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Item 7. The CPT calls upon the Norwegian authorities to take the necessary steps to ensure that also during future visits its delegations will enjoy ready and unrestricted access to the medical files of all persons deprived of their liberty in the establishments under the Committee's mandate, thereby guaranteeing the full implementation of the Convention's provisions.

Response:

As stated in conjunction with the Committee's visit in 2018, Norway contends that the obligation to provide the Committee with available information is without prejudice to national rules of confidentiality. Both Article 8, paragraph 2, sub-paragraph (d) of the Convention and paragraph 64 of the Explanatory Report to the Convention acknowledge that member States have different rules concerning disclosure of information, and it is stated that the Committee shall take such rules into consideration when seeking information. Rules relating to medical confidentiality are explicitly mentioned in paragraph 64 of the Explanatory Report. However, Norway's confidentiality rules did not prevent the Committee from receiving any information it requested during its visits to Norway in both 2018 and 2024. It is our view that, under the current regulations, we can arrange for the Committee to receive any information it requires in order to perform its important duties during future visits too.

Item 9. The CPT trusts that the Norwegian authorities will pursue their efforts and take steps to implement the recommendations set out in this report, in order to further improve the situation of persons deprived of their liberty and enhance their protection against ill-treatment.

Response:

We assure the CPT that all recommendations in the Committee's report will be carefully considered. We remain committed to amending rules and altering practices with the aim of improving the situation of persons deprived of their liberty**.**

Item 10. The CPT would like to be informed if the prisoner who is currently detained in Bredtveit prison has undergone a psychiatric assessment since the delegation's visit and, if so, what the outcome was of such assessment.

Response:

Following the CPT's visit to Skien prison, the South-Eastern Norway Regional Health Authority has followed up the cases with regular updates, meetings and other dialogue with the Correctional Service both locally and at the regional level, as well as with relevant health institutions.

The prisoner has been transferred to Bredtveit prison's high security department, which is currently located at Romerike prison. Here, she has received a thorough assessment and treatment from a local specialist health service from Akershus University Hospital (AHUS), at the prison psychiatric outpatient clinic, Department of Special Psychiatry. She is followed up regularly by her therapist in the prison. She has cooperated well, and it has been assessed that there has been no need for admission. She responded well to treatment and has recently been part of the

unit that provides facilities and space for common activities between prisoners and staff. In light of these assessments, a potential application to reopen her conviction is currently being considered.

The CPT would like to be informed when the beds in the Trondheim psychiatric hospital will be available for these two prisoners.

Response:

The second prisoner has been sentenced to compulsory care and was transferred to the Central Professional Unit in Trondheim on 17 December 2024. It is currently being assessed whether she can apply for a reopening of her conviction.

The third prisoner remains in Skien prison. The challenge in this case is that she refuses to receive health care and wishes to neither receive admission nor follow-up by the specialist health service. Neither her diagnosis, nor her state of health indicates that there is a basis for making a compulsory mental health care order following the assessments made by the local specialist health service. Both the local specialist health service from Telemark Hospital HF and the Regional Security Department (RSA), have been involved in the case and made assessments following the CPT's visit. The RSA knows the prisoner in question very well from previous long-term admission there. On 24 January 2025, a collaboration meeting was held in the prison in which both the local specialist health service and the RSA participated. It is planned that the RSA will continue to follow up the prisoner through providing guidance to the prison staff. In the South-Eastern Norway Regional Health Authority's assessment, there are no other relevant alternatives that can currently be provided by the specialist health services. We will continue to follow up the prisoner closely in collaboration with the Norwegian Correctional Service. The National Reinforced Community Unit (NFFA) in Skien prison is scheduled to be operational in the beginning of 2026, and it is hoped that this prisoner will be able to be transferred there.

Item 18. The CPT was informed that no changes had been made to the relevant instructions, rules and regulations since the CPT's previous visit in 2018. Therefore, the observations of this Committee in respect of the fundamental safeguards against torture or inhuman or degrading treatment or punishment made during the CPT's 2018 visit to Norway remain valid, most notably as regards delayed access to a lawyer for indigent criminal suspects.

It is regrettable that the Norwegian authorities have decided against amending the relevant legislation. Whilst the fundamental safeguards in place may be sufficient from the perspective of due process, as regards the prevention of torture and ill-treatment, the system remains less than impermeable. In particular, the cumulative effect of delayed access to a lawyer for indigent criminal suspects and the non-recording of visible injuries upon admission to a police station (See paragraph 24 below), may lead to a situation where incidents of police violence are missed. Here it should be considered that, as in 2018, the CPT observed that the medical screening upon entry to prison is not geared towards detecting cases of police ill-treatment. (See paragraph 110 below). The same observation could be made as regards the medical screening upon entry into a centre for the detention of foreigners. (See paragraph 52 below). This further enhances the risk of cases of ill- treatment escaping the attention of the Norwegian authorities.

The CPT fully acknowledges that, once again, its delegation did not receive any credible allegation of ill-treatment by police and that national monitoring bodies do not have findings

which differ from those of the CPT. However, in its role as a preventive mechanism, it is this Committee's duty to remind the Norwegian authorities that no society is immune to police ill-treatment and, in its experience, the period immediately before and directly following deprivation of liberty is when the risk of intimidation and physical ill-treatment is greatest. Consequently, the possibility for persons taken into police custody to have immediate access to a lawyer during that period is a fundamental safeguard against ill-treatment. The existence of that possibility will have a dissuasive effect upon those minded to ill-treat detained persons; further, a lawyer is well placed to take appropriate action if ill-treatment actually occurs. The CPT would like to receive the comments of the Norwegian authorities on the above.

Response:

Pursuant to the Criminal Procedure Act, Section 98, first paragraph, a defence lawyer shall, as far as possible, be appointed – at public expense – for a person who is charged and arrested 'as soon as it is clear that he will not be released within 24 hours of the arrest'. Pursuant to a circular issued by the Director of Public Prosecutions (RA-2006-4), this rule shall be strictly enforced. If it is clear at the time of the arrest that the accused will not be released within 24 hours, a lawyer shall be appointed immediately. If the person charged was under 18 years of age at the time of the offence, the time limit is within 12 hours of the arrest. The right to have a defence lawyer appointed pursuant to Section 98, first paragraph of the Criminal Procedure Act applies regardless of the severity of and the sentencing framework for the offence(s) of which the accused is suspected. The right to a defence lawyer at public expense is without prejudice to the defendant's right pursuant to Section 94 of the Criminal Procedure Act to have the assistance of a defence lawyer of his own choice, and at his own expense, at every step of the case.

In 2016, an expert committee – the Committee on Criminal Procedure – presented its proposal for a new Criminal Procedure Act; see NOU 2016: 24 *Ny straffeprosesslov* ['The New Criminal Procedure Act']. The Committee proposed, inter alia, amendments to the rules on appointing a public defence counsel in connection with arrests and police interviewing. The Committee's proposal is still under consideration by the Ministry. Any relevant recommendations from the CPT will be taken into account in conjunction with the future follow up of the proposal.

We would also like to stress that the Director of Public Prosecutions has recently issued guidelines for police interviews of children and particularly vulnerable persons that are classified as suspects in criminal cases (the Director of Public Prosecutions' publication series 1/2023). The guidelines emphasize, inter alia, that as a general rule, a defence counsel should be appointed in connection with interrogations in cases of a certain seriousness.

It is our opinion that the current legal framework in Norway is adequate to protect indigent criminal suspects from ill-treatment. We do however take note of the CPT's reflections. It is a valid observation that the perspective of due process can have a stronger impact than the prevention of ill-treatment in some of our considerations when developing new rules.

Item 21. The CPT recommends once again that the Norwegian authorities take the necessary steps to ensure that all detained persons effectively benefit from the right of notification of custody from the very outset of their deprivation of liberty, facilitated by the police as necessary, including by retrieving phone numbers from confiscated mobile phones, and that the application of any exception in a given case should be notified to the detained person concerned.

Further, the CPT recommends once again that the Norwegian authorities take the necessary steps to ensure that the right of notification of custody also applies in practise to detained persons whose next of kin or other relevant persons reside outside Norway.

Response:

New national arrest instructions were issued by the National Police Directorate (NPD), which came into force on 1 September 2024. A draft of the instructions were shown to the CPT during its visit in May 2024. The new national arrest instructions address the various concerns pointed out by the CPT.

Procedures for notification to relatives/family as well as to embassies for foreign citizens are outlined in chapter 6 of the arrest instructions. The police are now required to notify relatives of foreign nationals who are located in other countries.

It is a matter of concern that the CPT met foreign citizens who claimed that they had not been allowed to contact a third person of their choice. The National Police Directorate expects that the provisions in the new national arrest instructions will be followed, and that notification will be carried out as described therein. This will be a topic for future inspections.

Item 23. The CPT recommends once again that all persons deprived of their liberty by the police have access to a lawyer, whether private or state funded, from the outset of their detention. Further, the Committee would like to receive information as to the eligibility for an *ex officio* lawyer of persons deprived of their liberty under the provisions of the Immigration Act.

Response:

The Norwegian Immigration Act contains provisions to protect foreign nationals who are deprived of their liberty.

Pursuant to the Immigration Act Section 99, a coercive measure may only be used when there is sufficient reason to do so. A coercive measure may not be used when doing so would constitute a disproportionate intervention in light of the nature of the case and other circumstances. The conditions for the right to apprehend and detain a foreign national are set out in the Immigration Act, Section 106 et seq.

Pursuant to The Immigration Act Section 92, the court shall appoint a legal counsel before hearing a request for detention of a foreign national, at no cost for the person in question. Wherever possible, legal counsel shall be appointed as soon as it becomes clear that an apprehended foreign national will not be released, removed or presented for detention by the end of the second day after apprehension. A foreign national who is apprehended or detained has the right to unmonitored written and oral communication with his legal representative. The court decides when the appointment of the legal counsel shall end.

Foreign nationals who are apprehended may also receive free legal advice in a prior or parallel immigration case, depending on the nature of the case. A foreign national may seek privately funded legal advice at an earlier stage than that which triggers the right to free legal counsel.

As regards persons detained during police investigation, we refer to the response in item 18 above.

Item 24. The CPT recommends that the Norwegian authorities take the necessary steps to ensure that in case of visible injuries on a person to be admitted to a police detention facility a record is drawn up by a medical doctor, containing:

- **i) an account of statements made by the person which are relevant to the medical examination (including their description of their state of health and any allegations of ill-treatment);**
- **ii) a full account of the objective medical findings based on a thorough examination supported by a "body chart" for marking traumatic injuries and, preferably, photographs of injuries; and,**
- **iii) the healthcare professional's observations in the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.**

A special trauma register should be kept, in which all types of injury observed should be recorded. Further, the CPT recommends that procedures be put in place to ensure that whenever injuries are recorded which are consistent with allegations of ill-treatment made by the detainee concerned (or which, even in the absence of an allegation, are clearly indicative of ill-treatment), the record is systematically brought to the attention of the competent prosecuting authorities.

Response:

We understand the CPT's concern, however we do not currently see the need to make it obligatory to always call a doctor if a detained person has medically insignificant injuries and does not request a doctor.

Pursuant to section 14 of the instructions, if a detainee claims to have been subjected to a criminal act or reprehensible behaviour during a deprivation of liberty, or there may be suspicion of such circumstances for other reasons, staff at the detention facility must, notify their immediate superior without delay.

Item 26. The CPT recommends that the Norwegian authorities ensure that information leaflets setting out rights of detained persons, including for persons detained under the Immigration Act, are available throughout the country, and that these leaflets are handed out to persons detained by the police upon arrival in the police station. These information leaflets should contain updated and accurate information and have been written in manner which makes them easy to understand. Detained persons who are unable to read the information leaflet or understand its contents receive appropriate assistance including, where necessary, using alternative modes, means and formats of communication.

Response:

The National Police Directorate has published an information leaflet on the rights of detainees. The leaflet has been translated into 40 different languages and is available throughout the

country. It is given to persons deprived of their liberty as quickly as possible following their detention. Please see the attachment.

Item 30. The CPT would like to receive information from the Norwegian authorities whether the amendments to the Criminal Procedure Act and/or the instructions include the matters referred to in paragraph 29 above.

Response:

No amendments have been made to the Criminal Procedure Act and/or instructions regarding the matters referred to in paragraph 29. In Norway, there is a principle that the court shall establish the facts based upon a free evaluation of the evidence. The accused has no obligation to testify or provide a statement, neither to the court nor to the police. Before the examination, the suspect shall be informed of their right to remain silent. The Criminal Procedure Act, section 93, second paragraph, states that if the person charged refuses to answer, or gives a non-committal answer, the presiding judge may inform them that this may be considered in their disadvantage. The same applies under the statement to the police, cf. Section 232, second paragraph. In a circular issued by the Director of Public Prosecutions (RA-2016-2), it is stressed that the police must not use promises, false information, threats, coercion, or means that impair the suspect's consciousness or ability to self-determination when carrying out their duties. Whether any refusal to answer or non-committal answers provided are in fact given weight in the evaluation of evidence is determined by the court depending on the circumstances of the case and in light of all of the available evidence.

Item 37. The CPT would like to receive an update on the status of the transfer of responsibility for healthcare to the municipality. Further, the Committee would like to be informed about the timing of the creation of a healthcare centre within the Trandum facility.

