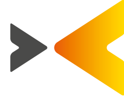

SIVILOMBUDSMANNEN
Norwegian Parliamentary Ombudsman

VISIT REPORT

Oslo Prison

19.–22. november 2018

National Preventive Mechanism against
Torture and Ill-Treatment

SIVILOMBUDSMANNEN

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1 Torture and inhuman 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, which 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. Norway endorsed the Optional Protocol in 2013.

2 The Parliamentary Ombudsman's prevention mandate

Norway ratified the Optional Protocol of the UN Convention against Torture in 2013. The Convention obliges states to establish bodies to protect persons deprived of their liberty against torture and other cruel, inhuman or degrading treatment or punishment.[1] The Parliamentary Ombudsman was given this task, and the National Prevention Mechanism (NPM) was set up in order to carry out this duty.

The Parliamentary Ombudsman has access to all places where people are deprived of their liberty and access to all information of importance referring to the treatment of people deprived of their liberty and their conditions of detention. The NPM makes regular visits to facilities where people are deprived of their liberty, such as prisons, police custody facilities, mental health care institutions and child welfare institutions. The visits can be both announced and unannounced.

The risk of torture or inhuman treatment occurring is influenced by factors such as legal and institutional frameworks, physical conditions, training, resources, management and institutional culture.[2] Effective prevention work therefore requires a broad approach that does not exclusively focus on whether the situation complies with Norwegian law.

The Parliamentary Ombudsman's consideration of factors that constitute a risk of torture and inhuman treatment is based on a wide range of sources. During its visits, the NPM examines the conditions at the institution through its observations, interviews and a review of documentation. Private interviews with those who are deprived of their liberty, are a particularly important source of information, because they have first-hand knowledge of the conditions at the institution in question. They are in a particularly vulnerable situation and have a special right to protection in relation to the interviews. Interviews are also conducted with the staff, management and other relevant parties. Documentation is also obtained to elucidate the conditions at the institution, such as local guidelines, administrative decisions on the use of force, records and health documentation.

After each visit, the Parliamentary Ombudsman writes a report describing its findings and recommendations for preventing torture and other cruel, inhuman or degrading treatment or punishment.

The reports are published on the Parliamentary Ombudsman's website, and the institutions visited are given a deadline for informing the Ombudsman about their follow-up of the recommendations. These letters are also published.

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

[1] Section 3 a of the Parliamentary Ombudsman Act.

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

3 Summary

The Parliamentary Ombudsman's National Preventive Mechanism (NPM) made a visit to Oslo Prison on 19–22 November 2018. The prison is one of Norway's biggest, with 240 places for male inmates. The NPM's visit was limited to Section B (Bayern).

Oslo Prison primarily houses inmates remanded in custody, and is the prison in Norway with the highest number of such inmates. This affects the prison in a number of areas.

Physical conditions

The prison is built with gallery units. Five of the ten units have floors occupying the full width of the storey, and the remainder have only a small walkway with railings in front of the cells. The building stock therefore has few natural communal areas, and both the staff and the inmates mentioned the risk of being pushed over the railings.

The physical standard in the prison cells varied. The NPM was informed that renovation had begun in some of the cells and bathrooms where the conditions were worst. The inmates had limited shower facilities. In several of the units, more than 20 inmates shared access to one shower, and this was only available for a few hours a day.

The prison's exercise areas were sparsely equipped and it was not possible to sit under cover. The exercise yards were used by up to 57 inmates simultaneously. No prison officers were present in the exercise areas, and supervision was from a watchtower. The inmates, staff, administration and the healthcare department all expressed that the prison's exercise facilities constituted a risk to the inmates' safety. Several serious incidents in the exercise areas were documented.

The exercise opportunities for inmates in solitary confinement warranted criticism. The prison had what were referred to as 'stråleluft' on the roof of the building. These are small outdoor cells with high concrete walls and a roof that bars any view of the sky. The cells allowed for only a minimum of physical activity. These cells did not come across as actual outdoor areas, and this can place an extra burden on inmates in isolation.

Admission procedures

Admission procedures are particularly important in remand prisons. The first few days form a critical phase characterised by a high degree of uncertainty. When admitted to Oslo Prison, the inmates had two interviews with prison officers, and an admission interview with medical personnel. The healthcare department's procedures were not in line with international standards, which stipulate that medical assessments must take place within 24 hours. Considering the particular challenges and needs of remand prisoners, this practice constitutes a risk of inadequate medical follow-up. The delay in medical assessments also means that violations that may have occurred while the inmate was in police custody are not identified.

The written information given to inmates in the admission phase at Oslo Prison was inadequate. The majority of the inmates the NPM talked with felt that their information needs had not been sufficiently met, including in relation to information about rights, procedures and routines. It is a problem that the prison appears to give such low priority to ensuring that inmates are provided with

good written information, particularly with regard to the fact that the prison is largely a remand prison with a high number of admissions.

Activity programme and time out of the cell

Oslo Prison informed the NPM that 65 per cent of the inmates were employed in work. During the NPM's visit, it emerged that only a minority of these inmates were offered full-day activities. This is also confirmed by the Directorate of the Norwegian Correctional Service's day surveys. The surveys for 2018 showed that a clear majority of inmates in Oslo Prison were locked in their cells for more than 16 hours a day. A significant proportion of inmates were locked in their cells for more than 22 hours per day, a situation equivalent to solitary confinement according to international standards. The surveys also showed that inmates were locked up for even more extensive periods at weekends.

It also emerged that inmates were not given an opportunity to spend time in the exercise yard if other activities, such as religious services, were taking place at the same time. It is troubling that inmates who are locked up for 22 hours per day sometimes have to choose between activities and outside exercise because these are synchronous.

For the majority of inmates in Oslo Prison who were locked in their cells for 22 hours or more, this was not the result of an individual administrative decision. The NPM stresses that the extensive practice of locking prisoners in their cells involves a clear risk of inhuman treatment. It also means that a high proportion of those subject to de facto isolation in Oslo Prison are not visible in the isolation statistics.

Use of security cells

In 2018, a total of 67 administrative decisions were made on the use of security cells. Most of the placements lasted for less than 24 hours, while nine lasted for two or three days and two placements lasted for more than three days.

The prison's supervision procedures for the security cells required the presence of the chief duty officer if an officer was to open the hatch in the cell door. This greatly limited the extent to which the prison officers could communicate with inmates during supervision. Supervision often only took place in the form of a visual inspection to check for movement, breathing or other signs of life through reinforced glass. Some supervision records did not even document whether the inmate was alive, but only confirmed that they were present in the cell. This was also the case in records in which the grounds for placement were self-harm or a risk of suicide.

The NPM concludes that the prison's supervision documentation to is inadequate, and stresses that this gives cause for concern in relation to the prison's supervision routines and the possibility of seeing to inmates placed in security cells. It was not stated in the supervision records whether the hatch or door had been opened during the supervision, whether continuous assessments of measures to prevent the harmful effects of isolation had been made, what kind of clothing the inmate was wearing during the placement, the grounds for the type of clothing or a continuous assessment of clothing needs. Nor did the supervision records sent to the NPM provide any information about whether medical supervision had in fact been carried out, and if so, how. There were therefore no grounds on which to assess whether inmates in security cells at the prison received proper and satisfactory medical supervision.

Correct and verifiable documentation of the use of force is essential to ensuring that people who are deprived of their liberty are treated properly. The prison's procedures for keeping administrative decisions and records, as well as its data storage procedures, prevented adequate internal and external control of the use of force in the prison and constituted a risk of violation of the inmates' due process guarantees. The logging of administrative decisions also revealed shortcomings in the prison's prevention of the use of coercive measures such as security cells.

Exclusion from company

In 2018, Oslo Prison made 327 administrative decisions regarding complete exclusion from the company of other inmates. During the NPM's visit, it emerged that there were few measures to compensate for the detrimental effects of isolation for inmates who were excluded from the company of other inmates. The prison officer's contact with the inmates was often limited to the context of the daily hour of exercise. Over and above this, the contact was related to routine tasks such as wake-up calls and handing out meals and medication. In breach of legal requirements, the healthcare department was not routinely notified when inmates were excluded from the company of other inmates. For this reason, inmates placed in such isolation were not routinely seen to by medical personnel. The NPM makes reference to established knowledge about the harmful effects of isolation and is concerned about the lack of follow-up inmates at Oslo Prison receive.

Healthcare services at Oslo Prison

Prison inmates are entitled to the same access to healthcare services as the general population, but tend to have greater health issues and a greater need for care. Oslo Prison is primarily a remand prison, where it is to be expected that a higher proportion of inmates will require follow-up and treatment by medical personnel than prisons that primarily house convicted inmates.

Although the prison had its own healthcare department and a psychiatric outpatient clinic, the de facto availability of health services was limited and subject to long waiting times. The prison health service was organised in a way that did not sufficiently secure confidentiality between inmates and the health service. This included the prison officers performing assessments of medical needs and acting as gatekeepers for the health service. The prison health service did not engage in outreach activities or preventive work. The medical personnel had limited contact with the inmates and were not responsible for the distribution of medication. Overall, there was a clear risk that inmates in vulnerable situations, who did not seek medical assistance on their own initiative, would not be identified before their medical situation became acute.

The healthcare department found that remand inmates missed their appointments with the specialist health service outside the prison on a regular basis because the police did not come to escort them. The healthcare department did not have a system for registering the cancelled appointments as nonconformities. This represents a clear risk of violation of patients' right to satisfactory treatment.

In all, the health service at Oslo Prison appears to be of an inadequate scope to be able to safeguard the health of inmates in a satisfactory manner.

Recommendations

Physical conditions

- The prison should ensure that there are satisfactory facilities for inmates to look after their own hygiene.
- All outdoor areas should provide facilities for inmates to pursue varied physical activities and to seek shelter in poor weather.
- Inmates who have limited opportunities for social interaction with other inmates should have satisfactory outdoor exercise facilities. As a minimum requirement, inmates should have access to an area that provides a real opportunity for physical activity and the sense of being outdoors.

Admission routines

- The prison should ensure that all inmates, upon arrival, receive updated verbal and written information about their rights and the prison's procedures in a language they understand. Particular efforts should be made to offer inmates an interpreter during the admission interview. The offer of and use of interpreters should be documented.

Activities and employment

- The prison should implement measures to ensure that all inmates who are not subject to restrictions have an opportunity to spend at least eight hours a day on meaningful activity outside their cells. Steps should be taken to facilitate more time outside the cells at weekends in particular.
- The prison should ensure that inmates do not have to choose between the daily hour outdoor and the prison’s recreational activities.

Use of security cells

- When an inmate is placed in a security cell, a full strip search should only take place after an individual risk assessment, which should be noted in the supervision record. The prison should ensure that strip searches are performed as sensitively as possible, and that written procedures for strip searches are updated in line with this.
- Inmates should generally be allowed to wear normal clothing during detainment in a security cell. In the event of suicide risk, the inmate should be offered rip-resistant suicide prevention clothing.
- Inmates in security cells should be offered the opportunity to spend time outdoors, particularly if held in such cells for more than 24 hours.
- The prison should develop record-keeping procedures to ensure that security cells are never used unless the requisite conditions have been met. Among other things, all administrative decisions should contain a clear description of which less intrusive measures have been attempted and why these failed.

- The prison should initiate dialogue with inmates placed in security cells as early as possible in order to ensure that the measure is terminated when the conditions for it are no longer present. The supervision log should document all measures, including motivational talks and opportunities to spend time outdoors.
- Checks by the healthcare department should as a minimum involve direct communication between inmates in security cells and medical personnel, thus ensuring that there is satisfactory medical follow-up.
- Records of supervision of security cells and restraint beds should be kept using a method that ensures that the documentation is correct and complete, that prevents subsequent corrections and allows subsequent external inspection.

Exclusion from company

- The prison should introduce measures as soon as possible to counteract the detrimental effects of isolation, which includes ensuring that the daily needs of inmates in isolation are safeguarded, that they are helped to keep their cells clean, and engaged in activities and meaningful human contact. Measures should also be established to ensure that inmates who have been excluded from the company of other inmates are released from isolation as quickly as possible.
- The health service and the prison should work together to develop procedures that ensure that a doctor is contacted without undue delay when an administrative decision has been made to exclude an inmate from company.
- The health service should ensure that inmates who are excluded from the company of other inmates also receive daily supervision, including at weekends and during public holidays.

De facto isolation

- The prison should work systematically to ensure that all isolation that is not in accordance with acts or regulations is terminated.

Strip searches

- Strip searches should not be performed routinely after all visits, but only on the basis of an individual risk assessment.
- Strip searches should be performed by officers of the same sex as the inmate and in stages, with the inmate covering their upper body before removing clothes from their lower body, thereby ensuring that the strip search process is as sensitive as possible.

Environment and safety

- It should be ensured that all inmates have a contact officer and that inmates have understood their contact officer's role and duties.
- The prison should prepare written procedures on how to handle complaints relating to violence, threats, abuse or sexual harassment.

Medical examination upon arrival

- Newly admitted inmates should undergo a medical examination by a doctor, or a nurse under the supervision of a doctor, preferably at the time of the admission interview or within 24 hours of admission at the latest. Any injuries should be registered and assessed during the admission procedure.
- 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 have a camera available so that any injuries that inmates may have can be documented by medical personnel in the patient records.

Access to health services

- The prison health service should initiate measures as soon as possible to ensure that the entitlement of inmates to equal health services is safeguarded.
- The prison and the healthcare department should cooperate to ensure that all enquiries addressed to the healthcare department are handled confidentially, and that medical enquiries are not assessed by prison staff.

The health service's follow-up of inmates in isolation and inmates in vulnerable situations

Arrangements should be made to ensure that medical personnel can engage in outreach activities. The health department can contribute medical expertise in order to improve the living conditions of the inmates in the prison. They should focus particularly on vulnerable groups that may be at particular risk of health problems.

- Systems should be established to ensure that inmates who need medical follow-up and do not request medical assistance themselves are identified and followed up.
- Inmates with mental disorders should receive medical assistance as early as possible, for example through low-threshold services and preventive work.

Escorted visits to specialist health care

- It should be ensured that patients are able to receive the services of medical specialists with whom appointments are made. If escorted visits to the specialist health service are cancelled by the police or the prison, inmates should be informed of this in writing to enable them to use their right of appeal. The health service should establish a system to register cancellations of escorted visits to the specialist health service.

Safeguarding of confidentiality by the health service

- The prison should ensure that confidentiality is maintained regarding all consultations with the healthcare department's medical staff, including with the dentist, physiotherapist, psychologist and psychiatrist. The prison should ensure that request forms for medical consultations are always put in a sealed envelope. The section for the prison officer's signature on request forms for medical consultations should be immediately removed.

- The healthcare department should use qualified interpreters in all medical consultations where such a service is needed, and should never use officers or inmates as interpreters in medical consultations.

Procedures for the distribution of medication

- Prescribed medicines should preferably be distributed by qualified health-care staff. As a minimum the prison should ensure that all prison officers who hand out medication have completed a medication course, and that regular refresher courses are provided.
- In connection with the distribution of medication, the prison and the health service, in collaboration with a pharmacy supervisor, should ensure that medical information is not disclosed in a manner that is in breach of the duty of confidentiality for medical personnel.

