SIVILOMBUDET
Norwegian Parliamentary Ombud

VISIT REPORT | no. 82

SUMMARY AND RECOMMENDATIONS

Indre Østfold prison, Eidsberg Department

April 9.–11. 2024

National Preventive Mechanism against
Torture and Ill-Treatment

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I. The Parliamentary Ombud's prevention mandate

The prohibition on torture and other cruel, inhuman or degrading treatment or punishment is established in several international conventions that are binding for 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. The same prohibition is also embodied 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 ratified all of these conventions.

People who have been deprived of their liberty are 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.

The protocol requires that states establish bodies to ensure that persons who are deprived of their liberty are not subjected to torture and other cruel, inhuman or degrading treatment or punishment.[1] The Parliamentary Ombud has established its own national preventive mechanism (NPM) in order to fulfil this mandate.

The Parliamentary Ombud has access to all locations where persons are or may be deprived of their liberty. These range from prisons and police custody facilities to mental health care institutions and child welfare institutions. Visits are conducted with or without prior notice. The Parliamentary Ombud also has access to all necessary information of significance for how deprivation of liberty is implemented.

The risk of torture or inhuman treatment is affected 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 focus exclusively on whether the situation complies with Norwegian law.

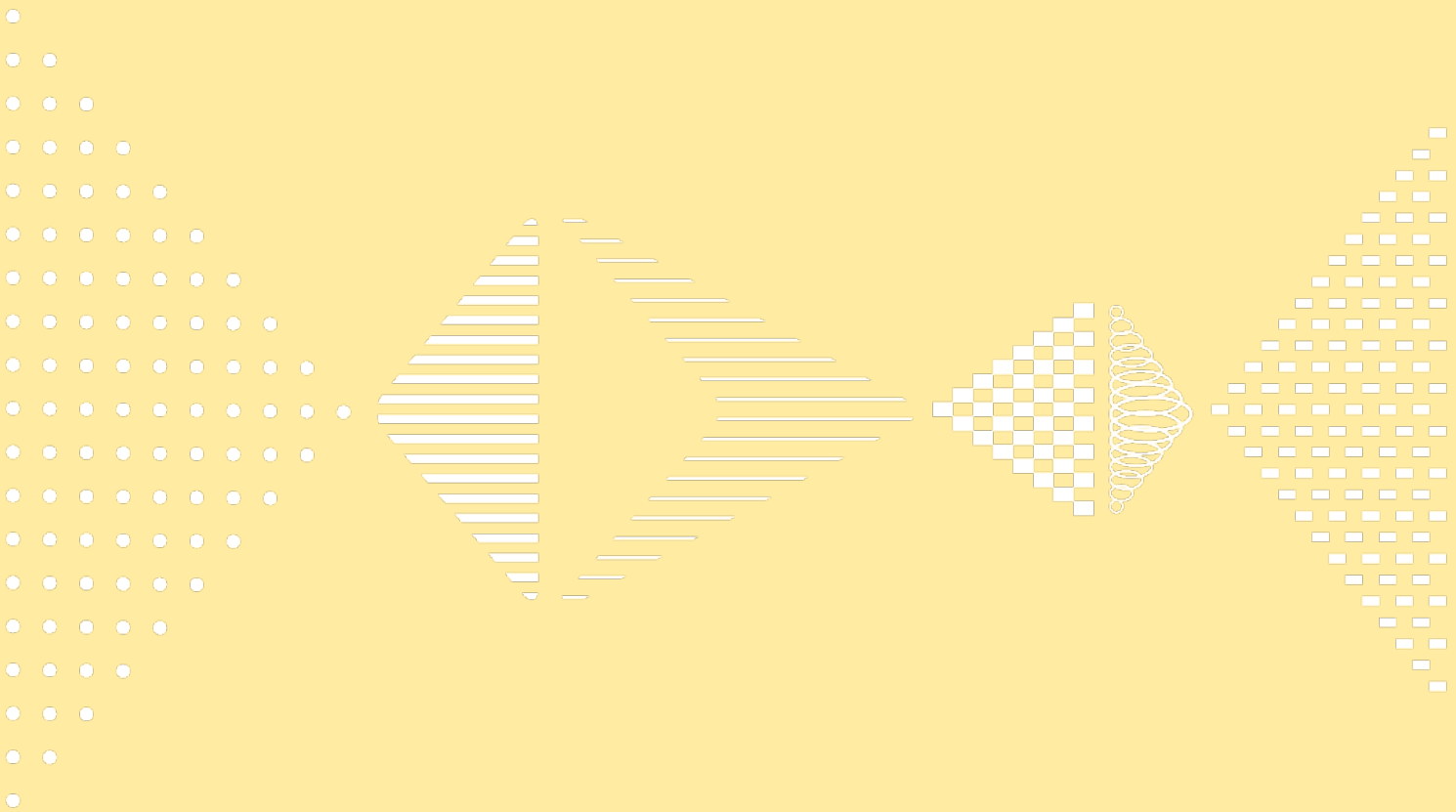
The Parliamentary Ombud’s assessments of conditions that pose a risk of torture and inhuman treatment are based on a broad range of sources. During the visits, the national preventive mechanism examines the conditions at the location through observations, interviews, and documentation reviews. Private interviews with persons deprived of their liberty is a particularly important source of first-hand information about the conditions. Interviews are also conducted with staff, management and other relevant parties and documentation is obtained to clarify the conditions at the location, such as guidelines, decisions, logs and health documentation.

