

EXECUTIVE SUMMARY

In the course of the visit, the delegation assessed progress in the implementation of the recommendations made by the CPT following the previous visit in 2011. It paid particular attention to the safeguards against ill-treatment and the detention conditions of persons in police custody and immigration detention. Other matters reviewed included prison health care and the situation of prisoners who are subjected to court-ordered full isolation or complete exclusion from company as a security measure. In addition, the delegation carried out targeted visits to a psychiatric hospital and, for the first time in Norway, to a nursing home.

The co-operation received throughout the visit was excellent at all levels.

Police custody

The delegation visited Bergen, Bodø and Oslo Police Headquarters and interviewed many persons who were or had recently been detained by the police. As during previous visits, the delegation did not receive any allegations of deliberate physical ill-treatment or verbal abuse by police officers. On the contrary, the overwhelming majority of those interviewed stated that they had been treated correctly by the police.

As regards the implementation in practice of the fundamental safeguards against police ill-treatment, namely the right of notification of custody and the rights of access to a lawyer and a doctor, the delegation gained a generally positive impression. That said, the CPT notes with concern that detained persons without financial resources still did not under all circumstances have access to an *ex officio* lawyer, free-of-charge, from the outset of deprivation of liberty. Further, the Committee recommends that the Norwegian authorities carry out a complete overhaul of the existing information sheets for persons deprived of their liberty under criminal or police legislation.

The delegation also examined the Norwegian model of investigative interviewing by the police, which aims at obtaining from criminal suspects accurate and reliable information rather than a confession. In the CPT's view, this model represents an example of good practice. That said, the Committee expresses its concern that some provisions of the criminal legislation, which may provide incitements to confess, could run counter to the paradigm of investigative interviewing. It welcomes the commitment of the Norwegian authorities to review the provisions concerned.

Material conditions of detention were good at Oslo Police Headquarters and generally acceptable at Bodø Police Headquarters. In contrast, conditions were clearly substandard at Bergen Police Headquarters where many cells were extremely small (i.e. measuring less than 5 m²) and poorly ventilated. The CPT recommends that the Norwegian authorities implement as a matter of priority the existing plan to construct a new police detention facility in Bergen.

Trandum Police Immigration Detention Centre

The follow-up visit to Trandum Police Immigration Detention Centre confirmed previous positive findings regarding the treatment of foreign nationals by custodial staff, with no detainee alleging any form of ill-treatment.

Material conditions were of a high standard in the Centre, which had been considerably enlarged since the 2011 visit. It is noteworthy that all detention rooms had been equipped with a television and a radio.

Within ordinary detention units, foreign nationals benefited from an open-door regime for most of the day and the establishment also comprised a very well-equipped activity centre. That said, as compared to 2011, access to the activity centre was no longer offered daily, lock-up periods were slightly longer, and association with other detainees was limited to fellow-inmates from the same unit. It is particularly regrettable that outdoor exercise had been limited to an hour and a half per day. The CPT encourages the Norwegian authorities to further develop the regime activities, in particular, for foreign nationals detained for prolonged periods.

Whilst welcoming the daily presence of nursing staff, the CPT notes with concern that several specific recommendations made after the 2011 visit regarding the provision of health care have not been implemented. In particular, medical screening upon admission was still not always conducted promptly and often did not include a physical examination of the person concerned. Further, the Committee recommends that a needs assessment be carried out by the management with a view to reinforcing the provision of psychological/psychiatric care to foreign nationals.

As regards security measures, the CPT recommends that every placement of a foreign national in the security unit (Unit S) as well as every use of a body cuff be recorded in a dedicated register. Further, the CPT considers that the systematic practice of handcuffing and strip-searching all foreign nationals during/after every movement outside the Centre is clearly disproportionate and unacceptable.

Prisons

The delegation carried out full visits to Bodø and Ullersmo Prisons, as well as targeted visits to Bergen, Ila and Oslo Prisons. At Bergen, Oslo and Ila Prisons, the delegation mainly focused on prisoners subjected to restricted regimes. At Bergen and Oslo Prisons, it also interviewed remand prisoners.

The delegation did not receive any allegations of physical ill-treatment or verbal abuse by prison staff in any of the prisons visited, and inter-prisoner violence did not seem to be a major problem.

Material conditions were of a high standard in the prisons visited. That said, at Ullersmo Prison, a number of prisoners, who were accommodated in cells without in-cell sanitation, complained about problems accessing the toilet during the night.

The CPT is pleased to note that, at Bodø and Ullersmo Prisons, the vast majority of both remand and sentenced prisoners were engaged in a variety of purposeful out-of-cell activities for most of the day. However, at Bergen Prison (Block A), a number of sentenced prisoners, who were not subjected to any formal restrictions and who, according to the management, did not pose a security risk, were nevertheless locked up in their cells for 22 to 23 hours per day (with only one hour of outdoor exercise), without being offered any purposeful activities. A few prisoners had been held for several years in a *de facto* solitary-confinement-type regime. Such a state of affairs is not acceptable. In the aftermath of the visit, the Norwegian authorities provided information on the initial steps taken to improve the situation of the prisoners concerned.

As regards the specific situation of prisoners subjected to complete exclusion from company as a security measure or to court-ordered full isolation, the CPT notes that the frequency of the actual imposition of such measures was relatively low and usually for a limited duration. Legal safeguards surrounding these measures existed and were duly implemented, with prisoners receiving a reasoned and individualised decision in writing, as well as information on appeal procedures. As far as the delegation could ascertain, placement decisions were reviewed in a timely manner.

