



**FOLKETINGETS
OMBUDSMAND**

Manual for Monitoring Activities

Contents

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1. Introduction	4
Where does the Ombudsman visit?	4
Method and assessment	5
Changes based on the evaluation in 2016.....	6
Changes based on the update in 2023	6
2. Values and objectives	7
2.1. Fundamental values	7
2.2. Objectives.....	7
3. Planning	11
3.1. Themes.....	11
3.2. Focus areas.....	12
3.3. Types of visit.....	21
3.4. Monitoring plan	24
3.5. Planning and preparation of an announced standard visit.....	25
4. Execution	28
4.1. Course of a standard visit.....	28
4.2. Interviews.....	30
5. Follow-up	34
5.1. Conclusion to a visit	34
5.2. Other forms of follow-up	35
Appendix 1. Central rules for monitoring visits	41
The Parliamentary Ombudsman Act.....	41
The OPCAT	42
Appendix 2. Lists for use in connection with monitoring visits to various types of institutions	43
1. State prisons	43
2. Local prisons	50

3. Transitional prisons under the Prison and Probation Service	57
4. Detention cells	63
5. Holding cells	66
6. Psychiatric sector	68
7. Accommodation facilities for adults	76
8. Residential institutions, accommodation facilities for children and young people (including in-house schools) and foster families	83
9. Primary and lower secondary schools (the municipal 'Folkeskole', free schools, private primary and lower secondary schools, special day-care facilities, continuation schools, etc.)	91
10. Day-care facilities	97
11. Asylum centres	100

1. Introduction

This monitoring manual is a result of the Parliamentary Ombudsman's evaluation of his monitoring activities in the course of 2016. The evaluation was carried out together with DIGNITY – the Danish Institute Against Torture (hereafter DIGNITY) and the Danish Institute for Human Rights. The evaluation confirmed that, in general, the monitoring activities and the monitoring concept work as intended, and that the Ombudsman thereby through his monitoring activities helps to ensure that people attending or residing in institutions are treated with dignity, consideration and in accordance with their rights.

The manual has been updated in 2023 in cooperation with DIGNITY and the Institute for Human Rights.

The aim of this manual is particularly to give guidance to the Ombudsman's staff when planning, executing and following up on monitoring visits and otherwise dealing with the Ombudsman's monitoring activities. The monitoring manual also shows the institutions visited by the Ombudsman, the users with whom the Ombudsman's teams speak, and other interested parties, how the Ombudsman carries out monitoring visits and what the Ombudsman gives weight to in his monitoring activities.

The manual describes the fundamental values for and the objectives of the Ombudsman's monitoring visits (chapter 2). With basis in this, the manual is divided into three central chapters, which concern planning and execution of monitoring visits (chapters 3 and 4) and follow-up on monitoring visits (chapter 5). Appendix 1 lists key parts of the legal framework applicable to the Ombudsman's monitoring visits. Appendix 2 describes the legal rules, focus areas, information and questions that are typically relevant in connection with monitoring visits to the various types of institution.

Where does the Ombudsman visit?

The Ombudsman monitors public and private institutions, particularly where people are or may be deprived of their liberty. These are for instance state prisons, local prisons, social accommodation facilities, residential institutions for children and young people placed outside the home, psychiatric wards and police detention cells. The Ombudsman may also visit for instance foster families and care homes.

All monitoring visits are carried out with authority in the Ombudsman Act. In addition, the main part of the monitoring visits to both institutions for children and institutions for adults has its basis in the Optional Protocol to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).

According to the OPCAT, independent international and national institutions (preventive mechanisms) must regularly visit places where people are or may be deprived of their liberty. The National Preventive Mechanism must be able to give recommendations to relevant authorities. The purpose of the recommendations is to improve the treatment of and the conditions for people deprived of their liberty and to prevent torture and other cruel, inhuman or degrading treatment or punishment.

The Ombudsman has been designated National Preventive Mechanism under the OPCAT. The Ombudsman works with DIGNITY and the Institute for Human Rights on these OPCAT visits. The two institutes contribute with medical and human rights expertise.

The manual primarily concerns visits carried out under the OPCAT.

Method and assessment

There are in overall terms few rules as to how the Ombudsman's monitoring activities must be carried out. This means that the Ombudsman is relatively free to organise his monitoring activities as he sees fit.

Of course, the monitoring must be effective in relation to the individual institutions that the Ombudsman visits, and it must also work on a more general level by having a preventive aim.

The Ombudsman's method has been developed through a long-running practice. The Ombudsman continuously adjusts and revises his method, and in 2016 the Ombudsman, together with DIGNITY and the Institute for Human Rights, systematically evaluated his monitoring activities.

The basis for the 2016 evaluation was, in particular, the Ombudsman Act, the OPCAT, recommendations from the UN Sub-Committee for the Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (SPT) and the NGO Association for the Prevention of Torture (APT) together with information about the practice which the corresponding National Preventive Mechanisms (NPMs) in Sweden, Norway and Finland follow in key areas.

The evaluation confirmed that the monitoring activities can generally continue in their existing form and with the same fundamental values and objectives. In particular, the evaluation confirmed the use of dialogue-based monitoring, which is predominantly based on a verbal dialogue between the Ombudsman and those he visits, including managements and users of institutions. In overall and slightly simplified terms, the assessment is that the use of quiet diplomacy based on dialogue, cooperation, openness and trust has in

practice proved to be effective and has thus led to results and improvements for the users.

Therefore, the Ombudsman maintained the dialogue-based monitoring format. The monitoring format was expanded and adjusted in various areas – also based on the evaluation. Read more below.

The Monitoring Manual has been updated in 2023.

Changes based on the evaluation in 2016

As a result of the evaluation, it was decided that the Ombudsman's website will publish a continuously updated list of the institutions that the Ombudsman has visited. At the same time, a copy of the Ombudsman's closing letter to the visited institutions is published in Danish on the website. The institutions, the users, other citizens, public authorities, the media, etc. can thereby keep up with and follow up on the results of the individual monitoring visits.

Another main result concerned the way in which the Ombudsman gathers information through interviews conducted during visits. To a higher degree, the Ombudsman's visiting teams choose themselves more systematically which users and staff they wish to interview during visits. The purpose is to ensure that the Ombudsman receives an adequate picture of the conditions in the institution.

The evaluation also led to deliberations regarding the use of new types of visiting. The Ombudsman still primarily uses announced standard visits and a few unannounced visits. In addition, the Ombudsman is to a greater extent than previously mindful of carrying out other kinds of visit dependent on the purpose of the visit. Consequently, there are more visits of varying intensity, and some visits may have a narrower focus than other visits. The Ombudsman has taken into account considerations regarding results, effectiveness and resources.

Changes based on the update in 2023

In 2023, particularly the description of the execution of monitoring visits has been adjusted in accordance with how the practice has developed since 2016. For instance, a description has been added of the use of recommendations and focus points and the visiting teams' possibility of splitting up in practice. It has also been taken into account that the sequence of meetings is planned in a more flexible manner than previously.

The lists of legislative basis in Appendix 2 are up-to-date as at 1 January 2023.

2. Values and objectives

The Ombudsman's monitoring visits may vary with regard to assessment basis, extent and objectives alike. But they share a common set of fundamental values and pursue the same objectives.

The fundamental values and the objectives pursued in the individual visits are described in the following.

2.1. Fundamental values

The dignity of the individual person is fundamental to human rights. Human dignity is expressed in for instance Article 1 of both the UN Universal Declaration of Human Rights from 1948 and the EU Charter of Fundamental Rights.

Through his monitoring visits, the Parliamentary Ombudsman must help ensure that the people attending or residing in institutions are treated with dignity and consideration. In this context, it is a fundamental value for the Ombudsman to ensure respect for the individual's personal integrity.

In addition, the Ombudsman's monitoring visits must help ensure that the individuals attending or residing in institutions are treated in accordance with their rights.

In continuation thereof, the Ombudsman makes a point of carrying out the visits in a way that is characterised by dialogue, openness, cooperation, trust and empathy.

2.2. Objectives

The Ombudsman concentrates on significant aspects during monitoring visits

The Ombudsman's assessments in connection with monitoring visits are based on a very broad foundation, which includes Danish legislation, good administrative practice, international regulations, including relevant UN norms, together with considerations of a general humanitarian nature. This means that the Ombudsman is able to assess all aspects of the conditions in the institutions he visits.

During the visits, the Ombudsman endeavours to focus on more serious or significant problems. Thereby, the Ombudsman ensures that attention during the visits is directed towards those conditions that it is especially important to improve in the interests of the residents.

The Ombudsman investigates general issues

The particular field of attention of the monitoring visits is general legal issues which require clarification out of regard for the people attending or residing in an institution. Such issues will often concern more than one institution of a similar type and do not necessarily reflect blame on the individual institution.

The Ombudsman can clarify such issues, for instance by discussing them with the person responsible for the institution or by taking them up with the relevant ministry.

The Ombudsman directs his monitoring visits particularly towards matters of practical importance to many people

According to the OPCAT, in his protocol-empowered functions, the Ombudsman must have the power to make recommendations to the relevant authorities with the aim of improving the treatment of and the conditions for people deprived of their liberty.

According to the Ombudsman Act, in connection with his monitoring visits, the Ombudsman may assess matters concerning the organisation and operation of an institution and matters concerning the treatment of and activities for the users of the institution on the basis of universal human and humanitarian considerations.

In accordance with the Ombudsman Act, the Ombudsman must also monitor whether existing legislation is consistent with, particularly, Denmark's international obligations to ensure the rights of children, such as the UN Convention on the Rights of the Child.

These stipulations are, among other things, an expression of the principle that monitoring visits must generally concentrate on matters of significant importance to all or most of the users' conditions, for instance education, occupation and leisure time, and the relationship with the staff.

The Ombudsman commits his resources where they are most useful

The Ombudsman will, of course, use his resources to best effect. Among other things, this is reflected in the fact that the Ombudsman targets his monitoring visits at the conditions that he finds significant, partly based on the purpose of the individual visit and partly based on the actual conditions in the individual institution.

In practical terms, the targeting is carried out by the Ombudsman using checklists in connection with visits to various types of institution, and by the Ombudsman not writing longer reports than necessary in order to communicate his assessments and recommendations. Therefore, the Ombudsman also restricts the follow-up on his visits to matters that are of

significant importance, according to a concrete assessment. These measures mean that, all things being equal, the Ombudsman can carry out more monitoring visits and conclude the cases on the visits faster.

The Ombudsman prevents and improves protection against degrading treatment

During his monitoring visits, the Ombudsman achieves this objective by investigating whether treatment in violation of the OPCAT is taking place or whether there is a risk that such treatment might develop in the institutions.

The Ombudsman examines the core services of the institution to the extent possible

The Ombudsman has a law degree and he will therefore normally concentrate his efforts on legal issues. With regard to monitoring visits, the Ombudsman is also able to assess a number of conditions from universal human and humanitarian points of view. The Ombudsman carries out his tasks according to the OPCAT in cooperation with DIGNITY and the Institute for Human Rights, which contribute with special medical and human rights expertise. The Ombudsman's special advisor on children's issues participates in monitoring visits to institutions for children.

To a certain extent, the Ombudsman is thereby able to examine the institutions' core services, such as treatment of patients, provision of care, rehabilitation of substance abusers, etc.

To the extent that the Ombudsman possesses the requisite expert qualifications, and if he otherwise considers it appropriate, the Ombudsman will examine the way in which the institutions carry out their primary duties towards the users.

The Ombudsman gathers information about best practice and shares this knowledge with the relevant authorities, institutions and users

The monitoring visits provide the Ombudsman with an insight into and information about the very dissimilar ways in which the institutions are managed, and how identical problems may be solved in very different ways. It is an independent aim of the visits that the Ombudsman gathers general knowledge of the way in which the user-related tasks are organised with a view to imparting such knowledge to other institutions.

Knowledge sharing of this kind – through informal discussions, annual reports and thematic reports – is a valuable method of disseminating knowledge of best practices.

The Ombudsman bases his monitoring visits on verbal dialogue

During his visits, the Ombudsman makes a point of interviewing and having discussions with all people who may shed light on the conditions found in the institution, and his monitoring is thereby predominantly dialogue-based.

During the visits, the Ombudsman will in practice interview particularly management, users and staff and often relatives as well, especially parents, and sometimes patient advisers and other people who are regular visitors to the institution.

In addition, the Ombudsman frequently uses the verbal dialogue in connection with the conclusion of his visits and may for instance also telephone after the visit to discuss his considerations with the institution and perhaps during this process find a solution to a problem.

The Ombudsman informs the public of significant findings arising from his monitoring visits

The Ombudsman has a natural obligation to inform the public of his activities. Thereby, the Ombudsman may for instance make the public aware of problems concerning the treatment of the institutions' users, which may not be known to the public. Such information may contribute to making the public, including future users, familiar with life in an institution, while acquainting the public with a core part of the Ombudsman's work.

Information about the Ombudsman's monitoring visits will also help ensure confidence in the Ombudsman and the institutions he visits.

Lastly, information about the monitoring visits has a general preventive effect in relation to the authorities and institutions that are included in the Ombudsman's monitoring activities.

The Ombudsman may notify Parliament and the relevant minister of particular legislative deficiencies

If any deficiencies in existing laws come to the attention of the Ombudsman in particular cases, he notifies Parliament and the responsible minister thereof, in accordance with the rules of the Ombudsman Act.

The Ombudsman can only point out matters relating to legal rights, legislative drafting or administration. For example, this may be unclear, conflicting, inconsistent or otherwise incomplete provisions. However, the Ombudsman cannot make political assessments of adopted laws and administrative provisions.

3. Planning

3.1. Themes

Every year, the Ombudsman – in cooperation with DIGNITY and the Institute for Human Rights – selects one or more themes for the year's monitoring visits. A significant number of the year's monitoring visits go to institutions where the themes are relevant.

The choice of theme especially depends on where there are grounds for closer monitoring attention. The theme can for instance be an area where there may be a certain risk of degrading treatment, where there may be problems regarding legal rights, or where the media, international bodies, NGOs or others have reported problems. It may also be an area with which the Ombudsman is less familiar or which is of particular importance to the users. In addition, it matters whether the area is within the Ombudsman's jurisdiction, thereby giving him the required powers to investigate the theme.

As a starting point, the Ombudsman will choose a narrow theme, for instance security cell placement in the Prison and Probation Service and the prevention of violence and threats between users. A narrow theme allows the Ombudsman to examine the theme more thoroughly. But a broader theme may also be chosen, for example children and young people attending or residing in an institution due to an extensive and permanent functional disability. A theme may stretch across different sectors; for instance, search of persons and substance abuse treatment can occur in both the Prison and Probation Service and the psychiatric sector as well as in the social services sector.

The themes provide the Ombudsman with the opportunity to include topical issues in his monitoring activities and also to study a theme in depth and across particular issues and to gather experience of practices, including best practice.

The Ombudsman prepares the themes and in that connection specifies which matters within the theme the Ombudsman will focus on and the way in which he will conduct his investigation. In some cases, it may for instance be practical to draw up checklists or devise other tools. The preparation of the theme may be carried out by a focus group.

The Ombudsman includes DIGNITY and the Institute for Human Rights when preparing the themes. Sometimes it may, as part of the preparation, be relevant for the Ombudsman to include others. The Ombudsman may for instance procure information from the local social supervision authority on that authority's experience and plans for a specific area, and the Ombudsman can ask a private organisation for guidance on the way in which

communication with users having limited or no verbal language takes place and which possibilities and challenges the area is facing at this point in time.

3.2. Focus areas

3.2.1. In general

The Ombudsman has chosen a number of areas that he generally focuses on and to which he will pay special attention in connection with his monitoring visits. The choice of general focus areas is made on the basis of the fundamental values and the objectives of the monitoring visits. The choice is also based on, among other things, reports on Denmark from the UN Committee against Torture (CAT) and the UN Committee on the Rights of the Child and on the knowledge and experience that the Ombudsman, DIGNITY and the Institute for Human Rights already possess regarding conditions for people deprived of their liberty and other people attending institutions in Denmark. When choosing the areas, the Ombudsman has also had regard for other relevant sources, such as the results of the visits made by the UN Sub-Committee for the Prevention of Torture (SPT) and the European Committee for the Prevention of Torture (CPT), etc.

The Ombudsman has chosen the following general focus areas:

- Use of coercion and other interventions and restrictions
- Relations
- Occupation, education and leisure time
- Safety for the users
- Sector transfers
- Healthcare-related conditions.