After each visit, a report is written, describing findings and recommendations for how the facility in question can prevent torture and other cruel, inhuman or degrading treatment or punishment.

[1] Sections 1, 17, 18 and 19 of the Norwegian Parliamentary Ombud Act.
[2] UN Subcommittee on Prevention of Torture (SPT), Prevention Mandate Recommendations, 30 December 2010 CAT/OP/12/6.

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

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



II. Summary

The National Preventive Mechanism of the Parliamentary Ombud visited Indre Østfold Prison, Eidsberg Department (Eidsberg prison) from April 9 to 11, 2024. Eidsberg Prison is a high-security prison for men with 102 places. The prison is obligated to have a tailored offer for young inmates between 18 and 24 years. In addition, they have three places for minors, between 15 and 18 years. The places for minors are addressed in the Parliamentary Ombudsman's report "Children in Eidsberg Prison" (2024).

At the time of the visit, the prison had a very challenging resource and staffing situation, which greatly affected the conditions for the inmates.

Very limited daily activities and extensive lock-in over time
At the time of the visit, the prison did not have enough officers to operate at a normal rate. This had been the situation for several months. They had implemented a very intrusive lock-in regime in the communal units of the prison. The inmates in these units who did not have a job or school offer were locked alone in their cells for between 19 and 21 hours a day. At the time of the visit, this applied to up to two-thirds of the inmates.

The opportunity to work or go to school in the prison was very limited, even for the inmates who had a school or work slot. Generally, inmates only had access to two hours of work or school per day. The main reasons for this were small premises and lack of staff to escort the inmates to and from the activities.

The extensive lock-in of the inmates combined with the very limited daily activities led to a high risk of isolation damage and other negative consequences that reduced the opportunities for rehabilitation. During the visit, we met inmates who were clearly negatively affected by the lockdown. Several inmates felt broken down, resigned, and they withdrew from social settings.

Resource challenges led to inmates being isolated without a court decision or an exclusion decision from the prison. Such extensive lock-in for an indefinite period, without individual assessment and decision, poses a risk of inhuman or degrading treatment and is a disproportionate intervention in the inmates' right to social contact.

Weak follow-up of young inmates
The prison was required to have a tailored offer for young inmates aged 18-24. We found significant weaknesses in the follow-up of this group. During our visit, there were 18 young inmates in the prison, but only one officer in the youth team in addition to the department head and an associated psychologist. This staff member had been alone for an extended period and was also responsible for following up the inmates under 18 years placed in the prison.

It was also unclear how daily tasks should be distributed between the youth team, the prisons activity team, and other staff. Overall, it was clear that the prison's follow-up of young inmates was inadequate.

Limited use of interpreters
The visit revealed that the prison made very little use of interpreters to communicate with inmates who did not speak Norwegian or English. It appeared that interpreters were only used for announcements or conveying information from the court.

The lack of use of interpreters had significant negative consequences for individual inmates. We were particularly concerned about one inmate who had not had a proper conversation with anyone in the prison for many months due to language barriers. Such a situation creates a feeling of loneliness and insecurity. The inmate's need for information and conversation proved to be significant.