4 How the visit was conducted

In October 2018, Oslo Prison was notified that the Parliamentary Ombudsman's National Prevention Mechanism (NPM) was planning to carry out a visit to the prison in the period between November 2018 and April 2019. The exact date of the visit was not announced. A separate notification was sent to the prison health service.

The visit took place on 19-22 November 2018. During the visit, an inspection was made of the prison's Section B (Bayern), registration department, outdoor areas and the activity building (see Chapter 7 *Physical conditions*). Information was also obtained from the prison prior to the visit. The prison's unit for mastering drug and alcohol problems (Section C - Stifinnern) was not included in the visit.

We carried out visits to seven of the prison's nine operational units (first, second, fourth, fifth, sixth, ninth and tenth units in Section B).

The visit was well organised by the prison administration. The NPM conducted 30 interviews with inmates during the visit. Interviews were also held with the prison administration, prison officers, the health service, prison chaplains, security inspectors and social counsellors.

The interviews with the inmates were mainly conducted in the inmates' cells or in an interview room. No staff were present during any of the interviews. The interviews were mainly conducted in Norwegian, but some were conducted in English.

A concluding meeting with the administration was held on 17 December 2018, at which preliminary findings and other matters were presented.

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
- Silje Sønsterudbråten, Adviser, Social Scientist
- Mette Jansen Wannerstedt, Senior Adviser, Sociologist
- Johannes F. Nilsen, Senior Adviser, Legal Adviser
- Aina Holmén, Senior Adviser, Psychologist
- Ellen Cecilie Eriksen, Communications Officer
- Thomas Haug, external expert, Psychologist

5 About Oslo Prison

Oslo Prison is located in Grønland, Oslo, and is a high-security unit. The prison is primarily a remand prison. This affects the prison in a number of areas (see Chapter 6 *Oslo Prison as a remand prison*).

Oslo Prison is one of the biggest in Norway, and is currently made up of two sections, Section B (Bayern) and Section C (Stifinnern).[3] Our visit was limited to Section B (Bayern).[4] Bayern has the capacity to hold 220 inmates across 10 units. At the time of the visit, one unit had been temporarily closed and the inmates had been transferred to other prisons. The total number of inmates at the time of the visit was 194.[5] In 2018, the occupancy rate at Oslo Prison was 93.1 per cent. Of the prison's 226 authorised posts, 222 were in use.

The NPM visited seven of the units. These contained a total of 144 inmates at the time of the visit. The units visited are described briefly below.

5.1.1 First unit – unit adapted for inmates with extra need for supervision

This unit had 15 places reserved for inmates in particularly vulnerable situations with an extra need for supervision. It had a high staffing level (minimum of three prison officers around the clock). These also worked in cooperation with the prison's psychiatric outpatient clinic (see Chapter 13 *The health service*).

The inmates were generally allowed more time out of their cells and could spent their time in the communal area (see Chapter 9 *Activities and employment* . The prison stated that the hatches in the cell doors were always open for inmates with extra need for supervision.

In this unit, none of the inmates generally took part in education or work. According to the prison, this was due to the inmates' health or on the basis of their own wishes.

5.1.2 Second and sixth units – units with limited social interaction

The second and sixth units were the most restrictive units in Oslo Prison. Both units had 20 places. Inmates who have been assessed as too challenging for other units, and inmates subject to an administrative decision to be excluded from the company of other inmates, were placed in these units.

The prison stated that the inmates in these units were generally not permitted to take part in education or work due to security reasons.

5.1.3 Fourth and fifth units – education departments

The fourth and fifth units were education departments in which most of the inmates were taking part in education, working or waiting for a place on the educational programme. The units had places for 26 and 27 inmates, respectively.

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[3] Until 2017, the prison had contained three sections: A (Botsen), B (Bayern) and C (Stifinnern). Section A was closed in June 2017 because it was badly in need of modernisation and because of damage to the building.
[4] Section C (Stifinnern) is a unit for mastering drug and alcohol problems, with admission by application, and at the time of the visit, it held 16 inmates.
[5] We were informed that seven inmates (out of 194) had been sent for medical assistance outside the prison at the time of the visit.

5.1.4 Ninth and tenth units – registration departments

The ninth and tenth units were registration departments with places for 20 and 24 inmates, respectively. All the inmates at Oslo Prison initially stay in one of these two units for general assessment and risk assessment, usually for a period of 2–4 weeks.

6 Oslo Prison as a remand prison

Oslo Prison is primarily a remand prison and is within Norway the prison with the highest number and highest percentage of inmates on remand. Around 20 per cent of the inmates on remand in Norwegian prisons are in Oslo Prison.[6]

Remand means that a person who is charged with a criminal offence can be held in prison, even though a final decision on the question of guilt has not yet been made. The term 'remand' applies until a final and enforceable judgement has been made and the inmate either starts to serve their sentence or is released.

6.1 Use of restrictions during remand

It is the court that decides whether a person should be remanded in custody and that stipulates how long the period of custody should be. The court can also rule that for reasons relating to the investigation, the person charged may be denied access to media and/or their letters and visits may be screened. The court can also rule that the inmate may not have contact with certain other inmates (partial isolation) or be excluded from social interaction with all other inmates (complete isolation).[7] Only the defence counsel and police investigators may visit inmates in complete isolation. Visits from relatives are not permitted unless the court has approved them. Telephone calls are only permitted with the defence counsel.

The use of isolation during remand in custody in Norway has long been controversial and subject of criticism by international and national human rights supervisory bodies.[8]

In 2017, 3,290 periods of remand were completed, of which 365 had been subject to complete isolation.[9] In 80 per cent of the cases, the isolation had lasted for 14 days or more, while 4 per cent had been placed in complete isolation for more than 30 days. No cases of complete isolation during remand exceeded 60 days.[10]

6.2 Special characteristics of a remand prison

The last 10 years have seen an increasingly higher percentage of prisoners on remand in Norwegian prisons. In 2013, remand accounted for 40 per cent of all new admissions to prison, compared with 26 per cent in 2005.[11] Holding a high percentage of prisoners on remand affects prison operations in a number of areas.

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[6] Correctional Services' annual statistics for 2017, page 11 and page 35.
[7] Criminal Procedure Act Sections 186 and 186a.
[8] For example, see: The UN Committee against Torture's concluding remarks to Norway's 8th report CAT/C/NOR/CO/8, sections 15 and 17. The European Committee for the Prevention of Torture's report after a visit to Norway on 28 May – 5 June X 2018, CPT/Inf/(2019)1 paragraph 69.
[9] A further 85 inmates were subject to other restrictions.
[10] Correctional Services' annual statistics for 2017, pages 6 and 14.
[11] Report No 12 to the Storting (2014–2015) '*Utviklingsplan for kapasitet i kriminalomsorgen*' ('Development plan for increasing capacity in the Correctional Service'), page 18.

6.2.1 Challenging psychosocial conditions

In ordinary convictions, inmates will have the opportunity to prepare for their sentence. For cases of remand in custody, most people will be unprepared and will have been transferred directly from their day-to-day pursuits into custody, usually via a police detention cell.

The first few days form a critical phase charcterized by a high degree of uncertainty.[12] [13] Arrest and imprisonment means that a person is suddenly taken away from their family, school and network, and must face a number of practical challenges such as informing people of their imprisonment and making arrangements regarding financial matters such as rent payments, finding someone to care for pets etc. Many people will also struggle with feelings of guilt, a perception of violation or lack of acknowledgement, lack of stimuli and isolation from family. The result of this is that inmates on remand can experience an acute life crisis characterised by a sense of powerlessness, stress and uncertainty. Many can also experience physical health problems that require prompt medication, such as heavy drug withdrawal symptoms.

The combination of this challenging situation, ongoing interrogation and in some cases complete isolation, makes remand a particularly critical phase. Around 75 per cent of those who commit suicide in prison are on remand, and 40 per cent of these suicides take place during the first three weeks of imprisonment.[14] [15] This requires special measures in a number of areas, both on the part of the prison and the health services.

6.2.2 High percentage of foreign nationals on remand

In the period between 2006 and 2011, the average number of foreign nationals on remand increased from around 200 to 600.[16] Oslo Prison is also the prison with the highest percentage of foreign inmates in Norway.[17] We were informed that 60 per cent of the inmates at the time of the visit were of a nationality other than Norwegian. One reason behind why there is a high percentage of remand prisoners who are of foreign nationality could be that these are imprisoned to prevent them from leaving the country during the investigation.

Foreign inmates can be particularly vulnerable, in that they are far away from their home, culture, family and other networks. They rarely or never receive visitors, and they may feel culturally and religiously distanced from other inmates. This situation requires sufficient information in several

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[12] Andersen et al. (2003). A Longitudinal Study of Prisoners on Remand: Repeated Measures of Psychopathology in the Initial Phase of Solitary versus Nonsolitary Confinement. *International Journal of Law and Psychiatry*, 26(2), 165-177.

[13] Benjaminsen, S. & Eriksen, B. (2002) *Selvmordsadfærd blandt indsatte: overvågning, foranstaltninger og forebyggelse* (Suicidal behaviour in inmates: Supervision, measures and prevention). Copenhagen, Kriminalforsorgen Uddannelsescenter

[14] Hammerlin, Y. (2009) *Selvmord og selvmordsnærhet i norske fengsler - selvmordsforebyggende arbeid i fengsel* ('Suicide and suicidality in Norwegian prisons – suicide prevention work in Norwegian prisons'). Correctional Service of Norway Staff Academy (KRUS) handbook no 3:2009, pp. 23-24, 53-54 and 57-58.

[15] Andersen, H.S. (2004) Mental Health in Prison Populations. A Review – with Special Emphasis on a Study of Danish Prisoners on Remand, Acta Psychiatrica Scandinavia 2004: (424), 5-59, p. 33.

[16] Report No 12 to the Storting (2014–2015) '*Utviklingsplan for kapasitet i kriminalomsorgen*' ('Development plan for increasing capacity in the Correctional Service') page 18.

[17] With the exception of Kongsvinger, which is a prison section exclusively for foreign inmates.

languages, access to interpreters and facilitation to ensure that contact is possible with families and networks outside Norway.

6.2.3 High number of admissions

The detention period for a prisoner on remand is considerably shorter than for a convicted prisoner. In 2017, a prisoner on remand was detained for an average of 90 days, while the average length of a sentence was 292 days.[18]

Having a high percentage of inmates on remand therefore means that there will be a higher turnover of inmates, and that the prison will have less of an opportunity to get to know the inmates before they are released or moved to another prison. This could affect the level of security measures in the prison. A high number of admissions also means that greater numbers of individuals must be assessed and detoxified, and that at any given time, a high percentage of inmates will be in the vulnerable initial phase after admission. This situation requires good registration and assessment procedures.

[18] The Correctional Service's annual statistics for 2017, pp. 11 and 36.

7 Physical conditions

Section B (Bayern) was originally built as a brewery but was turned into a prison in the 1930s. Much of the building stock was built in the 1880s. The section is divided into two blocks and contains ten units in all. The prison buildings cover a total of 20,000 square metres.

Oslo Prison stated that maintenance had been neglected for several decades. This means that at the time of the visit, there was a need for extensive maintenance. Documentation sent from the Supervisory Council for the Eastern Region confirms this.

There was one non-smoking unit at the time of the visit (first unit). This unit had access to a separate exercise yard. The prison informed us that all of the prison's indoor areas would be non-smoking by the spring of 2019.

In 2013, a new activity building in the prison complex was completed. This is around 2,600 square metres in size. The building contains a multi-purpose hall the size of a handball court, cloakrooms, two teaching rooms, a kitchen, shop and two music rooms. The activity building is centrally located in the prison complex and is physically connected to existing buildings. Between the activity building and prison blocks are covered steel tunnel passages on which inmates can walk without be accompanied by a prison officer.

7.1 Gallery units

The prison was built with gallery units. Five of the ten units had floors occupying the full width of the storey, and the remainder had only a small walkway with railings in front of the cells.

In all units with available floor space counters were erected outside the prison officers' duty rooms. . One of the counters was fitted with glass, which physically separated the officers from the communal area, while the others were open. The counter arrangement made it easier for inmates who were allowed to move around in the communal areas to make contact with the prison officers.

Two of the five units with floors occupying the full width of the storeys (the first and fourth units) used this space for communal areas, with sofas, dining tables and fitness equipment. In the other units with floors occupying the full width of the storeys, the area between the cells was unfurnished (second, sixth and ninth units).

The reason the floor spaces on the second and sixth storeys were unfurnished was because the units acted as transit units through which the inmates of several units had to pass in order to get to facilities such as the exercise yard, healthcare department and visiting section. In the ninth unit, which is a registration unit, the need to assess the inmates before they could be allowed social interaction was also a contributing factor.

There were also two activity rooms and two fitness rooms available in the prison. Access to these was distributed between the units. The prison stated that work was underway to convert old school premises into communal areas which could be used by the inmates.

7.2 Physical conditions in the cells

The cells visited by the NPM in Oslo Prison were all around 10 square metres and within internationally recognised minimum standards.[19] A standard cell contained a toilet, bed, desk, chair, shelf, mirror, calling system and access to a dimmable light switch.

In the units visited by the NPM, the inmates had no access to a kitchen. The inmates were served food in their cells, and the cells were provided with a fridge.

The physical standard in the cells varied, and during the inspection, we observed cells whose condition warranted criticism. In some cells, the walls were spotted by stains which could not be washed off, and large areas of the wall covering had peeled off. Some walls were covered by graffiti. During the visit, the NPM talked to inmates who described insects such as silverfish in the cells.

The physical condition of the cells has been brought up on several occasions in meetings between the Supervisory Council for the Eastern Region and the prison administration.[20] We were informed that a number of emergency measures had been implemented, whereby renovation had begun in the cells and bathrooms where the conditions were worst.[21]

In the arrival area, there were five small holding cells (between 2.9 and 4.5 square metres) intended for short stays. The prison informed us that stays in these cells rarely lasted longer than 45 minutes. These cells were fitted only with a metal bench, ceiling light and a call button (for a review of the physical conditions in the security cells, see section 10.3.1 *Physical conditions in the security cells*).

7.3 Sanitary conditions

International guidelines state that the sanitary conditions in prisons shall enable every inmate to attend to the needs of nature when necessary and in a hygienic and decent manner.[22]

All cells in Section B had a toilet and washbasin, but these were not screened off to form a separate bathroom. Some cells had a stainless steel washbasin and toilet with no toilet seat.

The European Committee for the Prevention of Torture (CPT) has pointed out that prisons should have access to adequate shower facilities.[23] The Execution of Sentences Act Section 2 requires that a sentence must be executed in a manner that 'ensures satisfactory sanitary conditions'. Section 3-22 of the Regulations states that 'common rooms and prisoners' rooms shall have satisfactory equipment and furniture and be kept in a decent state'. The shower facilities in Oslo Prison were

[19] See the European Committee for the Prevention of Torture's (CPT) standards, which require a cell size of at least six square metres. CPT/Inf (2015) 44.
[20] See reports from the Supervisory Council for the Eastern Region from December 2017, March 2018 and September 2018.
[21] Report from the Supervisory Council for the Eastern Region, September 2018.
[22] See for example the UN Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules), adopted by the UN General Assembly on 17 December 2015, Rule 15.
The European Prison Rules, Rule 19.3 and the CPT 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
[23] CPT Standards, page 18, paragraph 49.

extremely limited. No cells had showers. Shared shower rooms were located in the units outside the cells. To prevent violence and abuse, only one inmate at a time could have a shower. Because the prison units were large, this meant that more than 20 people shared one shower in several units, and it was only available for a few hours a day. Several instances were described in which inmates stated that they could not shower after exercise or were only able to shower once a week.