When planning the individual monitoring visit, the Ombudsman normally uses the general focus areas to determine which specific focus areas the monitoring visit will have. But it is also clear that there is nothing to preclude the Ombudsman from choosing a specific focus area which does not appear from the list of general focus areas.

The choice of specific focus areas depends on which institution the Ombudsman is visiting. In addition, the Ombudsman can for a period of time choose to prioritise some focus areas ahead of others. When making the ongoing selection of specific focus areas, the Ombudsman takes his starting point in his objectives, including in particular the objective that the Ombudsman uses his resources where they are most effective.

In practice, the individual general focus areas will not always be used to the same extent. This is because the focus areas are of different relevance depending on the type of institution that the Ombudsman visits and the type of visit that the Ombudsman is carrying out in the specific case. Some areas

will almost always be in focus during the Ombudsman's monitoring visits, while other focus areas will only be used once in a while. Thus, use of coercion and other interventions and restrictions will normally be relevant. In addition, the Ombudsman will almost always include the focus area of relations in his monitoring visits. Education is typically a focus area for visits to institutions attended by children and young people of compulsory school age.

The choice of specific focus areas is usually made before the visit but may also be made during the visit, for instance if the visit evolves in such a way that matters not originally chosen as a focus area come into play. As an example, the Ombudsman does not normally focus on the material conditions during his monitoring visits. However, if there are concrete indications during a visit of significant deficiencies in the material conditions, the Ombudsman can decide to direct special attention towards these conditions. The concrete indications may for instance be that the Ombudsman during his tour of an institution discovers problematic material conditions or that many users of the institution complain about the material conditions.

During his monitoring visits, the Ombudsman will also usually ask about and be interested in matters that are not included in the focus areas chosen for the visit. This is due to several reasons. First and foremost – regardless of whether or not the matters fall inside or outside the visit's focus areas – the Ombudsman will always during his monitoring visits keep an eye out for any uncovering of serious problems, general legal problems requiring clarification, degrading treatment, living conditions that it is important and reasonable to improve, information about best practice or problems with delivering core services to the users. During his visits, the Ombudsman will normally ensure that for instance the users of the institution have access to activities and that children and young people of compulsory school age receive schooling. Furthermore, it is important to the Ombudsman to get a clear picture of the institution's goal and function, and he will therefore also be interested in more general matters regarding, for instance, the institution and its facilities.

3.2.2. The individual focus areas

3.2.2.1. Use of coercion and other interventions and restrictions

Use of coercion, force, interventions, disciplinary measures, non-statutory interventions and other restrictions will often be felt as onerous by the person who is the subject of for instance coercion because use of coercion implies restrictions of personal freedom. In many instances, there may be a risk of coercion being used in such a way that the prohibition against torture and other cruel, inhuman or degrading treatment or punishment will be violated. Normally, the legislation will contain detailed rules on when and how coercion can be used.

Use of coercion

Use of physical coercion may be necessary in order to carry out the deprivation of liberty but it can also be difficult to avoid entirely as a means of maintaining the deprivation of liberty or in connection with treatment of the person deprived of liberty.

Here, there are also great differences in when and how use of coercion is involved in the various types of institution. In some instances, physical coercion is used to carry out and maintain the deprivation of liberty while coercion is used in other situations to protect other people against a person attacking them or to protect people against themselves or against other people. Regardless of the reason, there is always a risk that use of coercion turns into a violation of the prohibition against torture and other cruel, inhuman or degrading treatment or punishment.

Other interventions

There is a broad range of various interventions, such as exclusion from association, placement in an observation or security cell, searches and urine tests, confiscation of mobile phone, restrictions of the right to visits, locking rooms, search of persons and suspension of rights as a punishment.

People deprived of their liberty will often experience these interventions as significant, onerous and severe.

Solitary confinement

Many studies show that people who are not only restricted in their freedom of movement but are also isolated from contact with other people are particularly vulnerable. Experience also shows that there are large differences in the individual susceptibility to the consequences of solitary confinement. The generally accepted view is, however, that the majority will be very seriously affected by solitary confinement, even for shorter periods of time. This finding has meant that solitary confinement is a focus area.

During the monitoring visits, attention will be directed at the number of people who are placed in solitary confinement, the extent thereof and the conditions for segregating the individual from other people together with any possible harmful effects of a too protracted or too restrictively exercised solitary confinement.

Disciplinary measures and non-statutory interventions

Disciplinary measures are mainly used in prisons where disciplinary cells, financial penalties and warnings may be employed.

Non-statutory interventions include various types of non-regulated measures involving a restriction against the affected people. For example, there was

previously no statutory authority for restricting psychiatric patients' access to their mobile phones.

3.2.2.2. Relations

The relations that a person residing in an institution has with for instance staff, fellow residents, relatives/network and the local community will normally be of crucial importance to the way in which that person experiences life in the institution.

Relations with other people can unfold at all times and in all places, inside or outside the institution. This means that abuse may be hard to detect. Examples of abuse in connection with those relations may be violence and threats, unreasonable waiting time for necessary assistance as well as mocking and humiliating speech.

Relations between staff and people deprived of liberty

Experience shows that the relation between people deprived of their liberty and the staff that treat and guard them is crucial. This is the case for prison inmates, patients in psychiatric centres, children and young people in secure residential institutions, people with dementia at care homes or foreign nationals in asylum centres. This particular relation is therefore an important focus area for the monitoring visits.

Relations among users

Relations among users are also of significant importance for the individual user's stay in the institution.

The residents have not chosen the fellow residents with whom they may have to share a bathroom, lavatory or kitchen, just as inmates and patients have not chosen the people with whom they may have to share a prison cell or patient room. Furthermore, each resident may be vulnerable in their contact with others, for instance in the case of children and young people, people belonging to an ethnic or religious minority, substance abusers or people suffering from disruptive behaviour disorders, mental illness or trauma, including trauma resulting from torture or war time experiences (for instance PTSD).

Relations with relatives/network

Relatives and other social networks are often a significant source of support for a person attending or residing in an institution. It goes without saying that for children and young people, relatives – especially parents – are of very significant importance. Relatives may also prove to be good cooperative partners for the institution, just as they may represent and assist the user of the institution.

In some cases, though, it may become necessary for the institution to protect a user against relatives, for instance in the case of violence or in order to ensure continuation of the treatment given to the user in the institution. The users' possibility of maintaining contact with their children may also be included in the monitoring visit.

Relations between staff and management, and relations among staff and management, respectively

If cooperation among staff or management or between staff and management on for instance pedagogical initiatives or education does not work out, the poor cooperation may result in a coarse tone, bullying among staff and a general brutalisation of the workplace culture. Such a situation may have a knock-on effect on the way in which staff talk to, relate to and treat the users of the institution, and it is therefore also a focus point for the Ombudsman.

Management in the institutions have the ultimate responsibility for, among other things, the institution's culture and for ensuring that staff are sufficiently trained to carry out their tasks. The Ombudsman will therefore also note whether management are for example focused on skills development and the institution's culture, just as he may for instance ask staff whether management are responsive regarding problems in the institution.

Relations with the local community

Being accepted and well-integrated into the local community is a great advantage to an institution. When moving around the local area, the institution's users will feel that acceptance and may therefore to a larger extent feel inclined to make use of the local options and facilities. The acceptance of the local community may also result in local businesses wishing to take on for instance prison inmates as part of their workforce and in users finding employment in the local area, either during their stay in the institution or for example upon their release from prison.

3.2.2.3. Occupation, education and leisure time

It is of vital importance to users of institutions that they have access to occupational and leisure time activities. This is particularly evident for inmates, but it is also true for users of for instance care homes, asylum centres and accommodation facilities. Therefore, the Ombudsman will usually note during his monitoring visits whether the users of the institutions have access to activities.

These can be many different activities, such as exercise, creative activities and work for local businesses carried out by inmates in prisons.

It can also be education, including formal education.

During some monitoring visits, occupation, education and leisure time will be chosen as a focus area and receive particular attention.

During his monitoring visits to institutions attended by children and young people of compulsory school age, the Ombudsman will normally note whether they receive schooling. This focus area may be applicable to open residential institutions, accommodation facilities, a broad range of institutions, such as secure residential institutions, Prison and Probation Service institutions, psychiatric wards and asylum centres. During some of his monitoring visits, the Ombudsman will choose to focus on the education and take a closer look at the contents and the organisation thereof.

3.2.2.4. Safety for the users

This focus area is of particular importance when the Ombudsman is making monitoring visits to detention cells and holding cells. During monitoring visits to, for instance, detention cells, the Ombudsman assesses whether there are security risks involved in connection with intoxicated people, alcoholics or other substance abusers staying in the detention cells.

However, the focus area is also relevant in other types of institution, for instance institutions where people who are or may be suicidal are staying. It also applies when the Ombudsman visits state prisons and local prisons where the inmates may be held in an observation or security cell and when visiting secure residential institutions for children or young people where placement in solitary confinement rooms may be an option.

3.2.2.5. Sector transfers

A sector transfer occurs for instance when a person is discharged from a psychiatric ward and transferred to a residential or accommodation facility, when a person living in their own home is placed in a local prison or a residential institution, or when a person who has served a prison sentence is released. It may also apply to children who after a care placement are returned to their home or young people moving from an institution to their own accommodation when they turn 18.

It is essential, both to the person moving into an institution and to the institution receiving that person, that the new user belongs to the relevant target group so that the institution may fulfil its task in relation to the user. Frequently, several authorities will be involved in sector transfers, and there may be varying views as to which facility may be best suited to the user in the particular situation.

For people changing facilities there may also be various problems during sector transfers of a, for instance, social and practical nature, such as childcare and payment of rent. Lastly, it is a common problem that the level of

care exercised within the various parts of the treatment system can differ widely. As a result of these differences, the transfer from for instance a hospital to home care service may prove difficult for the individual user.

Problems in connection with sector transfers will typically be structural in nature and consequently most suited to discussions with higher or central authorities. The Ombudsman may for instance use the individual visits to gather information about sector transfer problems so that he may raise these problems with the authorities in separate own-initiative cases or discuss them at meetings with the central authorities.

Sector transfer problems will seldom be of such a nature that the Ombudsman has grounds for specifically addressing them during a monitoring visit. Therefore, the Ombudsman will often choose not to focus on sector transfers during the individual visits.

3.2.2.6. Healthcare-related conditions

The assessment of whether people deprived of their liberty and other institutionalised people are treated with dignity, humanely and without torture is, among other things, dependent on whether the institution is providing healthy living conditions and good access to medical and other healthcare services. Generally, people deprived of their liberty should have at least the same access to medical treatment as the general population (the principle of healthcare equivalence). In addition, the deprivation of liberty itself or the cause of the institutionalisation can, depending on the circumstances, bring about health problems which can only be resolved through medical expertise.

A recurring problem is also that deprivation of liberty is often used towards people who are already ill or vulnerable in other ways and for whom continuous and comprehensive treatment is essential. Lastly, it is of course particularly important to monitor whether people deprived of their liberty or subject to other forms of force or coercion are treated with sufficient respect.

There is consequently a basis for focusing on the following conditions:

- Healthcare services within the institution
- Health and illness among people deprived of their liberty
- Conditions that may affect health and illness among people deprived of their liberty.

The specific conditions found to be relevant depend on which type of institution the Ombudsman is visiting. Naturally, the included healthcare-related conditions can differ for a prison, a psychiatric centre and a foster family. Furthermore, there will be monitoring visits where healthcare-related conditions will not normally be relevant.

Healthcare services

An essential point is whether access to healthcare services is as easily obtainable within the institution as it is outside – also outside daylight hours. When investigating access to healthcare services in for instance prisons, emphasis is put on the access procedure, meaning whether the inmates can apply directly to a nurse or whether they have to for instance fill in a request form, which is then delivered to the healthcare services via the prison officers. Emphasis is also put on whether it is ensured that prison officers do not, against the inmate's will, become aware of information in request forms etc. concerning the reason why the inmate is requesting a check-up by the healthcare staff. Furthermore, the inmates' personal experiences with access is a major source for understanding the issue. For patients in a psychiatric ward, access to somatic treatment is important, and in other institutions access to medical consultations in or outside the institution, for instance with own medical practitioner, is important.

Correspondingly, the quality of the healthcare services is an important point. The focus here is on, among other things, the level of staffing – doctors, nurses, etc. – with regard to their availability for the users, and whether staff qualifications measure up to the standards to be expected within the general healthcare services. When using non-medical staff in the healthcare services, such as pedagogical staff or prison officers, focus is on function, training and supervision. Which forms of treatment the institution provides and which treatments require referral to the general healthcare system outside the institution are of great significance. This gains particular importance because it may require special arrangements to implement treatment outside the institution, due to for instance logistics and security measures. This may signify waiting time and, as a result, indirectly a limitation of access.

Structurally, the professional independence of the healthcare services is essential for their ability to provide independent service to people deprived of their liberty. In institutions where deprivation of liberty is taking place, doctors employed at that institution may face dilemmas where the interest of the patient and the interest of the institution are not necessarily the same. Such dilemmas may for instance be based on considerations of security. It is therefore important to investigate the role of the healthcare services in procedures such as solitary confinement, immobilisation and documentation of violence.

Where a doctor is employed by the institution, the users are frequently not in a position to choose their own medical practitioner. In such circumstances, the person deprived of liberty is, to a higher extent, dependent on being able to establish a good rapport with the doctor provided by the institution.

Health and illness among people deprived of their liberty

An obvious premise for actual treatment of any illness or other conditions requiring treatment is that such conditions are discovered when the user arrives at the institution, not at a later date. It is therefore of great importance that the procedures used by the healthcare services on the user's arrival ensure that serious conditions requiring treatment are identified and that any previously prescribed and still current treatment is reported so that it may continue. Likewise, it must be ensured that on leaving the institution (for instance due to release, discharge or relocation), the user is guaranteed that current treatment is continued and that information to this end is communicated to the 'receiving' treatment body (continuity of treatment). It should be noted, though, that the person's permission both to be included in any treatment procedures and to the exchange of confidential medical information must be obtained beforehand in accordance with the legislation.

In many instances it will be relevant to examine whether or not the person deprived of liberty is placed in the right sort of institution. For instance, people whose state of mental health is incompatible with deprivation of liberty in a prison rightfully belong in an institution that is especially equipped for that purpose. This means that a person with an active psychosis who is deprived of liberty should for instance be hospitalised at a psychiatric ward.

Prisons and other institutions for people deprived of their liberty risk an increase in the occurrence of infectious diseases such as COVID-19, tuberculosis, hepatitis and HIV. This is partly due to the fact that people deprived of their liberty are part of a particular group with a possibly higher disease occurrence than the average population, and partly to the fact that the potential for transmission within the institutions, in comparison to the rest of society, may be higher as a consequence of the higher population density. The state of health and illness within the institution should therefore be monitored by means of, for example, a registration system for the collecting of health and illness-related information, which may then indicate the necessity for preventive measures.

The basic living conditions within the institution are essential. The healthcare services should therefore keep a close watch on the hygienic and sanitary conditions, reporting on any problems relating thereto. It is a matter of major importance to ensure the effective functioning of such preventive monitoring mechanisms so that people deprived of their liberty are not exposed to health hazards.

Conditions of importance to health and illness

In addition to the above, the living conditions of users of institutions where deprivation of liberty occurs or may occur, and the treatment they receive are of great significance to health and illness. This applies for instance to the

psychological climate of the institution, which is dependent on security, violence, threats, use of solitary confinement, coercion, use of force and disciplinary measures, access to contact with family and to formal education and meaningful employment or other activities. These factors may all affect wellbeing and health.

Such conditions can have an especially strong effect on people with special needs. People with special needs may for instance be survivors of torture who are particularly vulnerable when deprived of their liberty. It may also be an inmate with a mental disorder, for instance an anxiety disorder, because that person may be at an increased risk of suffering health damage due to solitary confinement, use of coercion or threats and violence from fellow inmates. Issues relating to gender or ethnicity also call for special attention. Therefore, in order to prevent, among other things, degrading or inhuman treatment, it is important that people with special needs who are deprived of their liberty are actually identified and that special protection for these people is implemented. With regard to certain groups of people deprived of their liberty, it should be considered whether specific programmes should be implemented in order to meet the group's particular needs.

3.3. Types of visit

3.3.1. Standard visits, follow-up visits, revisits, spontaneous visits and other visits

The monitoring visits vary in scale, nature and intensity, depending on the aim of the particular visit. In each individual case, the Ombudsman will make a specific decision on how the visit is to be planned in the light of particularly the aim of the visit. The nature of the individual institution, its type and the kind of users it has also play a role in the decision.