The Parliamentary Ombud is very concerned about the lack of use of interpreters in prisons and the significant consequences it can have for the inmates and the prison. Our findings showed that the risk in several cases had created serious situations and conditions that could have been avoided if interpreters had been used.

Inadequate follow-up by the prison of isolated inmates

The prison had an activity team that followed up inmates in a vulnerable situation, mainly in the age group 25 and older. They were also supposed to follow up those who were in full isolation from the court and inmates who were excluded for community for more than 72 hours.

Inmates who are isolated for more than 72 hours should have a weekly plan for daily meaningful human contact. The prison hade not prepared weekly plans for all inmates who should have one, and did not have good routines for registering deviations in cases where inmates did not receive a minimum of two hours of human contact. This posed a risk that the prison did not have a real overview of the actual degree of isolation.

We also found that several of the activities that were supposed to meet the requirement for meaningful human contact were activities inmates had to do alone. We also saw examples of police interrogations being registered as meaningful human contact. The Parliamentary Ombud finds this very disturbing. It is unreasonable to assume that such a situation is suitable to mitigate the risk of isolation damage. On the contrary, interrogations can contribute to increasing the psychological pressure on an inmate in isolation.

Inmates who were placed in the prisons restrictive unit (Unit A) without a decision about exclusion were not automatically followed up by the prisons activity team, even though they could be isolated for up to 22 hours a day and in some cases more. The extent of the lock-in depended on how many staff were on duty and whether they had to handle other tasks. Also, these inmates did not have individual weekly plans because the unit was considered a communal unit, despite the extensive lock-in and the fact that the inmates were often alone, even when they were locked out of their cells.

The Parliamentary Ombud states that the situation for inmates in the restrictive unit was such that the conditions for formal exclusion must be met for inmates to be placed in there.

Inadequate follow-up of isolated inmates by the health service

Healthcare personnel are supposed to follow up isolated inmates upon placement in isolation and then daily. During the visit to Eidsberg, we saw several examples that not all isolated inmates received daily follow-up by healthcare personnel.

As an example, we found one inmate who was under full isolation from the court for two weeks, who only received follow-up form healthcare personnel on eight out of 14 days. Another inmate who was under full exclusion from community for two weeks was only followed-up by healthcare personnel on four out of 14 days. In some cases, several days passed without health follow-up, including one

case where six days passed without contact between the inmate and healthcare personnel. We found no specific assessments on why daily supervision was not necessary.

In several supervision notes, there were no specific descriptions of the isolated inmate's health condition, and whether or how the isolation had affected the inmate. Lack of supervision can mean that a negative health development is not detected and addressed quickly enough, posing a risk to the patient safety of isolated inmates.

Insufficient capacity in the health department

At the time of the visit, the doctor was present one day a week. Several employees, both from the health department and from the prison's side, believed that this was not sufficient and pointed out that presence two days a week, in addition to availability by phone, would provide better continuity in health follow-up for the inmates, including faster access to medical consultations.

Østfold Hospital was responsible for outpatient specialist health services in mental health care and interdisciplinary specialized addiction treatment (TSB) in the prison. The outpatient clinic for adults in mental health care at the district psychiatric center northern Østfold (DPS) was supposed to have a 100% position for a resident psychiatrist or psychologist in the prison. This position had been vacant since August 2023. The lack of presence from DPS northern Østfold was clearly concerning. The prison, the health department, and DPS have a joint responsibility to ensure that the inmates receive the necessary health care.

III. Recommendations

Daily Activities

1. The prison should, as far as possible, ensure that all inmates have daily activities in the form of work or education.

Contact with the Outside World

2. The prison should strengthen inmates' opportunities for contact with the outside world. This especially applies to contact with friends and family, including in the afternoon and evening, through phone calls, video calls, and visits.

Follow-up of Young Inmates

3. The prison should ensure professionally sound follow-up and care for young inmates in line with their age, development, and maturity.
4. The prison should ensure that young age is considered in all decisions regarding inmates aged 18-24.