The CPT welcomes the considerable efforts made by the Norwegian authorities at Ila Prison to provide prisoners subjected to *complete exclusion from company under Section 17, paragraph 2, of the Execution of Sentences Act (ESA)*, with a range of purposeful activities and meaningful human contact. To this end, a 'Resource Team' had been created in 2014, with a view of to improving the quality of life of prisoners with mental disorders who were subjected to prolonged exclusion from company, and to prevent them being held in isolation. Notwithstanding these efforts, the CPT notes with concern that some of the prisoners were suffering from serious mental disorders and thus had great difficulties in coping with life in prison. Both the management of Ila Prison and staff of the Resource Team stressed the urgent need to find a more sustainable solution for prisoners with severe mental disorders by creating a high-security facility where the prisoners concerned are provided with appropriate treatment and psycho-social care.

As regards prisoners subjected to *complete exclusion from company under Section 37 of the ESA*, possibilities to associate with fellow inmates or to take part in activities varied significantly from one establishment to another. In this regard, the situation was more favourable at Ullersmo Prison than at Ila Prison where the regime of such prisoners was impoverished and human contact limited. It is a matter of particular concern that, at Bodø, Ila and Ullersmo Prisons, remand prisoners subjected to *court-ordered full isolation under Section 186a of the Criminal Procedure Act* were usually locked up in their cells for 22 hours per day, had very limited contact with staff and were offered one hour of outdoor exercise (alone) and access to a fitness room (alone) for one hour. Consequently, most remand prisoners under court-ordered isolation were held in solitary confinement. Given the potentially harmful effects of such a regime, the CPT recommends that the Norwegian authorities take the necessary steps to ensure that prisoners subject to complete exclusion from company or to court-ordered full isolation benefit from a structured programme of purposeful and preferably out-of-cell activities and are provided, on a daily basis, with meaningful human contact. The aim should be that the prisoners concerned benefit from such contact for at least two hours every day.

As regards the provision of health care, several shortcomings identified during the 2011 visit regrettably persisted. In particular, it remained the case that the medical screening of newly-arrived prisoners was often limited to an interview without a proper physical examination of the person concerned, and the recording and reporting of injuries to an outside body also remained deficient. It is a matter of serious concern that the delegation once again observed major problems in the prisons visited in transferring severely mentally-ill prisoners to psychiatric hospitals. The CPT urges the Norwegian authorities to implement as a matter of priority the long-standing plan to construct a new regional psychiatric security department in the Oslo area.

In the report, the CPT also formulates a number of specific recommendations regarding various other issues (such as discipline, placement in security cells, use of restraint beds, the situation of foreign prisoners and complaints procedures).

Psychiatric establishments

The delegation carried out a targeted visit to the Psychiatric Clinic of Haukeland University Hospital in Bergen, where it focused mainly on the legal procedures and safeguards in the context of involuntary placement, involuntary treatment and the use of means of restraint.

Overall, the delegation gained a very positive impression of the Clinic. The establishment provided a calm and caring environment for patients, and staff seemed to be very committed. In particular, the delegation received no allegations of physical ill-treatment or verbal abuse of patients by staff, and many patients spoke very positively about the staff.

Material conditions in the entire Clinic were of a very high standard. Patients were accommodated in clean, spacious and well-equipped single-occupancy rooms. That said, following the closure of one ward (S2) in January 2018, the acute wards (PAM 1 and PAM 2) were frequently operating above their official capacity. As a consequence, it was not uncommon for patients to be compelled to sleep overnight in the corridor. The CPT recommends that measures be taken to prevent any recurrence of this practice.

Given that the number of instances of resort to means of restraint has drastically increased in the Clinic in recent years, the CPT recommends that a comprehensive policy on restraint be developed and implemented at the Clinic and, where appropriate, in other psychiatric establishments in Norway. Further, the delegation observed a number of shortcomings regarding the use of restraint measures (in particular, the supervision of patients subjected to mechanical restraint or seclusion not always being continuous, incomplete recording, no systematic debriefing). A number of specific recommendations have been formulated in this regard.

From the examination of numerous patients' files and interviews with patients and staff, it transpired that procedures for involuntary placement and involuntary treatment were generally carried out in accordance with the above-mentioned legal requirements. That said, the CPT recommends once again that the Norwegian authorities take the necessary steps – including at the legislative level – to ensure that, in all psychiatric establishments, decisions on involuntary hospitalisation are always based on the opinion of at least one qualified psychiatrist.

Social welfare establishments

The delegation visited Os Nursing Home (in the vicinity of Bergen). As it emerged from interviews with residents and staff that no resident was *de iure* or *de facto* deprived of his/her liberty, a decision was taken on the spot not to carry out a comprehensive visit but to focus only on particular issues.

The CPT wishes to stress that its delegation received no allegations of ill-treatment or disrespectful behaviour of staff. On the contrary, all residents interviewed spoke positively about the manner in which they were treated by staff, and they expressed great satisfaction with the care provided to them.

Living conditions in the nursing home were excellent in all respects. Whilst acknowledging that the level of use of means of restraint in the nursing home was very low and usually only consisted of holding an agitated resident for a short while, the CPT nonetheless recommends that, in all nursing homes in Norway where persons may be placed on an involuntary basis, every instance of restraint of a resident (manual control, mechanical or chemical restraint and shielding) be recorded in a specific register.