Response:

On January 1, 2025, the healthcare services became municipal. The municipality where the immigration detention centre is located is thus responsible for providing health and care services to the detainees being held at Trandum. This responsibility is regulated by the Health and Care Services Act. Municipalities are free to decide how they organize the services.

As regards the creation of a healthcare centre in Trandum, construction work is ongoing. The aim is for the healthcare centre to be ready by summer 2025. In the meantime, health services for detainees are provided at the existing facilities in Trandum.

Item 38. The Committee would like to receive updated information as to the transfer of responsibility of immigration centres operating in Norway from the police to the correctional services.

Response:

The potential transfer of responsibility from the police to the correctional services is under consideration by the Ministry of Justice and Public Security. No decision has been made yet. However, the National Police Immigration Service (NPIS) has launched a project to review all

aspects of operations in relation to the overall security framework at the Trandum detention centre. The project was initiated in November 2024 and will finish in June 2025. Recommendations made as part of the project are continually being followed up.

From July to December 2024, no detainees had remained at the detention centre for more than six months.

The CPT has stated that the total amount of police officers at the detention centre at the time of its visit was 195 (reference is made to paragraph 60 in the CPT's report). We apologize that the documentation sent after the visit provided the wrong impression of the total number of employees. The correct number is 104.

Item 44. the CPT recommends that the Norwegian authorities take the necessary measures to remove the prison doors of the rooms of the normal accommodation areas, and to replace them with normal doors, lockable from the inside.

Response:

The doors serve both as fire doors and as necessary security measures to keep the rooms locked at certain times. The National Police Immigration Service has ordered new locks for the existing doors that will allow those staying in a room to lock and unlock their doors themselves, both from the inside and the outside. Staff will still have the ability to override the lock when needed.

Item 49. The Committee recommends that the Norwegian authorities take measures to end the practice of locking detained foreign nationals inside their room and to ensure that an open-door regime is implemented. Further, the CPT recommends that the Norwegian authorities take measures to ensure that all foreign nationals be granted more frequent, and preferably daily access to the activity centre, and that those detained for prolonged periods are provided with a wider range of purposeful activities (such as educational, music and arts and craft activities).

Response:

We refer to the response to item 44 concerning door locks. Improving the range of activities for the detainees and the time they can spend at the activity centre is one of the topics being considered by the ongoing project.

Item 50. Efforts should be undertaken to ensure that nurses are present at the Trandum Detention Centre seven days a week.

Response:

The municipality in which the immigration detention centre is located is responsible for providing health and care services to the detainees. This responsibility is regulated by the Health and Care Services Act. Municipalities are free to decide how to organize these services.

Item 53. The Committee recommends that the Norwegian authorities take the necessary steps to ensure that the intake medical screening includes possible signs of mental disability, vulnerability and previous experience of traumatisation, violence or abuse (including torture, sexual and other gender-based violence or human trafficking), and that signs of injury are duly recorded, including:

- an account of statements made by the person which are relevant to the medical examination (including the description of their state of health and any allegations of ill- treatment made by them);

- a full account of objective medical findings based on a thorough examination;

the healthcare professional's observation in the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.

The record should also contain the results of additional examinations performed, detailed conclusions of the specialized consultations done and treatment applied for the injuries or any further procedures conducted.

Recording of the medical examination in cases of injuries should be made on a special form provided for this purpose, with "body charts" for marking injuries that will be kept in medical file of the foreign national. Injuries should be photographed and the photographs filed in the medical record of the person concerned. In addition, documents should be compiled systematically in a special trauma register where all types of injuries should be recorded.

Whenever injuries are recorded by a healthcare professional which are consistent with allegations of ill-treatment made by a foreign national (or which, even in the absence of allegations, are indicative of ill-treatment), the report is immediately and systematically brought to the attention of the relevant investigative authority.

The healthcare professional should advise the foreign national concerned that the writing of such a report falls within the framework of a system for preventing ill-treatment, that this report automatically has to be forwarded to a clearly specified independent investigative authority and that such forwarding is not a substitute for the lodging of a complaint in proper form. The results of every examination, including the above-mentioned statements and the healthcare professional's opinions/observations, should be made available to the foreign nationals and to their lawyer.

The same procedure should be followed after a violent incident within the establishment or whenever a foreign national is brought back to the Centre after a failed removal.

The national authorities should offer special training to healthcare professionals on the manner in which medical screening of foreign nationals is to be performed, on the recording of any injuries observed and on the reporting procedure.

Response:

At the time of the Committee's visit, healthcare services were provided by a private medical firm and nurses employed by the immigration unit. From January 1, 2025, the responsibility for healthcare services at the Police Immigration Unit became a statutory duty for the municipalities in which the units are located. Ullensaker municipality is responsible for providing healthcare services to detainees and has been asked to consider the Committee's input to ensure proper follow-up.

Item 55. The CPT therefore recommends that the direction of Trandum Detention Centre ceases the use of padded helmet and body-cuff on persons presenting a risk of suicide or self-harm. The Committee recommends putting an end to a security driven approach to self-harm management

in Trandum Centre, in light of the precepts mentioned above, including by having healthcare staff systematically visit the person immediately after arrival at the centre and whenever risk of self-harm is identified.

Response:

NPIS disagrees with the description in the report on the use of padded helmets and body cuffs, and on how detainees are treated when they are under restrictions pursuant to the Immigration Act Section 107 (5).
Body cuffs and padded helmets are only used as a last resort. Staff will always spend time with the detainees, talking and motivating them to minimize the need to use body cuffs and padded helmets when they are placed in the security wing. It is therefore not necessary to use body cuffs or padded helmets for most of the detainees held at the security wing.
To illustrate the low number at the detention centre in 2024, body cuffs were only used in one case.
If it is considered necessary to use a body cuff or padded helmet, staff will always stay in the cell with the detainee. Medical staff will visit the detainee in the cell as soon as possible. This is also clearly stated in the local standard procedure.

Item 56. The CPT recommends that the Norwegian authorities take the necessary measures to offer psychological support at the Trandum Detention Centre, including through the regular presence of a psychologist in the Centre.

Response:

The municipality in which the immigration detention centre is located is responsible for providing health and care services to the detainees. This responsibility is regulated by the Health and Care Services Act. Municipalities are free to decide how to organize these services.

Item 57. The Committee recommends that the Norwegian authorities undertake steps to ensure that the house rules of Trandum Detention Centre are made available in a wider range of languages commonly spoken by detained foreign nationals. In addition, the CPT recommends that the Norwegian authorities review the information brochure distributed to the detained person to set out information in a way so that the persons are informed of their rights, in a language and manner that they can understand and in an accessible format. To this end, the CPT invites the authorities to make use of illustrations in the brochure.

Response:

The National Police Immigration Service will take the recommendation into consideration in the ongoing project mentioned in item 38 above.

Item 59. The Committee recommends that the Norwegian authorities ensure that asylum seekers are not interviewed by government representatives from their country of origin.

Response:

It is not correct that detainees with ongoing asylum cases are interviewed by representatives from their country of origin. According to the Immigration Act Section 83 (2) "A foreign national may not

be ordered to assist in clarifying his or her identity in a manner which comes into conflict with a need for protection". Only if an application for protection is rejected, and the obligation to present necessary documentation has not been met, will detainees be interviewed by representatives from their country of origin.

Item 62. The Committee is of the view that the practice of systematically performing strip searches upon placement in the security unit is an excessive security procedure and recommends that it be discontinued. Further, the Committee encourages the Norwegian authorities to provide Trandum Detention Centre with a body scanner which exists in other detention settings.

Response:

NPIS disagrees with the description of the systematic use of strip searches upon placement in the security unit. Body searches are only conducted when the conditions set out in the Immigration Act section 107 (4) are met, and when it is not considered disproportionate.
The National Police Immigration Service has decided to purchase body scanners, and the procurement process is ongoing.

Item 68. the CPT recommends that the Norwegian authorities take measures to ensure that the imposition of security measures in immigration detention centre is used proportionally, as foreseen by Norwegian law and regulations

Response:

The National Police Immigration Service disagrees with the description that placement in the security wing is used as "de facto disciplinary sanctions". The recommendation by the CPT will however be taken into consideration in connection with the training of staff. Amongst other things, the training aims to improve the staff's skills at documenting the use of security measures.

Item 69. The CPT has misgivings about the practice of carrying such devices (pepper spray, handcuffs and batons) within immigration detention areas and therefore recommends that the Norwegian authorities ensure that the procedures in place at Trandum Detention Centre are appropriate to administrative detention. In particular, pepper spray and batons should not be carried by staff inside the facility. Applicable laws and regulations should be amended accordingly.

Response:

The National Police Immigration Service will take the recommendation into consideration as part of the review of the overall security framework in the ongoing project.

Item 70. The CPT encourages the Norwegian authorities to develop policies and procedures which will allow detained foreign nationals held in detention immigration centres to keep, or at least have more regular access to, their own mobile phones, including access to the internet for telephone calls free-of-charge

Response:

Access to mobile phones and the internet are issues which are addressed in the ongoing project mentioned in our response to item 38 above.
Since the CPT visited the detention centre in 2024, there has been an increase in the time for free calls for detainees. Since December 2024, the call time has been adjusted from 105 minutes to 300 minutes, and an upper limit for costs related to call time is set at NOK 1,200. In January 2025, the cost limit was adjusted so that detainees can call for up to NOK 1,600, still within a call time of 300 minutes. The adjustment was made because the limitation of NOK 1,200 in practice reduced the call time to less than 105 minutes for those who called a great deal to countries with high rates.

Item 71. While it welcomes the installation of internet to be used by detained foreign nationals, the CPT wishes to receive additional information from the Norwegian authorities as to whether limitations to sites have been imposed. In addition, the CPT recommends that the Norwegian authorities take measures to allow for frequent access to the internet, preferably daily, to persons held in immigration detention centres.

Response:

Access to the internet is offered to detainees following individual assessments. No specific restrictions have been placed on the use of social media once access has been granted, which means that detainees have access to all web-based social media and communication platforms. Software for the most common services for video calls is available on the PCs and detainees can request additional programs. The WhatsApp service is in demand but is designed for smartphones. There is not yet a solution to offer this service on PC. In addition, it is possible to use YouTube on the televisions in the common areas.
Internet access in the dormitory is blocked for downloading illegal and offensive content. A standard filter is used that the supplier of the internet router offers for this purpose. There have been no complaints about other types of content being filtered out.
Those who are not given general access to the internet can use terminals that have been set up with access for news services only. These do not provide access to social media.

Item 80. In 2023, the Norwegian authorities started a process of amending provisions related to the exclusion of company[68] and the use of coercive measures. The objective of the planned amendments is to reduce prisoners' isolation, to increase meaningful human contact in prison for those excluded from company or placed under a security measure, and to reduce the use of restraint beds and security cells in prison. The Committee would like to be informed by the Norwegian authorities on the state of affairs of this legislative review and on the adoption of the amendments.

Response:

In February 2023, the Ministry of Justice and Public Security sent a letter for public consultation, containing proposals for amendments to the Execution of Sentences Act and the Health and Care Services Act. The aim of the proposals is to reduce challenges relating to isolation in prisons. The proposed amendments are currently under consideration by the Ministry.

Item 81.The CPT would like to be informed by the Norwegian authorities on the adoption and extension, if any, of the use of electronic monitoring in lieu of prison.

Response:

In a consultation letter sent out in May 2024, the Ministry of Justice and Public Security proposed amendments to the Execution of Sentences Act related to the execution of sentences with electronic monitoring and the use of electronic monitoring measures. The proposed amendments include a clarification of the distinction between serving the entire sentence with electronic monitoring (full execution) on the one hand and serving the final part of the sentence with electronic monitoring (partial execution) on the other. Furthermore, it is proposed to expand access to both full execution and partial execution. It is proposed to establish a general rule that all individuals serving an unconditional prison sentence, after an individual assessment, may complete their sentence outside prison with electronic monitoring (partial execution), regardless of the offense for which they were convicted. Furthermore, special rules have been proposed for young offenders under the age of 25 based on a step-by-step model, allowing increased access to electronic monitoring for young offenders. Electronic monitoring may also be conducted in an institution. The proposal also includes granting the Correctional Service the authority to use digital control measures during the execution of community-based sentences, as well as during leave on temporary licence, parole, and preventive detention. The proposed amendments are currently under consideration by the Ministry.

Item 83. The CPT recommends that prison staff in Halden prison, the Skien Unit of Telemark prison and Tromsø prison receive a clear message that verbal abuse and disrespectful behaviour are unlawful, unprofessional and unacceptable, and will be sanctioned accordingly. Further, the Committee recommends that staff be reminded that prisoners should always be treated with respect

Response:

The Correctional Service aims to maintain a high level of ethical awareness within the organization. All employees are expected to act correctly and respectfully towards every prisoner with whom they come into contact. The Correctional Service has both a General Service Instruction and Ethical Guidelines that are intended to guide staff in their desired behaviour and establish an ethical standard for both management and staff. Based on the findings and recommendations of the CPT, the Directorate for Norwegian Correctional Service (KDI) will send a letter to all regions, asking regional directors to follow up with their units in the governance dialogue and requesting that all employees be reminded of the service instructions and ethical guidelines. The Correctional Service also has an e-learning course on ethical guidelines which it will encourage staff to complete.

