive measures
- Physical force and invasive practices
- Isolation and seclusion
- Access to health in confidential setting
- Institutional culture
- Judicial guarantees
- Contact with family and friends
- Forced medication, including ECT







## Cross sectoral findings: vulnerabilities

- Isolation and use of force as triggers for deterioration
- Mental health issues across sectors, major problem in detention
- «Too sick for prison (or child welfare), too fit for health care»
  - Thrown between institutions
- People in vulnerable situations:
  - Lack of language
  - Accumulated trauma
  - Gender identity
  - Age
  - Somatic or mental health issues







Cross sectoral findings (continued)

### Transgressions of professional roles

- Health personnel's assistance in police arrests, use of force in prisons («fit for isolation»)
- Police assisting hospitals in placing patients of mechanical restraints

### PROFESSIONAL TRAINING SERIES No. 8/Rev.1

### **Transport between institutions**

- Police transport to child welfare institutions and to hospitals – use of handcuffs, bodycuffs, spiting masks, strips, etc
- Health personnel's responsibility to document injuries on arrival to detention





Istanbul



UNITED NATIONS New York and Geneva, 2004



## Cross sectoral findings: Institutional culture

- Unequal distribution of power in places of detention
- Values and attitudes of management and staff is key to protect patients
- Risks of ill-treatment:
  - «Us and them» attitudes, the patient/inmate as «the other»
  - Static security is deemed paramount
  - Lack of accountability and management oversight



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



## Cross sectoral findings: Children in detention

- Legal guarantees
  - Children and youth seldom complain
  - Force against children and youth parents consent
- Informal punishment practices
- Prison-like physical conditions
- Lack of trauma awareness
- The right of the child to be heard





## Thematic reports

- December 2016: launched thematic report based on findings from separate visits
- Key findings:
  - Isolation and too high security
  - Lack of drug addiction treatment
  - High degree mental health issues
  - Old and inadequate facilities
  - Low feeling of safety in comb. prisons
  - Small out door areas
  - Scarce working possibilities
- 2017: The role of health care personnel in places of detention





### WOMEN IN PRISON

A thematic report about the conditions for female prisoners in Norway



# Follow-up

- Regular meetings with national/central authority
- Argue across institutions and sectors
- Engage stake holders, including inspectors
- Training of practitioners
- Training of specialists
- Use of media

### 'We found money we didn't really have and it was worth every penny', Prison director



Homepage / News / Built garden in the exercise yard in response to the Parliamentary Ombudsman's report

# Built garden in the exercise yard in response to the Parliamentary Ombudsman's report

'We found money we didn't really have and it was worth every penny,' says Prison Governor Nils Leyell Finstad about Bredtveit Prison's main exercise yard. Following the Parliamentary Ombudsman's recommendation to improve the conditions in the oversion word, the immetes have taken part in planning.



## Strategic choice: Quality versus quantity

- Appr 40 vists in 3 ½ years
- "Go deep to reach wide"
- Holistic and flexible methodology during visits
- Comprehensive visits reports and followup
- Capacity to lecture, train, do out reach, network, etc



SIVILOMBUDSMANNEN

National Preventive Mechanism against Torture and Ill-Treatment



### ... some challenges ahead...

- Capacity, capacity, capacity
- Number and size of institutions
- Subtlety of ill-treatment
- Immunity, confidentiality and jurisdiction
- Using the preventive mandate to the full
- Taking care of NPM personnel avoiding monitoring fatigue





# Transparency and outreach





Unacceptable prison conditions in Drammen Prison Published: 2016-09-01

'The conditions in Drammen Prison are in breach of Norwegian and







Office address: Akersgata 8, entrance: Tollbugata | Postal address: P.O. Box 3 Sentrum, NO-0101 Oslo Telephone +47 22 82 85 00 | Toll free number: 800 80 039 sivilombudsmannen.no