The Ombudsman will typically carry out monitoring visits that include many of his focus areas, and he will therefore request information beforehand on several different factors and conditions in the institution – this is a **standard visit**. The advantage of this kind of visit is that the Ombudsman gains insight into a number of key conditions in the institution and also usually gets a good impression of a normal day in the life of the users. Standard visits may include many users, for instance all the inmates in a prison. They may also include inmates in specific sections of a prison, for instance a deportation unit. And they may also include, for instance, only four convicted mentally disabled adults who are living at an accommodation facility designed for four people or who are living on different floors of the same accommodation facility.

Other times, the Ombudsman decides to carry out a monitoring visit with the aim of focusing on one specific subject, for instance forced immobilisation or

education. A monitoring visit may also focus on conditions for one individual user, for instance an underage person in solitary confinement or an inmate who has been forcibly excluded from association for a particularly long time. These **other monitoring visits** enable the Ombudsman to examine a particular subject or the individual conditions for a particular user with extra thoroughness. If during such visits the Ombudsman becomes aware that the institution has other problems that he wishes to examine, he may visit again or obtain more information in other ways, for instance in writing or over the telephone.

In some instances, the Ombudsman decides, on the basis of one visit, that it is necessary to carry out a new visit relatively soon after the already planned visit in order to examine one or more specific questions in more depth – a **follow-up visit**. The purpose of a follow-up visit may be to examine whether the institution has followed up on matters which have given cause for concern and which need to be addressed urgently. The standard visit may have raised issues concerning, for instance, the users' access to social interaction, social activities or occupational activities to such an extent that it is deemed to involve a possible risk of having a damaging effect on the users. The Ombudsman can examine such issues in more detail if the visiting team during the follow-up visit for example interviews all users, relevant staff and management about the access to social interaction, social activities or occupational activities. In addition, the visiting team can arrange to see the institution's communal areas, activity facilities, workshops and the like. Furthermore, the visiting team can make sure that it gets precise information on which activities and any occupation the individual users participate in how often and whether there may be users who isolate themselves. Typically, the follow-up visit will only focus on those issues where the standard visit has shown a need for an immediate follow-up.

In other cases, the Ombudsman will decide after a visit that there is a need for a visit to the institution again within, for instance, two years – a **revisit**. He concludes the specific monitoring case and at the same time decides that there is a need to come back and follow up on the conditions at a later date. Perhaps the institution has indicated during the visit an intention of developing and improving on certain issues, and the Ombudsman will follow up on such intentions at a later visit. It may be a question of following up on whether an institution with many instances of using coercion, maybe also without legal authority, which was in the process of resolving the issues during the visit, has now got the use of coercion under control. Revisits are usually carried out in the same way as standard visits with, however, extra focus on those areas which are to be followed up on.

In addition, the Ombudsman carries out **spontaneous visits**. Spontaneous visits may for instance stem from media coverage and urgent requests from

staff, organisations, relatives or others. Spontaneous visits may also be caused by the establishment of new institutions due to emergency needs, for instance asylum centres, or because a user has been deprived of liberty in an extraordinary situation, such as solitary confinement of an underage person.

The duration of monitoring visits depends on the aim, type of institution, type of visit, the number of users, etc. Standard visits to large institutions with many users may often take two days while unannounced visits of a limited nature, for instance to detention cells, may only take a matter of hours.

3.3.2. Announced, unannounced and partly announced visits

Usually, the Ombudsman will give advance notice to the institution he will be visiting and to other relevant authorities, including any higher authorities and supervision authorities. The particular advantage of **announced visits** is that the visiting team can obtain information from the institution prior to the visit and that the relevant people are present in the institution on the day of the visit. To vulnerable users and users needing predictability and structure, it may be beneficial that they are prepared for the visit to the institution.

Every year, the Ombudsman will also typically carry out a few visits that are not announced beforehand. The use of unannounced visits may have a preventive effect. In addition, **unannounced visits** prevent the institution from influencing or hiding any compromising issues beforehand.

Unannounced visits are carried out when it makes sense in connection with the specific monitoring visit. This may apply for instance when the reason for the visit is that an NGO, the media, citizens, including relatives of users, and others report at the present time that an institution has problems of a more serious nature.

Beyond that, the Ombudsman can carry out a **partially announced visit**.

This means visits where the Ombudsman notifies the institution that he expects to visit in the course of a specific period, for instance within a particular month. A monitoring visit is also partially announced if the Ombudsman notifies the institution of the visit only the day, or perhaps some hours, before the visit. Partially announced visits combine the advantages of announced and unannounced visits. The Ombudsman is in contact with the institution prior to the visit, and the visiting team can obtain information from the institution prior to the visit. Unlike with announced visits, the institution is not in the same way able to prepare for the visit.

The Ombudsman makes a specific decision as to which form of announcement is the most suitable for the individual visit.

The various types of visit may all be announced, unannounced or partially announced. This means that a standard visit can be announced,

unannounced or partially announced, and that the same applies to follow-up visits, revisits and spontaneous visits.

Visits to certain types of institution are often unannounced. This applies to visits to police detention cells and holding cells.

3.4. Monitoring plan

In cooperation with DIGNITY and the Institute for Human Rights, the Ombudsman prepares an annual plan for that year's monitoring visits to institutions for adults and children, respectively. The monitoring plan follows the calendar year.

In areas where administrative detention (deprivation of liberty) takes place, the Ombudsman coordinates his plan with Parliament's Supervisory Board in accordance with Section 71 of the Danish Constitutional Act. In addition, coordination of the plan may also take place in relation to the Citizen's Advice Services of the various municipalities.

One of the principal aims of the monitoring visits is to shed light on and to examine the year's themes. Most monitoring visits therefore go to institutions where the themes are relevant. However, each year there will also be visits that fall outside the chosen themes.

The Ombudsman carries out systematic monitoring visits to the Prison and Probation Service's institutions, including state prisons and local prisons. This means that when preparing the plan, the Ombudsman makes sure that he visits all the Prison and Probation Service's institutions at regular intervals.

The Ombudsman regularly visits institutions where people are or may be deprived of their liberty. Therefore, the monitoring plan usually includes visits to for instance psychiatric wards, social sector accommodation facilities and asylum centres.

The Ombudsman visits both public and private institutions.

The Ombudsman makes sure that he regularly visits those institutions in Greenland and on the Faroe Islands that fall under his jurisdiction.

When choosing which specific institutions he will visit, the Ombudsman – apart from the elements already mentioned – makes a point of visiting institutions in all parts of the country.

In addition, the Ombudsman will prioritise visiting institutions with especially strict regimes more often than he visits other institutions. Consequently, the Ombudsman will more often visit for instance the Maximum Security Unit

under Psychiatry Region Zealand ('Sikringsafdelingen') and secure residential facilities for children and young people.

The size and nature of the institutions also play a role in the choice of which individual institutions to visit. And the Ombudsman also includes requests from for instance users or (former) staff members to visit specific institutions, just as the Ombudsman assesses whether there are grounds for visiting institutions about which for instance the media and/or NGOs have reported problems.

Lastly, the Ombudsman ensures that the monitoring plan leaves room for spontaneous visits over the course of the year.

The Ombudsman changes the monitoring plan if and when needed. This may for instance be when an institution is closed, when it turns out to be more appropriate to visit other places or in a different order than first planned, or when the state of the Ombudsman's resources dictates it.

When planning the year's visits, the Ombudsman usually also makes a general decision on how the individual visit is to be arranged, including whether the visit is to be a standard visit or another type of visit.

3.5. Planning and preparation of an announced standard visit

3.5.1. Announcement and opening letter

The announcement of a monitoring visit is usually sent to the institution and other relevant authorities, including any higher authorities and supervisory authorities. The authorities are usually notified 6-8 weeks before the monitoring visit takes place. Generally, the institution in question is notified over the telephone with a view to fixing a time for the visit and for clarification of any questions. The telephone call is followed up by an **opening letter** to the institution. At the same time, the Ombudsman sends an explanatory notification letter to the relevant authorities. The Ombudsman often invites the supervisory authority to be represented during the visit.

In the opening letter, the Ombudsman informs the institution of the reason for and aim of the monitoring visit. Unless there is a specific reason for visiting this particular institution, the Ombudsman will also write that this is not the case but that the visit is part of the Parliamentary Ombudsman's general monitoring activities. The institution is also informed that the Ombudsman's website provides more information about monitoring visits in general. The Ombudsman also asks that the institution's users and staff are informed of the visit.

With a view to informing the users in institutions for adults, the Ombudsman encloses a notice with the opening letter. The notice informs the users of the visit and about the possibility of having an interview with the Ombudsman's visiting team during the visit.

For monitoring visits to institutions for children, the Ombudsman uses a slightly different method of informing the children and young people of the visit and the possibility of having an interview. Together with the opening letter, the Ombudsman sends a notice that the institution can use to inform the children and the young people (and their relatives) of the monitoring visit and of the possibility of having an interview with the visiting team. The Ombudsman asks the institution to put up the notice so that it is visible to the children and young people.

In the week leading up to the monitoring visit to institutions for children, the Ombudsman also sends a personal letter to each of the children and the young people. In the letters, the Ombudsman describes the Ombudsman's Children's Division, the visit, the visiting team and the possibility of having an interview with the visiting team. The letters also contain a QR code leading to a short video, where some children and young people give examples of what the visiting team would like to talk about with the children and young people. The letters are intended to ensure that all children and young people in the institution are informed of the visit and about the Children's Division.

In the opening letter to the institution, the Ombudsman explains the purpose of the visit, lists the members of the Ombudsman's visiting team and explains what he will be focusing on during the visit, including relevant theme(s) and the chosen focus areas. In addition, the opening letter explains how the Ombudsman carries out monitoring visits. On that basis, he sometimes asks the institution for suggestions for the monitoring visit programme, while in other cases he makes proposals for a programme himself. In the opening letter, the Ombudsman asks the institution to send him a list of those who have indicated in advance that they wish to speak with the visiting team. He points out that interviews with for instance users, staff members or relatives take place without the presence of management or the supervisory authority.

3.5.2. Retrieving information

The Ombudsman retrieves relevant information about the institution in question on the institution's website etc. If the Ombudsman has visited the institution before, he reviews what the previous visit revealed. Any reports from the Supervisory Board in accordance with Section 71 of the Danish Constitutional Act, the UN Sub-Committee for the Prevention of Torture etc. (SPT) and the European Committee for the Prevention of Torture etc. (CPT) are also included. In addition, the Ombudsman examines whether he has previously received complaints or other enquiries regarding the institution or

other factors which are deemed relevant in regard to this specific monitoring case.

Furthermore, in the opening letter, the Ombudsman asks the institution to send him a number of details prior to the monitoring visit, including statistical information and information on how the institution organises various matters of importance to the residents. In the case of institutions in the social care sector, the Ombudsman usually asks for the latest supervision report from the social supervision authority, just as the Ombudsman asks for the latest supervision report from the Immigration Service in the case of asylum centres. Based on a concrete assessment, the Ombudsman may also ask for other reports.

The visiting team may have telephone interviews with for instance relatives, social guardians and prison priests and imams prior to the visits. The Children's Division's interviews with relatives, including parents of children and young people at the visited institution, are usually held prior to the visit.

The purpose of retrieving information beforehand is that the visiting team is aware of conditions in the institution prior to the visit, including for instance the institution's use of coercion. This allows the visiting team a better scope for focusing on those conditions that are relevant to the individual institution, and the visiting team is able to ask more purposeful questions.

Generally, the Ombudsman asks for the same information in all similar institutions in a monitoring year. According to a concrete assessment when planning the year's schedule and with a starting point in the themes of that year, the chosen focus areas etc., it is considered which information is needed from the different types of institution. At the same time, changes and adjustments may be made over the course of the year, just as there may be special matters that need to be clarified in specific institutions/institution types. In addition, for some types of visit there may be a need for retrieving other or more information compared to that usually retrieved by the Ombudsman.

During the monitoring visit, the visiting team retrieves more information, and the team goes through records and asks for a copy of specific case files.

People who are registered in connection with monitoring visits are notified in accordance with the rules of the EU General Data Protection Regulation. The notification may take place in different ways, but the management of the visited institution could for instance be asked to hand out leaflets on notification under the rules of the General Data Protection Regulation of users and staff, among others.

4. Execution

4.1. Course of a standard visit

Monitoring visits are normally carried out by legal case officers from the Ombudsman Office and a doctor from DIGNITY, and the Institute for Human Rights participates when relevant. A special advisor on children's issues usually participates in monitoring visits to institutions for children.

Dialogue plays a big part in the visits. The visiting team makes a point of using the interviews to shed as much light as possible on conditions in the institution.

A monitoring visit can start with a meeting with management and any staff representatives. The starting point for the interview is typically the focus areas as well as the material and information that the visiting team has obtained prior to the visit. Use of coercion, for instance, is often discussed. Specific episodes in the institution may also be discussed. Usually, questions about matters not related to the focus areas are also asked. The visiting team may for instance ask about management's perception of the institution's objectives and about the treatment principles and methods used by the institution.

A monitoring visit may also open with interviews between the visiting team and the users etc. The advantage of this modus operandi is that the information that transpires during the interviews can be included in the meeting with management, which will typically take place the following morning.

The visiting team usually tours (parts of) the institution. The tour makes it possible for the visiting team to assess whether the material setting for the users' stay is acceptable seen from a universally human and humanitarian point of view. In addition, the tour provides an impression of the atmosphere and daily life in the institution. Photographs may be taken to aid the visiting team's memory and possibly also to document the material conditions. Any photographs are taken with due consideration for the users.

During the tour, the visiting team often speaks with and asks questions of the staff and users whom the team meets. The information and experience that the visiting team gets in this way are, together with the team's observations, included in the Ombudsman's assessment of conditions in the institution.

During the visit, the visiting team usually also holds interviews with users and staff. Interviews may also be held with for instance relatives, social guardians and prison priests and imams if this has not happened before the monitoring visit. The visiting team seeks to interview a representative segment of the

institution's users, including any users belonging to vulnerable groups or minority groups.

The visiting team is often able to divide into smaller groups during the monitoring visit. The small groups can hold interviews, take a tour or in other ways gain an impression of the visited institution.

A monitoring visit usually ends with a meeting with management and any staff representatives. In some cases, monitoring visits are held at several similar institutions under the same overall management within a short time period. In these cases, the visiting team can choose to hold a joint final meeting with the overall management and the local management and possibly staff from the individual institutions.

During the final meeting, the visiting team conveys relevant information to management. For instance, this could be specific complaints or wishes from the users, which are important to the general conditions. The visiting team may ask for elucidation on some issues, which may be cleared up at once. Other issues may be included in the further processing of the monitoring case.

The meeting may also include a discussion of problematic issues of a more general nature, such as the cooperation between the institution and other sectors, including municipality, police, psychiatry and school options (problems with sector transfers).

The visiting team gives management immediate verbal feedback on the team's thoughts during the visit. The feedback is given on the basis of the information obtained by the visiting team. For instance, the visiting team often recommends changes or adjustments of practice in specific areas. The information obtained may also cause the visiting team to point out focus areas and make comments to the institution and to the responsible authorities or to just mention conditions that the team has noted during the visit.

Recommendations are given after an assessment of risk and significance as well as an assessment of whether a matter is documented.

The visiting team may point out focus areas concerning matters that do not offer sufficient grounds for a recommendation. This can be because the matter in question does not involve sufficient risk or significance to justify a recommendation. There could also be instances where the size and specific nature of a problem cannot be clarified on the present basis.

In addition, a focus point may be pointed out where management does a lot but where the effect of management's initiatives has not (yet) presented itself.

During the final meeting, the visiting team asks the institution for feedback on the course of the visit, the procedure before the actual visit, etc. The Ombudsman will use the institutions' comments to develop and continuously review his monitoring activities.

4.2. Interviews

Whom does the Ombudsman have interviews with?

Interviews with particularly users and also with management, staff and relatives are a significant and important source of information for the Ombudsman. This is because users live under and with those conditions which the Ombudsman is to examine, and because management, staff and relatives also have important knowledge about the conditions. It is therefore central to the quality and effectiveness of the monitoring that users, management, staff and relatives are included. The interviews contribute to the Ombudsman getting a full picture of conditions in the institution.

During the monitoring visits, the visiting teams consider it important to speak with different people who may be able to shed light on the institution's conditions. Apart from management, staff and users, the visiting team typically speaks with any priests or imams, healthcare staff and any elected representatives for the users, such as spokespersons. In addition, the visiting team speaks with legal guardians, social guardians, patient advisers and relatives such as parents.