Item 85. the Committee recommends that the Norwegian authorities take appropriate measures to ensure that prison staff handle high-risk situations without using unnecessary force, including through trainings in ways of averting crises and defusing tensions and in the use of safe methods of control and restraint, and that they deliver to prison staff the clear message that excessive use of force is not acceptable and will be dealt with accordingly.

Further, the CPT recommends that a dedicated register on the use of force be put in place in Tromsø prison.

Response:

The Directorate will increase its focus on the implementation of training in the use of physical force in accordance with the current requirements, which will reduce the risk of injury to inmates and staff in such situations. The training focuses on the correct execution of techniques, as well as reviewing the legal basis for the different modules.

The Correctional Service does not have a dedicated register over situations in which the use of force has been found to be necessary in any prisons. Such incidents are on the other hand to be registered in written reports, filed in the archive (Doculive) and noted in the prisoner's journal in the Correctional Service's database (KOMPIS).

However, the Correctional Service will consider whether a dedicated register is applicable and appropriate and whether to potentially implement such a register into the new Offender Management system (OMS) being established (KODA). The Correctional Service will also have to ascertain if such a register complies with privacy legislation and is accepted by The Norwegian Data Protection Authority.

Item 87. The Committee recommends that the Norwegian authorities take steps so that the ventilation systems be improved in the abovementioned prisons (Halden prison, Telemark prison Skien, Agder prison Mandal).

Response:

In such relatively new prisons as Halden prison and Agder prison, it is the responsibility of the building owner (the Norwegian Directorate of Public Construction and Property) that the indoor climate meets the stipulated levels. KDI will raise this issue with the Norwegian Directorate of Public Construction and Property and request that adjustments take place if necessary. However, it should be noted that on certain days, for example when it is particularly hot, the indoor climate can be experienced as hot and with poor air quality, without this being a deviation from the standards stipulated for the indoor climate. Deviations from the ideal temperature can occur without this constituting a fault in the ventilation system.

Item 89. The CPT recommends that the Norwegian authorities ensure that:

- **the yards located within Unit A of Skien prison of Telemark prison be rendered more welcoming; and**
- **shelters against inclement weather be installed in all the yards of all Norwegian prisons.**

Further, the Committee invites the Norwegian authorities to consider increasing the amount of time offered to prisoners to make full use of the outdoor space in the prisons available to prisoners.

Response:

According to the guidelines for Norwegian prison buildings, there must be suitable, welcoming yards with shelters against inclement weather in all new prisons. Furthermore, the same requirements are followed when major refurbishment/maintenance projects are implemented in existing prisons.

In Skien prison, refurbishment work is now taking place, where consideration for shelter against inclement weather and the suitability of the outdoor areas are taken into account. Parts of the yard will have shelter.

The amount of time the prisoners are allowed outdoors in the yard depends on local conditions, where staffing and considerations for other activities in the prison form part of the decision.

Item 91. The Committee invites the Norwegian authorities to review the organisation of self-catering system in the prisons to ensure that prisoners have enough time allocated to access the prison's supermarket, outside the outdoor time.

Response:

KDI will consider bringing this up in the governance dialogue to ensure that inmates have sufficient time to access the prison's supermarket outside of outdoor time.

In 2019, the Correctional Service developed guidelines for self-catering in prisons and halfway houses. Self-catering in the correctional system means that prisoners are responsible for making their own purchases and preparing their own food during the execution of their sentence.

The principle of normality is a fundamental principle of the correctional service's operations. As far as possible, life during the execution of a sentence should mirror life in society at large.

The purpose of self-catering is to develop and strengthen prisoners' skills to manage everyday life in society. The responsibility for organizing and establishing procedures for the purchase of food and other activities in each prison is delegated to the prison administration.

Item 92. Concerning the Mandal Unit of Agder prison, the CPT encourages the Norwegian authorities to:

- **provide the necessary means to the prison to finalise the installation and ensure a secured and proper functioning of the new digital solutions with electronic messaging systems;**
- **offer additional space for work and education; and**
- **explore methods allowing for proper dynamic security.**

More generally, the CPT invites the Norwegian authorities to take into account the aforementioned remarks and review the "Model 2015" of Norwegian prisons, in case of future construction of prisons based on this model.

Response:

Mandal (in addition to Froland) has been a pilot facility for a new digital system for prisoners called OSS – Offender Self Service. Through this system, prisoners can access multiple digital services via a total of five wall-mounted stations around the prison. They can also send messages to various departments within the prison, such as the library, healthcare unit, chaplaincy, the Labour and

Welfare Administration (NAV), and others. Approximately 10,000 such messages were sent in 2024 in Mandal alone. However, it is not possible to send messages externally from this system, such as to family members or other contacts.

CMS, as referenced, is an outgoing offender management system that we have used to facilitate the implementation of OSS for the opening of the prison. This will eventually be replaced by a newer system, KODA, allowing OSS to be rolled out to other prisons as well. The goal remains to make OSS accessible via thin clients in the cells, rather than solely through wall-mounted stations.

Finally, we would like to highlight that we already have several digital solutions for prisoners in pilot phases. One example is KOMPASS, which provides limited access to the internet and to public digital services from our partner organizations.

In connection with the construction of a new prison in Ilseng, KDI will carry out an assessment of the space for work and education in all Model 2015 prisons. The assessment will also address measures to increase the level of activity within the existing premises at Agder prison.

It is, however, clear that the area for work and education will be somewhat increased in future projects.

KDI is currently studying the layout of the control rooms and the glass screens. It is important that the layout supports dynamic security, but it must also be in line with the requirements arising from the Personal Data Act when prison officers are working with information relating to prisoners.

Item 93.The CPT would like to receive clarifications from the Norwegian authorities about what plans there are at Tromsø prison, such as the possible construction of a halfway house, to eradicate the problem of having prisoners being unnecessarily held in higher security and more restrictive conditions than they require.

Response:

Together with the Norwegian Directorate of Public Construction and Property, KDI launched a report in 2024 on future prison capacity. In the report, it was proposed to establish a halfway house in Tromsø with 15 places, adjacent to the current prison. This will allow a larger number of prisoners from Troms and Finnmark to serve their sentence closer to their place of residence.

Item 97. In light of the above, the Committee recommends that the management of the prisons review the organisation of work, training and education in Halden prison, to ensure that the prisoners make full use of the opportunities offered to them and that their regime is not negatively impacted by staff reductions.

Response:

Prisoners who are neither in custody nor remand are required to participate in activities while in prison. Prisoners on remand are entitled to participate in work, training, programs or other measures. However, they cannot be ordered to do so. In its annual allocation letters, KDI sets as a requirement for regions and prisons, that 85% of the prisoner's day should be spent involved in

work activities, education, programs, or other measures. The framework for this is outlined in Circular KDI 6/2019 – Activation and Registration of Activity. The prison director is responsible for prioritizing resources, ensuring increased participation by the prisoners in activities, and thus reaching the activation target.

The Correctional Service's University College and Training Center (KRUS) trains vocational officers. In 2024, KRUS published the Vocational Officer Handbook for work activities. The handbook aims to strengthen professional practices in work activities, providing recommendations on adapted work for vulnerable and mentally ill prisoners, product development, and on promoting work activities aligned with the labour market and employment opportunities for prisoners on their release.

The County Governors in Norway are responsible for providing upper secondary education in all prisons, including both academic and vocational training. The Ministry of Justice and Public Security (JD) and the Ministry of Education and Research (KD) have developed guidelines for cooperation between the correctional service and educational authorities regarding primary and upper secondary education, which is a right for prisoners on the same basis as the general population.

Higher education is not a right, but many prisons facilitate access to higher education for prisoners.

In 2025, the national budget for the Correctional Services has been increased by NOK 150 million in order to reverse the negative trend of reduced staffing in prisons.

Item 99. The CPT notes with concern that, of over 20 prisoners held in Block A (Skien Prison) almost half of the prisoners did not work or follow any education or training due to serious mental health disability, including difficulties in coping with life in prison. In this regard, reference is made to the remarks and recommendations contained in paragraphs 122 and 123 of this report.

Response:

Norway recognizes that the conditions described in item 99 are challenging. This is particularly true regarding the care and management of prisoners who are mentally ill, but also those who find it difficult to be in prison and struggle to adapt to the community with others.

As of today, the Correctional Service has ten activation teams and two resource teams. These teams have been established as a permanent national measure to prevent isolation. The primary target group for these teams consists of individuals with vulnerable behavioural challenges and mental health issues who have limited participation in communal activities.

Norway believes that it is important to strengthen this work and recognizes the need for better collaboration between the Correctional Service and healthcare services to ensure that this group of prisoners is cared for in the best possible way.

On March 17, 2025, the Official Norwegian Report, Community Protection and Care (*Sammfunnsvern og omsorg*) was delivered to the Government. Amongst other things, it includes recommendations related to prisoners with mental health issues. The report will be sent out for

public consultation, after which the Norwegian authorities will conduct a thorough assessment of the recommendations; both those in the report and those submitted by the public.

Item 101. Given the potentially harmful effects of solitary confinement, the Committee recommends that the Norwegian authorities take additional measures in all Norwegian prisons to ensure that prisoners subjected 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 and preferably more.**

Response:

Norway supports the recommendation from CPT that greater efforts must be made to ensure that prisoners subjected to complete exclusion from company or to court-ordered full isolation, receive adequate means to safeguard their well-being and prevent potential harm from isolation.

As mentioned in the response to item 99 above, the Correctional Service has ten activation teams and two resource teams which are essential to reducing isolation.

In the Directorate's circular no. 3/2023, guidelines have been provided stating that in cases where prisoners have been excluded from the general community, weekly plans must be developed to ensure that they are offered at least two hours of meaningful human contact per day. These weekly plans should ensure compliance but also serve as documentation of the Correctional Service's efforts to prevent isolation.

Item 104. In light of the above, and considering the risk of indefinite preventive detention, the Committee recommends that the Norwegian authorities take the necessary measures to increase the capacity in specialised preventive detention units, for instance in Ila prison, to ensure that all persons under preventive detention are offered the special regime they need for their social reintegration and preparation for release. In addition, the CPT recommends that specialist support is given to prisoners under preventive detention in the Skien Unit of Telemark prison.

Response:

Norway currently has 123 preventive detention places, incl. progression in prisons with a lower security level.

Over several years, Norway has prioritized increasing the number of preventive detention places, which has resulted in:
In 2021, 10 new preventive detention places were created
In 2022, 10 new places
In 2024, 7 new places
In 2025, 5 new places

The increase in the number of detention places has had a positive effect. As of November 2024, there were 13 prisoners who were in ordinary prisons awaiting a cell in preventive detention. This number has previously been higher.

Norway continues to monitor the need for more places and is giving this a high priority. Other measures to improve the situation for those sentenced to preventive detention, will also be addressed in the upcoming white paper to the Norwegian Parliament (Storting).

With respect to CPT's recommendation that specialist support be given to prisoners in preventive detention in the Skien Unit of Telemark prison, the Correctional Service has a close cooperation with the specialist health-service in Skien. In addition, the prison has employed a psychologist whose duty is to provide guidance to staff who work with inmates with behavioural challenges and psychological problems. This contributes to the professional handling of prisoners in preventive detention.

We also refer to our response to item 99 above, where we mentioned the Official Norwegian Report Community Protection and Care which was submitted to the Government on the 17th of March 2025. The report also addresses prisoners in preventive detention.

Item 105. In light of the above, the Committee recommends that the Norwegian authorities increase the use of telephone interpretation in the prisons to ensure that daily living issues are adequately communicated by prison staff to detained foreign nationals. Further, the Norwegian authorities should ensure that prison may avail to staff with diverse language skills.

Response:

Norway recognizes the need to increase the use of interpreters in prisons. However, it is noted that prisoners generally both speak and master Norwegian and/or English. Furthermore, the Correctional Service employs many staff members with a native language other than Norwegian, which helps address a significant portion of the need for translation and interpretation. Nevertheless, we are aware that this is not the case in all prisons in Norway and we will aim to hire staff who are proficient in multiple languages moving forward.

In 2018, the Directorate drew up guidelines for the use of interpreters and interpreting services in the Correctional Service. One of the purposes of the guidelines was to increase the use of interpreters where deemed necessary. However, we acknowledge that there is still a need to expand the use of interpreters. We also see the need to revise the guidelines for the use of interpreters and interpreting services, both as a result of the new Interpreting Act, and to ensure that daily living issues are adequately communicated by prison staff to detained foreign nationals. These efforts will be prioritized.

Item 107. Overall, healthcare staffing was found to be insufficient in all prisons visited in terms of doctors and nurses' presence.

Response:

The health and care services for prisoners shall be equivalent to the health and care services for the general population. Health care services in Norwegian prisons operate under the "import model" introduced in 1988, which ensures that healthcare services are provided in accordance with the organizational placement in structures outside the prison system. Pursuant to the Health and Care Services Act of January 1, 2012 Section 3-9, municipalities in which prisons are located are obliged to provide municipal healthcare services for inmates. The health trusts are obliged to provide specialized health care services to everyone in their area of responsibility, including prisoners. The Correctional Service is responsible for facilitating access to health care services for prisoners.

This model helps maintain the independence and quality of healthcare services and helps ensure that healthcare personnel are available when needed.