Limited Use of Interpreters

5. The prison should ensure that all inmates, regardless of language, have equal access to information and services.
6. The prison should provide an interpreter during the intake interview to all inmates who do not have sufficient language skills. An interpreter should also be used when important information is to be given or when inmates wish to communicate information to the prison. The offer and use of an interpreter should be documented.

Extensive Lock-in Over Time

7. The prison should ensure that all inmates who are not legally isolated can spend at least eight hours outside their cells each day and engage in meaningful activities, including on weekends.

Exclusion from Community with other Inmates

8. The prison should ensure that all decisions on exclusion from community give a detailed description of the reason for exclusion and what less intrusive means have been attempted, as well as why these are considered insufficient.

9. The prison should ensure that inmates who are deprived of work and/or leisure community and moved to a restrictive department have an exclusion decision.

Follow-up of Locked in and Isolated Inmates

10. The prison should strengthen its efforts to reduce the risk of isolation damage for all isolated inmates and ensure that any deviations are documented and systematically followed up.

Use of Security Cells

11. The prison should make written routines for the distribution of food and drink in security cells to ensure inmates are treated with respect and dignity.

12. The prison should ensure that all decisions on placement in a security cell clearly describe the reason for the placement and what milder less intrusive means have been attempted, as well as why these are considered insufficient.
13. The prison should improve its documentation routines for stays in security cells.
14. The prison should ensure a concrete assessment of the conditions for continued use of the security cell at least every six hours, and that the justification for this is documented.
15. The prison should ensure that staff supervising the security cell establish a dialogue with the inmate as early as possible to prevent the stay from lasting longer than strictly necessary.
16. The prison should implement measures to ensure that inmates who wish to contact a lawyer during their stay in a security cell can do so.

Use of Handcuffs During Presentation outside the prison

17. The prison should ensure that formal decisions are made when planned use of handcuffs is required. The decision must include a justification and be subject to appeal.

Prevention of Self-Harm and Suicide

18. The prison should ensure that inmates at increased risk of suicide and self-harm are met with evidence-based prevention measures, such as increased human contact, care, and activation.
19. The prison should ensure that isolation is not used to prevent or manage self-harm, suicide attempts, or suicide.

Organization and Cooperation in Health Follow-up

20. The prison, the municipality, and the hospital should cooperate to implement health-promoting measures for inmates to prevent and reduce negative health consequences due to the staffing situation in the prison.

Capacity and Competence in Health Follow-up

21. The prison, the municipality, and the hospital should together ensure that inmates have access to necessary health services within mental health care.
22. The hospital should quickly ensure a permanent on-site presence of outpatient DPS services in the prison.

Health Assessment

23. Indre Østfold municipality should ensure the assessment and evaluation of health needs upon intake and no later than within 24 hours, even outside the health department's opening hours. Assessment and evaluation of suicide risk should always be done upon intake.
24. Indre Østfold municipality should ensure the assessment of substance abuse issues, including measurements of vital parameters.
25. Indre Østfold municipality should ensure that injuries that may indicate violence or use of force are examined and documented and should have a camera available so that injuries can be documented with images in the medical record.

Health Follow-up of Minors and Young Inmates

26. Indre Østfold municipality should implement measures to ensure that minors and young inmates receive appropriate information and health care.

Medication Management

27. The prison and the municipality should together ensure systems for proper medication management, and the prison should ensure compliance with such systems.

Continuity in Health Follow-up

28. The prison, the municipality, and the hospital should together ensure continuity in the health follow-up of inmates. This includes using the municipality's overview of canceled/postponed presentations as a fixed topic in the tripartite cooperation and ensuring that coercive measures such as handcuffs do not hinder health follow-up.
29. Indre Østfold municipality should ensure that all inquiries from inmates to the health department receive a response, and that both are recorded in accordance with current routines.
30. Indre Østfold municipality should ensure the use of interpreters in conversations with healthcare personnel where inmates need it.

Health Follow-up of Isolated Inmates

31. Indre Østfold municipality should ensure daily supervision and follow-up of isolated inmates, if necessary, also outside regular working hours, including those who are locked in their cells for most of the day.

Inmates with Special Follow-up Needs

32. The prison and the health department should continuously assess the need for accommodations for inmates with extensive health and care needs to ensure that the accommodations are satisfactory, and that continued imprisonment is not irresponsible or degrading.

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