The Ombudsman considers it important that the visiting team speaks with those who wish or agree to speak with them. In addition to speaking with those users who themselves ask to speak with the visiting team, the team also asks other specific users if they would like to speak with them. It is voluntary for the individual user if he or she wants to speak with the visiting team.

The purpose of speaking with other users than those who have themselves indicated a wish to do so is that this may help provide the visiting team with a full picture of conditions in the institution. The visiting team therefore seeks to ensure that interviews are carried out with a representative sample and number of users. Consequently, the visiting team selects users whom the team asks for an interview.

The selection of people to interview may be based on the list of the institution's users that the Ombudsman asks for in connection with all monitoring visits. The list often also provides information about for instance age, gender, ethnicity, and any special needs that the individual user may have. The selection may also be based on or take place in combination with

other information, such as information on which users have been subjected to force.

When making the selection, the Ombudsman recognises that there are many types of user, of both sexes and of different ages, foreign nationals, people with impaired physical function, mentally vulnerable people and people belonging to a minority group. In addition, the Ombudsman pays particular attention to the presence of vulnerable users who usually possess few resources and whose rights may easily come under pressure.

The purpose is also to protect users, who for instance report abuse or other serious conditions in the institution, against any reprisals from perhaps management or other users. When the visiting team speaks with many users – including those who have registered for an interview themselves and those selected by the visiting team – and the team receives identical or corresponding reports from several people, the possibility of passing on the information in a generalised, anonymous form is better.

On rare occasions, the visiting team has to refuse requests for an interview with the team. This may be for instance when users from units, wards or the like that are not included in the specific monitoring visit request an interview with the visiting team, or when the visiting team does not have time to carry out all the interviews. In such cases, the visiting team may make arrangements with the user for a subsequent interview over the telephone.

From time to time, management suggests to the visiting team that the team speak with particular people during the visit. This may be for instance when management think that a user or a relative may contribute especially to the monitoring visit with relevant information because that person has worked actively to improve conditions in the institution for the users or it may be users whom the institution considers especially vulnerable. There is nothing to stop the visiting team from following such suggestions. On the other hand, it is quite clear that the visiting team does not necessarily have to follow these suggestions.

How are the interviews carried out?

The interviews normally take place during the monitoring visit, and the visiting team is flexible regarding the time when the individual person is able to participate in the interview. Consequently, the programme for the monitoring visit is normally arranged accordingly. In some cases, the interviews are for practical reasons carried out over the telephone before, during or after the visit. This is typically the case for interviews with relatives, but interviews with users may also take place in this way in some situations.

The interviews are based on questions that the Ombudsman has prepared in advance. The questions are compiled on the basis of the information received from the institution, the current theme, the chosen focus areas and for instance information from previous visits to the institution. The preparation of the questions is intended to help ensure that the visiting team asks the relevant questions and thereby as far as possible gets a full and accurate picture of the conditions in the place they are visiting. At the same time, it is clear that the visiting team also listens to any issues which the users themselves bring up or which turn out to be relevant during the visit. The visiting team also makes sure to for instance ask the user if there is something that the user thinks the team ought to know or if there is a particular reason why the user has requested an interview. It may be an advantage to ask similar questions of staff, relatives, etc. in order to shed light on the same issue from the point of view of several parties.

Generally, the visiting team's interviews take place with one person at a time. In some cases, it may be useful to have group interviews, for instance in the case of interviews with spokespersons and staff.

Interviews with individual users are as a predominant rule carried out with one person at a time, among other things to ensure confidentiality concerning private matters. According to a concrete assessment, group interviews may also be carried out with users, for instance if a group of users requests it or when many users wish to speak with the visiting team. It is in this context a condition that the individual users in the group expressly wish to have and agree to a group interview. There may also be cases where the visiting team considers specifically that a group interview is the best method, for instance in the case of interviews with several young children. Participation in group interviews does not bar the individual user from also having a personal interview with the visiting team, a possibility of which the visiting team informs the users to the relevant extent.

Interviews with users, relatives, staff and healthcare professionals take place without management and representatives from the supervisory authority being present. In a few instances, a staff member may participate in an interview with a user, for instance if the staff member functions as a safe person for the user and if the user wishes to have the staff member present, or as a safety precaution.

A support person may participate in the interview with the visiting team.

Generally, the Ombudsman makes sure that the visiting teams are able to understand and be understood by the foreign nationals with whom the teams have interviews during monitoring visits. When needed, the visiting team may ask the institution to call in an interpreter, perhaps a telephone interpreter. In

institutions with many foreign nationals, such as institutions with detained asylum seekers, the Ombudsman clarifies with the institution in advance the need for and access to interpreters so that the relevant assistance from interpreters is available during the visit. The Ombudsman does not normally use for instance staff in the visited institution or other users as interpreters.

To a relevant extent the visiting team informs users of the guidelines for the interview, including the purpose of the interview and the generally expected duration of about 15 minutes. The visiting team also informs users that they can complain about specific conditions that are not relevant to the general conditions in the visited institution.

At the beginning of the interview, the visiting team asks the user for his or her consent to allow the team to pass on information from the interview to the management or other bodies such as the supervisory authority. If necessary, the visiting team also informs the user of this at the end of the interview. The people with whom the visiting team has interviews usually give their consent.

The visiting team passes on relevant information from the interviews to management, typically during the final meeting. In many cases, the visiting team will choose – even when consent has been given – to pass on the information in a general, anonymous form. This method is often more effective with regard to solving the specific problem, just as this method can ensure the anonymity of the source or sources of the information, thereby hindering any risk of or preventing fear of any reprisals.

In some cases, the person whom the visiting team is interviewing may have doubts about giving consent. If so, the visiting team advises the person that speaking with the team is voluntary, that the purpose of the interview and the visit is to shed as much light as possible on conditions in the institution, to improve the conditions for the users and to prevent degrading treatment and other forms of abuse, and that interviews are a significant and important source of information for the Ombudsman. In addition, the visiting team advises the person that the team is in many cases able to pass on information in a general, anonymous form without revealing the source. But the team also informs the person that if very serious information emerges during the interview, and this very serious information cannot be passed on in anonymous form, then the team may be compelled to pass on the information without the person's consent, thereby revealing the identity of the source. The visiting team may also advise on how to lodge a complaint with the Ombudsman about any subsequent reprisals. On the basis of this guidance, the person who is about to start an interview with the visiting team will have to decide whether he or she wishes to continue with the interview.

The Ombudsman always respects any wishes that information from the interviews not be passed on, unless it is one of those extremely rare incidences where the Ombudsman makes the concrete assessment that this is very serious information that cannot be passed on in anonymous form. Very serious matters may for instance be torture or inhuman treatment. It always depends on a very concrete assessment whether the Ombudsman has grounds in the individual case for passing on information despite a lack of consent.

The visiting team makes a concrete assessment as to whether any fear of reprisals should be communicated to, for instance, the institution's management, together with information on the ban on implementing any interventions towards a person for passing on information to the Ombudsman.

5. Follow-up

5.1. Conclusion to a visit

Following a monitoring visit, the Ombudsman concludes the case processing of the individual visit. He does so partly by concluding the specific visit and then reporting on the results of the visit, and partly by specifically determining whether the visit has given him grounds for following up on the visit.

The Ombudsman concludes the individual monitoring visit with a case note regarding key factors and a concluding letter to the institution. A copy of the concluding letter is usually sent to the same bodies that received a copy of the opening letter, typically the supervisory authority. The Ombudsman asks the institution to inform the users of the contents of the concluding letter.

The Ombudsman may choose to send a joint concluding letter to the overall management and the management at the local visited institutions. For example, this could apply in cases where the Ombudsman within a short time period has carried out monitoring visits to several similar institutions with the same overall management.

If the monitoring visit does not give cause for recommendations or criticism, the concluding letter is brief. It contains a short description of the monitoring visit and the Ombudsman's assessment of the conditions, including a presentation of the recommendations given in connection with the visit. The concluding letter does not contain a reproduction of the dialogue with management, including any focus points, comments or observations mentioned to management during the final meeting of the monitoring visit or in connection with any (further) subsequent recommendations given over the telephone.

When concluding a case regarding a monitoring visit, the Ombudsman sometimes asks the institution to inform him of certain matters. The Ombudsman may for instance ask the institution to inform him of what the institution intends to do in consequence of a recommendation to intensify its focus on ensuring that the users receive guidance on complaint, or about an action plan, which the institution will devise in order to deal with a specific problem in the institution.

Follow-up in writing or over the telephone in immediate continuation of the visit

In some instances, a problem does not find a (complete) solution during the visit. Therefore, the Ombudsman sometimes after the visit finds it useful to telephone the institution and ask what the institution has done – or will do – to solve the problem. If a suitable solution is agreed over the telephone, the Ombudsman usually does not have grounds for taking any further action towards the responsible authorities. However, the Ombudsman will in many instances mention the problem and its solution in the concluding letter.

It also happens that the Ombudsman after a visit telephones the institution and makes recommendations. The visiting team may for instance use this method if, during the final meeting with management, the team has stated that it will consider a particular issue and then get back on it. The visiting team often receives new written documents during the monitoring visit, such as reports on use of coercion, and the examination of such documents may also form the basis for subsequent recommendations. These recommendations are presented in the concluding letter in line with any recommendations given verbally during the actual visit.

If the monitoring visit gives cause for considering recommendations or criticism, the Ombudsman asks the authorities for a written statement. In such cases, the Ombudsman will write the concluding letter when he has received the statements from the authorities.

If the Ombudsman makes a recommendation in a monitoring case, he asks that he be informed of what actions the recommendation has prompted.

Depending on the circumstances, the Ombudsman informs Parliament of monitoring visits which have given cause for more significant questions or which invoke general interest.

5.2. Other forms of follow-up

Follow-up in addition to the conclusion of the visit may take many different forms.

The Ombudsman always decides in each specific case to which body the follow-up should be directed. In some cases, it is more appropriate to follow up in relation to the individual institution or the supervisory authority, for instance when the issues only concern that institution. In other instances, it makes more sense to follow up in relation to the higher or central authority in the sector in question. This may be the case when it concerns structural issues of importance to one or more types of institution.

The way in which the follow-up takes place differs considerably and depends particularly on the subject of the current issue. The Ombudsman determines in each individual case which form of follow-up will be more effective and ensure the best outcome.

New visits

Some issues are of such a nature that the Ombudsman chooses to continue to devote attention to them in connection with new monitoring visits. This may be for instance a new visit to the same institution or new visits to other institutions of the same type.

At the conclusion of every monitoring visit, the Ombudsman therefore makes a specific assessment as to whether there is a need for follow-up in the form of a new or possibly more than one new visit.

Own-initiative cases

Information that the Ombudsman receives in connection with a monitoring visit may cause him to open a case on his own initiative. He may for instance do so if the information pertains to issues of a general nature that do not only concern that specific institution. The Ombudsman may also choose to open an own-initiative case on an issue that concerns only that institution and when the issue may usefully be resolved independently of the monitoring case.

Such cases will often concern fundamental and significant legal issues. It may for instance be a question of security for people placed in detention cells or about the general practice of searching people deprived of their liberty. It may also be severe use of coercion in the individual institution.

Own-initiative cases opened in continuation of a monitoring visit or with relevance to the monitoring field are processed according to the general rules in the Ombudsman Act on own-initiative cases and are typically concluded through acquittal, criticism or recommendations for changes.

If any deficiencies in existing laws come to the attention of the Ombudsman in particular cases, he notifies Parliament and the responsible minister thereof, in accordance with the rules of the Ombudsman Act.

Publication and news items

On his website, the Ombudsman regularly publishes a list of the institutions he has visited. The concluding letters that the Ombudsman sends to the institutions he has visited are made publicly available on his website. Current, former and future users, other citizens, public authorities, the media, etc. may in this way see where the Ombudsman has carried out monitoring visits and the results of the visits, including any recommendations the Ombudsman has given in connection with the visits and the content of such recommendations.

In addition to informing the public of key aspects regarding the Ombudsman's monitoring visits, the purpose of this practice is also to share knowledge of for instance what recommendations the Ombudsman has given in connection with a specific monitoring visit. Such sharing of knowledge can be valuable for other institutions than just for the visited institution because other institutions may gain insight into what issues they should pay attention to in their own institution, including any best practice in a particular field. Knowledge sharing may also be useful for users who, prior to this visit, will be able to familiarise themselves with results of previous visits. Furthermore, knowledge sharing may be of value to other supervisory authorities, such as the regional social supervision authorities.

The Ombudsman always makes a concrete assessment as to whether the concluding letter contains information which is a hindrance to publication or which needs to be made anonymous before being made public.

In some instances, the Ombudsman is of the opinion that a monitoring visit is of such a nature and news value that there is basis for issuing an actual news item. The news item may concern for instance grave criticism from the Ombudsman or some issues of fundamental importance, which the Ombudsman raises on the basis of the visit.

Thematic reports

At the end of the monitoring year, the Ombudsman publishes the thematic work in separate reports on the individual themes. In the reports, the Ombudsman summarises and imparts the most important results from the themes.

The result of the themes may be general recommendations to the authorities – for instance a recommendation to formulate a policy for preventing violence and threats among the users. General recommendations are based on the Ombudsman's experience in the field. The recommendations will normally also have been given as concrete recommendations to specific institutions during the monitoring visits carried out during the monitoring year.

Typically, the Ombudsman discusses the follow-up to his general recommendations with the central authorities. To a relevant extent, the Ombudsman also follows up on the general recommendations during future monitoring visits.

The general recommendations have a preventive aim and are part of the Ombudsman's work according to the OPCAT. The recommendations are composed in cooperation with DIGNITY and the Institute for Human Rights.

The thematic reports are made public on the Ombudsman's website and are sent to the relevant authorities so that those authorities can include them in their deliberations regarding the various sectors. The Ombudsman also informs Parliament of the reports.

Annual report

The Ombudsman reports on the results of that year's monitoring activities in the annual report, which he submits to Parliament. The relevant parts of the annual report will, together with an overview of the year's monitoring visits and the year's thematic reports, constitute the annual report under the terms of the OPCAT and are therefore composed in cooperation with DIGNITY and the Institute for Human Rights.

In the annual report and the overview of the year's monitoring visits, the Ombudsman summarises and imparts the main results of the monitoring activities. In the report, the Ombudsman may for instance give key figures for the year's monitoring visits and examples of important reactions during the monitoring year. These reactions may for instance be the Ombudsman's most important recommendations or cases that the Ombudsman has raised on his own initiative. Relevant international activities may also be mentioned.

The Ombudsman informs the UN Sub-Committee for the Prevention of Torture, etc. (SPT) and any other relevant international bodies of the results of that year's monitoring activities.

Meetings with central authorities

Informal discussions with central authorities are generally an important tool for the Ombudsman. This is also true of the Ombudsman's monitoring activities. The discussions will typically take place in meetings.

At the meetings, the authorities and the Ombudsman discuss the relevant issues and possible solutions to them. During the meetings, the Ombudsman and the authorities can also share relevant knowledge, including ongoing or coming initiatives, such as new legislation, and best practice in various fields.

Together with DIGNITY and the Institute for Human Rights, the Ombudsman has annual meetings with for instance the Department of Prisons and Probation and the Ministry of Health.

The Ombudsman may also on an ad hoc basis invite a central authority to a meeting regarding a general issue if for instance a number of visits to similar institutions show that a certain widespread practice in the field may be open to doubt.

Cooperation with other supervisory authorities

A number of other authorities monitor the institutions where the Ombudsman carries out monitoring visits. These are in particular Parliament's Supervisory Board in accordance with Section 71 of the Danish Constitutional Act, the regional social supervision boards, the Working Environment Authority and the Patient Safety Authority.

The Ombudsman monitors all matters falling under his jurisdiction, regardless of whether other supervisory authorities also monitor these matters. It is at the same time clear that the Ombudsman cooperates with other supervisory authorities, that these supervisory authorities will normally be included in the Ombudsman's jurisdiction, and that the Ombudsman does not generally examine specific matters that are already being processed by another authority.

The cooperation with other supervisory authorities takes place in a variety of ways.

There may be cooperation in connection with the individual monitoring visit, for instance when by Ombudsman inviting the supervisory authority to participate in meetings during the visit and by the Ombudsman informing the supervisory authority of the result of the monitoring visit.