Norway agrees on the need for sufficient staffing. It is of great importance that prisoners have access to qualified personnel with specific expertise related to their unique living conditions, life situation, functional abilities, and health issues. Nevertheless, and as the committee may be aware, the number of health care personnel (i.e. doctors and nurses) in Norway is limited. The lack of qualified personnel is not isolated to health and care services in prisons. Both the municipalities and the specialized health care service are working continuously to recruit personnel.

The Committee recommends that the Norwegian authorities appoint a social worker to work at Tromsø prison.

Response:

The above mentioned prison has the authority to hire a social worker without the approval of KDI, if they so decide within their budgetary framework. Norway has taken note of the finding and recommendation and will pass the recommendation on to the region through the management dialogue.

Item 108. The Committee recommends that the Norwegian authorities take urgent measures to ensure that the system of providing healthcare services in prisons is improved with the aim that, in all Norwegian prisons, the presence of a healthcare worker or a nurse seven days a week during day time, and access to emergency services at night.

Response:

We refer to our response to item 107 above regarding the organization of providing health and care services in prison and overall access to qualified personnel.

Regarding access to emergency services at night, The Norwegian Directorate of Health's guide to the prison health services states that if the need for emergency medical services arises when the prison health service is not available, prisoners shall be ensured the necessary health care, cf. the Patient and User Rights Act, Section 2-1 a, and the Regulations on Requirements For and Organization of Municipal Emergency Medical Services, Ambulance Services, Medical Emergency Services, etc.

Item 109. **The Committee has serious misgivings about the overall organization and coordination of healthcare services in Norwegian prisons.**

The CPT recommends that the Norwegian authorities undertake steps to improve the provision of healthcare services in all Norwegian prisons, in particular by:

- **increasing the presence of doctors in all prisons visited to ensure a daily presence of a general practitioner;**
- **increasing the presence of nurses in prisons to ensure the presence of nurses in prison on a daily basis, including during the late afternoons, evenings and at weekends, and that their absences are covered;**
- **ensuring that in every prison, a medical coordinator, generally a senior doctor, is designated as the head of the healthcare team, with responsibility for leading and co-ordinating the healthcare service, ensuring that there is a regular consultation process among the staff, and interacting closely with the management of the prison, under strict observance of medical confidentiality; and**
- **creating a consolidated patient's files, which includes somatic, psychiatric and other relevant health information, accessible to all healthcare team members in the prison. In case a clinician considers that certain information is highly sensitive information, the key elements need to be included in the patient's files.**

Response:

We refer to our response to item 107 above regarding the organization of providing health and care services in prison and overall access to qualified personnel.

A senior doctor designated to coordinate services to prisoners is not within the Norwegian framework of health and care services in prisons. The municipality has overall responsibility for coordinating the health and care services in prisons. Pursuant to the Health and Care Services Act of January 1, 2012 Section 6-1, there is a statutory obligation to enter into cooperation agreements between municipalities and regional health authorities or with health institutions as determined by the regional health authority. Cooperation agreements shall contribute to ensuring that patients/users receive a comprehensive range of health and care services. This applies to issues related to substance use, somatic, and mental health.

The Norwegian Directorate of Health's guide to the prison health services states, which is currently under revision, seeks to improve and develop cooperation and coordination of health and care services to prisoners.

Regarding health information, there are already several options available that provide access to relevant health information for health personnel in prisons. The options include the use of improved messaging, access to national e-health solutions, and a consolidated electronic medical journal. Furthermore, there are ongoing nationwide projects under the auspices of the Government to share medical records, critical patient information, test results, X-ray results, medication lists, and prescriptions etc., which can be utilized for this patient group.

Item 113. The Committee recommends again that the Norwegian authorities take the necessary measures to ensure that all newly admitted prisoners are physically examined by a medical doctor, or a fully qualified nurse reporting to a doctor, as soon as possible, and no later than 24 hours after their admission.

Response:

In most prisons, an intake interview is conducted within 24 hours of arrival. This interview is often comprehensive and covers several important topics, including family relationships, children, medication use, medical history, substance abuse problems, and mental health. Some prisons conduct a follow-up interview after 14 days, as recommended by the Norwegian Directorate of Health.

Further, the Committee recommends that more testing be offered to prisoners for infectious disease as part of the medical screening, and that systematic assessment of victimisation should be included in the medical screening.

Response:

The Infection Control Act applies to any person residing in Norway. It entitles individuals to receive necessary infection control assistance in the form of vaccinations, information, and other necessary preventive assistance if there is reason to assume that the person is at risk of being infected with a generally dangerous infectious disease. An infected person with a generally dangerous infectious disease has the right to medical assessment and diagnostic assessment, treatment, care and other necessary infection control assistance.

The Norwegian Directorate of Health's guide to the prison health services states that screening, assessment, treatment, guidance and information to inmates are important tasks in infection control efforts for health and care services in prison. Testing should be offered for blood borne diseases such as hepatitis B and C and HIV, and other sexually transmitted diseases. All examinations and sampling of the inmate must be justified by health professionals based on lifestyle, symptoms and general health condition. Informed consent must be obtained. If a patient who suspects that they have a contagious disease that is dangerous to the public does not consent to being examined, coercive measures may be taken (cf. Chapter 5 of the Infection Control Act). Regarding victimization, see the response below.

In addition, risk of suicide and self-harm as well as vulnerability and previous experience of traumatisation, violence, abuse, including torture, sexual and other gender-based violence and human trafficking should be included in the medical intake screening in line with the Bangkok Rules.[99]

Response:

The risk of suicide and self-harm is something that healthcare personnel are particularly attentive to during the intake interview, in addition to assessing the need for infection control measures.

In the guidelines to the law and regulations on municipal health and care services, which are currently under revision, guidance is provided on topics that healthcare personnel should cover during the intake interview. In addition, local interview templates are often developed that are more comprehensive than the national recommendations.

Item 114. In light of the above, the Committee recommends again that the Norwegian

authorities take the necessary steps to ensure that any signs of injuries are duly recorded. The record should contain:

- **(i) An account of statements made by the person which are relevant to the medical examination (including their description of their state of health and any allegations of ill-treatment);**
- **(ii) A full account of objective medical findings based on a thorough examination; and,**
- **(iii) The healthcare professional's observations in light of (i) and (ii), indicating the consistency between any allegations made and the objective medical findings.**

The record should also contain the results of additional examinations performed, detailed conclusions of the specialized consultations done and treatment applied for the injuries or any further procedures conducted.

Recording of the medical examination in cases of injuries should be made on a special form provided for this purpose, with "body charts" for marking injuries that will be kept in medical file of the prisoner. Injuries should be photographed and the photographs filed in the medical record of the person concerned. In addition, documents should be compiled systematically in a special trauma register where all types of injuries should be recorded.

The existing procedures should be reviewed in order to ensure that whenever injuries are recorded by a healthcare professional which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the report is immediately and systematically brought to the attention of the relevant investigative authority.

The healthcare professional should advise the prisoner concerned that the writing of such a report falls within the framework of a system for preventing ill-treatment, that this report automatically has to be forwarded to a clearly specified independent investigative authority and that such forwarding is not a substitute for the lodging of a complaint in proper form.

The results of every examination, including the above-mentioned statements and the healthcare professional's opinions/observations, should be made available to the prisoner and to their lawyer.

The national authorities should offer special training to healthcare professionals on the manner in which medical screening of prisoners is to be performed, on the recording of any injuries observed and on the reporting procedure. [101]

States should ensure that there are no reprisals against any healthcare professionals in their duty to record and report injuries.

Response:

As the report indicates, findings are documented in the patient's journal, but the screening lacks sufficient quality. This may be due to healthcare personnel lacking the competence and insight into how injuries are identified and documented, as well as not being sufficiently familiar with the inmate's legal rights and the healthcare personnel's duty to report and prevent harm.

This lack of knowledge suggests that enhancing competence in the areas highlighted in the report could improve the situation and contribute to better registration, reporting, and follow-up of injuries in prison.

Norway takes the CPT's recommendations very seriously and will discuss with the Norwegian Directorate of Health how to follow up on the matter**.**

Item 115. The CPT recommends that the Norwegian authorities take steps to ensure:

- **adequate nursing presence (including on weekends) of a qualified nurse in all Norwegian prisons to allow medication to be dispensed by a clinician;**
- **that prison staff are not made aware of the medication prescribed to a prisoner without the prisoner's consent; and**
- **that medication is distributed in its original packaging (blister).**

Response:

Please see the response to item 107 above regarding the organization of health and care services in prisons. The Directorate of Health's Guidelines on Health and Care Services for Inmates in Prison provides further details on this.

The head of the municipal health and care services must ensure that medication management is carried out properly and in accordance with the Regulations relating to Medication Management (see lovdata.no) and the associated circular, which is currently under review (Medication Management (DRAFT) - Directorate of Health). The Correctional Service can only assist in making medications available as practical assistance if a doctor determines that there is no need for healthcare personnel to administer the medication, and there are security reasons why the inmate cannot manage the medication themselves. There must then be procedures in place for practical assistance by the correctional services, approved by the municipal doctor. Employees in the Correctional Service who provide such practical assistance must have received the necessary training from the municipal health and care services, in accordance with the Regulations relating the Execution of Sentences Section 3-17 (lovdata.no). The training must, among other things, meet the requirements for procedures for making medications available that safeguard privacy and confidentiality.

The regulations and guidelines mentioned above meet the goals that the CPT aims to ensure.

The CPT's recommendations, in themselves and in isolation, do not necessarily fulfil the requirements of the medication management regulations for proper medication management in Norway.

Item 116. The CPT recommends that the Norwegian authorities ensure that as a general rule, all medical examinations/consultations of persons held in prisons should be conducted out of the sight and hearing of prison officers, under conditions fully guaranteeing medical confidentiality.

Response:

When prison officers are present during medical examinations, this is based on a risk assessment of the danger of escape or violence against healthcare personnel. It is primarily the responsibility of the Correctional Service to conduct such assessments, and healthcare personnel have limited ability to influence the decision.

In some cases, healthcare personnel may themselves request that prison officers be present during a medical examination if they assess the risk of violence as significant. In most cases, it will be evaluated whether officers need to be present inside the examination room or if they can remain in an adjacent room to ensure safety while respecting medical confidentiality as much as possible.

Item 117. The Committee recommends that the Norwegian authorities simplify access to OAT, for instance by training and charging prison doctors to prescribe such treatment.

Response:

Opioid agonist treatment (OAT) is considered a specialised health service in Norway. Nonetheless, GPs can introduce substitution treatment for any person with an opioid addiction disorder without delay, as long as specific criteria are met. Prison doctors can also prescribe this treatment. The current waiting time for assessment and start-up of OAT by specialised health care is considered acceptable.

Item 122. The CPT recommends that the Norwegian authorities take all necessary measures to ensure that prisoners suffering from severe mental illness are cared for and treated in a closed hospital environment (within a civil psychiatric hospital or a prison establishment), suitably equipped and with sufficient, qualified staff to provide them with the necessary assistance. In this connection, high priority should be given to projects to increase the number of beds in "appropriate" psychiatric establishments and establishments for the enforcement of measures.

Response:

This issue is of major importance to Norwegian authorities and will be followed up in several ways.

With respect to the recommendation of increasing the number of beds in mental health care we refer to our comments under items 107, 148 and 149. We also refer to our response to item 104 about the Official Norwegian Report Community Protection and Care (*Samfunnsvern og omsorg*) that has recently been submitted to the Government. A key topic in the report is the mental health conditions for prisoners and recommended measures to improve access to health care and treatment.

In addition, the Committee requests that the Norwegian authorities provide an update on the three prisoners subject to the immediate observation and confirm that it has been implemented.

Response:

For information regarding these prisoners, we refer to item 10 above.

Further, the CPT would like to be informed about the progress of the plan to build an NFFA in the Skien Unit of Telemark prison.

Response:

Regarding the NFFA in the Skien Unit of Telemark prison, we refer to items 10 and 148 above.

Item 123. The CPT recommends that the Norwegian authorities review, at national level, self-harm risk and management in prison, and ensure that acts of self-harm committed in prison are no longer subjected to *de facto* disciplinary measures. In this regard, the Committee recommends setting up a self-harm management system with more active participation of healthcare staff in light of the abovementioned precepts.

Response:

Norway is currently revising the guidelines for prevention of suicide and self-harm. The revision of the guidelines is based on consultations with specialists, such as the National Centre for Suicide Research and Prevention (NSSF) and the Regional Resource Centre on Violence, Traumatic Stress and Suicide Prevention (RVTS) with an aim of ensuring a more evidence-based approach to dealing with self-harm and suicidal behaviour. There has also been consultation between KDI and the Directorate of Health as well as health staff in prisons in order to discuss measures to improve collaboration between health services and prison staff in safeguarding and providing care for prisoners who self-harm or show suicidal behaviour. There is a strong emphasis in the revised guidelines on clarifying roles and responsibilities and the need for collaboration with the health services.

As a supplement to the revised guidelines, the University College of Norwegian Correctional Service will, in collaboration with KDI, develop a guide to further support prison staff in preventing and managing self-harm and suicidal behaviour in prisons. The revised guidelines and guide will be finalised and made available in 2025.

Furthermore, KDI has provided input to the national guide on care and health services in prisons, currently under revision by the Directorate of Health. One of the aims of the document is to improve collaboration between the health and prison staff in managing prisoners in the target group.