7.4 Visiting facilities

The visiting section was of a good standard. The section was made up of six visiting rooms, two of which had glass walls, five lawyers' rooms and one interrogation room.

The visiting section was well-designed with respect to children, and was, according to the prison, designed in direct consultation with children. The corridor floor is decorated with a hopscotch board, there were mounts for a swing in the ceiling and a bookshelf with a good selection of children's books in various languages. There was also a good selection of children's toys.

It was possible to have video calls with relatives in this section. This was primarily a facility for those who could not receive physical visits. According to the prison, around three Skype calls are made every week. In order to make such a call, the inmate must have been in Oslo Prison for a minimum of six consecutive months. A high percentage of remand prisoners were detained for much shorter periods, and therefore had no access to this (see section 6.2.3 *High number of admissions*).

7.5 Outdoor areas

The Mandela Rules stipulate that outdoor areas shall facilitate physical exercise for prisoners.[24] Access to physical activity in the open air is important for an inmate's welfare, and a suitably equipped, accessible outdoor area is a good measure for preventing both physical and mental health problems in inmates.

Section B in Oslo Prison had three separate outdoor areas. One was designed for the first unit, and two bigger exercise yards were used by the remaining inmates.

The first unit's outdoor area was only accessible to inmates in this unit. The unit had direct access to the area, which had a predominantly grass surface with some concrete. The exercise yard had shelters and benches. The walls were partly painted, which somewhat reduced the sterile feel. The exercise yard also contained a small greenhouse which was used as a low-threshold activity for inmates in the appropriate season.

The two bigger exercise areas had a bare feel. Both exercise yards were surfaced with gravel with some small grassed areas surrounded by grey walls. The exercise yards were sparsely equipped, and it was not possible to sit under cover if it was raining or snowing. The CPT has recommended that inmates in isolation are ensured outdoor areas large enough to move around in and that the areas provide shelter from bad weather.[25]

Inmates who have been ordered by the court to be placed in complete isolation had to exercise in cells referred to as 'stråleluft' on the roof of the prison. These are small cells with high concrete walls and a roof of netting under an impermeable roof that barred any view of the sky and little natural light could get in. The cells allowed for only a minimum of physical activity. These varied in size (18 m² to 38 m²), but none of them came across as actual outdoor area Some of these cells were

[24] The Mandela Rules, Rule 23 No 2.
[25] The CPT Standards, page 35, paragraph 58. The CPT Standards, page 18, paragraph 48.

decorated with graffiti and furnished with simple fitness equipment, while others were bare with grey concrete walls. The cells were on either side of a walkway which was furnished with a table tennis table.

The Parliamentary Ombudsman emphasises that exercise facilities of this nature can place an extra burden on those in isolation.

Recommendations

- The prison should ensure that there are satisfactory facilities for inmates to look after their own hygiene.
- All outdoor areas should provide facilities for inmates to pursue physical activities and to seek shelter in poor weather.
- Inmates who have limited opportunities for social interaction with other inmates should have satisfactory outdoor exercise facilities. As a minimum requirement, inmates should have access to an area that provides a real opportunity for physical activity and the sense of being outdoors.

8 Admission routines

Most inmates are in need of a range of information when they are admitted to prison, especially first-time inmates or prisoners on remand. Good admission routines must ensure that inmates are quickly informed of their rights and obligations, and that individuals' special needs, risk factors and vulnerabilities are identified. This is an important element in minimising the risk of suicide, self-harm and deterioration of mental disorders.

Many inmates can be affected by feelings of shock or be intoxicated on arrival. Some understand neither Norwegian nor 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 Directorate of Norwegian Correctional Service's (KDI) guidelines state the importance of providing inmates in the admission phase with essential information about, for example, the work and activity programmes available at the prison, the educational opportunities, programme activities, recreational activities and the inmate's right of appeal.[26] The importance of information for inmates in the admission phase is also set out in the Mandela Rules and the European Prison Rules.[27] The Mandela Rules state that the information shall be given in a manner and a language that the inmate understands.

8.1 Admission to Oslo Prison

Oslo Prison had a separate admission area in which new inmates were received and registered (both remand prisoners and convicted prisoners). Here, inmates' property was received and registered, and inmates underwent a brief interview without an interpreter.

8.1.1 Admission interviews

When inmates were admitted to a department, they underwent two routine admission interviews. Admission interview 1 were to be held before inmates were locked into cells. The focus of this interview was to identify the inmate's background, previous periods of imprisonment, whether relatives had been informed, the inmate's state of mind, need for medical assistance and their concerns and questions. Admission interview 2 was more extensive and were to be held within 72 hours of admission. The focus of this interview was the stay in prison, the prison's facilities and routines, the role of various actors working at the prison, and the rights of remand prisoners. The prison stated that this interview also played a key role in learning more about the inmate's background, wishes and needs. The healthcare department performed its own admission interviews with inmates (see section 13.3 *Medical examination on arrival*).

Most of the inmates the NPM talked to had received admission interviews within the deadlines. Admission was described as well-organised, and the officers in the registration departments (ninth and tenth units) as accommodating. The prison administration confirmed that it was a priority to have experienced and skilled officers in these departments.

[26] The Directorate of Norwegian Correctional Service Guidelines to the Execution of Sentences Act and to its Regulations, of 27 October 2008, section 11.2.6 (the guidelines to Section 11 were last revised on 17 October 2017).

[27] The Mandela Rules, Rules 54 and 55. The European Prison Rules, Rule 30.1.

8.1.2 Written information

The written information given to inmates in this phase was inadequate. The written information available was limited to a letter of 1-2 pages, which was to be given to inmates during the first admission interview and reviewed in the second admission interview. Each unit had its own letters. The content of the letters varied, but all contained information about the various units' timetables and key routines. None of the letters contained information about the inmates' rights and right of appeal.

Some units only had information in Norwegian. The registration departments had translated their letter into 10 languages.[28] With the exception of the English version, which was updated in 2018, all the letters had last been updated in 2015. Interviews with the inmates and staff confirmed that the translated letters contained outdated information about the units' routines, with the result that these were not used to any great degree.

The majority of inmates with whom the NPM talked had felt that their information needs had been insufficiently met, including information about rights and routines. In practice, inmates with experience of the prison formed the primary source of information for many of the inmates we met who were in prison for the first time.

The findings show that when information is mainly disseminated verbally it limits what inmates are able to process and remember. Bearing in mind that these interviews are held at the very start of their imprisonment, it is likely that many inmates will be in a situation in which a great deal is happening, and that some of the information given to them could be lost (see section 6.2 *Special characteristics of a remand prison*). It is therefore important that the written information is complete, presented in a comprehensible way and made available to the inmates in a way that allows them to familiarise themselves with essential information when the need arises.

Inadequate information about routines, rights and duties could contribute to inmates' feelings of insecurity. It is a problem that the prison appears to regard it as such a low priority to ensure that inmates are provided with good written information. During previous visits, the NPM have witnessed good use being made of information videos. The Correctional Service's Southern Region has produced information videos, particularly aimed at foreign inmates, about daily life in some of the region's prisons in six different languages. A good example of the use of such resources is described in the visit report from Drammen Prison, where this type of video was permanently available in the form of a memory stick in the TV of each cell in the registration department.[29]

8.2 Access to interpreters

Foreign inmates can be particularly vulnerable in that they are far away from their home, culture, family and other networks. These are factors which tend to be amplified for remand prisoners (see Chapter 6 *Oslo Prison as a remand prison*).

[28] English, French, Dutch, Lithuanian, Romanian, Arabic, German, Serbo-Croat, Albanian and Polish.

[29] See the Parliamentary Ombudsman's report from Drammen Prison, pages 24-25, May 2016. Videos available on the Correctional Service website.

All inmates are entitled to information in a language they understand.[30] The provision of interpreters for individual cases will depend on 1) whether the Correctional Service has language skills which are good enough to ensure proper communication with the inmate without an interpreter, and 2) the importance of the message to be conveyed. The Directorate of the Norwegian Correctional Service's (KDI) guidelines emphasise that such evaluations must be documented.[31]

After a successful pilot project with a video-linked interpretation service (remote interpreter) which ended in 2018, the decision was made to continue providing this facility. Remote interpretation is recommended by the Directorate of the Norwegian Correctional Service, since it makes interpretation more easily available, less resource-intensive and more efficient.[32] The prison administration stated that at the time of the visit, the use of remote interpreters was freely available when needed. During the NPM's visit, it became apparent that units and staff varied greatly in terms of their knowledge of the scheme. Some staff thought that remote interpretation was not available, while others referred to the prison's difficult financial situation as a reason why use of the scheme should be limited. In practice, it emerged that the prison had been failing to utilise its access to interpretation services.

Recommendations

- The prison should ensure that all inmates, upon arrival, receive updated verbal and written information about their rights and the prison's procedures in a language they understand. Particular efforts should be made to offer inmates an interpreter during the admission interview. The offer of and use of interpreters should be documented.

[30] The European Prison Rules, Rule 30.1. See also the Bangkok Rules, Rule 2 and the Mandela Rules, Rules 54 and 55.

[31] KDI Circular No 1 2018 On the use of interpreters and translators in the Correctional Service. Section 3.

[32] KDI Circular No 1 2018 On the use of interpreters and translators in the Correctional Service. Section 6.

9 Activities and employment

During the NPM's visit, the employment and activity programme in Oslo Prison was reviewed. The findings indicate that the prison had a varied employment and activity programme, but that access to this was limited. We found that in reality, many inmates spent a great deal of time in their cells, with no activities and no social interaction with others.

There are no national rules about how long the prison can hold inmates locked in their cells without activities or social interaction. In many of the prisons visited, the NPM found that in reality, inmates serving in ordinary communal units in reality are locked in for large parts of the day. The European Committee for the Prevention of Torture (CPT) has recommended that remand prisoners shall have the opportunity to spend a minimum of eight hours outside their cell every day, and that convicted prisoners shall have longer. [33]

The KDI's day surveys for Oslo Prison in 2018, measuring the time spent out of cells showed that the majority of the inmates (76%–100%) had less than eight hours of social interaction.[34] Findings from the NPM's visit showed that a great many of these spent closer to two than eight hours outside their cell. A significant proportion of inmates (21%–45%) were locked in their cells for more than 22 hours per day, a situation equivalent to isolation (solitary confinement) according to internationally accepted standards.[35] The survey conducted over a weekend showed that all inmates at Oslo prison were locked into their cell for more than 16 hours a day (allowed out for less than 8 hours).

Oslo prison stated prior to the visit that 65 per cent were employed. During the NPM's visit, it emerged that only a minority of these were on full-day programmes (see section 10.5 *De facto isolation*).

9.1 The employment and activity programme at Oslo Prison

Grønland Adult Education Centre provides tuition at primary, lower secondary and upper secondary school level. Both general studies subjects and vocational programmes are taught. The employment programme was varied, and included a carpenter's workshop, bicycle workshop and work with the prison radio service 'Røverradioen'.

Oslo Prison had also developed an activity programme for inmates in particularly vulnerable situations. The MASH workshop (*Mangfoldig Aktivitet Som Hjelper*, which means 'Varied Activities Which Help'), was an interdisciplinary programme with a staffing level of one prison officer per inmate and provided low-threshold activities. Within certain limits, inmates can decide how they wanted to fill their time in MASH. During the NPM's visit, there were inmates painting, doing jigsaw

[33] The Council of Europe: The European Committee for the Prevention of Torture (CPT), second General Report, 1992, CPT/Inf (1992) 3, paragraph 47.
[34] The Correctional Service has conducted nationwide day surveys since 2012 for the purpose of obtaining a more accurate picture of how often and for how long inmates are locked up in their cells. During the period 2012–2018, 19 surveys were carried out on randomly selected weekdays at four-month intervals. In 2018, one day survey was also carried out at the weekend. The surveys are conducted by the Correctional Service Region South. The surveys entail reporting by each individual prison of the number of inmates who have no association with other inmates on that particular day, and the number of inmates who have less than two hours' association with other inmates. As from 2015, the number of inmates with between two and eight hours' association with other inmates is also reported.
[35] The Mandela Rules, Rule 44.

puzzles and spending time with the prison officers. A total of 12 inmates had access to MASH; six in the morning and six in the afternoon. This measure was valued by both inmates and staff.

No programme activities were taking place at the time of the NPM's visit to the prison.[36]

9.2 Recreational activities

Oslo Prison had good facilities in the new activity building (see Chapter 7 *Physical conditions*). However, access to the building and other activities was limited and varied between the units.

The prison had its own recreation department with one recreational supervisor and three recreational officers, some of whose duties included activating inmates who were not on education or employment programmes. The recreation department was also responsible for preventing the harmful effects of isolation in remand prisoners who had been placed in isolation by a court ruling. The main duty of one of the officers in the recreation department was to activate this group of inmates.

The NPM was informed that all inmates were given the opportunity to spend 35–40 minutes per week in the library, and to participate in weekly activities such as religious services and Red Cross meetings. Places were limited on all other activities offered (fitness, activity room etc.).

On the whole, the building and activities were available to most inmates for a maximum of 1-3 hours per week. Oslo Prison stated that this limited access was due to security considerations, which affected how many inmates could use the facilities at the same time, and limited staffing levels, which affected how often the staff could escort inmates, and how many, to the facilities.[37]

Access to activities was regulated through a list system, with inmates signing up for activities. When the list was full, no more inmates were able to participate. During the NPM’s visit, it emerged that not all inmates knew how to go about participating in activities. Inmates tasked with helping the staff with daily tasks such as cleaning (termed ‘ganggutt’- literally ‘corridor boy’) were allowed more time out of their cells and were therefore able to secure access for themselves and others before other inmates had the chance to sign up. This created a risk of inequality in access to activities.

The combination of these factors resulted in some inmates having no access to the activities given on the lists and timetables. In practice, a large number of inmates had severely limited access to social interaction with others.

9.3 Access to the open air

The Mandela Rules and the European Prison Rules state that all inmates shall be given an opportunity to have at least one hour of physical activity in the open air every day.[38] This is also stated by the European Committee for the Prevention of Torture (CPT):

[36] According to the Correctional Service, programme activities can include: ‘Teaching, skills training and structured interviews performed in groups or individually with convicted prisoners or prisoners on remand. The teaching and interviews focus on matters such as substance abuse problems or violence, or provide support in improving skills’. More details can be found on www.kriminalomsorgen.no.

[37] Access to the activity building is divided between the sections. According to the prison’s weekly timetable, inmates from the ninth and tenth units are in the building for one hour twice per week, and inmates from the second unit are there for one hour three times per week. Groups using the building are limited to a maximum of 20 inmates.

[38] The Mandela Rules, Rule 23.1, and the European Prison Rules, Rule 27.1.

> '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.'[39]

All the inmates in Oslo Prison had access to open-air areas for one hour, once a day. This was confirmed by the inmates. The prison stated that the open-air routines were to be changed in accordance with the Norwegian Labour Inspection Authority's instructions to introduce a non-smoking regime in all the indoor areas of the prison. According to the prison, during the spring of 2019, inmates would have more frequent opportunities to be in the open air than at the time of the NPM's visit.