The cooperation may also be of a general, including strategic, nature. Among other things, the Ombudsman, to a relevant extent, informs other supervisory authorities of his thematic reports. The purpose is to draw the authorities' attention to the reports so that these may enter into the authorities' deliberations regarding the area in question. The Ombudsman may also ask other supervisory authorities for information to use in the planning of the year's monitoring visits. In addition, the Ombudsman may hold meetings with other supervisory authorities for the mutual exchange of experience and to create synergy between the various supervisory bodies.

Involvement of civil society

The Ombudsman works together with DIGNITY and the Institute for Human Rights, which both cooperate with civil society and thereby contribute to the

monitoring activities with input from civil society. For instance, the Ombudsman participates in meetings in the Council for Human Rights, where a number of organisations are represented.

The Ombudsman's Children's Division generally cooperates with the Danish National Council for Children ('Børnerådet') and the Children's Welfare in Denmark ('Børns Vilkår'). The Institute for Human Rights and the National Social Appeals Board are also part of the cooperation.

In addition, the Ombudsman convenes meetings with relevant organisations, for instance as part of the preparation of an annual theme for monitoring visits.

International cooperation

The Ombudsman cooperates and meets regularly with the National Preventive Mechanisms in the other Nordic countries with a view to knowledge sharing, dialogue and exchange of experience regarding the monitoring activities. In addition, the Ombudsman assists and cooperates to a relevant extent with the National Preventive Mechanisms in other countries.

Sometimes, the Ombudsman has meetings with a representative from the UN Sub-Committee for the Prevention of Torture etc. (SPT). During the meeting, the Ombudsman's monitoring activities are discussed, and the representative from the Sub-Committee gives a briefing on the Sub-Committee's measures and initiatives.

The Ombudsman and his staff participate in relevant meetings and workshops in various international forums.

In addition, the Ombudsman and his staff regularly give presentations and lectures for foreign visitors about the Ombudsman's activities, including the task as National Preventive Mechanism.

Copenhagen, 12 June 2023



Niels Fenger

Appendix 1. Central rules for monitoring visits

The Parliamentary Ombudsman Act

Rules regarding mandate and basis of assessment

- Pursuant to Section 18 of the Parliamentary Ombudsman Act, the Ombudsman may 'inspect any institution or company and any place of employment which fall within the jurisdiction of the Ombudsman'.
- Section 7(1) of the Act stipulates: 'The jurisdiction of the Ombudsman shall extend to all parts of the public administration. The jurisdiction of the Ombudsman shall also extend to the conditions of persons deprived of their liberty in private institutions, etc. where they have been placed either in pursuance of a decision made by a public authority, at the recommendation of a public authority, or with the consent or approval of a public authority. In addition, the Ombudsman's jurisdiction shall extend to the conditions of children in private institutions, etc. which are responsible for tasks directly related to children'.
- Pursuant to Section 21, the Ombudsman shall in connection with his activities, including the monitoring visits, 'assess whether authorities or persons falling within his jurisdiction act in contravention of existing legislation or otherwise commit errors or derelictions in the discharge of their duties'.
- Section 18, 2nd sentence, stipulates that in addition to assessments pursuant to Section 21, and 'on the basis of universal human and humanitarian considerations, the Ombudsman may (...) assess matters concerning the organisation and operation of an institution or authority and matters concerning the treatment of and activities for users of the institution or authority'.
- Section 12(1) stipulates that 'if any deficiencies in existing laws or administrative regulations come to the attention of the Ombudsman in particular cases, he shall notify the Folketing (*the Danish Parliament*) and the responsible Minister thereof. In the case of deficiencies in bylaws laid down by a municipality or a region, the Ombudsman shall notify the municipal or the regional council concerned'.
- Pursuant to Section 12(2) 'in the course of his activities, the Ombudsman shall monitor that existing legislation or administrative regulations are consistent with, in particular, Denmark's international obligation to ensure the rights of children, including the UN Convention on the Rights of the Child. If the Ombudsman becomes aware of deficiencies, he shall notify the Folketing and the relevant Minister thereof. In the case of deficiencies

in regulations laid down by a municipality or a region, he shall notify the municipal or the regional council thereof’.

Procedural rules

- Section 20 stipulates that the Ombudsman ‘shall not express criticism, make recommendations, etc. until the authority or person concerned has had an opportunity to make a statement’.
- Pursuant to Section 19(5), the Ombudsman shall, if deemed necessary, ‘at any time, without a court warrant and upon suitable proof of identity, have access to inspect private institutions, etc. where persons are or may be deprived of their personal liberty, cf. Section 7(1), 2nd sentence, and private institutions, etc. responsible for tasks directly related to children, cf. Section 7(1), 3rd sentence. If necessary, the police shall assist in carrying out the inspection’.
- Pursuant to the legislative history of Section 19(5), the Ombudsman’s monitoring visits must be carried out in accordance with the rules laid down in the Forcible Measures Act.
- During monitoring visits, the Ombudsman observes the general principles within administrative law pursuant to the Public Administration Act and the Access to Public Administration Files Act as well as non-statutory principles of law.

The OPCAT

- In his capacity as National Preventive Mechanism in Denmark, the Ombudsman carries out OPCAT visits, meaning monitoring visits according to the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). DIGNITY – Danish Institute Against Torture and the Danish Institute for Human Rights advise the Ombudsman in his capacity as National Preventive Mechanism and contribute to the cooperation with special medical and human rights expertise.
- The aim of OPCAT visits is to prevent torture and other cruel, inhuman or degrading treatment or punishment.
- OPCAT visits are undertaken pursuant to Article 4(1) of the Protocol to places where ‘persons are or may be deprived of their liberty’. The term deprivation of liberty includes both a narrow legal deprivation of liberty as well as an actual limitation of the possibility of choosing a place of residence. Vulnerable persons who do not have any real possibility of residing elsewhere are also comprised by the Article.

Appendix 2. Lists for use in connection with monitoring visits to various types of institutions

1. State prisons

1.a. Legislative basis

The central rules for monitoring visits to state prisons are as follows:

- The Constitutional Act, particularly Section 71
- The European Convention on Human Rights, particularly Articles 2, 3, 5, 8, 9, 10 and 14
- The EU Charter on Fundamental Rights, particularly Articles 2, 4, 6, 7, 10, 11, 21 and 24
- The UN Convention on the Rights of the Child, particularly Articles 2, 3, 6, 12, 13, 14, 16 and 37
- The UN Convention against Torture, particularly Articles 2 and 16
- The UN Convention on Civil and Political Rights, particularly Article 10
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 7, 14 and 15
- The European Prison Rules
- The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)
- Recommendations from the Council of Europe, for example CM/Rec(2012)12 concerning foreign prisoners, CM/Rec(2012)5 on the European Code of Ethics for Prison Staff, CM/Rec(2008)11 on the European Rules for juvenile offenders subject to sanctions or measures, Rec(2003)23 on the management by prison administrations of life sentence and other long-term prisoners, R (99) 22 concerning prison overcrowding and prison population inflation, R (98) 7 concerning the ethical and Organisational Aspects of Health Care in Prison, R (89) 12 on education in prison and R (82) 17 concerning custody and treatment of dangerous prisoners
- Approach of the Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment regarding the rights of persons institutionalized and treated medically without informed consent, 26 January 2016
- United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), 6 October 2010
- United Nations Rules for the Protection of Juveniles Deprived of their liberty (the Havana Rules, 1990)
- The Sentence Enforcement Act (Consolidated Act No. 1333 of 9 December 2019 with later amendments), particularly Chapters 8, 9 and 10
- The Authorisation Act (Consolidation Act No. 731 of 8 July 2019 with later amendments)

- The Health Act (Consolidation Act No. 210 of 27 January 2022 with later amendments)
- The Medicines Act (Consolidation Act No. 99 of 16 January 2018 with later amendments)
- The Epidemics Act (Consolidation Act No. 285 of 27 February 2021 with later amendments)
- Executive Orders and Codes of Guidance issued by the Ministry of Justice and the Department of Prisons and Probation
- The Executive Order on Health (Executive Order No. 965 of 22 June 2022)
- Information Note on the Executive Order on Health Care for Inmates in the Institutions of the Prison and Probation (Document No. 9714 of 24 June 2022)
- The Executive Order on Medicine Cabinets and Rooms as well as Non-Prescription Medicine (Executive Order No. 1109 of 30 June 2020)
- The Executive Order on Forced Treatment of Certain Inmates at Herstedvester Prison (Executive Order No. 852 of 16 October 2002)
- The Executive Order on Authorised Healthcare Professionals' Use of Non-Medical Staff (Executive Order No. 1219 of 11 December 2009)
- The Executive Order on Authorised Healthcare Professionals' Patient Records (Executive Order No. 1225 of 8 June 2021)
- Circular on the Prison and Probation Service Areas' treatment and reporting of instances of death, suicide, qualified suicide attempts and other qualified self-harming acts and other suicidal or self-harming behaviour among inmates in the custody of the Prison and Probation Service (Circular No. 9916 of 14 July 2015)
- Departmental Notice on elucidation and processing of cases where an inmate complains about having been subject to abuse etc. from Prison and Probation Service staff (Departmental Notice No. 9088 of 22 February 2018)
- Departmental Notice on processing of intoxicated inmates in the open prisons (Departmental Notice No. 117 of 10 October 2003)
- Circular on medicine dispensation etc. to inmates in local and state prisons (Circular No. 53 of 5 July 2011)
- Guidance Notes on medicine dispensation etc. to inmates in local and state prisons (Guidance Notes No. 54 of 5 July 2011)
- Guidance Notes on medicines management (Guidance Notes No. 9079 of 12 February 2015)
- Institution considerations.

1.b. Focus areas

During monitoring visits to state prisons, focus is on the following areas:

- Use of coercion and other interventions and restrictions
- Relations
- Healthcare-related conditions

- Occupation, education and leisure time
- Safety.

1.c. Information and questions aimed at elucidating the focus areas

In the opening letter, the Ombudsman may ask for the following information prior to the monitoring visit:

- House rules
- An updated list of the occupancy rate with particulars on inmates, including information about age, gender, ethnic background, date of imprisonment and any special needs, including mental illness
- Internal guidelines on use of coercion and other interventions
- A list showing the number of times coercion has been used within the last three years, categorised by types of coercion and number of inmates
- Information regarding the number of times within the last three years where handcuffs have been used
- A list showing the number of forced and voluntary exclusions from association within the last three years and, with regard to the forced exclusions, information about the grounds and the duration thereof
- A list showing the number of placements in disciplinary cells within the last three years and information about the duration thereof
- A list showing the number of placements in observation cells and security cells (if available at the prison) within the last three years with information about the grounds and the duration thereof
- A list showing the number of occurrences of abuse, violence and threatened violence within the last three years (among inmates, against inmates and against staff)
- Guidelines on the processing of cases of violence and abuse etc. (anti-violence policy)
- A list of the institution's staffing conditions (number of staff, personnel groups, their education and seniority) with information about staffing during days, nights and weekends
- Information about absence due to illness (stated in percentages for each personnel group for the last three years)
- Minutes of the last three meetings with the spokespersons (of the individual units)
- The prison's instructions on medicines management
- Information about any substance abuse treatment.

In the opening letter, a short statement (maximum two pages in total) may also be requested regarding:

- How the prison prevents situations of inhuman or degrading treatment of inmates
- What significant, problematic incidents the prison has seen during the last year

- What professional (not financial) main challenges the prison faces this year
- How the inmates' access to occupation, education, including formal education, and leisure time is organised
- How the inmates' access to healthcare is organised
- The reason for the development in use of coercion and security measures, if a development has occurred
- What information management receives on use of coercion and security measures, and how that information is used by management, including for preventive purposes
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters.

During the monitoring visit, the visiting team may ask for information about the following:

Use of coercion and other interventions and restrictions

- Typical situations where coercion and other interventions and restrictions are used
- Check-up on completion of reports (such as reports on injuries and medical attention)
- Possible instructions to, for example, carry pepper spray
- Recording and reporting
- Follow-up and management's supervision
- Complaints and complaint guidance
- Prevention and pedagogical principles
- Exclusion from association
- Placement in observation or security cell
- Search of inmates and search of their rooms
- Urine tests
- Disciplinary measures (disciplinary cell, fine and warning)
- Non-statutory interventions
- Staff education and knowledge of rules and guidelines
- Storage of force equipment (such as shields, batons and pepper spray).

Relations

Relations between staff and inmates

- Tone of communication
- Alcohol and euphorants
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Conflict management
- Handling of particular groups (such as strong/weak inmates, foreign nationals, mentally ill people, and minors)
- Handling of inmates with special needs

- Access to relevant aids
- Handling of suicide attempts and suicidal people
- Waiting time when help is needed (the speed of response, for example to cell calls)
- Spokesperson system, including systematic follow-up procedures
- Inclusion, self-determination and co-determination
- Complaints, including assistance with complaint writing, and complaint guidance
- Time taken to process request forms and possibility of receiving a copy
- Will staff members knock on an inmate's door before entering?
- What are the prison procedures if an inmate is physically injured, either on arrival or during imprisonment?
- Supplementary training, including handling of persons with special needs such as mental illness
- Do the staff feel safe when dealing with inmates, and, if not, how is this handled?
- Information and guidance to inmates, also in other languages
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters
- Overcrowding (placement, consequences for possibilities of visits, etc.)
- Discrimination
- Substance abuse treatment.

Relations among inmates

- Tone of communication
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Euphoricants (dependency/debt obligations)
- Conflict management
- Particular groups (strong/weak, women/men, different religious or ethnic backgrounds)
- Inmates with special needs
- Policy on prevention of violence and threats among the users.

Relations among staff

- Cooperation and conflicts.

Relations with relatives/network

- Visiting rules
- Telephone rules
- Conflict management.

Relations with the local community

Healthcare-related conditions

- Staffing level of doctors and their experience
- Staffing level of other healthcare staff
- Delegation of healthcare activities
- Access to preliminary check-up on arrival
- Continuity of medical treatment (Throughcare)
- Access to doctor/specialist doctor/dentist/psychologist, etc.
- Confidentiality
- Prescription and management of medicines
- Record-keeping and other documentation
- In-house provision of medical treatment
- Statistics of illness and prevention of illness
- Cooperation regarding the inmates
- Use of coercion and force
- Inmates with special needs
- Violence (registration and prevention)
- Self-harm and suicide attempts (registration and prevention)
- Hygiene within the institution
- Diet, exercise, health-promoting initiatives
- Substance abuse (extent, handling and possibility for treatment)
- Complaints and complaint guidance
- Information about rights.

Occupation, education and leisure time

- Physical environment
- Occupational activities (work, education and other approved activities)
- General occupational situation
- Handling of occupation refusal
- Education programmes, including classes for dyslectics
- Educational contents and choice of subjects
- Use of computers in class
- Schooling of young people of compulsory school age
- Treatment programmes
- Motivation, notably for education and treatment
- Leisure time options, including cultural leave, etc.
- Sense of community.

Other possible subjects

Conditions of buildings etc.

- Alterations to the buildings
- Ongoing works, projects or plans
- The building itself and its walkway areas
- Cells/rooms (size)
- Special cells (security cells, observation cells, etc.)
- Visiting facilities, including special facilities for children

- Workshops
- Education facilities and library
- Leisure time facilities
- Lavatory and bathroom facilities
- Kitchen facilities
- Outdoor areas
- Doctor's surgery
- Grocer's shop
- Staff room
- Fire safety and emergency plan
- Accessibility for the physically disabled
- Staff facilities
- Maintenance
- Cleaning standard.

Sector transfers

Other matters

- Meals
- Grocery scheme
- Newspapers etc.
- Spiritual services
- Work environment
- Staff policy (educational policy, emergency plan, absence due to illness in connection with violence, etc.).