Item 128. The Committee recommends that the Norwegian authorities remain vigilant with staffing levels allocated to all Norwegian prisons. Management of prisons affected by staff reductions should review their organisation and be given the means to maximise the existing staffing capacity of the prisons. In this regard, means must be found to support the motivation and engagement of prison staff with prisoners.

Response:

The Correctional Service's ability to maintain quality of the service is linked to the number of employees and access to qualified personnel. Two recently built prisons have had to align to the budget model after a startup-period of several years since some new prisons have had higher staffing levels. Both of these are relatively new prisons that have had to make adjustment during the last 2-3 years.

With reference to item 97: in 2025, the national budget for the Correctional Service was increased by NOK 150 million in order to reverse the negative trend of reduced staffing in prisons.

In addition, the CPT would like to receive information from the Norwegian authorities on how the national reduction plans in prison staff are outlined, for each prison and at which grades, with timescales, and enumerate services which will be closed. The CPT would also like to receive a description on how the authorities intend to mitigate the possible in risk to prisoners and staff, and the negative effects on regimes for the prisoners affected.

Response:

Norway has no national plan to cut budgets or prison staff. On the contrary – the Correctional Service faces severe staffing challenges, especially when it comes to recruiting qualified personnel. These issues are exacerbated by high sick leave rates, high turnover and extensive reliance on unskilled labour and overtime. The problem is most severe in prisons, where correctional officers are among the most difficult positions to recruit. The labour market in Norway in general faces the same challenges. As mentioned in the response to item 104 above, the Norwegian government is currently working on a white paper to the Norwegian Parliament (Storting) on the Correctional Service. Amongst other issues, the white paper will address the challenges of recruiting and retaining prison staff.

The CPT also recommends that the Norwegian authorities develop and adopt a recruitment strategy based on proper funding and enhanced conditions of service, including for example competitive salaries, training, and career development.

Response:

KDI made recruitment and retention a top priority in 2024. The Directorate, the regional offices, and the prisons have implemented a number of initiatives to achieve recruitment goals in both the short term and long term. Several initiatives have been implemented, including pay adjustments, employer branding efforts, strengthened recruitment processes, increased intake for correctional officer training, leadership development, and workplace improvements.

Pay adjustments to retain staff: KDI allocated NOK 23 million NOK in 2024 to extraordinary wage negotiations. These negotiations had a strong focus on retaining staff, particularly frontline employees. As a result, more than 1,150 correctional officers and 430 employees in other local positions received pay raises. In addition, the minimum pay for correctional officers was increased by four pay grades. The Directorate aims to have further pay increases across the correctional service.

Leaders have received training in how to effectively utilize pay policies during recruitment. Leadership competence at all levels is crucial to these efforts.

Earmarked funds were allocated in the 2024 budget to increase prison staffing. This led to the creation of 49 new positions in selected prisons, which also contributed to the reduction of inmate

isolation and an increase in activities offered to prisoners. Some of these positions were difficult to fill due to a lack of applicants.

Recruitment efforts have been strengthened through improved processes for hiring, increased use of social media and the establishment of new platforms for collaboration and knowledge-sharing.

Leadership development was a key focus in 2024 and will be expanded in 2025 to include mid-level management.

Preventing psychological strain. A key focus in improving the work environment has been preventing psychological strain among employees. In 2023, KDI commissioned an external study on the psychological stress experienced by current and former employees in prisons and probation offices. The findings confirmed that stress contributes to sick leave, high turnover, and a weakened reputation of the correctional service as an employer.
Based on these findings, the KDI established a working group in 2024 to identify priority measures. A strategic action plan will be developed in 2025 based on its recommendations.

Measures have been implemented in 2024, including structured follow-up procedures for employees following stressful incidents. All local-level managers in charge of personnel have received training in these procedures. The training aims at reducing psychological stress and preventing sick leave in both the short and long term. KRUS will develop a training package for employees.

Decentralized part-time education. In 2024, work began to develop a model for decentralized, part-time correctional officer training. The goal is to offer education to motivated individuals who cannot relocate for full-time studies at the university college in Lillestrøm due to family or other commitments. The proposed model allows part-time students to work in designated training units while studying. This will not only enhance recruitment but also provide additional workforce capacity to these units. The first cohort of part-time trainees is expected to be admitted in the autumn of 2025, with their education beginning in January 2026.

The Directorate is in the process of recruiting an HR director who will be given the responsibility to further develop and follow up recruitment and retainment as a whole. This includes more systematic and long-term work with the potential of improving work processes, improving utilization of the staffing and expertise in the Correctional Service, and strengthening interdisciplinary collaboration. This will provide input to standardizing penalty enforcement procedures. This preparation and mapping are a prerequisite for modernizing the correctional services quality system and strengthening internal control and management.

Item 129. The Committee welcomes such measure (Psychologist to support staff in Skien prison) and encourages the Norwegian authorities to ensure that prison staff benefit from adequate psychological support in other Norwegian prisons.

Response:

The prison population has changed in recent years. A report from the Centre for Addiction and Mental Health Research (SERAF, 2024) shows that 60 percent of prisoners in Norwegian prisons have a mental disorder - five times higher than the general population. The most common disorders are depression, substance abuse disorders, and stress-related issues, and many inmates have multiple diagnoses. From 2010 to 2019, the proportion of prisoners with mental disorders

increased by 33 percent.

NOK 10 million NOK has been earmarked in the budget for hiring psychologist specialists to support staff in selected prisons in the Correctional Service. This will be rolled out in 2025. The choice of model, which units will receive the posts, and the stipulation of specific terms for the allocation will be made following dialogue with regional directors and organizations.

In addition, work will continue in 2025 to ensure that all managers responsible for supervising personnel or following up employees receive training in structured post-incident debriefings following stressful events. The regions must ensure that units have procedures in place that guarantee that managers appointed in the future also receive this training.

A course for all employees called Personnel Care (*Personalomsorgen*) will also be launched. This is a 4-6 day in-person course designed to prepare staff to handle their own and others' psychological stress in their work.

KRUS also offers a number of individual courses on improving efforts aimed at prisoners with mental disorders, substance abuse issues, isolation problems, children and youth, etc.

The Correctional Service will work toward sustainable staffing, which means achieving a balance between duties and staffing that enables a unit to better prevent the risk of employees being subjected to physical and psychological harm in their duties. In 2025, a survey is scheduled to be conducted at each unit to assess whether staffing is sustainable. The regions will be asked to contribute to the survey work.

Uniformed staff did not wear identification tags in any of the prisons visited. The Committee considers that wearing name tags helps detained persons to identify officers in case of conflict. In addition, the ability to identify staff either by name or number, constitutes an important safeguard against ill- treatment during detention. Therefore, the Committee recommends that the Norwegian authorities take measures to ensure that all uniformed prison staff in Norway are always identifiable, preferably by wearing identification tags or short identification numbers in a visible manner on their uniform at all times whilst on duty

Response:

It is correct that prison officers in Norway do not wear identification tags, and we will take this recommendation into consideration.

Item 131.The CPT recommends that the Norwegian authorities ensure that decisions to apply handcuffs are based on an individual risk assessment, including for placements in security cells, taking into account real security concerns.

Response:

Handcuffs may only be used based on an individual risk assessment, unless the urgency of the situation does not allow such an assessment to be made. This also applies for placement in security cells. KDI will address this issue directly with the prison named and its regional office.

Furthermore, the directorate will send a letter to all regional offices and prisons reminding them to abolish any procedure describing the systematic application of handcuffs in prescribed situations.

This issue will also be addressed in management dialogue with the regional offices

Item 133. The Committee recommends that the practice of routinely and forcibly strip searching all prisoners prior to placement in a security cell in the Mandal Unit of Agder prison, Tromsø prison and others, be immediately stopped, and that the procedure for placements be immediately reviewed to ensure that prisoners can be strip searched solely based on an individual risk assessment indicating its necessity.

Further, the CPT recommends that prisoners never be placed naked in a cell and that those at risk of suicide are always provided with clothing appropriate to their specific needs

Response:

Pursuant to the interim guidelines issued by KDI in 2020, which currently apply to all units within the Correctional Service, strip searches shall never be implemented on a routine basis but be based on a concrete assessment and in due regard to the necessity and proportionality of the measure.

In response to a Supreme Court judgement handed down in March 2024 concerning strip searches with knee-bends in Bergen prison, KDI has initiated a revision of the guidelines to ESA Section 28 on the use of strip searches. A draft of the revised guidelines has been subject to an internal consultation within the Correctional Service and the guidelines are expected to be finalized and issued by the second quarter of 2025. The proposed revised guidelines also require that all strip searches be undertaken based on a concrete assessment of the necessity and proportionality of the measure. Furthermore, the proposed revised guidelines specifically address the use of strip searches in relation to placement in a security cell, emphasizing the importance of considering the prisoner's vulnerability when assessing what type of search is to be undertaken and how to conduct the search. The Directorate will also include a separate item specifying that prisoners shall not be placed naked in a security cell and that appropriate clothing must be provided. To support the implementation of the revised guidelines when finalized, KRUS has developed an e-learning course on the use of strip searches, which will be launched together with the revised guidelines.

KDI will also raise these issues in management dialogue with the regional offices.

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[1] This may be, if deemed necessary, tear-resistant clothing

Item 134. The CPT recommends that a central register be put in place in Tromsø prison. (for placement in security cells and restraint beds)

Response:

KDI will address this issue directly with the relevant prison and its respective regional office. Furthermore, the Directorate will send a letter to all regional offices and prisons reminding them of item 38.7.4. in the guidelines relating to Section 38 of The Execution of Sentences Act and instruct

them to establish a central register of the use of security cells in prisons, if such a register is not already in place.

The issue will also be addressed in management dialogue with the regional offices

The Committee wishes to stress that a prison's healthcare service should be very attentive to the situation of prisoners placed in security cells. In this regard, the CPT recommends that every placement be immediately brought to the attention of the healthcare service and a member of healthcare staff should visit the prisoner immediately after placement and thereafter, on a regular basis, at least once per day, and provide them with prompt medical assistance and treatment as required. Furthermore, placement in security cells must cease when the reason for such placement ceases to exist.

Response:

It is expected that healthcare personnel in the prison health service provide supervision to prisoners placed in a security cell or restraint bed within 24 hours of placement, and thereafter on a daily basis. However, experience and inspection reports show that this practice is not sufficiently followed up in all prisons.

Based on this, the Directorate of Health will include clearer guidelines for the health service's follow-up of prisoners in security cells in its ongoing revision of the guidelines for health and care services for prisoners. The goal is to ensure a more systematic and binding practice, so that prisoners receive the necessary medical assessment and follow-up in accordance with current recommendations and human rights obligations.

In light of the above, the CPT recommends again that steps be taken in all prisons to ensure that a member of the healthcare team always visits persons placed under Section 38 of the ESA as soon as possible after information of the placement is received, and that such aforementioned precepts are applied in all prisons in Norway.

Response:

This is stipulated in the Norwegian Directorate of Health's guidelines.

In addition, the Committee recommends that the prisons frequently review the necessity of placement in security cells and terminate the placement as soon as the reason for placement has ceased to exist.

Response:

Pursuant to Section 38 of ESA, the Correctional Service may make decisions regarding placement in a security cell. A security cell should only be used when strictly necessary, and when less intrusive measures have been unsuccessfully attempted or are clearly insufficient. Further, Section 38 states that if the use of a security cell exceeds three days, it must be reported to the regional level, which will determine whether the measure should be maintained. Furthermore, if the measure exceeds six days, it must be reported to KDI. Reporting on the use of security cells ensures follow-up, both in terms of assessing the necessity and proportionality of the measure and by providing essential information for potential follow-up in management dialogue. In addition to the Correctional Service's follow-up, various supervisory bodies also oversee the use of security cells and other coercive measures.

The Ministry of Justice and Public Security is currently reviewing the regulations relating to coercive measures and the use of security cells, which will provide a more precise indication of the purposes that may justify the use of a security cell. In addition, internal efforts within the Correctional Service are underway to revise templates for decisions on the use of coercive measures, including security cells. These changes aim to facilitate broader assessments of whether such measures are necessary and proportionate.

The Directorate of Health has clarified the responsibilities and duties of the health and care services for inmates who are isolated, in security cells, and in security beds in the national guidelines to the Act and the Regulations relating to Health and Care Services for Inmates in Prison, which were under public consultation in 2024.

Item 135. It recommends again that all restraint beds be removed from all Norwegian prisons. In addition, the Norwegian authorities must take steps to develop appropriate responses to prisoners who are at risk of self-harm. Such measures should be dictated by care, and managed by healthcare professionals in cooperation with prison staff.

Response:

Since 2022, Norway has worked on gradually ending the use of restraint beds in Norwegian prisons, as a follow up to the Parliamentary Ombudsman's report. An action plan consisting of 23 measures was developed by KDI in 2022 with the aim of removing restraint beds in all prisons by the end of 2024. The main target group at the time, based on research on the use of restraint beds in prison up to 2018, were male and female prisoners who committed self-harm specifically by banging their heads against the wall. The plan focused on preventive and competence enhancing measures but also proposed examining the possibility of introducing other, presumably less invasive, types of restraints such as belts, protective helmets, and padded cells. The plan and measures have been under review since the second half of 2023 and throughout 2024 by an internal working group in the Directorate. The status of the work on the action plan, including the areas of focus for the next steps, is outlined in more detail below.