Time outdoors varied between the units. For example, at the time of the NPM's visit, the outdoor time allocated to the second and third units was between 18:00 and 19:00 every day. For large parts of the year, this time is not within the hours of daylight in Oslo. The NPM met inmates who described how the lack of daylight amplified their feeling of isolation.

It also emerged that inmates were not given the opportunity to spend time in the exercise yard if they took part in other activities, such as religious services, taking place at the same time. Inmates with whom the NPM talked, and who were locked in for 22 hours per day, found that they had to choose between activities and the open air, because these were synchronous.

Recommendations

- The prison should implement measures to ensure that all inmates who are not subject to restrictions have an opportunity to spend at least eight hours a day on meaningful activity outside their cells. Steps should be taken to facilitate more time outside the cells at weekends in particular.
- The prison should ensure that inmates do not have to choose between the daily hour outdoor and the prison's recreational activities.

[39] CPT/ Inf (92) 3-part2, paragraph 48.

10 Isolation and exclusion from company

Norwegian legislation contains a number of provisions which provide the opportunity to intervene in inmates' opportunities to have meaningful human contact.[40] In addition to the opportunity accorded by legislation to impose isolation on remand prisoners (see section 6.1 *Use of restrictions during remand*), the Execution of Sentences Act gives prisons the legal right to exclude inmates from the company of other inmates and place inmates in security cells.

10.1 Harmful effects of isolation

Extensive knowledge exists on isolation and the risk of suicide, self-harm and the development of serious mental disorders. Isolation can have a serious impact on an inmate's mental health and may incite more aggressive behaviour and weaken their impulse control.[41] There is also a higher risk of suicide among inmates who are or have been in isolation.[42]

Research shows that even short periods of isolation can result in psychological damage.[43] For remand inmates, research shows that the psychological effects of isolation arise quickly, and that the risk increases with each passing day.[44] For inmates who are in complete isolation for long periods, 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.[45]

10.2 Human rights standards on the use of isolation

International guidelines set out important requirements for what type of exclusion is deemed to constitute isolation, also referred to as solitary confinement. The UN Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) define it thus:

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[40] According to Section 17, first paragraph of the Execution of Sentences Act, the Correctional Service can 'decide on complete or partial isolation in accordance with the provisions in Section 29 and Sections 37, 38, 39 and 40, second paragraph, letter d'. According to Section 17, second paragraph of the same act, social interaction can also be restricted completely or partially in a unit designed for inmates with special needs, including people who are subject to special criminal sanctions or detention, or in a unit with a particularly high level of security. Section 186a of the Criminal Procedure Act also allows for complete isolation.

[41] For a summary of research findings, see Sharon Shalev (2008) A Sourcebook on Solitary Confinement, LSE/Mannheim Centre for Criminology, pages 15-17.

[42] Andersen et al., A Longitudinal Study of Prisoners on Remand: Repeated Measures of Psychopathology in the Initial Phase of Solitary versus Nonsolitary Confinement, 2000; Grassian, Psychiatric Effects of Solitary Confinement, 2006; Kaba et al., Solitary Confinement and Risk of Self-Harm Among Jail Inmates, 2014; Daniel & Fleming, Suicides in a State Correctional System, 2006; Duthé, Hazard, Kensey, and Shon, Suicide among male prisoners in France: a prospective population-based study, 2013; Felthous, Suicide Behind Bars: Trends, Inconsistencies, and Practical Implications, 2011; Konrad et al., Preventing suicide in prisons Part I: Recommendations from the International Association for Suicide Prevention Task Force on Suicide in Prisons. 2007; Patterson & Hughes, Review of Completed Suicides in the California Department of Corrections and Rehabilitation, 1999 to 2004, 2008.

[43] 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.

[44] See Horn, Thomas, *Fullstendig isolasjon ved bevisforspillelse* ('Complete isolation in connection with risk of interference with evidence'). University of Oslo, Faculty of Law, 2015
page 23.

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

> 'For the purpose of these rules, solitary confinement shall refer to the confinement of prisoners for 22 hours or more a day without meaningful human contact'.[46]

Confinement of prisoners means keeping inmates separate from their fellow inmates and reducing meaningful human contact to a minimum. For human contact to be regarded as meaningful, it is required to be empathic and face-to-face. It is not sufficient to have communication of a superficial and accidental nature, or which is an element of other tasks being performed, such as dispensing food or medical attention.[47]

Norwegian legislation currently allows for the exclusion from the company of other prisoners for up to one year at a time.

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.[48] The Special Rapporteur stressed the well-documented harmful effects that isolation can have on the health of individuals.[49]

The European Committee for the Prevention of Torture (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.[50]

Isolation shall therefore be used only in exceptional cases as a last resort, and for as short a time as possible.[51] This means that the measure must be strictly necessary and proportionate. The isolation must be in reasonable proportion to the risk of harm posed by the inmate, or to the risk of harm to which the inmate is exposed.[52] According to the Mandela Rules, solitary confinement for 22 hours or more per day shall not be permissible for longer than 15 consecutive days.[53]

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[46] United Nations Standard Minimum Rules for the Treatment of Prisoners A/RES/70/175, Rule 44.

[47] See the Essex Paper 3, Initial Guidance on the interpretation and implementation of the UN Nelson Mandela Rules, written by an expert group organised under Penal Reform International and Essex Human Rights Centre 7–8 April 2016, pages 88-89.

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

[49] 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 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.'

[50] CPT/Inf(2011)28-part2, paragraph 53.

[51] The Mandela Rules, Rule 45 no 1, and the European Prison Rules, Rule 53 no 1; excerpt from the CPT's 21st annual report on the subject of solitary confinement (2011), CPT/Inf(2011) 28-part2; ECtHR's case law, including Babrar Ahmad and others versus the United Kingdom [full reference above], paragraph 212; the UN Special Rapporteur on Torture, annual report to the UN General Assembly, 5 August 2011, A/66/268, paragraph 89.

[52] The Council of Europe: The European Committee for the Prevention of Torture (CPT), 21st General Report, 2011, CPT/Inf (2011) 28, taken from: https://rm.coe.int/1680696a88

[53] The Mandela Rules, Rule 44, cf. Rule 43 No (1) (b).

10.3 Use of security cells

Security cells are a coercive measure that can be used when the conditions in Section 38 of the Execution of Sentences Act are met. The use of coercive measures must only take place when strictly necessary under the circumstances, and where less intrusive measures have been tried to no avail or would obviously be inadequate. According to the guidelines of the Directorate of the Norwegian Correctional Service (KDI), security cells may be used to prevent a serious attack on or injury to a person, prevent the implementation of serious threats or considerable damage to property or prevent escape from prison or during transportation to or from a destination.[54]

Placement in a security cell is a particularly invasive form of isolation with a clear potential for harm. This indicates that security cells must only be used as a last resort, and for as short a duration as possible.

When considering whether isolation constitutes a violation of the prohibition against torture, inhuman or degrading treatment in Article 3 of the European Convention on Human Rights' (ECHR), the European Court of Human Rights (ECtHR) emphasises, among other things, the degree of human contact, sensory deprivation, the physical conditions, duration and how the inmate reacts to their isolation.[55] The physical design of the security cell, a high degree of sensory deprivation and limited human contact increase the risk that the prohibition is violated.

10.3.1 Physical conditions in the security cells

Oslo Prison had three security cells and one cell with a restraint bed. These cells were in the basement of the prison, separated from the other units. The distance between the security cells and several of the units meant that inmates had to be transported over long distances, including through the first unit. This increases the risk that the inmate could be injured while being transported.

The security cells were just over seven square metres in size and received some daylight through two windows: one window to the corridor and one window to the outdoors. According to the prison, the apertures which provide daylight were cut out in response to a previous report by the European Committee for the Prevention of Torture (CPT), in order to ensure that the security cells were provided with natural daylight. During the visit, the windows with access to daylight were covered with bird droppings.

The floor of the cell had no furniture other than a plastic mattress. There was a satisfactory colour contrast between floor and walls. All the cells had ceiling lighting that could be dimmed from outside. The ventilation appeared to be working well, and the underfloor heating could be adjusted via a control panel in the corridor outside the cells. The cells were fitted with a one-way call button that established contact with staff from the first unit, who when called would come down and attend to the cell. The cells had a toilet set down in the floor, and had a food hatch just over one metre from the toilet. A clock was visible to inmates through the inspection hatch. This is important, since losing your sense of time can increase the psychological strain of being in isolation. The cells did not have video surveillance.

[54] The Directorate of Norwegian Correctional Service's Guidelines to the Execution of Sentences Act, section 38.7.

[55] ECtHR 10 April 2012 *Babar Ahmad versus United Kingdom*, paragraphs 205–209 and 21. July 2005 *Rohde versus Denmark*, paragraph 93.

Cell with restraint bed

Restraint beds must only be used to prevent inmates from harming themselves. Oslo Prison did not use the restraint bed in 2017, but the bed was used twice in 2018.

The room housing the restraint bed was 16 square metres large, and the bed was bolted to the floor in the centre of the room. The bed was an older model, which meant that it did not have a raisable head end or strap extenders that could provide greater freedom of movement and make it possible to eat or drink. The bed had three straps of a modern standard; one each for the chest, stomach and legs. Sheets, duvet and pillows were on the bed. Beside the bed was a chair, and acoustic insulation panels were fitted to the walls. There was no toilet in the room. A bedpan was available.

10.3.2 Administrative decisions on the use of security cells

In 2017, a total of 70 administrative decisions were made on the use of security cells pursuant to the Execution of Sentences Act Section 38 in the prison's Section B, while the number of decisions in 2018 was 67.[56] Most were for a duration of less than 24 hours, but in 20 instances, the inmate was placed in the security cell for 2-3 days, and in six instances, the duration of the stay in the security cell was longer than three days.[57]

In 2017, nine out of 70 placements (13 per cent) were to prevent self-harm or suicide, compared to 18 per cent (12 out of 67) in 2018. 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 (see section 12.2 *Suicide prevention*).

It is vital that administrative decisions to place an inmate in a security cell are recorded in a way that safeguards due process for the inmate and ensures that there is a possibility of internal control and external supervision. This means that administrative decisions must be made by the right authority and recorded in writing, and that instances of supervision are logged.

Oslo Prison was not able to present all of its administrative decisions to use security cells in 2017 and 2018.[58] Nor did the prison have a list of supervision records, and it was also unable to present all supervision records individually (see section 10.3.7 *Procedures for recording supervision*). This meant that it was not possible to see whether inmates had been placed in security cells without an administrative decision being made, or whether inmates had been placed in security cells with no supervision. The administrative decisions on the use of security cells were incomplete in several cases. Only two of the reviewed decisions from 2017 and 2018 documented that an attempt had been made to use less invasive measures, or why such measures were obviously insufficient.[59] The majority of the decisions did not have a satisfactory description of the grounds for placement in the

[56] In 2017, there were 10 instances when inmates serving in the prison's Section A were placed in security cells. This means that the total number of placements in security cells in Oslo Prison in 2017 was 80.
[57] Of the 20 placements of a duration of 2-3 days, nine were in 2018 and 11 in 2017. Of the six which were of a duration of longer than three days, two were in 2018 and four in 2017.
[58] The Parliamentary Ombudsman received 73 of the total 80 administrative decisions on the use of security cells that were made in Oslo Prison (Section A and Section B) in 2017, and 56 of the total 67 decisions that were made in Section B in 2018.
[59] The Execution of Sentences Act Section 38 second paragraph.

security cell, and some had no description of the reason for the measure. A significant number of the administrative decisions also did not have the signature of the person responsible for the decision.[60]

A review showed that six decisions in 2017 and one in 2018 concerning placement in security cells were made pursuant to the Execution of Sentences Act Section 38 letters c) and f), and were due to reasons such as inmates causing noise and kicking the cell door. Pursuant to the Directorate of Norwegian Correctional Service's Guidelines to the Execution of Sentences Act, security cells should only be used when strictly necessary under the circumstances in accordance with letter a), b) or d). This raises the question of whether the prison has used security cells in situations that do not satisfy the strict requirements applying to this measure (see section 10.3 *Use of security cells*).[61]

10.3.3 Strip searches and clothing

KDI guidelines state that inmates placed in security cells or restraint beds must always be strip searched.[62] This is not in accordance with the CPT's recommendations, which state that individual risk assessments should always be carried out.

Several prison visits have resulted in the Parliamentary Ombudsman criticising the practice of routine strip searches involving full removal of clothing when inmates are placed in security cells.[63] The CPT criticised a similar practice involving routine removal of clothing during placements into security cells after a visit to Denmark in February 2014:

> 'In the CPT's view, only where there is an evident suicide risk or case of self-harm should an inmate have to remove his or her clothes and, in such cases, the inmate should be provided with rip-proof clothing and footwear. …the prisoner's clothing should not be removed unless this is found to be justified following an individual risk assessment.'[64]

According to Oslo Prison's procedures for placement in security cells, inmates would routinely be placed on their stomach on the mattress in the security cell, and their clothing removed. The prison administration said that in practice, this procedure was not implemented systematically, explaining that strip searches in fact were based on individual assessments (see also section 11.1 *Strip searches*).

Trousers without drawstrings, underwear, socks and t-shirts were made available to inmates in security cells. According to the prison's instructions for the use of security cells, the chief duty officer would perform an individual risk assessment on whether the inmate could retain their own clothing during the stay.

[60] 23 of the 56 decisions (41 per cent) in 2018 and 20 of 73 decisions (27 per cent) in 2017.
[61] The Directorate of Norwegian Correctional Service's Guidelines to the Execution of Sentences Act and to its Regulations, of 27 October 2008, section 38.7.
[62] The Directorate of Norwegian Correctional Service Guidelines to the Execution of Sentences Act and to its Regulations, of 27 October 2008, section 38.7.1 (the guidelines to Section 38 were last revised on 15 March 2019).
[63] The Parliamentary Ombudsman's report from the visit to Tromsø on 10–12 September 2014, page 9, section 5.1.3, and the report from the visit to Bergen Prison on 4–6 November 2014, page 10, section 5.1.1.
[64] CPT's report after a visit to Denmark on 4–13 February 2014, CPTInf/ (2014) 25, page 40 -42, paragraphs 64–66.

During the visit, the NPM was informed that the prison had rip-resistant ponchos for use in cases where an inmate's clothing had to be removed because they were at risk of harming themselves or attempting to commit suicide, but that these were being laundered at the time of the visit.[65]

A review of the supervision records for placements in security cells for 2017 and 2018 showed that a high proportion did not document what kind of clothing the inmate was wearing during the stay, the grounds for the type of clothing or a continuous assessment of clothing needs. For example, we saw supervision records in which several hours after placement, it was noted that an inmate was given a shirt, although it was not possible to tell from the record whether that person had been clothed or naked prior to this.

10.3.4 Supervision

What is generally known about isolation and the risk of suicide, self-harm and the development of serious mental disorders, indicates that it is essential that good procedures are in place for supervising and safeguarding people placed in security cells. The duty to terminate the measure as early as possible means that strict requirements must be stipulated regarding follow-up of the inmate.[66]

KDI guidelines state that inmates must be checked at least once an hour, and that the need for continuous supervision should be evaluated.[67] There must be a continuous assessment on whether the use of coercive measures can be discontinued.