2. Local prisons

2.a. Legislative basis

The central rules for monitoring visits to local prisons are as follows:

- The Constitutional Act, particularly Section 71
- The European Convention on Human Rights, particularly Articles 2, 3, 5, 8, 9, 10 and 14
- The EU Charter on Fundamental Rights, particularly Articles 2, 4, 6, 7, 10, 11, 21 and 24
- The UN Convention on the Rights of the Child, particularly Articles 2, 3, 6, 12, 13, 14, 16 and 37
- The UN Convention against Torture, particularly Articles 2 and 16
- The UN Convention on Civil and Political Rights, particularly Article 10
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 7, 14 and 15
- The European Prison Rules
- The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)
- United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), 6 October 2010
- United Nations Rules for the Protection of Juveniles Deprived of their liberty (the Havana Rules, 1990)
- Approach of the Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment regarding the rights of persons institutionalized and treated medically without informed consent, 26 January 2016
- Recommendations from the Council of Europe, for example CM/Rec(2012)12 concerning foreign prisoners, CM/Rec(2012)5 on the European Code of Ethics for Prison Staff, CM/Rec(2008)11 on the European Rules for juvenile offenders subject to sanctions or measures, Rec(2003)23 on the management by prison administrations of life sentence and other long-term prisoners, R (99) 22 concerning prison overcrowding and prison population inflation, R (98) 7 concerning the Ethical and Organisational Aspects of Health Care in Prison, R (89) 12 on education in prison and R (82) 17 concerning custody and treatment of dangerous prisoners
- The Administration of Justice Act (Consolidation Act No. 1835 of 15 September 2021 with later amendments), Chapter 69, notably Section 758, and Chapter 70, notably Sections 770-778
- The Sentence Enforcement Act (Consolidated Act No. 1333 of 9 December 2019 with later amendments), particularly Chapters 8, 9 and 10
- The Authorisation Act (Consolidation Act No. 731 of 8 July 2019 with later amendments)

- The Health Act (Consolidation Act No. 210 of 27 January 2022 with later amendments)
- The Medicines Act (Consolidation Act No. 99 of 16 January 2018 with later amendments)
- The Epidemics Act (Consolidation Act No. 285 of 27 February 2021 with later amendments)
- Executive Orders and Codes of Guidance issued by the Ministry of Justice, the Department of Prisons and Probation, notably the Executive Order on Remand Custody (Executive Order No. 173 of 31 January 2022) and the Remand Guidance Notes (No. 9074 of 31 January 2022)
- The Executive Order on Health (Executive Order No. 965 of 22 June 2022)
- Information Note on the Executive Order on Health Care for Inmates in the Institutions of the Prison and Probation (Document No. 9714 of 24 June 2022)
- The Executive Order on Medicine Cabinets and Rooms as well as Non-Prescription Medicine (Executive Order No. 1109 of 30 June 2020)
- The Executive Order on Authorised Healthcare Professionals' Use of Non-Medical Staff (Executive Order No. 1219 of 11 December 2009)
- The Executive Order on Authorised Healthcare Professionals' Patient Records (Executive Order No. 1225 of 8 June 2021)
- Circular on the Prison and Probation Service Areas' treatment and reporting of instances of death, suicide, qualified suicide attempts and other qualified self-harming acts and other suicidal or self-harming behaviour among inmates in the custody of the Prison and Probation Service (Circular No. 9916 of 14 July 2015)
- Circular on elucidation and processing of cases where an inmate complains about having been subject to abuse etc. from Prison and Probation Service staff (Circular No. 9088 of 22 February 2018)
- Departmental Notice on processing of intoxicated inmates in the open prisons [corrected to local and state prisons] (Departmental Notice No. 117 of 10 October 2003)
- Circular on medicine dispensation etc. to inmates in local and state prisons (Circular No. 53 of 5 July 2011)
- Guidance Notes on medicine dispensation etc. to inmates in local and state prisons (Guidance Notes No. 54 of 5 July 2011)
- Guidance Notes on medicines management (Guidance Notes No. 9079 of 12 February 2015)
- Institution considerations.

2.b. Focus areas

During monitoring visits to local prisons, focus is on the following areas:

- Use of coercion and other interventions and restrictions
- Relations
- Healthcare-related conditions

- Occupation, education and leisure time
- Safety.

2.c. Information and questions aimed at clarifying the focus areas

In the opening letter, the Ombudsman may ask for the following information prior to the monitoring visit:

- House rules
- An updated list of the occupancy rate with particulars on inmates, including information about age, gender, ethnic background, date of imprisonment and any special needs, including mental illness
- Internal guidelines on use of coercion and other interventions
- A list showing the number of times coercion has been used within the last three years, categorised by types of coercion and number of inmates
- Information regarding the number of times within the last three years where handcuffs have been used
- A list showing the number of forced and voluntary exclusions from association within the last three years and, with regard to the forced exclusions, information about the grounds and the duration thereof
- A list showing the number of placements in disciplinary cells within the last three years and information about the duration thereof
- A list showing the number of placements in observation cells and security cells (if available at the prison) within the last three years with information about the grounds and the duration thereof
- A list showing the number of occurrences of violence and threatened violence within the last three years (among inmates, against inmates and against staff)
- Guidelines on the processing of cases of violence and abuse etc. (anti-violence policy)
- A list of the institution's staffing conditions (number of staff, personnel groups, their education and seniority) with information about staffing during days, nights and weekends
- Information about absence due to illness (stated in percentages for each personnel group for the last three years)
- Minutes of the last three meetings with the spokesperson(s)
- The local prison's instructions on medicines management
- Information about any substance abuse treatment.

In the opening letter, a short statement (maximum two pages in total) may also be requested regarding:

- How the local prison prevents situations of inhuman or degrading treatment of inmates
- What significant, problematic incidents the local prison has seen during the last year
- What professional (not financial) main challenges the local prison faces this year

- How the inmates' access to healthcare is organised
- How the inmates' access to occupation, education, including formal education, and leisure time is organised
- The reason for the development in use of coercion and security measures, if a development has occurred
- What information management receives on use of coercion and security measures, and how that information is used by management, including for preventive purposes
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters.

During the monitoring visit, the visiting team may ask for information about the following:

Use of coercion and other interventions and restrictions

- Typical situations where coercion and other interventions and restrictions are used
- Check-up on completion of reports (such as reports on injuries and medical attention)
- Possible instructions to, for example, carry pepper spray
- Recording and reporting
- Follow-up and management's supervision
- Complaints and complaint guidance
- Prevention and pedagogical principles
- Solitary confinement and exclusion from association
- Placement in observation or security cell
- Search of inmates and search of their rooms
- Urine tests
- Disciplinary measures (disciplinary cell, fine and warning)
- Non-statutory interventions
- Staff education and knowledge of rules and guidelines
- Storage of force equipment (such as shields, batons and pepper spray).

Relations

Relations between staff and inmates

- Tone of communication
- Alcohol and euphorants
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Conflict management
- Handling of particular groups (such as strong/weak inmates, foreign nationals, mentally ill people, and minors)
- Handling of inmates with special needs
- Access to relevant aids
- Handling of suicide attempts and suicidal people

- Waiting time when help is needed (the speed of response, for example to cell calls)
- Spokesperson system, including systematic follow-up procedures
- Inclusion, self-determination and co-determination
- Complaints, including assistance with complaint writing, and complaint guidance
- Time taken to process request forms and possibility of receiving a copy
- Will staff members knock on an inmate's door before entering?
- What are the prison procedures if an inmate is physically injured, either on arrival or during imprisonment?
- Supplementary training, including handling of persons with special needs such as mental illness
- Do the staff feel safe when dealing with inmates, and, if not, how is this handled?
- Information and guidance to inmates, also in other languages
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters.
- Overcrowding (placement, consequences for possibilities of visits, etc.)
- Discrimination
- Substance abuse treatment.

Relations among inmates

- Tone of communication
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Euphorants (dependency/debt obligations)
- Conflict management
- Particular groups (strong/weak, women/men, different religious or ethnic backgrounds)
- Policy on prevention of violence and threats among the users
- Inmates with special needs.

Relations among staff

- Cooperation and conflicts.

Relations with relatives/network

- Visiting rules
- Telephone rules
- Conflict management.

Relations with the local community

Healthcare-related conditions

- Staffing level of doctors and their experience
- Staffing level of other healthcare staff

- Delegation of healthcare activities
- Access to check-up on arrival
- Continuity of medical treatment (Throughcare)
- Access to doctor/specialist doctor/dentist/psychologist, etc.
- Confidentiality
- Prescription and management of medicines
- Record-keeping and other documentation
- In-house provision of medical treatment
- Statistics of illness and prevention of illness
- Cooperation regarding the inmates
- Use of coercion and force, solitary confinement
- Inmates with special needs
- Violence (registration and prevention)
- Self-harm and suicide attempts (registration and prevention)
- Hygiene within the institution
- Diet, exercise, health-promoting initiatives
- Substance abuse (extent, handling and possibility for treatment)
- Complaints and complaint guidance
- Information about rights.

Occupation, education and leisure time

- Physical environment
- Occupational activities (work, education and other approved activities)
- General occupational situation
- Education programmes, including classes for dyslectics
- Educational contents and choice of subjects
- Use of computers in class
- Schooling of young people of compulsory school age
- Treatment programmes
- Motivation, notably for education and treatment
- Leisure time options
- Sense of community, including work partnership in the cells.

Other possible subjects

Conditions of buildings etc.

- Alterations to the buildings
- Ongoing works, projects or plans
- The building itself and its walkway areas
- Cells/rooms (size)
- Special cells (security cells, observation cells, etc.)
- Visiting facilities, including special facilities for children
- Workshops
- Education facilities and library
- Leisure time facilities
- Lavatory and bathroom facilities

- Kitchen facilities
- Outdoor areas
- Doctor's surgery
- Grocer's shop
- Staff room
- Fire safety and emergency plan
- Accessibility for the physically disabled
- Staff facilities
- Maintenance
- Cleaning standard.

Sector transfers

Other matters

- Meals
- Grocery scheme
- Newspapers etc.
- Spiritual services
- Work environment
- Staff policy (educational policy, emergency plan, absence due to illness in connection with violence, etc.).

3. Transitional prisons under the Prison and Probation Service

3.a. Legislative basis

The central rules for monitoring visits to transitional prisons under the Prison and Probation Service are as follows:

- The Constitutional Act, particularly Section 71
- The European Convention on Human Rights, particularly Articles 2, 3, 5, 8, 9, 10 and 14
- The EU Charter on Fundamental Rights, particularly Articles 2, 4, 6, 7, 10, 11, 21 and 24
- The UN Convention on the Rights of the Child, particularly Articles 2, 3, 6, 12, 13, 14, 16 and 37
- The UN Convention against Torture, particularly Articles 2 and 16
- The UN Convention on Civil and Political Rights, particularly Article 10
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 7, 14 and 15
- The European Prison Rules
- The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)
- United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), 6 October 2010
- United Nations Rules for the Protection of Juveniles Deprived of their liberty (the Havana Rules, 1990)
- Approach of the Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment regarding the rights of persons institutionalized and treated medically without informed consent, 26 January 2016
- Recommendations from the Council of Europe, for example CM/Rec(2012)12 concerning foreign prisoners, CM/Rec(2012)5 on the European Code of Ethics for Prison Staff, CM/Rec(2008)11 on the European Rules for juvenile offenders subject to sanctions or measures, Rec(2003)23 on the management by prison administrations of life sentence and other long-term prisoners, R (99) 22 concerning prison overcrowding and prison population inflation, R (98) 7 concerning the ethical and organisational aspects of health care in prison, R (89) 12 on education in prison and R (82) 17 concerning custody and treatment of dangerous prisoners
- The Sentence Enforcement Act (Consolidated Act No. 1333 of 9 December 2019 with later amendments), particularly Chapters 8 and 9
- The Authorisation Act (Consolidation Act No. 731 of 8 July 2019 with later amendments)
- The Health Act (Consolidation Act No. 210 of 27 January 2022 with later amendments)

- The Medicines Act (Consolidation Act No. 99 of 16 January 2018 with later amendments)
- The Epidemics Act (Consolidation Act No. 285 of 27 February 2021 with later amendments)
- Executive Orders and Codes of Guidance issued by the Ministry of Justice and the Department of Prisons and Probation
- The Executive Order on Health (Executive Order No. 965 of 22 June 2022)
- Information Note on the Executive Order on Health Care for Inmates in the Institutions of the Prison and Probation (Document No. 9714 of 24 June 2022)
- The Executive Order on Medicine Cabinets and Rooms as well as Non-Prescription Medicine (Executive Order No. 1109 of 30 June 2020)
- The Executive Order on Authorised Healthcare Professionals' Use of Non-Medical Staff (Executive Order No. 1219 of 11 December 2009)
- The Executive Order on Authorised Healthcare Professionals' Patient Records (Executive Order No. 1225 of 8 June 2021)
- Circular on the Prison and Probation Service Areas' treatment and reporting of instances of death, suicide, qualified suicide attempts and other qualified self-harming acts and other suicidal or self-harming behaviour among inmates in the custody of the Prison and Probation Service (Circular No. 9916 of 14 July 2015)
- Circular on use of Prison and Probation Service halfway houses (Circular No. 90 of 3 November 2010)
- Guidance Notes on medicines management (Guidance Notes No. 9079 of 12 February 2015)
- Institution considerations.

3.b. Focus areas

During monitoring visits to transitional prisons, focus is on the following areas:

- Use of coercion and other interventions and restrictions
- Relations
- Healthcare-related conditions
- Occupation, education and leisure time.

3.c. Information and questions aimed at clarifying the focus areas

In the opening letter, the Ombudsman may ask for the following information prior to the monitoring visit:

- House rules
- An updated list of the residents with information about age, gender, ethnic background, date of placement/transfer and any special needs, including mental illness

- A list of the institution's staffing conditions (number of staff, personnel groups, their education and seniority) with information about staffing during days, nights and weekends
- Information about absence due to illness (stated in percentages for each personnel group for the last three years)
- Minutes of the last three meetings with residents
- A list showing the number of occurrences of abuse, violence and threatened violence within the last three years (among residents, against residents and against staff)
- Information about possible use of coercion, interventions or restrictions towards residents at the transitional prison
- Guidelines on the processing of cases of violence and abuse etc. (anti-violence policy)
- The transitional prison's instructions on medicines management
- Information about any substance abuse treatment.

In the opening letter, a short statement (maximum two pages in total) may also be requested regarding:

- How the transitional prison prevents situations of inhuman or degrading treatment of residents
- What significant, problematic incidents the transitional prison has seen during the last year
- What professional (not financial) main challenges the transitional prison faces this year
- How the residents' access to healthcare is organised
- How the residents' access to occupation, education, including formal education, and leisure time is organised
- Use of temporary staff substitutes (when and to what extent are temporary staff substitutes used, and what qualifications do the substitutes have)
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters.

During the monitoring visit, the visiting team may ask for information about the following:

Use of coercion and other interventions and restrictions

- Typical situations where interventions and restrictions or possibly coercion are used
- Follow-up and management's supervision
- Complaints and complaint guidance
- Prevention and pedagogical principles
- Exclusion from association
- Search of residents and search of their rooms
- Urine tests
- Disciplinary measures (disciplinary cell, fine and warning)

- Non-statutory interventions
- Staff education and knowledge of rules and guidelines.

Relations

Relations between staff and residents

- Tone of communication
- Alcohol and euphorants
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Conflict management
- Handling of particular groups (such as strong/weak residents, foreign nationals, mentally ill people, and minors)
- Handling of residents with special needs
- Access to relevant aids
- Handling of suicide attempts and suicidal people
- Waiting time when the residents need help, processing times in connection with request forms, etc.
- Meetings with residents, including systematic follow-up procedures, and spokespersons for residents
- Inclusion, self-determination and co-determination
- Complaints, including assistance with complaint writing, and complaint guidance
- Will staff members knock on a resident's door before entering?
- What are the procedures at the transitional prison if a resident is physically injured, either on arrival or during the stay?
- Supplementary training, including handling of persons with special needs such as mental illness
- Do the staff feel safe when dealing with residents, and, if not, how is this handled?
- Information and guidance to residents, also in other languages
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters
- Overcrowding (placement and consequences)
- Discrimination
- Substance abuse treatment.

Relations among residents

- Tone of communication
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Euphorants (dependency/debt obligations)
- Conflict management
- Particular groups (strong/weak, women/men, different religious or ethnic backgrounds)
- Residents with special needs

- Policy on prevention of violence and threats among the residents.

Relations with relatives/network

- Inclusion, cooperation and conflicts
- Visiting rules
- Telephone rules.

Relations among staff

- Cooperation and conflicts.

Relations with the local community

Healthcare-related conditions

- Staffing level of other healthcare staff
- Access to doctor/specialist doctor/dentist/psychologist, etc.
- Continuity of medical treatment (Throughcare)
- Prescription and management of medicines
- Record-keeping and other documentation
- In-house provision of medical treatment
- Statistics of illness and prevention of illness
- Cooperation regarding the residents
- Residents with special needs
- Violence (registration and prevention)
- Self-harm and suicide attempts (registration and prevention)
- Hygiene within the institution
- Diet, exercise, health-promoting initiatives
- Substance abuse (extent, handling and possibility for treatment)
- Complaints and complaint guidance
- Information about rights.

Occupation, education and leisure time

- Physical environment
- Facilities for occupation, education and leisure time activities.

Other possible subjects

Conditions of buildings etc.