Updated information has shown that the target group for the use of restraint beds has significantly changed. Restraint beds are now more or less exclusively used on women. The use is concentrated on a small group of women with complex psychological health issues and pervasive self-harm and/or suicide attempt patterns. Some of these cases have been so challenging and complex to deal with that prison staff have raised concerns about removing the restraint beds, fearing for the lives of those subjected to this invasive measure. As many of these female prisoners have been subject to sexual or violent abuse, the alternative use of physical force by restraining the person, is not necessarily less invasive.

Furthermore, there is not enough evidence to conclude that the alternative restraints proposed in the abovementioned plan are effective or less invasive, particularly bearing in mind that they would often need to be employed by using force or by being coupled with other types of restraints. The evidence collected through consultation with, inter alia, SIFER, a national collaborative network of four research and education centres focusing on security, prisons and forensic psychiatry, supports that the focus should be on enhancing preventive measures, as well as increasing staff. The Correctional Service has been working intensively throughout 2024 to reduce the use of coercive measures, particularly the use of restraint beds and security cells. The use of

restraint beds has been significantly reduced from 2023 to 2024. There has also been a reduction in the use of security cells compared to previous years.[1]

The Correctional Service has implemented several initiatives to help further reduce the use of restraint beds, including:

- an increased number of staff has been hired, staff have been trained by RVTS, a psychologist has been hired to provide guidance to staff in managing cases of self-harm and suicidal behaviour, and an NFFA has been established: all at Skien prison
- national training on procedures for assessing and requesting admission to mental health care for prisoners with serious mental health issues has been conducted
- the guidelines on preventing suicide and self-harm have been revised
- the national guide on care and health services in prisons, which also contain recommendations pertaining to service providers of mental health services, has been revised

The Correctional Service will continue to focus on and invest in preventive and competence enhancing measures with the aim of ending the use of restraint beds. However, this need to be done gradually. As part of this work, we must first await:

- an evaluation on the impact of the measures implemented at Skien prison

- a competence package to be developed by the University College of Norwegian Correctional Service being finalized and rolled out. It aims to strengthen the relational competence of prison staff towards the target group, including communication tools that can prevent the escalation of situations and the potential use of restraint beds

Item 136. The Committee recommends that the Norwegian authorities ensure that placements in reinforced cells are ordered only if there is a security reason to justify such placement.

Response:

In Norwegian prisons there are two categories of cells, in addition to security cells:

A) **ordinary cells**, which are equipped with a bed, a cupboard, a bookshelf, a chair, a desk, a television set, radio and in some cases a refrigerator, as well as the inmate's personal belongings. Such cells may also be used as exclusion cells.
B) **dedicated exclusion cells**, which are equipped fairly identically to ordinary cells, with a bed, a bookshelf, a chair, a desk, a television set and a radio. However, there is a limit to the number of personal belongings the inmate may bring, as the stay is normally intended to be short-term. Exclusion cells may be 'reinforced' as there may be inmates who, in an exclusion situation, smash or set fire to furniture, mattresses, curtains etc. Even if the exclusion cells are reinforced, they are equipped with the same basic furniture as ordinary exclusion cells, such as a bed, a chair, a desk, television etc. The difference is the material of the furniture, such as steel instead of wood, flame retardant fabrics, enclosed TV sets and so on.

[1] This is reflected in statistics from 2023 to 2024, which will be published in the 2024 annual report for the Norwegian Correctional Service, estimated to be released in April 2025.

Reinforced exclusion cells, should not, as a general rule, be used for ordinary exclusion situations where there is no identified risk of damage, arson etc. Exceptions are made if no other ordinary exclusion cells are available and there is a clear need to exclude a prisoner from the company of others.

CPT's report refers to an inmate who was placed in a reinforced exclusion cell for a period of five days due to "difficulties in his previous unit, where he said he was being intimidated by other prisoners. He had asked to be moved to a different unit but was brought to the observatory cell due to a lack of space elsewhere."

KDI will obtain information about this particular case from Halden prison and raise the question of whether it was indeed necessary to use a reinforced exclusion cell to protect this inmate from potential harm. KDI will also remind the prison that there formally are only two categories of cells as described above.

Furthermore, KDI will send a letter to all the regional offices and prisons reminding them to limit all placement in (any) reinforced exclusion cells to situations in which the use of such cells is necessary to avoid damage. In other circumstances, such cells may only be used if it is necessary to protect a prisoner, and provided that no other, more accommodating cell is available.

This issue will also be addressed in governance dialogue with the regional offices.

Item 138. In both Halden prison and the Mandal Unit, it was not clear to the delegation whether video visits were additional to, or an alternative to regular in-person visits. The CPT would like to receive clarification on this matter from the Norwegian authorities.

Response:

Video visits were introduced during the COVID-19 pandemic as a substitute for in-person visits. After the pandemic, it was decided to continue the use of video visits. As of today, video visits are used as an alternative to in-person visits, or in addition to them, if needed. KDI sees a need to revise the guidelines related to the use of video visits and to align them with the regulations on telephone monitoring. KDI is currently revising the current guidelines concerning the use and monitoring of prisoners' telephone calls. The guidelines will be finalized and issued by the second quarter of 2025. The Directorate aims to revise the regulatory framework on video calls within the same timeframe.

Item 139. Therefore invites the Norwegian authorities to increase the weekly allowance of calls. In addition, the procedure in place for applying and granting video visits should be reviewed, changed to be similar to the procedure in place for telephone calls. The Norwegian authorities should also consider increasing the number of wireless telephones in the living units of the prisons.

Response:

In light of a Supreme Court judgment issued in April 2024 concerning the regulatory framework and practise pertaining to the monitoring of prisoners' telephone calls, KDI has revised the current guidelines. A draft of the revised guidelines has been subject to an internal consultation within the Correctional Service. The guidelines will be finalized and issued by the second quarter of 2025. The Directorate aims to revise the regulatory framework on video calls within the same timeframe.

As for the number of wireless phones, KDI will raise the issue in governance dialogue with the regional offices.

Item 141. The Committee recommends that the Norwegian authorities take steps to increase communication opportunities for prisoners in Norwegian prisons.[121] Special considerations should be given to the prisoners whose families live further away, and for detained persons who do not have sufficient means to pay for their calls. Free communication via videocalls should also be increased.

Response:

Norway supports CPT´s recommendation to increase communication opportunities for inmates. Both increasing the call time and the use of video visits will be considered more closely during the revision of the guidelines regarding telephone use.

In addition, the CPT recommends that the Skien Unit of Telemark prison be equipped with a visiting apartment for families of prisoners who live far away from the prison.

Response:

Norway will consider this recommendation by the Committee.

Item 142. The CPT recommends that disciplinary registers be established in every prison. In particular, documentation and registers concerning disciplinary sanctions must be properly maintained, accurately recorded and reflect all other aspects of custody.

Response:

Files on prisoners in custody and those who are serving sentences in Norwegian prisons are stored in the database/ electronic journal KOMPIS. In this journal, any disciplinary case may be traced from the occurrence of the situation, to the report on the situation, the statement obtained from the prisoner, and to any resulting sanction or disciplinary measure. Furthermore, all the formal documents completed during the disciplinary case are stored in the database Doculive. Hence, Norway submits that there are sufficient disciplinary registers in the Norwegian Correctional Service, and that there is no need for a supplemental register of disciplinary sanctions in addition to these. The existing database and journals will be replaced with a new database and journal (KODA/ Elements) in the near future.

Item 143. The CPT recommends that steps be taken in all prisons to ensure that:

- **prison management reviews the operation of the disciplinary procedures to ensure that any offence is investigated and adjudicated; and**

- **prisoners subjected to a disciplinary sanction are systematically provided with a copy of the disciplinary decision concerning them, and that they are requested to sign a statement that they have received a copy.**

Response:

The formalities and the process for adjudicating disciplinary cases are set out in Section 40 of the Execution of Sentences Act (ESA), the Regulations to the Act and in item 40 in the guidelines to the Act. Pursuant to the Regulations, disciplinary cases must be dealt with as quickly as possible. Moreover, it provides that ongoing processing time may be reflected in the magnitude of the sanction, alternately converted into a suspended sanction. Furthermore, the regulation also states that the prisoner must be informed and given a copy of the decision, and that notification is to be registered in the decision and in the prisoner's journal. If necessary, the decision is to be translated into a language the prisoner understands. However, the rules do not state that the inmate must sign this notification, nor that a copy must be received.

KDI will address these issues with the regional offices, and instruct them to ensure:

a) internal procedures for handling disciplinary cases in the prisons are reviewed and in accordance with the law, regulations and the guidelines.
b) disciplinary cases in the prisons are being handled quickly, and
c) the prisons establish procedures that ensure that all decisions from the prisons, including any disciplinary sanctions, are signed by the prisoner. If the prisoner should hesitate to sign, an officer must declare that the prisoner has been issued a copy. This measure is to be an addition to existing procedures as described in the guidelines.

The issue will also be addressed in governance dialogue with the regional offices.

Item 144. The CPT recommends that the Norwegian authorities take measures to ensure that the system of handling complaints made by persons deprived of their liberty observes certain basic principles, such as availability, accessibility, confidentiality, safety, effectiveness and traceability. A complete written record of registered complaints and their outcomes should be put in place in all prisons in Norway

Response:

Based on the information provided in the report from CPT, Norway does not find reasons to take steps to ensure that the system for handling complaints *as such* needs to be revised.

However, we acknowledge that the routines for *handling complaints against staff* could be made more available to the prisoners, and that the prison could provide information about receiving the complaint, and general information on how it is processed. Apart from this, the actual proceedings and outcome of cases regarding personnel matters shall not be disclosed to outside parties.

KDI will address this issue with the regional offices and the prisons and instruct them to ensure that all received complaints are handled pursuant to the Public Administration Act, the Execution of Sentences Act, the regulations to the Acts and the guidelines to the Execution of Sentences Act. When a complaint against members of staff is received, the complainant is to be notified that the complaint has been received and be given general information about how the complaint will be

handled. A written record of registered complaints against staff and their outcomes shall be put in place in all prisons in Norway.

The Directorate will also make amendments to the guidelines giving general information on how complaints against members of staff shall be handled.

Item 145. The Committee would like to receive information from the Norwegian authorities as to when the new supervisory board of the correctional service will indeed become operational.

Response:

The Supervisory Board for the Correctional Service commenced operations on January 1, 2025. The Board's management consists of a leader, and two deputy leaders. In addition, 65 members have been appointed, and a secretariat has been established. The Board has already conducted several inspections and is scheduled to hold a plenary meeting with its members on April 3, 2025.

Item 146. In June 2023, a new independent Committee for Criminal Reactions and Mental Health was created, which was tasked with investigating the conditions and care during imprisonment and detention of prisoners with serious mental or developmental disabilities. The Committee is mandated to evaluate preventive detention, the care of patients who are unaccountable pursuant to the Penal Code, and who were committed to psychiatric care or care by court order. The Committee is to submit its first report to the Minister of Justice and Public Security and the Minister of Health and Care by 1 March 2025. The CPT would like to receive a copy of this report.

Response:

The Official Norwegian Report NOU 2025: 2 Community Protection and Care was submitted to the Government on the 17th of March this year. A copy of the report (in Norwegian) will be sent to CPT together with our reply to CPT's report.

Item 148. The CPT would like to receive information from the Norwegian authorities on the progress made on the plan to build the new NFFA at the Skien Unit of Telemark prison and when it will become operational.

Response:

The plans for building the new NFFA at the Skien Unit of Telemark prison have been agreed upon, and we are working for the NFFA to become operational from the first quarter of 2026.

Item 149. The Committee invites the Norwegian authorities to remain vigilant to make sure there is a turnover of prisoners at the NFFA if possible, or increase the number of places, to guarantee available space for new prisoners in case of need.

Response:

There are currently six places at the NFFA at Ila Prison and Detention Facility. Several of the inmates who have been in the NFFA in recent years have been granted temporary or permanent placement in forensic psychiatric care, resulting in some turnover of inmates.

An increase in the number of places is very resource-intensive, and scaling up must be considered in relation to the regular budget processes.

Item 154. the Committee recommends that the Norwegian authorities take steps to ensure that the multidisciplinary team of the NFFA are being given the means to work together and ensure the fluidity of exchange of relevant information between healthcare and prison staff, for instance by concluding a special procedural or legal framework under the Ministries of Justice and Public Security and of Health and Care Services.

Response:

The Ministry of Justice and Public Security is working on draft proposals of new regulations regarding the processing of personal data during detention and the execution of sentences. In this context, the sharing of personal data with other agencies will also be addressed as a topic.

As outlined in the Prevention and Treatment Reform for the Substance Abuse Sector, the Government will follow up on the recommendations and measures proposed by the Drug Enforcement Committee, including:

How to best safeguard the health of inmates during pretrial detention, sentence execution, and reintegration into society.

Clarifying and defining the relationship between the healthcare services' obligation to provide medical care to inmates and the Correctional Service's responsibility to facilitate access, ensuring that inmates receive the healthcare they require and to which they are entitled.

Item 156. As was the case in the other prisons visited by the delegation (see above, in paragraph 115), in the NFFA medication was distributed by prison officers without the original packaging, which raised concerns in relation to medical confidentiality. The Committee hereby refers to the recommendation contained in paragraph 115 of this report.