A review of the supervision records of placements in security cells for 2018 showed that checks were normally performed twice an hour. The security cells were located in the storey below the first unit, and the staff in this unit were responsible for performing checks.

The prison's procedures required the presence of the chief duty officer if an officer was to open the hatch in the cell door. This greatly limited the extent to which the prison officers could communicate with inmates during their routine checks. A review of the supervision records and interviews with inmates and staff showed that checks were often only visual and limited to checking for movement, breathing or other signs of life through security glass. Some supervision records did not document whether the prisoner was alive, and only confirmed that they were present in the cell. This was also the case in records in which the grounds for placement were self-harm or a risk of suicide. It was not apparent from the supervision records whether the hatch or door was opened at the time of the check. Some of the records appeared to show that 24 hours elapsed between the times at which the chief duty officer was present and the hatch or door was opened.

Continuous assessments of measures to prevent the harmful effects of isolation which could be initiated were rarely documented, nor whether the chief duty officer was informed of such

[65] The CPT, which had visited the prison six months earlier, had been informed that the prison had no such clothing available, and that inmates who were considered to be suicidal were placed in the security cell naked. The European Committee for the Prevention of Torture's report after a visit to Norway on 28 May – 5 June 2018, CPT/Inf/(2019) 1 paragraph 110.

[66] Section 38 of the Execution of Sentences Act: 'The need to uphold such a measure shall be continuously assessed'.

[67] The Directorate of Norwegian Correctional Service's Guidelines to the Execution of Sentences Act, section 38.7.

assessments. A large number of records described inmates as calm and awake for several hours, with no reason given for why the measure was being continued.

In 2018, 12 placements in security cells were based on a risk of self-harm or suicide. Suicidal persons need attention, help and support, and they need to be in touch with empathic, listening and non-judgemental people who show empathy and are able to create a good relationship. It should therefore be ensured that competent staff are in close contact with suicidal inmates. For some placements that were due to a risk of suicide, checks were performed every 15 minutes. Other than that, there was no difference in the supervision procedures in these cases (see section 12.2 *Suicide prevention*).

In the review of records, we found one case in which it appeared that an inmate could not understand what the prison officers were saying, apparently with no assessment as to whether an interpreter should be sent for. For inmates who cannot understand or make themselves understood, a stay in a security cell can be particularly stressful. It can be unclear to the inmate why he has been placed there, and how long he will be there. In these cases, the prison should send for an interpreter. This will be in accordance with the European Prison Rules and Mandela Rules.[68]

10.3.5 Notification of and supervision by the healthcare department

KDI guidelines state that inmates placed in security cells must be seen by medical personnel on a daily basis.[69] This is in accordance with the requirements in the Mandela Rules regarding medical follow-up of inmates in isolation. The Mandela Rules set out detailed standards about the role of medical personnel in relation to persons deprived of their liberty who are placed in solitary confinement, isolation or subject to other similar interventions.[70] Medical personnel must see to inmates in isolation at the time they are placed in isolation, and on a daily basis thereafter, and must provide prompt medical assistance and treatment.[71] Inmates in isolation should be assessed by medical personnel with special training in how to perform mental health assessments.[72]

Any adverse effect on the inmate’s physical or mental health must be reported to the administration immediately. The medical personnel must advise the administration if they consider it necessary to terminate the measure for medical reasons.[73] They must also have the authority to review the regime of inmates who are involuntarily excluded from the community of other inmates to ensure that it does not exacerbate the medical condition or mental or physical disability of the prisoner.[74] Medical personnel should also examine the physical surroundings of inmates in isolation, including the hygiene and cleanliness of the cell, temperature, lighting conditions and ventilation, and the inmate’s opportunity for physical activity.[75]

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[68] The European Prison Rules, Rule 30.1 and the Mandela Rules, rules 54 and 55.
[69] The Directorate of Norwegian Correctional Service’s guidelines to the Execution of Sentences Act, section 38.7
[70] The Council of Europe: The European Committee for the Prevention of Torture (CPT), Extract from the 21st General Report, Solitary confinement, 2011, CPT/Inf (2011) 28, paragraphs 62-63. Taken from: https://rm.coe.int/1680696a88.
[71] The Mandela Rules, Rule 46 No 1: The European Prison Rules, rules 43.2–42.3.
[72] The UN Special Rapporteur on Torture, 2011, A/66/268, paragraph 100.
[73] The Mandela Rules, Rule 46 No 2.
[74] The Mandela Rules, Rule 46 No 3.
[75] The UN Special Rapporteur on Torture, 2011, A/66/268, paragraph 101.

The prison health service was routinely informed about placements in security cells and stated that it performed checks once a day. Checks were performed on weekdays and at weekends, but no inmates were supervised by the healthcare department outside office hours. Several supervision records did not contain information about these checks, and some records appeared to show that medical personnel did not perform checks, even if the stay was of a duration greater than 24 hours.

The Mandela Rules, which state that medical personnel shall 'pay particular attention to the health of prisoners held under any form of involuntary separation and providing prompt medical assistance and treatment at the request of such prisoners or prison staff'.[76] In Oslo prison, checks by medical personnel were performed following agreement with the chief duty officer. The health department pointed out that it was established practice that inmates placed in the security cell could request health care via the officer outside this supervision. In its review of supervision records, the NPM came across one record in which the inmate appeared to have had an epileptic fit during the night, with the inmate repeatedly asking for essential medicine and not receiving it. It was not documented that medical personnel approached the person concerned in order to evaluate the need for medical assistance.

During the visit, it emerged that checks by medical personnel were performed with the chief duty officer, who had the opportunity to open the hatch or door to the security cell. The health department stated that most checks were performed as conversations or medical check-ups inside the cell, but that there could be situations where the chief duty officer did not consider it safe for health personnel to enter the cell. In such situations they communicated with the inmate through the hatch.

The supervision records provided to the NPM gives limited insight into whether health checks are performed and how. There is thus no basis to judge whether a real and satisfactory medical check-up is performed at the prison.

10.3.6 Opportunity to spend time outdoors during placement in security cells

The CPT has recommended that inmates in security cells be given the opportunity to spend time outdoors if the stay is of a duration longer than 24 hours:

> 'The CPT recommends that all persons held in observation cells longer than 24 hours are offered one hour of outdoor exercise'.[77]

Confinement in a security cell is a very invasive measure and the prison should therefore make every effort to give inmates an opportunity to spend time outdoors. The opportunity to spend time outdoors will also help to create a sense of normality, establish good communication and help to ensure that the inmate returns to an ordinary prison cell as soon as possible.

In Oslo Prison, inmates in security cells were not offered the opportunity to spend time outdoors, despite the fact that several of the stays in security cells in 2018 were of a duration of several days (see section 10.3.2 *Administrative decisions on the use of security cells*). A review of the supervision

[76] The Mandela Rules, Rule 46 No 1.
[77] CPT report after visit to Denmark in 2014. CPT/Inf/(2014) 25, page 41, paragraph 65M; see also CPT Standards page 18, paragraph 48.

logs shows that such measures were not considered, even when inmates themselves asked to be allowed to spend time outdoors.

10.3.7 Procedures for recording supervision

Correct and verifiable documentation of the use of force is essential to ensuring that people who are deprived of their liberty are treated properly. It is also essential for ensuring satisfactory internal and external checks.

The Norwegian Correctional Service's Guidelines to the Execution of Sentences Act state that when security cells and restraint beds are used, supervision records shall be kept, and that these shall 'contain all information relating to the stay in the security cell or restraint bed'.[78] Since the visit to Oslo Prison, new guidelines have been adopted regarding the use of coercive measures by the Correctional Service.[79] The guidelines provide a list of 10 points regarding information that must be included in a supervision record. The list is not exhaustive. The points must therefore be considered to be minimum requirements.

A review of the supervision records for all placements in security cells in 2017 and 2018 showed that the quality was highly variable. Many had omissions on important points (see 10.3.4 *Supervision*).

The review also found that Oslo Prison was using a form on which the supervision frequency was entered in advance. All records sent to the Parliamentary Ombudsman is recorded at exactly every 30 minutes (09:00, 09:30, 10:00 etc). It seems unlikely that supervision in fact happens at the exact minute. Lack of accurate documentation created doubt about when supervision has actually taken place. Furthermore, some records did not document when the placement in the security cell was terminated.

The prison stated that local electronic records were kept regarding the supervision of inmates who were placed in security cells. When a stay in a security cell was terminated, the supervision record was saved centrally in the individual inmate's file, and local copies were deleted. This means that Oslo Prison did not have a local archive of supervision records. This created problems with obtaining lists of records and administrative decisions (see section 10.3.2 *Administrative decisions on the use of security cells*). In the review of the supervision records sent to the NPM, we also came across a record on which it was noted 'check performed, but log deleted'.[80]

It is essential that the use of security cells is recorded in such a way that the due process of inmates is safeguarded, and that the measure is verifiable. This means, for example, introducing procedures to ensure that security cell records cannot be subsequently changed or edited, without this showing clearly on the document. This was not the case in Oslo Prison. Incompleteness and variable quality of supervision records, combined with archiving procedures that could prevent subsequent access to records and measures, create problems with supervision, verifiability and internal knowledge transfer.

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[78] Section 38.7.4 of the Guidelines to the Execution of Sentences Act.

[79] Revised 15 March 2019. https://www.kriminalomsorgen.no/retningslinjer-til-straffegjennomfoeringsloven.411497.no.html

[80] Oslo Prison uses the term 'supervision log' rather than 'supervision record'.

Recommendations

- When an inmate is placed in a security cell, a full strip search should only take place after an individual risk assessment, which should be noted in the supervision record. The prison should ensure that strip searches are performed as sensitively as possible, and that written procedures for strip searches are updated in line with this.
- Inmates should generally be allowed to wear normal clothing during detainment in a security cell. In the event of suicide risk, the inmate should be offered rip-resistant suicide prevention clothing.
- Inmates in security cells should be offered the opportunity to spend time outdoors, particularly if held in such cells for more than 24 hours.
- The prison should develop record-keeping procedures to ensure that security cells are never used unless the requisite conditions have been met. Among other things, all administrative decisions should contain a clear description of which less intrusive measures have been attempted and why these failed.
- The prison should initiate dialogue with inmates placed in security cells as early as possible in order to ensure that the measure is terminated when the conditions for it are no longer present. The supervision log should document all measures, including motivational talks and opportunities to spend time outdoors.
- Checks by the healthcare department should as a minimum involve direct communication between inmates in security cells and medical personnel, thus ensuring that there is satisfactory medical follow-up.
- Records of supervision of security cells and restraint beds should be kept using a method that ensures that the documentation is correct and complete, that prevents subsequent corrections and allows subsequent external inspection.

10.4 Exclusion from company

The prison may decide that an inmate should be completely or partly excluded from the company of other prisoners if this is necessary in order to prevent the inmate 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.[81] The prison can also exclude inmates from the company of others if acute matters relating to the building or staffing level make this necessary.

If complete exclusion from company exceeds 14 days, an administrative decision must be made at the regional level on whether the inmate shall continue to be excluded. If the exclusion exceeds a total of 42 days, the KDI shall be notified of the measure. The directorate must then be notified at 14-day intervals. Norwegian legislation currently allows complete exclusion from the company of others for up to one year at a time (see section 10.2 *Human rights standards on the use of isolation*).[82]

[81] The Execution of Sentences Act Section 37 first paragraph.
[82] The Execution of Sentences Act Section 37 fifth paragraph.

According to the KDI, complete exclusion means that inmates have absolutely no social interaction with other inmates during the day.

In 2017, Oslo Prison made 259 administrative decisions regarding complete exclusion from company, pursuant to the Execution of Sentences Act Section 37. In 2018, it made 327 administrative decisions regarding complete exclusion.

10.4.1 Supervision procedures and measures to compensate for the detrimental effects of isolation

The detrimental effects of isolation, wherever possible, shall be prevented or alleviated.[83] Meaningful human contact is the most effective way of reducing such effects. In order for contact to be meaningful, it should be empathic and take place face-to-face, communication should not be of an abrupt or accidental nature or occur as part of other tasks being carried out, such as dispensing food or medical supervision.[84]

The requirements of the Act regarding continuous assessment of the basis for exclusion means that stringent supervision requirements are stipulated. Inmates who are excluded from company must be seen to several times a day, and the guidelines specify that the aim should be for supervision to take place once an hour. The guidelines also stipulate that inmates can have extended access to the open air, the company of staff, extended access to visits from friends and family, extended access to physical activity or other measures that could prevent the detrimental effects of exclusion from company. [85]

During the visit, it emerged that there were few measures to compensate for the detrimental effects of isolation for inmates who were excluded from the company of other inmates. Contact between prison officers and inmates was often limited to escort to the daily hour outdoors, and other than this, contact was limited to routine duties such as waking up, and dispensing meals and medication.

10.4.2 Notification of the health service

The Execution of Sentences Act states that a doctor shall be contacted without undue delay after an administrative decision to exclude an inmate from company of other inmates has been made.[86] According to KDI guidelines, the doctor must also be informed about matters that could be of importance to evaluations of the inmate's medical condition and any detrimental effects of isolation.[87]

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

[83] Regulations to the Execution of Sentences Act Section 3-35 second paragraph
[84] See the Essex Paper 3, Initial Guidance on the interpretation and implementation of the UN Nelson Mandela Rules, written by an expert group appointed by Penal Reform International and Essex Human Rights Centre 7–8 April 2016, pages 88-89.
[85] Directorate of Norwegian Correctional Services (2002). Guidelines to the Execution of Sentences Act and to its Regulations, section 37.14.
[86] The Execution of Sentences Act Section 37 seventh paragraph.
[87] Section 37.15 of the Guidelines to the Execution of Sentences Act.

> 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.'[88]

The Mandela Rules also require daily supervision of inmates in solitary confinement.[89] The reasoning behind this is that the inmates in solitary confinement are considered to be particularly vulnerable to integrity violations. They have a limited opportunity to contact the healthcare department, and, in some instances, may presumably be unable to do so.

In Oslo Prison, the healthcare department was not routinely notified of exclusions. The prison's procedures stated that the healthcare department should be notified, but the healthcare department and prison stated that, in practice, this only happened occasionally. When notifications were given they went to the nurses who evaluated whether a doctor should be notified, which rarely happened (see section 13.5 *The health service's follow-up of inmates in isolation and vulnerable inmates*).

The combination of lack of follow-up on the prison side and the absence of follow-up of health personnel raises serious concern for the situation of inmates excluded from the company of others in Oslo prison. The Parliamentary Ombudsman emphasizes that this practice does not comply with the law and should be amended.

Recommendations

- The prison should introduce measures as soon as possible to counteract the detrimental effects of isolation, which includes ensuring that the daily needs of inmates in isolation are safeguarded, that they are helped to keep their cells clean, and engaged in activities and meaningful human contact. Measures should also be established to ensure that inmates who have been excluded are released from isolation as quickly as possible.
- The health service and the prison should work together to develop procedures that ensure that a doctor is contacted without undue delay when an administrative decision has been made to exclude an inmate from company.
- The health service should ensure that inmates who are excluded from company of other inmates also receive daily supervision, including at weekends and during public holidays.

10.5 De facto isolation

At the time of the visit, inmates of Oslo Prison typically spent much of their time locked in their cells. With the exception of the first unit (adapted for inmates in vulnerable situations), it emerged that the general rule was for inmates in the units we visited to be locked in their cells whenever they were not participating in education, work programmes or recreational activities.