- Alterations to the buildings
- Ongoing works, projects or plans
- The building itself and its walkway areas
- Size of the residents' rooms
- Visiting facilities, including special facilities for children
- Workshops
- Education facilities and library
- Leisure time facilities
- Lavatory and bathroom facilities

- Kitchen facilities
- Outdoor areas
- Doctor's surgery, if any
- Staff room
- Fire safety and emergency plan
- Accessibility for the physically disabled
- Staff facilities
- Maintenance
- Cleaning standard.

Violation of conditions

- Number of residents on prison conditions or transitional prison conditions, respectively
- Management of violation of conditions.

Sector transfers

Other matters

- Accommodation payment
- Return
- Meals
- Spiritual services
- Work environment
- Staff policy (educational policy, emergency plan, absence due to illness in connection with violence, etc.).

4. Detention cells

4.a. Legislative basis

The central rules for monitoring visits to detention cells are as follows:

- The Constitutional Act, particularly Section 71
- The European Convention on Human Rights, particularly Articles 2, 3, 5 and 8
- The EU Charter on Fundamental Rights, particularly Articles 2, 4, 6, 7 and 24
- The UN Convention on the Rights of the Child, particularly Articles 3, 6, 12, 16 and 37
- The UN Convention against Torture, particularly Articles 2 and 16
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 7, 14 and 15
- The Police Act (Consolidation Act No. 1270 of 29 November 2019), particularly Section 11
- The Executive Order on Placement in Police Station Detention Cells (Executive Order No. 988 of 6 October 2004 with later amendments)
- The Authorisation Act (Consolidation Act No. 731 of 8 July 2019 with later amendments)
- The Health Act (Consolidation Act No. 210 of 27 January 2022 with later amendments)
- The Medicines Act (Consolidation Act No. 99 of 16 January 2018 with later amendments)
- The Epidemics Act (Consolidation Act No. 285 of 27 February 2021 with later amendments)
- The Executive Order on Authorised Healthcare Professionals' Patient Records (Executive Order No. 1225 of 8 June 2021)
- The Executive Order on Authorised Healthcare Professionals' Use of Non-Medical Staff (Executive Order No. 1219 of 11 December 2009)
- Proclamation II of the Danish National Commissioner of Police, No. 55 of 10 March 2016 on placement of intoxicated persons in police station detention cells (Executive Order No. 9723 of 2 February 2006)
- Circular Letter of the Danish National Police of 26 April 2006 about conditions in connection with supervision of persons placed in police station detention cells and placement of non-intoxicated persons in the police station detention cells
- Information Note of the Danish National Police of 12 January 2011 on the use of police station holding cells and detention cells for placement of arrestees
- Departmental Notice for the police and the Prosecution Service about arrestees' right to notify relatives etc., contact with legal counsel and national representation as well as access to a doctor (Departmental Notice No. 9155 of 18 March 2010)

- Guidance Notes on medicines management (Guidance Notes No. 9079 of 12 February 2015)
- Institution considerations.

4.b. Focus areas

During monitoring visits to detention cells, focus is on the following areas:

- Safety for the users
- Use of coercion and other interventions and restrictions
- Healthcare-related conditions
- Relations.

4.c. Information and questions aimed at clarifying the focus areas

In the opening letter, a short statement (maximum three pages in total) may be requested regarding:

- How the police prevents situations of inhuman or degrading treatment of detainees
- What significant, problematic incidents the police has seen during the last year
- What professional (not financial) main challenges the police faces this year
- How the detainees' access to medical treatment is organised.

During the monitoring visit, the visiting team may ask for information about the following:

Safety for the detainees

- Check-up on security risks at prison bars, non-fixtures, grouting, projections, ventilation grids, etc.
- Random check-up that the audio-visual installations are functioning:
 - Is it possible for the detainee to contact the staff at all times?
 - Is there a constant – possibly by turns – display on a screen of all activated cells?
- Check-up on procedures ensuring that the smoke detector works
- Ask how often the detainees are checked on (are the staff familiar with the rules?)
- Ask what procedures are used in order to ensure that the staff remember to check on the detainees according to the rules
- Check the last three reports that the staff's supervision is in compliance with the rules.

Use of coercion and other interventions and restrictions

- Any use of coercion and other interventions and restrictions
- Check the last three reports on use of coercion, whether the use of coercion appears to be adequately described in order to assess whether the provisions of the Police Act are observed

- Complaints and complaint guidance.

Healthcare-related conditions

- Medical attention/access to doctor
- Continuity of medical treatment (Throughcare)
- Prescription and management of medicines
- Record-keeping and other documentation
- Cooperation regarding the detainees
- Use of coercion and force
- Detainees with special needs
- Violence (registration and prevention)
- Self-harm and suicide attempts (registration and prevention)
- Hygiene within the institution
- Check the last three detention reports and medical reports.

Relations

Relations between detainees and staff etc.

- Offer to get in touch with the family/employer (check the last three reports whether this has happened)
- Information and guidance to detainees, also in other languages
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters.
- Complaints and complaint guidance.

Other possible subjects

- Procedures for detention of minors (contact to their home and municipality)
- Guidance on treatment for alcohol withdrawal
- Detention and stay is effected in a way that ensures discretion
- Standard of maintenance (scratch marks and cracks may indicate lack of supervision)
- Use of detention cells as holding cells
- Is the correct detention report used?

5. Holding cells

5.a. Legislative basis

The central rules for monitoring visits to holding cells are as follows:

- The Constitutional Act, particularly Section 71
- The European Convention on Human Rights, particularly Articles 2, 3, 5 and 8
- The EU Charter on Fundamental Rights, particularly Articles 2, 6, 7 and 24
- The UN Convention on the Rights of the Child, particularly Articles 3, 6, 12, 16 and 37
- The UN Convention against Torture, particularly Articles 2 and 16
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 7, 14 and 15
- The Authorisation Act (Consolidation Act No. 731 of 8 July 2019 with later amendments)
- The Health Act (Consolidation Act No. 210 of 27 January 2022 with later amendments)
- The Medicines Act (Consolidation Act No. 99 of 16 January 2018 with later amendments)
- The Epidemics Act (Consolidation Act No. 285 of 27 February 2021 with later amendments)
- The Executive Order on Authorised Healthcare Professionals' Patient Records (Executive Order No. 1225 of 8 June 2021)
- The Executive Order on Authorised Healthcare Professionals' Use of Non-Medical Staff (Executive Order No. 1219 of 11 December 2009)
- Information Note of the Danish National Police of 12 January 2011 on the use of police station holding cells and detention cells for placement of arrestees
- Departmental Notice for the police and the Prosecution Service about arrestees' right to notify relatives etc., contact with legal counsel and national representation as well as access to a doctor (Departmental Notice No. 9155 of 18 March 2010)
- Guidance Notes on medicines management (Guidance Notes No. 9079 of 12 February 2015).

In August 1992, the Ministry of Justice issued a guide on the interior layout of police buildings. An amendment sheet was issued in 2005.

5.b. Focus areas

During monitoring visits to holding cells, focus is on the following areas:

- Safety for the users
- Use of coercion and other interventions and restrictions
- Healthcare-related conditions
- Relations.

5.c. Information and questions aimed at clarifying the focus areas

During the monitoring visit, the visiting team may ask for information about the following:

Safety for the detainees

- Physical check-up on security risks at prison bars, non-fixtures, grouting, projections, ventilation grids, etc.
- Check that the calling system works
- Check-up on procedures ensuring that the smoke detector works
- Ask how often the detainees are checked up on
- Ask about duration of the holding cell placement and ask for documentation of the last three placements.

Use of coercion and other interventions and restrictions

- Any use of coercion and other interventions and restrictions
- Check the last three reports on use of coercion, whether the use of coercion appears to be adequately described in order to assess whether the provisions of the Police Act are observed.

Healthcare-related conditions

- Ask about the procedures when emergency medical attention is required
- Continuity of medical treatment (Throughcare)
- Prescription and management of medicines
- Use of coercion and force
- Detainees with special needs
- Violence (registration and prevention)
- Self-harm and suicide attempts (registration and prevention)
- Hygiene within the institution.

Relations

- Relations between staff and detainees and contact with relatives/network
- Information and guidance to detainees, also in other languages
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters.

Other possible subjects

- How do the police make sure that detainees are treated appropriately as regards food and drink, lavatory visits, ventilation and temperature?
- Procedures for detention of minors (contact to their home and municipality).

6. Psychiatric sector

6.a. Legislative basis

The central rules for monitoring visits to psychiatric wards are as follows:

- The Constitutional Act, particularly Section 71
- The European Convention on Human Rights, particularly Articles 2, 3, 5, 8, 9, 10 and 14 and the 4th Additional Protocol, Article 2
- The UN Convention on the Rights of the Child, particularly Articles 2, 3, 6, 12, 13, 14, 16, 24 and 37
- The EU Charter on Fundamental Rights, particularly Articles 2, 4, 6, 7, 10, 11, 21 and 24
- The UN Convention against Torture, particularly Articles 2 and 16
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 7, 14 and 15
- Recommendations from the Council of Europe, for example Rec(2004)10 concerning the protection of the human rights and dignity of persons with mental disorder
- FN's Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care
- Approach of the Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment regarding the rights of persons institutionalized and treated medically without informed consent, 26 January 2016
- The Act on Force in Psychiatry (Consolidation Act No. 185 of 1 February 2022)
- The Act on Forensic Psychiatric Therapy, etc. (Act No. 1396 of 21 December 2005 with later amendments)
- The Authorisation Act (Consolidation Act No. 731 of 8 July 2019 with later amendments)
- The Health Act (Consolidation Act No. 210 of 27 January 2022 with later amendments)
- The Medicines Act (Consolidation Act No. 99 of 16 January 2018 with later amendments)
- The Epidemics Act (Consolidation Act No. 285 of 27 February 2021 with later amendments)
- The Executive Order on Use of Other Force than Deprivation of Liberty in Psychiatric Wards (Executive Order No. 1075 of 27 October 2019)
- The Executive Order on the Rules of Procedure for the Psychiatric Patient Complaints Boards (Executive Order No. 1077 of 27 October 2019 with later amendments)
- The Executive Order on the Procedures for Implementation of Forced Admissions (Executive Order No. 1340 of 2 December 2010)
- The Executive Order on Patients' Advisers (Executive Order No. 1078 of 27 October 2019)

- The Executive Order on Protocols on Use of Force and Records, Registration of and Reports on Force, Discharge Agreements and Coordination Programmes in Psychiatric Wards (Executive Order No. 1079 of 27 October 2019)
- The Executive Order on Notification and Complaint Guidance in connection with Use of Force in the Psychiatric Sector (Executive Order No. 1080 of 27 October 2019)
- The Executive Order on Opening and Control of Post, Examination of Patients' Rooms and Belongings, Search of Person, Use of Body Scanners, Detection Dogs, etc. in Psychiatric Wards (Executive Order No. 1081 of 27 October 2019)
- The Executive Order on Lesson Replacement Due to Illness of Pupils in the Folkeskole and in Independent Primary and Lower Secondary Schools (Executive Order No. 694 of 20 June 2014)
- The Executive Order on Patients Admitted to a Psychiatric Ward under a Criminal Sentence (Executive Order No. 1414 of 10 December 2010)
- The Executive Order on Off-Grounds Privileges etc. for Persons Admitted to a Hospital or an Institution under a Criminal Sentence or a Decree of Dangerous Behaviour (Executive Order No. 200 of 25 March 2004 with later amendments)
- The Executive Order on Social Guardians (Executive Order No. 947 of 24 September 2009 with later amendments)
- The Executive Order on Authorised Healthcare Professionals' Patient Records (Executive Order No. 1225 of 8 June 2021)
- The Executive Order on Authorised Healthcare Professionals' Use of Non-Medical Staff (Executive Order No. 1219 of 11 December 2009)
- Guidance Notes on registration of use of force etc. in psychiatry (Guidance Notes No. 9554 of 16 August 2020)
- Guidance Notes on treatment with anti-psychotic medicine for persons older than 18 years suffering from psychotic disorders (Guidance Notes No. 9276 of 6 May 2014)
- Guidance Notes on chief consultants and for consultants determining the course of treatment and their responsibility towards patients sentenced to psychiatric care in a ward or to psychiatric treatment on an outpatient basis (Guidance Notes No. 9614 of 8 November 2010)
- Guidance Notes on the duty to keep records for the permanent guard for patients put forcibly in belt restraints (Guidance Notes No. 9285 of 4 March 2022)
- Guidance Notes on medicines management (Guidance Notes No. 9079 of 12 February 2015)
- Guidance Notes on drawing up instructions (Guidance Notes No. 9001 of 20 November 2000)
- Institution considerations.

6.b. Focus areas

During monitoring visits to psychiatric wards, focus is on the following areas:

- Healthcare-related conditions
- Force and other interventions and restrictions
- Relations
- Occupation, education and leisure time
- Safety.

6.c. Information and questions aimed at clarifying the focus areas

In the opening letter, the Ombudsman may ask for the following information prior to the monitoring visit:

- House rules
- A list of the ward's patients with information about age, gender, language, ethnic background, date of admission and whether the admission is voluntary or forced
- Guidelines on use of force
- A list of the extent of the use of force within the last three years with type and number of patients with information on how many times every patient has been exposed to the individual forcible measures and with statement of the number of incidents with force whereupon a complaint has been lodged and where the finding was not in favour of the ward
- Any reporting pursuant to Section 21 a of the Mental Health Act on forced immobilisation lasting longer than 30 days
- A list showing the number of occurrences of abuse, violence and threatened violence within the last three years (among patients, against patients and against staff)
- Guidelines on the processing of cases of abuse, violence and threats etc. (anti-violence policy)
- Information about number of suicides and attempted suicides within the last three years
- A list of the institution's staffing conditions (number of staff, personnel groups, their education and seniority) with information about staffing during days, nights and weekends
- Information about absence due to illness (stated in percentages for each personnel group for the last three years)
- Use of temporary staff substitutes (when and to what extent are temporary staff substitutes used, and what qualifications do the substitutes have)
- Minutes of the last meeting with representatives for patients and relatives
- Written material aimed at children and young people with information to them about their rights and use of force
- Written material aimed at custodial parents with information to them about their rights and use of force
- A list of school options, including type of school option (school at the ward or external school) which the individual patients of compulsory school age attend

- Information about patients of compulsory school age who do not, or only in rare cases, receive schooling and the reasons for this
- Information about any substance abuse treatment.

In the opening letter, a short statement (maximum two pages in total) may also be requested regarding:

- How the ward prevents situations of inhuman or degrading treatment of patients
- What significant, problematic incidents the ward has seen during the last year
- What professional (not financial) main challenges the ward faces this year
- Development within the last three years in the use of force at the ward and the reasons for the development
- What information management receives about the ward's use of force, including information about what data management receives regarding use of force and how such data are used in order to reduce use of force
- When and how the units inform the patients about their rights and about use of force
- How and in what areas the ward makes it possible for the patients to become involved and included in the decision-making regarding their treatment and everyday life.

During the monitoring visit, the visiting team may ask for information about the following:

Healthcare-related conditions

- Staffing level of doctors and their experience
- Staffing level of other healthcare staff
- Continuity of medical treatment (Throughcare)
- Access to doctor/specialist doctor/dentist/psychologist, etc.
- Record-keeping and other documentation
- In-house provision of medical treatment
- Statistics of illness and prevention of illness
- Cooperation regarding the patients
- Use of coercion and force
- Patients with special needs
- Violence (registration and prevention)
- Self-harm and suicide attempts (registration and prevention)
- Hygiene within the institution
- Diet, exercise, health-promoting initiatives
- Substance abuse (extent, handling and possibility for treatment)
- Complaints and complaint guidance
- Information about rights.

Force and other interventions and restrictions

Force

- The concept of force, especially in relation to children and young people (Section 1 of the Mental Health Act)
- The extent of forcible measures, generally as well as categorised by the individual interventions
- Rules on use of force
- Written information material to the patients about force (Section 31 of the Mental Health Act)
- Complaints and complaint guidance
- Guidelines, if any, on grades of observation lower than personal shielding, cf. Section 18 d of the Mental Health Act, including rules of jurisdiction
- Locking of doors (Section 18 f of the Mental Health Act)
- Registration and completion of protocol on use of force
- Follow-up and management's supervision
- Where are the patients immobilised (restraint room/the patient's own room, restraint bed/the patient's own bed)
- Transport of belts and straps, covering up of restraint bed
- Position of the permanent guard
- Where is the mobile restraint bed stored, if any
- Statistics on use of force at unit level.