Response:

We refer to our response to item 115 above.

Correctional Service staff may only distribute medication that has been prescribed and pre-packaged in dosette boxes for each inmate by the healthcare service. The Correctional Service must not distribute medication unless the healthcare service has provided the necessary training.

Item 161.The CPT understands that Section 10-3 of the Health and Care Services Act allows for the detention of "pregnant drug-addicted women". The CPT would like to be informed about the application of Section 10-3 of the Health and Care Services Act in practice, including the

frequency of its application over the last 10 years as well as the conditions for its imposition.

Response:

Pursuant to the special provision in the Health and Care Services Act Section 10-3, it can be decided that a pregnant woman who has a substance use disorder shall be admitted to an institution designated by the regional health authority and held there for the entire duration of the pregnancy, without her consent. The purpose of the admission is to prevent or reduce the likelihood of the child suffering physical and/or psychological short-term or permanent harm. During the stay, emphasis shall be placed on providing the woman with satisfactory help for her substance use disorder and enabling her to take care of the child. There is no legal basis for compulsory substance use disorder treatment during the stay.
The legislator has established through Section 10-3 that the need to protect the foetus shall outweigh the woman's right to self-determination. The following conditions must be met:

- The substance use must be of such a nature that it is "more likely than not that the child will be born with damage."
- Voluntary assistance measures are not sufficient.

Pursuant to the Health and Care Services Act Section 10-3, the duration of the pregnancy constitutes the maximum timeframe for the detention, however the municipality, in consultation with the institution, shall assess at least every three months whether a basis for detention remains.
A criticism of the provision has been that it is difficult to identify relevant pregnant women early enough to limit harmful effects to the foetus. One of several unfortunate aspects of the practice has been that detention rarely occurs based on alcohol use, even though alcohol is the most harmful substance for the foetus.

The only nationwide evaluation of the provisions on detention and coercion under Chapter 10 of the Health and Care Services Act was conducted by Uni Rokkansenteret in 2010. The evaluation showed that the coercion rules were used to a limited extent. A key finding was that there were significant variations in the application of the law between different municipalities. In 2016 , the Directorate of Health published the Guide on Coercive Measures for People with Substance Use Problems - under Chapter 10 of the Health and Care Services Act. The purpose of the guide is to contribute to a more uniform and correct use of coercive measures for people with substance use issues in accordance with the law and regulations.

In 2017, Oxford Research evaluated the quality of the reasoning in decisions made by the County Social Welfare Board in 15 randomly selected appeal cases relating to the use of coercion under the Health and Care Services Act Section 10-3. Oxford Research assessed the cases as being properly decided and generally presented in a satisfactory manner.

In 2019, the Coercion Limitation Act Committee assessed whether a coercion rule for pregnant women should be continued, ref. NOU 2019:14, item 24.10.5:
"Based on the fact that the State has the freedom to make rules for the protection of the foetus, the Committee believes that the justification on which the current rules are based still stands. The provision is therefore proposed to be continued, albeit in a somewhat modified form. Coercion is, however, not the first choice, not even for this group."

Statistics on the application of the Health and Care Services Act Section 10-3 over the past 10 years have been requested. The figures are shown in the two tables below.

Number of decisions made, all boards, Health and Care Services Act

Year	Temporary decisions	Appeals	Main cases
	10-2	10-3	10-2
2017	97	34	11
2018	116	23	13
2019	113	28	12
2020	115	40	16
2021	92	19	15
2022	86	21	11
2023	82	34	11

Source: Data collected by the Directorate of Health from the Child Welfare and Health Board – Central Unit

Number of decisions made, all boards, Health and Care Services Act

Year	Section 10-2	Section 10-2 Temporary	Section 10-3	Section 10-3 Temporary (Pregnant Women)
1996	18	..	8	26
1997	21	..	9	18
1998	29		16	30
1999	46	33	17	42
2000	22	31	8	19
2001	39	31	12	11
2002	38	35	17	34
2003	42	30	21	24
2004	49	58	15	22
2005	80	66	25	30
2006	65	49	29	33

2007	83	54	30	43
2008	71	50	23	49
2009	87	88	29	46
2010	106	106	25	45
2011	101	100	28	42
2012	109	103	28	43
2013	157	127	24	51
2014	155	135	17	32
2015	155	112	25	37
2016	144	137	28	35

The figures for 2010 and 2013-2015 were collected by the County Social Welfare Boards – Central Unit.
Source: Uni Rokkansenteret and the Directorate of Health and the County Social Welfare Boards – Central Unit

Item 163. The CPT would like to be informed about the outcome of the evaluation by the Frøstrup Committee, as well as the Government's position on that evaluation. Further, the CPT would like to be informed about the position of the Norwegian authorities on the report on compulsory care by the Regional Health Boards and the actions it has undertaken based on the analysis and recommendations from the report.

Response:

First, a short comment on CPT's following description "Further, the sudden increase in persons sentenced to 'compulsory treatment' prompted the Norwegian authorities to set up a committee chaired by Anne Cathrine Frøstrup, a high-ranking former civil servant, which has been mandated to look into the arrangements for compulsory mental healthcare and compulsory care."
The Committee's mandate does not include civil law coercion in mental health care, only the treatment and care authorized in the Penal code. Beyond this, the mandate and it's point of departure are broader than what is stated above. See the response to item 179 below.

Regarding CPT's reference to "the report on compulsory care by the Regional Health Boards", we doubt that such a report exists but assume that CPT is referring to the health regions' overall plan for security psychiatry and other measures for those sentenced to compulsory mental health care. See the response to item 179 below.

Item 164.The CPT recommends that the Norwegian authorities make additional effort to ensure that the new registration system will be fully functional as soon as possible.

Response:

The recommendation has a high priority, cf. the assignment and task document for 2025 from the Ministry to the Regional Health Authorities. The hospitals and units will work purposefully towards the goal of establishing systems for reliable registration of decisions on coercive measures in 2025.

Item 165. The CPT was very concerned with its findings in Østfold psychiatric hospital where in 2023 three patients had been restrained to a bed for up to 43 days (see paragraphs 191 to 193 below). In the CPT's view, such prolonged fixation, including the use of bottles, bedpans and a urinary catheter, may very well amount to inhuman and degrading treatment.

Response:

The South-East Regional Health Authority has followed up this issue after CPT's visit, i.a. through a meeting with Østfold Hospital. The hospital has submitted a comprehensive response to the Parliamentary Ombud for Scrutiny of the Public Administration on 30 January 2025, as a follow-up to the Ombud's previous report from 23 August 2024.

In August 2024, Østfold Hospital implemented a series of both immediate and long-term measures aimed at improving the quality of record keeping and building competence amongst managers and employees with regard to the regulations on the use of mechanical restraints. Østfold Hospital has also introduced a system and methodology for continuous improvement in the entire psychiatric department.

On 1 January 2025 the psychiatric department was reorganized with unified management and a head of department for the entire department.

The following measures have been introduced:

-All measures related to the use of coercion are set up on a board for continuous improvement at ward level in the psychiatric ward and include all ten 24-hour sections in the ward. The improvement board is continuously updated.

-Clearer lines of responsibility in handling the use of coercion. The need for role clarification between employees was mapped, and extensive and broadly inclusive work has been carried out to revise the procedure for responsibilities and role clarification. The procedure was calibrated against other healthcare institutions to ensure equal practice. The procedure was introduced in November 2024. Work is still ongoing to update other procedures related to the use of coercion.

-Improvement measures related to better monitoring of coercive measures.

-Ensuring the competence of managers and employees in the use of coercive drugs. This includes a review of episodes following the use of mechanical means of coercion, measures to raise competence, and measures to discuss particularly difficult cases at departmental level, established networks and possibly with other healthcare institutions.

-Assessment of alternatives to the use of mechanical means of coercion in emergency-like situations.

-Further improvement areas and measures linked to these, i.a. follow-up interviews after mandatory decisions, better follow-up of security patients, increased interdisciplinarity,

developing further training in environmental therapy, and improving patient flow and capacity. The hospital reports that the measures implemented from July 2024, with a high focus in the department on the use of coercion, have had a significant positive effect on the use of mechanical restraints in the psychiatric department. The results show a clear decrease in the number of decisions, the total use of belts, median duration, and number of long-term measures. The overall reduction in the use of coercion reflects an increased awareness of such use.

Item 169. The CPT would like to receive confirmation that no delays are expected in the re-accommodation of patients from RSD Dikemark's current site to the hospital under construction, and that patients will indeed enter in January 2027. Further, it would like to receive a timeline for the new to-be-built hospital in Tromsø, as well as confirmation that full funding has been assured.

Response:

Construction of a new hospital building at Ila for the Department of Enhanced Mental Health Care is on track. The current plan is for Oslo University Hospital (OUS) to take over the building in early April 2026. The plan calls for functions that do not involve direct clinical patient activity to begin moving into and using the building as soon as possible after takeover. Functions that are planned for early occupancy are academic and research activities, head of department with staff, and possibly other administrative functions. The relocation of clinical activities/enterprises in the enhanced department is planned to take place in October 2026.

Item 171. As both RSD Dikemark and, probably, the Tromsø centre will have new facilities in the near future, the CPT would like to receive confirmation that their design allows patients unrestricted access to outdoor space during the day (unless there are clear medical contraindications or treatment activities require patients to be present on the ward), which should be reasonably spacious and equipped with a means of rest and shelter against inclement weather.

Response:

As regards the new hospital building at Ila, the attached landscape plan shows the outdoor areas by wing (for each 24-hour wing, 6 patients will have a low-threshold opportunity for 3-4 outdoor areas). Patients in high-intensity have their own balcony and sheltered outdoor area between buildings B and C. In general, it can be said that emphasis has been placed on the fact that target group patients have areas (both outside and inside) adapted to their condition at any time during their course of treatment.

In the meantime, all efforts should continue to be made to allow patients unrestricted access to fresh air outdoors and, as patients in RSD Dikemark will not be reaccommodated in the new hospital building for another two and a half years, the two outdoor exercise areas used should both have seating for patients and cover from the elements installed.

Response:

At RSA Dikemark there are two gazebos, both of which have heat lamps and are in good condition. The gazebos are placed on opposite sides of the building. These are in frequent use by patients

who only have access only within the security perimeter. Inside the fresh air yard/activity yard, there are neither benches nor superstructures. The farm is set up to be able to organize joint outdoor activities with the patients. For example, football and indoor bandy are played in the activity yard. It is inappropriate to insert benches and ceilings in such a place. There are many zones with different forms of seating within the security perimeter. There are benches around the fire pit and there are several benches near the table tennis table and the kitchen garden on the east side of the building.

Further, the Committee would like to receive confirmation that the very small outdoor area used for patients accommodated in the RSD in Tromsø has been extended as planned.

Response:

Construction of the ward's sheltered outdoor areas has begun. The planned area is approximately 10 times larger than the current outdoor areas and is scheduled to be completed by July 1, 2025. Patients will still be accompanied by staff when they wish to go outside. This is due to the location of existing premises and adjacent bed units. The exit to the outdoor area shares a staircase/area with another bed unit. How many members of staff must be present at the exit will vary somewhat from patient to patient, and this number is based on individual risk assessments.

Item 172. The CPT would like to receive the comments of the Norwegian authorities on the above. (the planned construction of new hospitals provides an opportunity to take gender-zoning into account in their design). Further, the CPT recommends that the Norwegian authorities introduce gender-zoning on the mixed gender wards in the hospitals visited (and in mental health facilities elsewhere in Norway, as applicable) and that staff is alert on potential unwanted sexual contact between patients and protective towards patients vulnerable to such potentially unwanted sexual contact.

Response:

The health authorities will take CPT's recommendations into account in their further work. There are currently no plans to establish gender-separated zones at the sections. Individual assessments are continuously being made to determine what the right measures are for the individual patient, and the departments have a strong awareness of ensuring that patients are protected against unwanted sexual contact between patients. Arrangements are always made for women and men to have their own separate bathrooms.

Item 174.The CPT would like to be informed whether it is foreseen that administration of intramuscular Clozapine will be authorised in Norway.

Response:

This product does not have a marketing authorization in Norway. It also appears that the product does not have a marketing authorization in the EEA.
Given de-registrations based on its safety profile, it is unlikely that the product will be applied for and approved in Norway or any other EEA country. The solution for those who wish to prescribe this drug is to request an approval exemption for a pharmacy-produced medicinal product from the Netherlands. The product is currently not produced in Norwegian pharmacies. The only user in

Norway appears to be the Regional Security Section at Dikemark Hospital. In other words, the product is legally available in Norway through the approval exemption scheme if a doctor sees a need to use the medicinal product in treatment and takes personal initiative to procure it.

Item 176. Given the general shortage of staff affecting the provision of (mental) health care in Norway, the CPT recommends that the Norwegian authorities seek to prioritise activities that allow for the delivery of a more intense programme of psychosocial treatments (for example, psychotherapy, and occupational and creative therapies and activities) to in-patients, to better aid their recovery. Further, the CPT trusts that the creation of suitable facilities for occupational therapy is part of the construction plans for the new buildings for RSD Dikemark and the Tromsø centre.