Inmates who were not participating in education or activity programmes spent an extremely limited time outside their cell (see section 9.2 *Recreational activities*). Some units introduced measures to ameliorate this, such as allowing inmates to walk in the corridor unaccompanied, but this did not apply to everyone and did not provide social interaction with others. In practice, a considerable proportion of the inmates in Oslo Prison had no social interaction, with the exception of one hour in the exercise yard. This is a situation that the Mandela Rules state should be prohibited for longer

[88] The European Prison Rules, Rule 43.2.
[89] The Mandela Rules, Rule 46.

than 15 days in a row. The majority of inmates we talked to spent large parts of the day in their own cell, with no activity programme or social interaction with others.

Our findings are confirmed by the KDI's day surveys.[90] In 2018, five such surveys were performed. On all those days, the majority of the inmates in Oslo Prison (76%–100%) had less than 8 hours of social interaction. A significant proportion of inmates (21%–45%) were locked in their cell for more than 22 hours per day, a situation equivalent to solitary confinement according to internationally accepted standards.[91]

One of the surveys was performed at the weekend, and clearly shows that inmates were typically locked in their cells for even longer at weekends. In this survey, all inmates were locked into their cells for more than 16 hours a day (allowed out for less than 8 hours). Findings from the NPM's visit showed that a great many spent closer to two than eight hours outside their cell. None of the units visited fulfilled the CPT standard of a minimum of eight hours of meaningful activity outside the cell.[92]

For the majority of the inmates who are locked into their cell for 22 hours or more in Oslo Prison, this is not as a result of an individual administrative decision. In practice, this means that according to international standards, inmates in Oslo Prison are subject to conditions equivalent to solitary confinement without an administrative decision having been made.

For a period, the prison had made individual administrative decisions regarding all lock-ups in the second unit, but concluded that the number of inmates subjected to such a regime was so high that one full-time position would be needed just to register the decisions. The prison stated that the Correctional Service in the Eastern Region had been informed that a large number of inmates had been placed in isolation without this being based on an administrative decision. The Ombudsman points out here that Section 37 of the Act only allows exclusion from company in the event of acute circumstances relating to prison premises and staffing levels, and not due to continuous resource challenges.

In 2018, the UN Committee against Torture expressed concern at the increased scope of situations in Norwegian prisons which amount to isolation, and which are mainly because of circumstances relating to prison premises and staff shortages. The committee recommended that the Norwegian authorities ensure that circumstances such as infrastructure and staffing are not used as a basis to exclude any inmate from company of others.[93]The committee also expressed concern that such isolation is not based on an individual administrative decision and therefore cannot be appealed against.[94]

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[90] The Correctional Service has conducted nationwide day surveys since 2012 for the purpose of obtaining a more accurate picture of how often and for how long inmates are locked up in their cells. During the period 2012–2018, 19 surveys were carried out on randomly selected weekdays at four-month intervals.
[91] CPT Standards, page 17, paragraph 47.
[92] CPT Standards, page 17, paragraph 47.
[93] UN Committee against Torture, concluding remarks to Norway's 8th report on the implementation of the UN Convention against Torture, 5 June 2018, CAT/C/NOR/CO/8, paragraphs 17 a), b) and paragraph 18 a).
[94] UN Committee against Torture, concluding remarks to Norway's 8th report on the implementation of the UN Convention against Torture, 5 June 2018, CAT/C/NOR/CO/8, paragraph 17 b).

The CPT also pointed out that it is not acceptable that inmates can be completely excluded from the company of others for many days due to a staff shortage or the design of the building.95

The Parliamentary Ombudsman stresses that the extensive practice of locking prisoners in their cells involves a clear risk of inhuman treatment. It also means that a high proportion of those subject to de facto isolation in Oslo Prison are not visible in the isolation statistics.

The findings show that it is urgent to establish a national standard to ensure that inmates have the possibility of associating with others for at least eight hours every day and are offered meaningful activities. The lack of clear statutory or regulatory requirements on the extent of association inmates are entitled to, gives rise to confusion about when the imposition of restrictions on association with other inmates require an administrative decision on exclusion from the company of other inmates. This is problematic in light of the principle of legality and the human rights requirement that there must be a clear legal basis for intrusive measures.96 In addition to being intrusive, harmful to health and a hindrance to successful reintegration into society, it weakens the inmates' legal safeguards, among other things by removing the right of appeal. It also weakens the governing authority's knowledge about the extent of use of de facto isolation and exclusion.

The Parliamentary Ombudsman will follow this up with the KDI and Ministry of Justice and Public Security.

Recommendations

- The prison should work systematically to ensure that all isolation that is not in accordance with acts or regulations is terminated.

10.6 Court orders for complete isolation

As a remand prison, Oslo Prison will at any given time be holding inmates whom the court has ordered to be placed in complete isolation (see Chapter 6 *Oslo Prison as a remand prison*). The number varies, but the prison stated that these regularly constitute between three and six inmates.

The purpose provision of the Execution of Sentences Act states that the Correctional Service shall make suitable arrangements for remedying the negative effects of isolation for remand prisoners. The Correctional Service must prioritise measures to remedy the negative effects of isolation, pursuant to the Criminal Procedure Act Section 186, second paragraph and Section 186 a.[97] Inmates under this type of regime shall also receive regular visits by the prison’s health service.

[95] CPT/Inf (2019) 1, paragraph 69.
[96] See the Norwegian Constitution Article 113 and ECHR Article 8(2).
[97] Section 46 of the Execution of Sentences Act.

In 2017, 54 inmates in Oslo Prison had been ordered by the court to be placed in complete isolation.[98] The average duration was 17 days.[99] The shortest term was seven days and the longest was 71 days.

In Oslo Prison, the healthcare department was not routinely notified when inmates were placed in isolation by the court. The healthcare department stated that if the isolation was of a longer duration, a medical check was performed, but not until two weeks had elapsed.

In Oslo Prison, the recreation department was given the responsibility for monitoring inmates who had been placed in isolation by the court. It was the main duty of one of the prison officers in the recreation department to activate inmates in this category in order to prevent the harmful effects of isolation. In some units, inmates in complete isolation were prioritised, and the prison officers aimed to take these inmates outdoors whenever possible. This was also confirmed by the NPM's interviews with inmates. This appeared to be a good practice, and several inmates stated that they felt better cared for in this period than in the subsequent period, which tended to be mainly typified by a lack of human contact. Similar measures to compensate for the detrimental effects of isolation were not available to other inmates in isolation.

[98] The figures are based on a manual count performed by the prison for the purpose of our visit. The prison stated that there could be a margin of error in relation to the actual figure, since the prison does not have the tools to extract this type of statistic. The NPM points out that this could clarify the discrepancy between the Correctional Service's annual statistics (see section 6.1 *Use of isolation for remand prisoners).*
[99] Median 14 days

11 Other invasive measures

11.1 Strip searches

Strip searches are an invasive measure, and must be carried out in a manner that is respectful of the inmate's dignity.[100] The ECtHR's case law demonstrates that full strip searches that include examination of genital areas which are not based on an individual assessment, depending on the circumstances can constitute an infringement of Article 3 of the European Convention on Human Rights (ECHR) concerning the prohibition on inhuman or degrading treatment. In order to prevent strip searches being regarded as an infringement of the Convention, the examination must be necessary in order to pursue a legitimate purpose and must be performed with the proper respect for human dignity.[101]

Strip searches in Oslo Prison were performed routinely on arrival to the prison, after all visits and home leaves, and when inmates were placed in security cells (see section 10.3.3 *Strip searches and clothing*). Routine strip searches like this produce a risk that inmates will not want to meet their lawyer, the Red Cross visiting service or their family. This has been highlighted as a problem by the Supervisory Council.[102] In 2018, the European Committee for the Prevention of Torture (CPT) visited Norwegian prisons, including Oslo Prison. Their report emphasised that strip searches that involve full removal of clothing should not be performed routinely but should be based on individual risk assessments.[103]

Strip searches in Oslo Prison were performed in the room for strip searches in the registration area, the room for strip searches in the visiting section or in the cell. The room for strip searches in the registration area was 4.6 square metres with access to a toilet and shower room.

During strip searches, inmates had to remove all their clothes and the clothes were searched. The inmate had to squat down and in some cases cough.

The NPM has previously recommended that strip searches are to be performed in such a way that the person does not have to be completely naked but can remove their clothes in two stages.[104] In this way, the person may cover up their upper body before removing the clothes on their lower body. This is a practice which has now been introduced to police custody facilities, and which is also recommended by the CPT:[105]

[100] The Mandela Rules, Rule 50, and the European Prison Rules, Rule 54.4.
[101] Reference is made e.g. to the case of Frérot v. France (70204/01), with further references. In the cases Lorsé and others v. the Netherlands (52750/99) and Van der Ven v. the Netherlands (50901/99), the court referred to the fact that the inmates were covered by a number of other security measures and that there were no convincing security needs to justify the routine strip search which was performed. In these cases, the court concluded that the routine strip searches, in combination with other security measures, constituted a breach of Article 3 of the European Convention on Human Rights.
[102] See the report from the Supervisory Council for the Eastern Region of 6 September 2018.
[103] CPT report (2019), page 47, section 106.
[104] See the Parliamentary Ombudsman's reports from the police custody facilities in Drammen, Bergen and Ålesund, Drammen Prison, Stavanger Prison, Ila Detention and Security Prison, Åna Prison, Ullersmo Prison and Arendal Prison.
[105] Instructions for the use of police custody facilities (the Custody Instructions), 2018-11-09, section 6.8.1.3.

> '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.' [106]

While the Guidelines to the Execution of Sentences Act state that strip searches, as far as practically possible, should be carried out by staff of the same sex as the inmate, international guidelines clearly state that strip searches must only be carried out by people of the same sex. [107] Several inmates stated that they had experience of female prison officers participating in strip searches. This was confirmed by the staff. Inmates confirmed that the female officer was supposed to turn her back on the inmate during the last part of the undressing process, but some found the presence of female staff to be intrusive.

Recommendations

- Strip searches should not be performed routinely following all visits, but only on the basis of an individual risk assessment.
- Strip searches should be performed by officers of the same sex as the inmate and in stages, with the inmate covering their upper body before removing clothes from their lower body, thereby ensuring that the strip search process is as sensitive as possible.

[106] The CPT's visit to the Netherlands in 2011, CPT/Inf (2012) 21, page 23, paragraph 32.
[107] The Mandela Rules, Rule 52.1, and the European Prison Rules, Rule 54.1.

12 Environment and safety

For as long as a person is an inmate, the prison is responsible for his or her safety.

12.1 Sense of safety among inmates

The prison authorities have a duty to prevent violence among the inmates.[108] According to the European Prison Rules, inmates 'as soon as possible after admission (…) shall be assessed to determine whether they pose a safety risk to other prisoners...'. Furthermore, 'procedures shall be in place to ensure the safety of prisoners, prison staff and all visitors and to reduce to a minimum the risk of violence and other events that might threaten safety.'[109]

In 2018, 22 incidents of violence and threats among inmates were reported, compared to 32 the previous year. The inmates we spoke to did not consider episodes of violence to be widespread, but some inmates felt that there was a high threat level among inmates. Sexual offenders were highlighted as being particularly vulnerable.

The majority of the inmates stated that they felt safe in Oslo Prison. The inmates who describe that they felt unsafe connected this to their medical situation and insufficient follow-up of health problems (see Chapter 13 *The health service*). During the visit, it emerged that both inmates and staff believed that there had been an increase in inmates with mental health disorders and a low level of functioning in recent years. There was also reference to individual inmates whose medical condition had gradually deteriorated after admission. Several inmates had such severe mental health disorders and a low level of functioning that they were generally unable to form part of the ordinary prison community. During the visit, we came across a cell whose inmate demonstrated clear signs of a low level of functioning, and who also had no assistance to keep his cell in order. In this cell, there was rubbish on the floor, the toilet was blocked by paper and rubbish, dirty dishes were lying around and there was no bedlinen on the bed.

Oslo Prison stated that during the visit, they were holding inmates from rival gangs. In order to prevent threats within the prison, the prison chaplains were actively used to create dialogue. The use of three-way conversations to resolve conflicts between inmates is in line with the Mandela Rules, which encourage different types of conflict resolution to prevent disagreements between inmates from getting out of hand.[110]

Oslo Prison had no written procedures for handling suspicion of or complaints about violence, abuse or sexual harassment in the prison.

The design of the prison, with narrow corridors and low railings on the galleries also constituted a safety risk. Several people highlighted the gallery design as a safety issue. We talked to both inmates and staff who described the risk of being pushed over the railing.

12.1.1 Safety in the exercise yard

There was broad agreement among the inmates, staff, administration and healthcare department that the exercise yard constituted a risk to inmates' safety. Several serious incidents in the exercise

[108] See the UN Convention against Torture Article 2 No 1. See also ECtHR's judgement, Pantea v. Romania, appeal No 33343/96.
[109] The European Prison Rules, Rule 52 Nos 1 and 2.
[110] The Mandela Rules, Rule 38 No 1.

yard were documented. No officers were present in the exercise yard, and supervision was from a watchtower. If incidents occured, officers in the watchtower called for reinforcements. Inmates and officers described that it could take some time before officers arrived to deal with the incidents. The prison stated that it took an average of between one and five minutes, depending on the assessment of risk and where the staff was located at that specific time.

The exercise yards were used simultaneously by large groups. Up to 57 inmates could be there at the same time. Even restrictive units in which inmates were placed because they were considered unable to function in the prison community were allowed outside in large groups with prisoners from other units. We were told by inmates and staff that some inmates did not go outside because they felt that it was unsafe.

12.1.2 Dynamic safety work and use of contact officers

Inmates 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. It is therefore particularly important that institutions where people are deprived of their liberty 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.

Relations between staff and inmates at Oslo Prison generally appeared to be good. There were no accusations from the inmates about the staff abusing or using physical force against the inmates. However, discussions during the visit and a review of interviews, schedules and day surveys give a clear impression of limited interaction between staff and inmates because of the extensive practice of locking prisoners in their cells (see section 10.5 *De facto isolation*).

Dynamic safety work was addressed in different ways by the units. This typically related to differences in how often officers visited the cells and how much time they spent on informal discussions in these meetings, how rigid or flexible they were in allowing inmates to go into the corridors, and whether they responded to requests from inmates via the call system, or whether they went into cells to speak face-to-face.

According to the procedures in Oslo Prison, all inmates would be allocated a contact officer at their time of admission. Each contact officer was responsible for 2-3 inmates. All were also allocated a secondary contact officer.

During the visit, it emerged that several inmates did not know who their contact officer was. Some inmates knew that there was such an arrangement, but did not know who their officer was, while others stated that they had never heard of the arrangement. A majority of the inmates with whom the NPM talked to during the visit stated that they had very limited or no contact with their contact officer. It is problematic that so many inmates have no relationship with their contact officer.

Recommendations

- It should be ensured that all inmates have a contact officer and that inmates have understood their contact officer's role and duties.

12.2 Suicide prevention

As a remand prison, suicide prevention plays a key role in ensuring that inmates are properly taken care of (see Chapter 6 *Oslo Prison as a remand prison*).

In the period 2016–2018, one person had committed suicide in the prison, and 16 suicide attempts were reported. The majority (12 out of 16) of the inmates who tried to take their own life were remand prisoners.