Response:

The South-Eastern Norway Regional Health Authority will follow up the recommendations of the CPT in close contact with the health institutions. All patients are entitled to have a treatment plan that is individually adapted to the individual's needs, and which takes into account the patient's interests and strengths. Adapted environmental therapy with various activities will be part of such a treatment plan. For many patients, various forms of psychotherapy/talk therapy will be part of the treatment they receive during admission.
The Regional Security Department - current situation: Over the past three years, RSD has prioritized allocating resources to increase the range of activities at the institution. Two full time positions, namely a social worker and an occupational therapist, have been employed following a re-prioritisation of funds within the section. RSD now has two social workers and two occupational therapists.

Regarding the new hospital building at Ila: Reference is made to the attached preliminary project report from April 2023. Reference is made in particular to:

Page 68: 7.2 Functional description.

Page 71: 7.3 The 24-hour area. The project plans to differentiate the clinical areas. The 24-hour spaces are divided into ordinary patient rooms, intensive care rooms with attached living areas and high-intensity rooms with environmental therapy rooms. Through this, the building will be able to provide treatment areas that look after the patient to the best possible extent in phases with different symptom pressures.

Page 74: 7.4 Arena flexible areas.

Page 75: 7.5 Activity areas. Chapter 6.6 landscape concept and 6.7 Material use - landscape.

Item 179. In their «Comprehensive plan for security psychiatry and other measures for people sentenced to compulsory mental healthcare», the four Norwegian regional Health Boards estimate that nationwide five to 15 patients would benefit from specialist secure housing at local or regional level. The report does not give details about the living conditions and the treatment of person to be placed in these facilities, but the CPT trusts that the Norwegian authorities fully consider the purpose of placement in a care setting as, inter alia, reflected upon by the European Court of Human Rights in the case of Rooman v Belgium. There, the court observed the growing importance given by international instruments for the protection of

people with mental disabilities to the need for persons placed in compulsory confinement to be able to benefit from personalised and appropriate treatment to fulfil the therapeutic aim of detention. Further, the CPT firmly holds that even though certain patients may not have made sufficient progress in their treatment to be considered for release or transfer, they should nevertheless continue to be evaluated regularly in order to detect any progress as regards their treatment objectives. In that case, they should once again benefit from the full scale of therapeutic modalities on offer in the institution.

The CPT would like to receive the comments of the Norwegian authorities on the above. (Further, it would like to be informed about the position taken by the Norwegian authorities as to the proposal for secure housing by the regional Health Boards.

Response:

In 2022, the regional health authorities were commissioned to prepare an overall plan for security psychiatry and other measures for those sentenced to compulsory mental health care. It was specified that, among other things, the need for long-term, reinforced housing shall be assessed. The regional authorities' report was received in September 2023. Some of the measures that have been considered and proposed are safety housing, transitional housing and ambulatory security teams. In 2024, the health regions were commissioned to follow up on the plan.

In the autumn of 2024, the Ministry of Health and Care Services received a progress report which shows that the work on following up the plan is well underway in the health regions. At the turn of the year 2023/2024, 368 people had been sentenced to compulsory mental health care. The treatment capacity in security psychiatry is around 250 beds. This is the highest capacity since security departments were established in the late 1980s. On the regional level, capacity has increased from 0.8 beds per 100,000 inhabitants in 2019 to 0.9 in 2023.

Item 181. The CPT welcomes the initiatives already taken to reduce violence on the ward and encourages the Norwegian authorities to reflect on additional initiatives to reduce it even further.

Response:

This is a problem that the regional and local health authorities take very seriously. The work with MAP is an important tool for the reduction and prevention of violence in wards.

As an example, the local health trusts in the South-East received the following requirements in 2024: prevent violence and threats against healthcare personnel in line with recommendations in a report by the South-Eastern Norway Regional Health Authority on the prevention of violence and threats against employees.

The South-Eastern Norway Regional Health Authority has recently also completed a regional work with a joint training programme for the prevention of violence and threats in somatic care.

Item 183. The CPT would like to be informed which measures the Norwegian authorities will take in the context of the "National health and coordination plan 2024-2027" to recruit and

retain higher numbers of qualified staff to work on the wards (such as nurses) and to employ more occupational therapists and social workers.

Response:

Healthcare institutions and hospitals have had a strong focus on recruiting and retaining qualified personnel in recent years, including work on staffing projections for mental health care and substance abuse treatment that was conducted in 2024. Recruitment of LIS3 has been a particular priority, since this has been the biggest challenge in mental health care in recent years. All the health organizations have drawn up an action plan to increase the recruitment of doctors in specialisation, and the South-Eastern Norway Regional Health Authority has allocated NOK 30 million for measures in the region in 2025 to, among other things, strengthen subjects and research, improve framework conditions and the working environment, provide the opportunity for appropriate organizational changes to make the subject environments more robust, and raise the quality of education. These measures can contribute to stable professional environments with high quality education/training and patient care, which has a positive effect on recruiting and retaining all professional groups.

Item 184. The CPT would like to be informed about any planned legal amendments related to the use of means of restraint in mental health establishments.

Response:

In November 2024, the Government submitted a proposal to the Parliament to follow up on the Parliamentary Ombud for Scrutiny of the Public Administration's recommendation to clarify the obligation to continuously assess whether the use of mechanical restraints remains strictly necessary for the entire duration of their application. It was proposed to introduce a general provision in the Mental Health Care Act, making it clear that all conditions for the use of coercion must be met at all times while the decision is being implemented. Furthermore, the legislative proposal states that the Ministry shall continue working on follow-up of the Coercion Law Committee.

Item 190. The CPT recommends that the standing practice in the hospitals visited to review any restrained patient by a doctor be reflected in law.

Response:

The Mental Health Care Act stipulates that the use of coercive measures must be evaluated together with the patient as soon as possible after the measure has ended. According to the Norwegian Directorate of Health's circular on the Mental Health Care Act, the evaluation conversation should preferably be conducted by the clinically responsible professional.

Doctors and psychologists must complete education and specialization at the same level to obtain authorization to practice in Norway. Based on this, both doctors with relevant specialist training and clinical psychologists with appropriate experience and further education may be designated as clinically responsible professionals and are authorised to make decisions and implement specific

measures under the Mental Health Care Act. However, psychologists do not have clinical responsibility for decisions regarding the use of medication.

At present, we consider the existing framework to be appropriate and well-balanced, and do not see an immediate need to introduce a legal requirement that evaluations must be conducted by a physician. However, we remain attentive to developments in this area and will continue to assess the need for any adjustments in line with best practices and professional considerations.

Item 191. The CPT recommends that measures be taken to further reduce the length of application of restraint in the institutions visited, as well as elsewhere in Norway. Further, the electronic systems used to record restraint measures should allow for the easy collation of data at a hospital-wide level to allow accurate monitoring of trends (locally and nationally) in the use of restrictive measures.

Response:

In the assignment document for 2025 from the Ministry of Health and Care Services to the regional health authorities it is stated that they, in collaboration and under the auspices of the South-Eastern Norway Regional Health Authority, shall review the use of coercive measures and forced admissions in mental health care as a basis for better preventing coercion, and ensure that all coercive decisions are registered in the electronic patient journal in accordance with the current template issued by the Directorate of Health. The work that deals with forced admissions is to be carried out in collaboration with the municipalities, including emergency units.

Item 192. The CPT is deeply concerned by its findings, in particular as concerns the prolonged fixation to a bed, including the use of bottles, bedpans and an urinary catheter, which in its view may very well amount to inhuman and degrading treatment. In the CPT's view, the duration of the use of means of mechanical restraint and seclusion should be for the shortest possible time (usually minutes rather than hours) and should always be terminated when the underlying reasons for their use have ceased. When a patient is, exceptionally, placed in lengthy restraint, their care plan should be additionally reviewed by a doctor, accompanied by multidisciplinary clinical colleagues, all of whom are independent from the treating clinical team, in order to recommend whether alternative clinical treatment approaches might appropriately be deployed.

Response:

Please see the responses to items 165, 184, and 191**.**

Item 193.As it transpired, the Østfold Supervisory Commission neither scrutinizes *ex officio* the application of coercive measures in the institution nor keeps itself informed about instances of their use. Rather, the Østfold Supervisory Commission is said to focus on decisions concerning compulsory observation and compulsory care (See paragraph 198 below). Also, from discussions with members of the Supervisory Commission the delegation learned that even if the Supervisory Commission were to receive a complaint as to the use of means of restraints or would carry out an *ex officio* investigation, it would not inform itself about the length of the period these means of restraints had already been applied. The CPT

considers such a-historic approach a serious flaw in the supervision methodology, as the legitimacy of the motivation for the continued necessity of their application should undergo particularly profound scrutiny.

Response:

Items 193, 195 and 196 are related to the requirements for decisions on mechanical restraints in mental health care and the Supervisory Commission's oversight and handling of appeals regarding these. The points are answered collectively here.

Requirements for the Institution's Decisions on Mechanical Restraints
The Directorate of Health has created templates for decisions under the Mental Health Care Act for use in electronic patient records (EPR), see Standard for Decisions under the Mental Health Care Act.pdf. The Directorate has strongly encouraged the country's mental health care institutions to use these templates. The templates are used by DIPS Arena, which is the largest EPR system provider in mental health care in Norway.

The template for decisions on mechanical restraints requires, among other things, that information about the implementation of the restraint and the time the restraint ends be included. It is also required that the decision include information about "which less restrictive measures have proven to be obviously futile or insufficient." See more about the requirements for restraint decisions in the standard, chapter 4.4.

Requirements for the Control Commission's Oversight and Appeal Decisions
Following the report by the Parliamentary Ombud for the Scrutiny of the Public Administration in 2022 (the Norwegian NPM) which described inadequate supervision of the use of mechanical restraints, the Directorate of Health revised the template for the Supervisory Commission's appeal decisions on restraints: Tasks, Procedures, and Templates for Supervisory Commissions - Directorate of Health.

The following clarification was included in the template: "In addition to the background of the case, it should be stated when the decision was implemented and when it ended. It should also explain the implementation and whether the patient was given more lenient care, cf. the Mental Health Care Regulations Section 26." Additionally, the following clarification was made:

"The Supervisory Commission must show how it has assessed the conditions, including whether less restrictive measures have been attempted and whether the requirement for 'absolutely necessary' was met for the entire period the restraint decision was in use."

The requirements for the Supervisory Commission's welfare control/legal control of all restraint decisions are discussed in the Supervisory Commission's Procedural Guide, chapter 12.2. Following the aforementioned NPM report, this text was revised to clearly state that the control may result in the Commission finding the restraint decision invalid. A template for decisions on the termination of restrictive measures due to invalidity was then developed.
The aforementioned procedural guide also emphasizes that the Commission should be attentive to the possibility that the use of restraints has not been subject to a decision.

The Commissions' follow-up on restraints has been a topic several times at the Directorate of Health's annual national conference for the supervisory commissions. The NPM was invited to the conference in 2022 to discuss the report on restraints mentioned above. In 2024, all commissions were presented with the work of a commission from Akershus University Hospital, which has had a special focus on the control of restraints ('best practice').

The CPT notes that few patients appeal restraint decisions to the Supervisory Commission. One reason for this may be that the measure is often concluded before the patient is in a condition to appeal, and the motivation to appeal is low since the measure has already ended. In 2024, 107 complaints about mechanical restraints were filed in Norway, 22 of which were upheld, cf. the report on the control of the use of restraints in mental health care 2023, chapter 2.4.

Regarding the question of free legal representation for appeals against restraint decisions to the Supervisory Commission, this may be considered in the next law revision. This was not proposed by the committee that last reviewed these restraint rules, see the Coercion Limitation Act NOU 2019:14 proposal for a new Section 13-7.

In Prop. 31 L (2024-2025), a new provision in the Mental Health Care Act Section 4-2a was proposed, which will apply to decisions on restraints. The provision requires "ongoing assessment of whether the conditions of the law are met." This is a clarification that the conditions of the law must be met throughout the implementation of a restraint decision. In connection with the entry into force of the legislative amendment, the Directorate of Health will review the decision templates and circulars mentioned above and assess the need for revision.

Item 194.The CPT expects that lessons will be learned so that, in future, similar situations may be avoided, including via systemic changes and/or different approaches to treatment and/or the use of alternative services, to ensure that restraints are only used for the shortest possible time (usually minutes to a few hours), that patients undergoing restraint are able to go to the toilet in a dignified manner and, when the emergency situation resulting in the application of restraint ceases to exist, the patient is released immediately.

Response:

Please see the response to item 165 above.

Item 195.The CPT recommends that the Norwegian authorities reflect on measures as to ensure Supervisory Commission scrutiny of the continuous application of means of restraint, including by providing legal aid for patients that appeal to the Supervisory Commission in this context.

Response:

Please see the response to item 193 above.

196. The delegation was informed that, in particular in the Tromsø centre, as regards both the quality of decision making and file keeping:

- **the registered application of means of restraint frequently lacked ending times;**
- **the measures applied are at times omitted from registration;**
- **shielding is at times subject to back-to-back prolongation, without**

sufficient time allotted to make an adequate assessment of its necessity. The CPT recommends that the Norwegian authorities ensure that these above matters are remedied, in the Tromsø centre and elsewhere if needed.

Response:

Please see the response to item 193 above.

Item 198. The CPT recommends that the Norwegian authorities take measures to ensure that decisions to continue involuntary hospitalisation are well-motivated.

Response:

Please see the response to items 191 and 193 above.