Oslo Prison had written procedures for the prevention of suicide and self-harm developed in November 2018. These procedures are limited in scope and the prison has after the visit confirmed that they are in the process of developing new procedures.

The first unit is adapted for the care of inmates who have been assessed as suicidal. The unit is staffed round the clock, allowing for frequent supervision and open doors, access to a separate, small exercise yard and has less lock-up time than the prison's other units. A large majority of the inmates confirmed that they were asked about their state of mind and suicidal thoughts in their admission interviews.

The facilitation made in the first unit for the mentally ill and inmates in particularly vulnerable situations appears to play an important role in taking care of these groups of inmates. According to the prison, there was close dialogue between the prison, the health service and the prison's psychiatric outpatient clinic regarding inmates who were known to be at risk of self-harm or suicide, or who were found during their stay to be at such a risk. Despite this there were several inmates who had been transferred from the first unit to security cells in order to prevent self-harm or suicide (see section 10.3.2 *Administrative decisions on the use of security cells*).

The prison stated that inmates with suicidal thoughts or a known suicidal history were placed in the first unit with supervision every 30 or 60 minutes, and an open hatch in the cell door. A review of the documents sent to the NPM by the prison showed that suicidal inmates were not routinely placed in this unit. Of the inmates who tried to take their own life in the period 2016–2018, four were placed directly in a security cell after the suicide attempt, without first attempting to place them in the specially adapted first unit (see section 10.3 *Use of security cells*).

A review of the supervision records for security cells showed that when inmates were placed here because of a risk of self-harm or suicide, in most cases a programme of more frequent checks was implemented (every 15 minutes), but no measures other than this were documented (see also section 10.3.4 *Supervision*).

In the report '*Selvmord og selvmordsnærhet i norske fengsler. Selvmordsforebyggende arbeid i fengsel*' ('Suicide and suicidality in Norwegian prisons – Suicide prevention work in prisons'), several specific suggestions were made regarding the work of preventing suicide in prisons.[111] Among other things, it pointed out that when there is a low to moderate risk of suicide, protection and care measures of a social, practical or material nature can be implemented. It also recommends that suicidal inmates should have the opportunity to phone neutral parties such as Kirkens SOS, the Red Cross or other parties who specialise in talking to people in crisis. Talking to one's family can also be

[111] Hammerlin, Y. (2009). *Selvmord 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).

important during such phases. It also mentions that talking to the prison chaplain or other neutral discussion partner can be a highly important prevention measure. The report proposes that inmates are provided with more information, giving them knowledge about the risk factors for self-harm and suicide. Since the Parliamentary Ombudsman's visit to Stavanger Prison, the prison provided the following information about its follow-up of the recommendations for suicide prevention:

> 'A 24-hour visitor project has also been initiated for new prison inmates in the prison in cooperation with the Norwegian Red Cross. This also applies to remand prisoners subject to court-imposed restrictions. The project allows all remand prisoners to have the option of immediately receiving a visitor, and an emergency phone line has been established at the Red Cross for this purpose.'[112]

In Oslo prison both the prison and the health service seemed aware of the problems caused by the prison's high degree of lock-ups, and the fact that many inmates were suffering from the isolation. Knowledge of the negative effects of isolation indicates that the prison's high degree of lock-ups is a risk factor that could result in some inmates developing suicidal thoughts and/or self-harming behaviour. This is serious, and the NPM emphasise that the inmates in Oslo Prison are out of their cells significantly less than indicated by international standards (see section 10.5 *De facto isolation*). A scheme like the one in Stavanger Prison should be established as soon as possible. The prison should also, as soon as possible, consider how to ensure that its inmates are provided with more time in company with other inmates.

Recommendations

- The prison should prepare written procedures on how to handle complaints relating to violence, threats, abuse or sexual harassment.

12.3 Sense of safety among staff

Staff in the Correctional Service are subject to a risk of violence and threats.[113] In Oslo Prison in recent years, there have been far more reported incidents of violence and threats against staff than among inmates. To a greater degree than other prisons visited by the NPM, the staff have expressed uncertainty about their own safety. The prison confirmed that some episodes have been of an extremely serious nature.

If members of staff consider inmates to be a threat, there is a risk that a culture of violence and use of force could develop. If members of staff stop seeing each inmate as an individual but rather treat them like objects or as representatives of a group (for example based on diagnosis, nationality or age), this creates distance and can weaken human relations. Such factors can create a risk of

[112] Letter from Stavanger Prison dated 21 February 2017. Response to the report on the visit to Stavanger Prison from 16-18 August. Published at: https://www.sivilombudsmannen.no/wp-content/uploads/2016/11/Oppfølging-fra-Stavanger-fengsel.pdf
[113] Norwegian Labour Inspection Authority (2016) Inspection with the Correctional Service. Summary report. Page 7.

inhuman treatment. In prisons, it has been found that such attitudes among staff generally lead to a higher stress level among inmates.[114]

12.3.1 Staffing levels and use of temporary staff

The staffing level factor is important in enabling staff to take the time needed to build relations within the dynamic security situation. The prison stated that some positions were kept vacant because of the need to make financial savings.

The prison administration pointed out that 2018 had been a demanding year for the staff, with staffing level challenges and changes caused by the closure of the prison's Section A. This is also reflected in the reports from the Supervisory Council throughout the year. At the time of the visit, the administration stated that sickness absences in the prison employment service were not covered. Absences from other positions were covered only to ensure a minimum staffing level. According to the Supervisory Council, it is rare for hired-in temporary staff to be skilled.[115]

[114] Liebling (2007). Why prison staff culture matters. in *The culture of prison violence,* Byrne, Taxman and Hummer (eds.), Allyn and Bacon, page 105.
[115] Supervisory Council's report from September 2018.

13 The health service

Inmates' health problems are well documented in several studies. A significant proportion of inmates in Norwegian prisons have chronic illnesses, substance abuse problems, mental health disorders and an accumulation of problems relating to living conditions.[116] Inmates are entitled to the same access to healthcare services as the general population. The healthcare provided must be adapted to their individual needs following an individual assessment. One consequence of imprisonment is that inmates have less opportunity to seek medical assistance themselves. It is the government's duty to ensure that inmates' entitlement to health services is safeguarded.

The primary healthcare services offered to inmates are provided by the municipality in which the prison is located. The prison doctor takes over the function of the prisoner's GP while they are serving their sentence. Prisoners on remand are entitled to be treated by their GP or private doctor, but the inmate must then pay for this themselves.

13.1 **Healthcare department**

Oslo Prison had its own healthcare department, known as the 'Oslo Prison Health Service'. The prison health service was an independent, contracted service and part of the municipal health service.[117]

As of 1 January 2019, the healthcare department had the following staff composition:

- Team leader 100% position
- Nurses 3 x 100% position and 1 x 90%
- Specially trained nurses 3 x 100% position
- Doctor 70% position (shared between two doctors)

The department also stated that it hired in physiotherapists on an hourly basis.

The healthcare department's opening hours were 07:30-15:30 on weekdays and 10:00 to 17:00 on Saturdays, Sundays and public holidays. If a need for healthcare services arose outside of these hours, the accident and emergency unit in Oslo had to be contacted.

The prison health service in Oslo Prison was primarily funded through earmarked grants from the Directorate of Health. The prison administration, the healthcare department administration and the Supervisory Council all agreed that the resource situation for the healthcare department was very serious.[118]

The closure of the old Section A (Botsen) resulted in a 40 per cent reduction in the number of places in the prison. However, the number of admissions was reduced by a much smaller degree, since

[116] For example, see: Cramer. V. (2014). *'Forekomst av psykiske lidelser hos domfelte i norske fengsler* ('The prevalence of mental health disorders among convicted inmates in Norwegian prisons') (Resource Centre project report 2014-1). Oslo: Oslo University Hospital. Kjelsberg, E. & P. Hartvig (2005) Can morbidity be inferred from prescription drug use? Results from a nation-wide prison population study. European Journal of Epidemiology, 20, pp 587–592. Friestad, C. & I. L. Skog Hansen (2004) *Levekår blant innsatte* ('Living conditions among inmates). Fafo report 429. Ruud T. & D. Reas (2003) *Helsetjenester for tunge rusmiddelmisbrukere* (Health services for heavy substance abusers). Trondheim, SINTEF Unimed.
[117] The service falls under the Gamle Oslo city district and is structured into a 'coping and health' department and a 'coping with mental health and substances' department.
[118] Report from the Supervisory Council for the Eastern Region, March 2018.

Section A was primarily a section for convicted prisoners and Section B was for remand prisoners. This meant that the number of inmates received by Section B over the course of a year was much higher than the number received by Section A. In addition to a much higher number of inmates, there is a consistently greater demand for the health service, involving more duties for the service, at the start of an inmate's admission. The health service therefore stated that only around 20 per cent of the budget had been spent on Section A (Botsen) when both sections had been operational. Despite this, the health service's budget had been reduced by more than 50 per cent when Section A was closed. The cut was based on the number of places and not on the actual number of patients who needed to be monitored over the course of a year.

The health service stated that the major cut had forced them to reduce their availability in the evenings and at weekends. The Supervisory Council's annual report for 2017 made the following statement on the health service in Oslo Prison:

> 'The need for medical assistance is extensive. The number of mentally ill and psychotic inmates has increased considerably. Since the health service has been reduced by 40%, round-the-clock psychiatric care for the prison community has been curtailed and budget cuts have resulted in more lock-ups, it goes without saying that neither health nor rehabilitation can be satisfactorily addressed, despite tremendous efforts by the administration and staff'.

The Parliamentary Ombudsman shares the concerns of the Supervisory Council.

Oslo Prison is primarily a remand prison, where it is to be expected that a high proportion of inmates will require follow-up and treatment (see section 6.2 *Special characteristics of a remand prison*).

The department had the equivalent of only one doctor. The result of this was that there were periods when in practical terms, the prison went weeks without a doctor. It also emerged that the doctors neither had a professional network, nor received a great deal of guidance.

13.2 The Prison psychiatric outpatient clinic

The prison also had a prison psychiatric outpatient clinic. The clinic was funded through Oslo University Hospital and measured on activity and not number of inmates. This meant that they had not been subject to general cuts as those of the healthcare department.

The clinic was located in the prison, and at the time of the visit had seven employees: one administrative consultant, five specialist psychologists and a psychiatrist in a 20 percent position. The clinic had also employed a psychology student on an hourly basis under supervision. The prison psychiatric outpatient clinic stated that it for a period had a vacant psychiatric position which at the time of the visit was being covered by psychiatrists from the regional security section, retired doctors and medical students. The lack of psychiatrists in the clinic was highlighted during the visit as an obstacle to continuity and cooperation with the healthcare department. The clinic acted as an ordinary outpatient clinic in the specialist healthcare service, with appointments and referrals both from the healthcare department and external doctors. They were responsible for assessments, reports on and treatment of inmates in the same way as an ordinary District Psychiatric Centre (DPC). The clinic also had an emergency response function between 08:30 and 15:00.

Good procedures and cooperation methods have been developed within the prison between the specialist health service (prison psychiatric outpatient clinic) and the primary health service. The staff of the outpatient clinic had weekly meetings with some units, as well as weekly cooperation meetings with the prison administration and primary health service. The prison officers were also sometimes provided with guidance on their assessments of when an external emergency doctor or admission to hospital was needed in the evenings or at night.

The prison psychiatric outpatient clinic appeared to be a good service for those who were treated there. The clinic's formal turnaway rate was low, but in practice, many inmates were turned away before they came into contact with the service, either actively through prison officers and the healthcare department deciding that outpatient treatment was not necessary, or passively through inmates not seeking help and their problems not being picked up by prison officers (see section 13.4 *Access to health services* and section 13.5 *The health service's follow-up of inmates in isolation and vulnerable inmates*).

13.3 **Medical examination on arrival**

The Mandela Rules state that inmates must talk to and be examined by medical personnel as soon as possible after arrival, and subsequently if required.[119] This is important in order to identify any illness, mental condition, suicide risk, vulnerabilities and medical needs. The European Committee for the Prevention of Torture (CPT) emphasises that this assessment must take place within 24 hours of admission.[120] This is important for several reasons, which include giving the health service a real opportunity to treat and document any injuries which the inmate may have received during arrest or transport, assess medication needs and reduce the risk of suicide.

According to the healthcare department's procedures, all admissions should be assessed on arrival in an admission interview. The written procedures stated that this should take place within 72 hours. However, the healthcare department stated that their target was to hold this interview within 48 hours. It was confirmed during the visit that admission interviews were not always held within 48 hours. In those cases, the healthcare department stated that a shorter interview was held with inmates within the deadline, and a longer assessment interview later.

The template for the admission interview contained questions on the use of substances and on somatic and mental health. Previous illnesses and current problems were identified. A key objective of the admission interview was to identify and assess suicide risk. This is particularly important in a remand prison, since most suicides are committed during this critical phase (see section 6.2.1 *Challenging psychosocial*). The health service stated that in practice, suicide risk assessments were often made in consultation with the prison, since this subject was also brought up in the prison's admission interview, which takes place before the health service's interview (see Chapter 8 *Admission routines*). The fact that the health service's admission interview was not being held within the first 24 hours means that the medical staff have to rely on the prison officers' assessment of the inmate's health. If there are any concerns regarding suicide risk, the health service was often summoned, which ensured that the admission interview took place quickly. If this was not possible, the inmate was placed in the unit for inmates in particularly vulnerable situations, the first unit. If there was any disagreement between the health service and the prison, the health service stated

[119] The Mandela Rules, Rule 30.
[120] CPT (2019) paragraph 93

that they were listened to. If there was any suspicion of suicide risk, the health service stated that inmates were routinely referred to a doctor. Inmates confirmed that they were questioned about their mental health on admission, and most stated that the risk of suicide had been a topic.

On admission, inmates were offered a medical examination, in which weight, blood pressure and pulse were checked. They were also checked for hepatitis and chlamydia, and were asked about wounds and injuries. The examinations did not involve a physical examination in order to discover any wounds. Nor were these routinely recorded, for which the prison was severely criticised by the European Committee for the Prevention of Torture after a previous visit.[121]

The healthcare department was not aware of the UN Istanbul Protocol. This protocol provides important guidelines on requirements for documenting abuse. It is often during independent interviews and examinations such as those provided by the health service that signs of abuse during arrest, in police custody facilities or during police questioning are uncovered. It is therefore vital for such interviews to be held soon after arrival. This is necessary throughout the entire system, and there is an even greater need in a remand prison such as Oslo Prison. The UN Istanbul Protocol also emphasises that interviews in themselves are not sufficient to identify and record any signs of abuse.[122] Neither did the health services have a camera available to document any injuries. Staff in the healthcare department stated that they had encountered inmates who presented injuries at the time of admission, after scuffles with the police and police dogs. These injuries were documented in the patient records, but staff were unsure about where they should report such injuries to, which meant that they went unreported. The Parliamentary Ombudsman refers to the fact that there are shortcomings at a national level of documentation of injuries. This was pointed out by the European Committee for the Prevention of Torture (CPT) after a visit to Norway in 2018:

> 'The CPT reiterates its recommendation that the Norwegian authorities take appropriate steps – including, if necessary, at the legislative level – to ensure that, whenever injuries are recorded by a health-care professional, which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of the allegations, are indicative of ill-treatment), the record should be systematically brought to the attention of the relevant prosecutor, regardless of the wishes of the person concerned.'

The Parliamentary Ombudsman will follow up this matter with the health authorities.

Recommendations

- Newly admitted inmates should undergo a medical examination by a doctor, or a nurse under the supervision of a doctor, preferably at the time of the admission interview or within 24 hours of admission at the latest. Any injuries should be registered and assessed during the admission procedure.
- 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 have a camera available so that any injuries that the inmates may have can be documented by medical personnel in the patient records.

[121] CPT (2019) paragraph 91
[122] The Istanbul Protocol, Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

13.4 Access to health services

Inmates in prison are entitled to the same access to healthcare services as the general population, but tend to have greater health issues and a greater need for healthcare.

The entitlement to equal health services is also stipulated in the Mandela Rules. All inmates shall have free access to essential healthcare services.[123] It is also stipulated that all prisons shall ensure prompt access to medical assistance in acute cases.[124] The entitlement to equal healthcare services means that the government must ensure that inmates actually have access to adequate healthcare services. This means that individual inmates must know how they can contact the health service, that inmates can establish contact with the health services within a reasonable time, and that the services provided meet the inmates' needs.

The prison health service confirmed that in real terms, access to healthcare services was limited. Interviews with inmates, prison staff and health service staff documented several potential bottlenecks. During the visit, the NPM talked to inmates who were unable to describe how they should proceed in order to obtain medical assistance.

In Oslo Prison, the system for contacting the healthcare department was for inmates to write their need for medical services on what are known as 'request forms', or 'registration forms' which were available in the cells. The units' prison officers collected the forms and noted the first five requests in a book. This book was handed over to the prison health service once a week. If a unit had more than five requests in a week, these were entered in a book the following week. The healthcare department stated that in the past, the book was handed over twice a week prior to the cuts in 2017. The follow-up from health personnel appears far less frequent than what we have observed in other prisons.[125]

Based on the requests in the book, the healthcare department contacted the inmates and assessed which measures were needed (see section 13.7 *Safeguarding of confidentiality by the health service*). The health department informed that inmates that wanted to see a doctor was put on a list for this. Nevertheless, a doctor was only available on certain days, and that there had been periods of several weeks when no doctor had been available. This meant that some inmates had waited for several weeks to receive medical assistance. The healthcare department stated that it had come across instances when inmates had submitted forms, but that these had not been entered in the book.

The healthcare department have after the visit stressed that most medical follow-up is initiated outside the registration forms. The forms are meant for medical assistance that can wait. Medical enquiries of a more acute nature were dealt with by the prison officers evaluating the need for assistance by health care personnel in each case. This means that prison officers were performing assessments of medical need and acting as gatekeepers for the health service, for which they have no professional training. It also means that inmates' entitlement to confidentiality about their medical information is not protected.

[123] The Mandela Rules, Rule 24
[124] The Mandela Rules, Rule 27 No 1
[125] See for example the visit report from Bredtveit prison 15th - 16th of May 2016, p. 26. (in Norwegian only)

This is not in line with the CPT standard for healthcare services in prison, which stipulates that prison officers must not play a role in assessing medical enquiries.[126] The Mandela Rules also state that medical decisions must only be made by responsible medical personnel, and that medical decisions must not be reviewed or ignored by prison staff.[127] During the visit, it also emerged that some officers deliberately did not contact the health service, because they were aware that the healthcare department was under pressure financially and in terms of staffing, or because they had been told not to contact the health service, but to go via the chief duty officer (see section 13.1 *Healthcare department*). This practice also created a risk of arbitrariness in access to health services between units and inmates.

On the whole, the availability of medical assistance for the inmates of Oslo Prison appears to be extremely limited and does not provide access to healthcare services equivalent to that enjoyed by people who have not been deprived of their liberty. The health service appears to be of an inadequate scope to be able to safeguard the health of inmates in a satisfactory manner. The Parliamentary Ombudsman is concerned about whether inmates' entitlement to medical assistance is being safeguarded at Oslo Prison, and highlights the special needs which remand prisoners have (see section 6.2 *Special characteristics of a remand prison*).

Recommendations

- The prison health service should initiate measures as soon as possible to ensure that the entitlement of inmates to equal health services is safeguarded.
- The prison and the healthcare department should cooperate to ensure that all enquiries addressed to the healthcare department are handled confidentially, and that medical enquiries are not assessed by prison staff.

13.5 The health service's follow-up of inmates in isolation and vulnerable inmates

After a hearing of the Norwegian authorities by the UN Committee against Torture in 2018, the committee concluded that too many inmates with mental health disorders were being placed in isolation in Norwegian prisons, and that their condition was worsening as a result of this.[128] Inmates with mental health problems, a low level of functioning and limited human contact have a particular need for follow-up by the prison health service.

In Oslo Prison, routine follow-up of inmates placed in isolation was limited to supervision of inmates in security cells, but this contact could also be extremely limited (see section 10.3.5 *Notification of and supervision by the healthcare department*). Inmates who were excluded from company, ordered by a court to be placed into isolation or who chose to be placed in isolation, were not routinely dealt with by the healthcare department (see sections 10.4.2 *Notification of the health service* and 10.6 *Court orders for complete isolation*). The healthcare department stated that if the isolation was of a duration longer than two weeks, it performed checks.

[126] https://rm.coe.int/16806ce943
[127] The Mandela Rules, Rule 27 No 2
[128] UN Committee against Torture, concluding remarks to Norway's 8th report on the implementation of the UN Convention against Torture, CAT/C/NOR/CO/8, paragraphs 19-20.

A large proportion of inmates in Oslo Prison are serving in conditions equivalent to isolation according to international standards, without administrative decisions having been made (see section 10.5 *De facto isolation*). There was no routine follow-up of inmates in this category.

The health service's work did not include outreach, nor did it dispense medication (13.8 *Procedures for the distribution of medication*). Access to medical services was essentially based on inmates' own requests for assistance (see section 13.4 *Access to health services*). As a result, the only contact that a large proportion of inmates had with medical personnel was in their admission interview on arrival (see section 13.3 *Medical examination on arrival*). No proper procedures had been established to identify inmates in vulnerable situations who had not been considered to need follow-up on arrival.

The Directorate of Health's guide to healthcare services in prisons states that the inmate or the prison must request medical assistance.[129] The Parliamentary Ombudsman has previously pointed out that this procedure takes no account of the fact that inmates are not in a position to, or have been deprived of the opportunity to speak for themselves. Inmates placed in isolation may be insufficiently aware of the state of their own mental health, and may underestimate and undercommunicate the harmful effects isolation has on them.[130] It is also documented that they are sceptical about receiving mental health care, and that they do not ask for this themselves. This could be partly due to an attempt to cope with the situation, rather than focusing on problems, or partly due to the fact that they themselves are not aware of or have no insight into the development of their symptoms.[131] In Oslo Prison, there was a clear risk that inmates in vulnerable situations who do not seek medical assistance themselves will go under the radar until their symptoms become acute. The CPT recommends that medical personnel undertake preventive medical duties and emphasises that 'The task of prison health care services should not be limited to treating sick patients. They should also be entrusted with responsibility for social and preventive medicine'.

There was no low-threshold measures available for inmates with mental health issues. Our impression was that inmates had to be seriously ill or suicidal in order to receive medical assistance at the clinic. At the time of the visit, there was no system for dealing with the medical issues suffered by inmates as a group. Nor was there any service for inmates with less acute issues, or preventive measures such as written information or group sessions.

The Parliamentary Ombudsman stresses that the municipality's duty to ensure essential healthcare services also includes preventive services. The Norwegian Directorate of Health's guide states that 'the best thing would be for measures and resources to be implemented as early as possible, in order to prevent an illness from progressing. This provides health benefits for the inmate and prevents the need for more expensive and complicated treatment at a later stage'.[132]

[129] The Norwegian Directorate of Health's guide (January 2013) *Helse- og omsorgstjenester til innsatte i fengsel* ('Healthcare services for prison inmates'). IS-1971 (2013). p. 44.

[130] Haney, C. (2003). Mental Health Issues in Long-Term Solitary and "Supermax" Confinement. Crime & Delinquency 49, 138.

[131] Coid, J. et al. (2003). Psychiatric morbidity in prisoners and solitary cellular confinement, 1: Disciplinary segregation. Journal of Forensic Psychiatry & Psychology, 14, 310–315.

[132] The Norwegian Directorate of Health's guide (January 2013) *Helse- og omsorgstjenester til innsatte i fengsel* ('Healthcare services for prison inmates'). IS-1971 (2013). p. 26

Recommendations

- Arrangements should be made to ensure that medical personnel can engage in outreach activities. The healthcare department can contribute medical expertise in order to improve the living conditions of the inmates in the prison. They should focus particularly on vulnerable groups that may be at particular risk of health problems.
- Systems should be established to ensure that inmates who need medical follow-up and do not request medical assistance themselves are identified and followed up.
- Inmates with mental disorders should receive medical assistance as early as possible, for example through low-threshold services and preventive work.

13.6 Escorted visits to the specialist health service

The prison healthcare department regularly found that remand prisoners missed appointments with the specialist health service because they were not escorted by the police.[133] The healthcare department did not have a system for registering the cancelled appointments as nonconformities. Nor was there any other method of keeping statistics on the frequency of this, but interviews with inmates and staff indicated that it happened often. Because inmates would not be informed in advance of escorted visits for security reasons, it was only afterwards, and more by chance, that they found out that their original appointment had been cancelled. This meant that they had no opportunity to appeal against the cancellation.

The health service was often not notified of cancellations caused by the police failing to turn up. In some cases, the health service was notified on the same day, which gave them no opportunity to follow up with the inmate or the external service with which the appointment had been made. This resulted in long waiting times for patients, and there were examples of inmates who had waited six weeks between the first cancellation and a new appointment with the specialist. This also made cooperation with the specialist health service difficult.

Cancelled escorted visits represent a clear risk of violation of the patient's right to satisfactory treatment. The healthcare department stated that the problem had been brought up with the police on several occasions, but that the situation had not improved. The Ombudsman has encountered the same problem at other prisons. However, the scale was markedly greater at Oslo Prison, and there was a clear need to set up systems which give patients more certainty that they will receive the medical assistance to which they are entitled.

Examination or treatment by the specialist health service is provided on the basis of an assessment of the patient's medical needs. When, due to imprisonment, a patient is deprived of the opportunity to attend an allocated appointment with a doctor, it is the responsibility of the authorities to ensure that the patient is given a real opportunity to receive medical assistance. This cannot depend on the capacity or other priorities of the police.

[133] The police are responsible for escorting remand prisoners and the Correctional Service is responsible for escorting convicted prisoners. This problem did not exist for convicted prisoners.

Recommendations

- It should be ensured that patients are able to receive the services of medical specialists with whom appointments are made. If escorted visits to the specialist health service are cancelled by the police or the prison, inmates should be informed of this in writing to enable them to use their right of appeal. The health service should establish a system to register cancellations of escorted visits to the specialist health service.

13.7 Safeguarding of confidentiality by the health service

The CPT Standards for health services in prisons underline the importance of ensuring that inmates are able to communicate with medical personnel in a way that safeguards confidentiality, for example by using a sealed envelope.[134] The importance of the protection of medical information also stems from the Mandela Rules.[135] Inmates must be able to trust that their right to privacy will be respected.

In Oslo Prison, the system for contacting the healthcare department was through request forms collected in a medical book (see section 13.4 *Access to health services*). The healthcare department stated that inmates did not need to enter the reason why they wanted a consultation with a doctor. However, the request form contained a section in which inmates were asked to explain 'in detail what the request concerns'. Prison officers stated that there were instances when this information would be written on the request form, but was not transferred to the book. The forms contained a section which was to be signed by a prison officer. It was not clear whether the forms were submitted in envelopes.

The design of the forms means that inmates are in fact sharing personal medical information with a party other than the health service. Request forms for medical consultations must never be read by prison officers. Officers should ensure that medical request forms are always put in a sealed envelope by the inmate.

Interviews with inmates, staff and the health service revealed a risk that interpreters were being underused. The health service did not make frequent use of interpreters, and stated that this was partly due to financial prioritisations (see section 13.1 *Health department*). There had been instances when inmates or officers were used as interpreters. The healthcare department explained that this occurred exceptionally, and only in situations when inmates themselves had asked for this, or in situations deemed to be acute. The use of officers or other inmates as interpreters in medical consultations must not be permitted.[136] It is a cause for concern that the health service's use of interpreters was limited by financial reasons. This results in a clear risk that inmates will not receive the medical assistance they need.

[134] The CPT Standards, page 39, paragraph 34. Reference is also made to the CPT's visit to Denmark in 2014, [CPT/Inf (2014) 25], page 35, paragraph 53.
[135] The Mandela Rules, Rule 32 No 1 c.
[136] The Norwegian Directorate of Health's guide (January 2013) *Helse- og omsorgstjenester til innsatte i fengsel* ('Healthcare services for prison inmates'). IS-1971 (2013). Page 45.

Recommendations

- The prison should ensure that confidentiality is maintained about all consultations with the healthcare department's medical staff, including with the dentist, physiotherapist, psychologist and psychiatrist. The prison should ensure that request forms for medical consultations are always put in a sealed envelope. The section for the prison officer's signature on request forms for medical consultations should be immediately removed.
- The healthcare department should use qualified interpreters in all medical consultations where such a service is needed, and should never use officers or inmates as interpreters in medical consultations.

13.8 Procedures for the distribution of medication

Medication was prescribed by the prison doctors and distributed by the prison officers. The medication was handed out from dispensers, which had been prepared by the healthcare department. Officers who distributed medication had taken a medication course provided by nurses from the healthcare department. These courses were not held regularly, and officers found them to be brief and inadequate. There was therefore a risk that medication is being dispensed by prison officers who have not received adequate training. During the visit, it emerged that officers felt that they did not have the expertise they needed, and it was stated that there had been instances when inmates had not received the medication they should have, or had been given the wrong medication.

After its visit to Oslo Prison in 2018, the CPT recommended that ideally, medication should only be dispensed by medical personnel. As a minimum, lists should be drawn up of certain medication that must exclusively be dispensed by medical personnel (such as anti-psychotics).[137]

The medication dispensers were labelled with names, and showed which medication the inmates had been prescribed. The Parliamentary Ombudsman has previously criticised procedures which show staff other than medical personnel which medication inmates are taking.[138] The use of medication is confidential information between the inmates and the health service, and should not be shared with the correctional service. The current system, in which information about which medication is required by the inmates is written on the dispensers, constitutes a breach of the medical personnel's duty of confidentiality. Health service staff stated that the procedure had been developed upon recommendation from the pharmacy supervisor. However, the Parliamentary Ombudsman would like to emphasise that several prisons have systems in place that safeguard the inmates' right to protect their medical information.

Recommendations

- Prescribed medicines should preferably be distributed by qualified health-care staff. As a minimum the prison should ensure that all prison officers who hand out medication have completed a medication course, and that regular refresher courses are provided.

[137] CPT – report – 2018, page 40.
[138] See the Parliamentary Ombudsman's reports from visits to Telemark Prison, Kragerø and Skien branches, Tromsø Prison and Bergen Prison.

- In connection with the distribution of medication, the prison and the health service, in collaboration with a pharmacy supervisor, should ensure that medical information is not disclosed in a manner that is in breach of the duty of confidentiality for medical personnel.

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