Other interventions and restrictions

- Guidelines on competence, re-evaluation and documentation
- Confiscation of personal belongings (mobile phone/internet/computer)
- Access to use of telephone/mobile phone/internet
- Restrictions on visits
- Are the patients allowed to visit each other in their rooms?
- Practice regarding search of patient rooms and belongings, opening of post and search of person
- Drawing up of house rules and handling violations thereof
- Non-statutory interventions
- Enforcement of telephone control.

Preventive measures

- The principle of minimum measure
- Admission talk and possible advance statements
- Follow-up talks
- Risk assessments of the patients
- Skills development of staff
- Staff knowledge of rules and guidelines
- Prevention and pedagogical principles.

Relations

Relations between staff and patients

- Tone of communication
- Alcohol and euphorants
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Inclusion, self-determination and co-determination
- Conflict management
- Handling of particular groups (such as minors, minorities and foreign nationals)
- Complaints and complaint guidance
- Smoking policy
- Patient influence on the preparation of and changes in house rules
- Information and guidance to patients, also in other languages
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters
- Training of staff regarding prevention and management of conflicts, violence and threatened violence
- Alarm system
- Overcrowding (use of other rooms as patient rooms, early reintegration to own home)
- Contact persons (who, possible change of contact person)
- Discrimination
- Access to relevant aids.

Relations among patients

- Policy on dating and sex (sexual abuse)
- Tone of communication
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Alcohol and euphorants (dependency/debt obligations)
- Conflict management
- Particular groups (strong/weak, women/men, different religious or ethnic backgrounds)
- Groups with special needs
- Policy on prevention of violence and threats among the users.

Relations among staff

- Cooperation and conflicts.

Relations with relatives/network

- Involvement of relatives
- Policy on relations with relatives (Section 2 of the Mental Health Act)
- Written consent from the patient (Section 43 of the Health Act)
- Visiting rules
- Telephone hours
- Conflict management.

Relations with the local community

Occupation, education and leisure time

- Facilities for occupation and leisure time activities
- Activities, including possibility of outdoor activities (Section 2 of the Mental Health Act)
- Physical environment
- List of activities
- Possibility of outdoor activities (how often, escorted, patients with a risk of escape, shielded area)
- Education programmes, including classes for dyslectics
- Educational contents and choice of subjects
- Replacement lessons due to illness (planning after consultation with the parents and the pupil, obtaining information about previous lessons, and ensuring that teachers after cessation of the replacement lessons are informed about the course thereof)
- Absence
- Pedagogical principles
- Schooling of children and young people of compulsory school age.

Other possible subjects

Physical environment

- Good psychiatric hospital standard with regard to condition of buildings (Section 2 of the Mental Health Act)
- Bed ratio
- Private rooms/shared rooms
- Lavatory and bathroom facilities
- Open/closed/shielded units
- Average length of hospitalisation
- Occupancy rate (average occupancy percentage, overcrowding)
- Overcrowding (use of other rooms as patient rooms, early reintegration to own home)
- Visiting facilities
- Outdoor areas
- Smoking areas
- Accessibility for the physically disabled
- Staff facilities
- Occupational facilities (work/leisure)
- Education facilities
- Lounge/other communal rooms
- Fire safety and emergency plan.

Sector transfers

- Admission – discharge/release

- Discharge agreements and coordination plans (Sections 13 a and 13 b of the Mental Health Act)
- Guidelines on discharge agreements and coordination plans.

Other matters

- Meals
- Spiritual services
- Work environment
- Staff policy (educational policy, emergency plan, absence due to illness in connection with violence, etc.).

7. Accommodation facilities for adults

7.a. Legislative basis

The central rules for monitoring visits to accommodation facilities for adults (such as the elderly, physically or mentally disabled persons, substance abusers) are:

- The Constitutional Act, particularly Section 71
- The European Convention on Human Rights, particularly Articles 2, 3, 5, 8, 9, 10 and 14 and the 4th Additional Protocol, Article 2
- The EU Charter on Fundamental Rights, particularly Articles 2, 4, 6, 7, 10, 11 and 21
- The UN Convention against Torture, particularly Articles 2 and 16
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 14 and 15
- The Social Services Act (Consolidation Act No. 170 of 24 January 2022 with later amendments), particularly Sections 107 and 108, Chapter 24, Chapter 24 a, Sections 148 and 151 and Sections 192 and 192 a
- The Act on Social Supervision Authorities (Consolidation Act No. 1109 of 1 July 2022)
- The Social Housing Act (Consolidation Act No. 928 of 4 September 2019 with later amendments), particularly Sections 54-58 and Section 105
- The Act on Involuntary Detention for Treatment Purposes of Substance Abusers (Consolidation Act No. 972 of 8 August 2017)
- The Authorisation Act (Consolidation Act No. 731 of 8 July 2019 with later amendments)
- The Health Act (Consolidation Act No. 210 of 27 January 2022 with later amendments)
- The Medicines Act (Consolidation Act No. 99 of 16 January 2018 with later amendments)
- The Epidemics Act (Consolidation Act No. 285 of 27 February 2021 with later amendments)
- The Executive Order on Use of Coercion and Other Restrictions of the Right to Self-Determination towards Adults and on Special Safety Measures for Adults and on Duty to Receive Persons at Accommodation Facilities pursuant to the Social Services Act (Executive Order No. 1239 of 22 November 2019)
- The Executive Order on Tenant Rights for Residents at Certain Accommodation Facilities pursuant to the Social Services Act (Executive Order No. 715 of 19 June 2013)
- Executive Order on Use of Coercion and Reporting in connection with Involuntary Detention for Treatment Purposes of Substance Abusers (Executive Order No. 1677 of 16 December 2016)
- The Executive Order on Care Homes and Assisted Living Facilities (Executive Order No. 1324 of 10 December 2014)

- The Executive Order on the Social Services Gateway (Executive Order No. 2363 of 2 December 2021)
- The Executive Order on Use of Force in connection with Somatic Treatment of Patients Permanently Unable to Give Informed Consent to Treatment (Executive Order No. 126 of 27 January 2019)
- The Executive Order on Authorised Healthcare Professionals' Patient Records (Executive Order No. 1225 of 8 June 2021)
- The Executive Order on Authorised Healthcare Professionals' Use of Non-Medical Staff (Executive Order No. 1219 of 11 December 2009)
- Guidance Notes on accommodation facilities, etc. for adults (Guidance Notes No. 9031 of 14 January 2021)
- Guidance Notes on use of coercion and other restrictions of the right to self-determination towards adults, including pedagogical principles (Guidance Notes No. 10148 of 14 December 2019)
- Guidance Notes on drug abuse treatment pursuant to the Social Services Act etc. (Guidance Notes No. 9449 of 29 June 2020), particularly Chapter 6 on detention
- Guidance Notes on the legal position of patients/residents in care homes and in assisted living facilities (Guidance Notes No. 10409 of 20 December 2007)
- Guidance Notes on medicines management (Guidance Notes No. 9079 of 12 February 2015)
- Institution considerations.

7.b. Focus areas

During monitoring visits to accommodation facilities for adults, focus is on the following areas:

- Use of coercion and other interventions and restrictions
- Relations
- Healthcare-related conditions
- Occupation, education and leisure time
- Safety.

7.c. Information and questions aimed at clarifying the focus areas

In the opening letter, the Ombudsman may ask for the following information prior to the monitoring visit:

- The latest monitoring report from the regional social supervision authority or the municipality
- Monitoring report, if any, from the Danish Patient Safety Authority
- House rules
- A list of the residents at the accommodation facility with information about age, gender, language, functional capacity, ethnic background, basis and date of admission and residents with special needs
- Guidelines on use of coercion

- A list showing the number of times coercion has been used within the last three years with a copy of the last three reports on use of coercion against residents
- Any responses from the regional social supervision authority and the municipality on reports on use of coercion
- A list showing the number of occurrences of abuse, violence and threatened violence within the last three years (among residents, against residents and against staff)
- Guidelines on the processing of cases of threats, violence and abuse etc. (anti-violence policy)
- In-house instructions on medicines management
- A list of the institution's staffing conditions (number of staff, personnel groups, their education and seniority) with information about staffing during days, nights and weekends
- Information about absence due to illness (stated in percentages for each personnel group for the last three years)
- Minutes of the latest meeting with the residents' council
- Minutes of the latest meeting with relatives
- Information about number of suicides and attempted suicides within the last three years
- Use of temporary staff substitutes (when and to what extent are temporary staff substitutes used, and what qualifications do the substitutes have).

In the opening letter, a short statement (maximum two pages in total) may also be requested regarding:

- How the accommodation facility prevents situations of inhuman or degrading treatment of residents
- What significant, problematic incidents the accommodation facility has seen during the last year
- What professional (not financial) main challenges the accommodation facility faces this year
- How the residents' access to healthcare is organised
- How the residents' access to occupation, education and leisure time is organised.

During the monitoring visit, the visiting team may ask for information about the following:

Use of coercion and other interventions and restrictions

- Prevention, including care, consideration, pedagogical principles, minimum measures and self-determination
- Staff education and knowledge of rules and internal guidelines
- Consent and voluntariness (when do residents resist)
- Typical situations where coercion and other interventions and restrictions are used

- Physical coercion, also in personal hygiene situations, by use of fabric harnesses, upon admission to an accommodation facility without consent, by use of detention, by use of personal alarm and tracking systems and special door openers
- Measures against people who are placed pursuant to a criminal sentence
- Registration and reporting (how and how many)
- Complaints and complaint guidance
- Follow-up and management's supervision
- Confiscation of personal belongings (mobile phone/internet/computer)
- Locking rooms
- Television ban
- Drug test (consent and consequence of lacking consent)
- Search of rooms and belongings
- Search of person
- Restrictions on communication and other contact with family and network
- Visiting restrictions
- Withdrawal of rights upon violation of house rules
- Prevention of offences and report to the police
- Management of violation of house rules
- Non-statutory interventions
- Agreements on the kind of restrictions that can be used against the resident and possible consequences if the resident violates the agreement (accommodation facilities that treat alcohol and/or drug abuse).

Relations

Relations between staff and residents

- Tone of communication
- Home versus workplace, including cleaning of the residents' homes
- Smoking policy
- Alcohol and euphorants
- The residents' duties in relation to the communal activities
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Conflict management
- Management of the need for support in relation to level of functional capacity
- Waiting time when requesting help
- Inclusion, self-determination and co-determination
- The residents' financial circumstances (income, expenses, receipt, savings, administration, guardianship, legal incapacitation, etc.)
- Access to relevant aids (lift, communication aids, IT, etc.)
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters
- Information and guidance to residents, also in other languages
- Contact persons

- Complaints, including assistance with complaint writing, and complaint guidance
- Will staff members knock on a resident's door before entering?
- Supplementary training.

Relations among residents

- Policy on dating and sex (sexual abuse)
- Tone of communication
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Conflict management
- Groups with special needs
- Particular groups (convicted/non-convicted, women/men, different religious or ethnic backgrounds)
- Alcohol and euphoricants (dependency/debt obligations)
- Policy on prevention of violence and threats among the users.

Relations among staff

- Cooperation and conflicts.

Relations with relatives/network

- Visiting rules
- Telephone hours
- Involvement of relatives.

Relations with the local community

Healthcare-related conditions

- Staffing level of doctors and their experience
- Staffing level of other healthcare staff
- Continuity of medical treatment (Throughcare)
- Access to doctor/specialist doctor/dentist/psychologist, etc.
- Prescription and management of medicines
- Record-keeping and other documentation
- In-house provision of medical treatment
- Statistics of illness and prevention of illness
- Cooperation regarding the residents
- Use of coercion and force
- Residents with special needs
- Violence (registration and prevention)
- Self-harm and suicide attempts (registration and prevention)
- Hygiene within the institution
- Diet, exercise, health-promoting initiatives
- Substance abuse (extent, handling and possibility for treatment)
- Complaints and complaint guidance

- Information about rights.

Occupation, education and leisure time

- Facilities for occupation, education and leisure time activities
- Need for and possibility of changing environment
- Possibility of outdoor activities
- Organised activities
- Education programmes, including classes for dyslectics
- Educational contents and choice of subjects
- Pedagogical principles
- Language problems
- List of activities.

Other possible subjects

Conditions of buildings etc.

- Accommodation size
- Own independent accommodation/own room
- Kitchen facilities
- Occupational facilities (work/leisure)
- Education facilities
- Smoke and fire alarms
- Walkway areas
- Lavatory and bathroom facilities
- Lounge/other communal rooms
- Maintenance standard
- Cleaning standard
- Hygiene
- Outdoor areas
- Smoking areas
- Accessibility for the physically disabled
- Staff facilities.

Other matters

- Action plans
- Spiritual services
- Work environment
- Staff policy (educational policy, emergency plan, absence due to illness in connection with violence, etc.)
- Meals (do the residents take part in cooking, special diet and healthy food)
- Sector transfers
- The institution's ongoing cooperation with the supervision authority
- Reporting and follow-up by the supervision authority

- Supervision carried out by the placing municipality (how often are supervision visits carried out and have residents been transferred as a consequence of a supervision visit)
- Sexual behaviour (advice, guidance, conflicts).

8. Residential institutions, accommodation facilities for children and young people (including in-house schools) and foster families

8.a. Legislative basis

The central rules for monitoring visits to residential institutions, accommodation facilities for children and young people (including in-house schools) and foster families are:

- The European Convention on Human Rights, particularly Articles 2, 3, 5, 8, 9, 10 and 14, the 1st Additional Protocol, Article 2, and the 4th Additional Protocol, Article 2
- The UN Convention on the Rights of the Child, particularly Articles 2, 3, 6, 9, 12, 13, 14, 16, 19, 20, 28 and 37
- The EU Charter on Fundamental Rights, particularly Articles 2, 4, 6, 7, 10, 11, 14, 21 and 24
- The UN Convention against Torture, particularly Articles 2 and 16
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 7, 14 and 15
- United Nations Rules for the Protection of Juveniles Deprived of their liberty (the Havana Rules, 1990)
- Recommendations from the Council of Europe, for example Rec(2005)5 on the rights of children living in residential institutions and CM/Rec(2008)11 on the European Rules for juvenile offenders subject to sanctions or measures
- The Social Services Act (Consolidation Act No. 170 of 24 January 2022 with later amendments), particularly Sections 63 a-63 c, 66-66 a, 68 b-68 c, 69-71, 76-76 a, 146 and 148-148 a
- The Act on Adult Responsibility (Consolidation Act No. 761 of 1 August 2019 with later amendments)
- The Folkeskole Act (Consolidation Act No. 1396 of 5 October 2022 with later amendments) Section 52 a
- The Act on Social Supervision Authorities (Consolidation Act No. 1109 of 1 July 2022)
- The Authorisation Act (Consolidation Act No. 731 of 8 July 2019 with later amendments)
- The Health Act (Consolidation Act No. 210 of 27 January 2022 with later amendments)
- The Medicines Act (Consolidation Act No. 99 of 16 January 2018 with later amendments)
- The Epidemics Act (Consolidation Act No. 285 of 27 February 2021 with later amendments)
- The Executive Order on Adult Responsibility for Children and Young People Placed in Care (Executive Order No. 810 of 13 August 2019)
- The Executive Order on Special Education and Other Specialised Pedagogical Assistance pursuant to the Folkeskole Act in Special Day-

Care Facilities and Placement Facilities (Executive Order No. 693 of 26 May 2020)

- The Executive Order on Compulsory Tests in the Folkeskole in the School Years 2022/23 to 2025/26 (Executive Order No. 1223 of 31 August 2022)
- The Executive Order on Folkeskole Tests (Executive Order No. 1224 of 31 August 2022)
- The Executive Order on Use of Force in connection with Somatic Treatment of Patients Permanently Unable to give Informed Consent to Treatment [applies to patients over the age of 15] (Executive Order No. 126 of 27 January 2019)
- The Executive Order on Authorised Healthcare Professionals' Patient Records (Executive Order No. 1225 of 8 June 2021)
- The Executive Order on Authorised Healthcare Professionals' Use of Non-Medical Staff (Executive Order No. 1219 of 11 December 2009)
- Guidance Notes on adult responsibility for children and young people placed in care (Guidance Notes No. 10229 of 17 December 2019)
- Guidance Notes on special support for children and young people and their families (Guidance Notes No. 9142 of 26 February 2019), particularly Chapters 14-17
- Guidance and inspirational material about good monitoring practice in in-house schools at placement facilities and special day-care facilities (please find at www.los.dk, in Danish only)
- Guidance Notes on medicines management (Guidance Notes No. 9079 of 12 February 2015)
- Institution considerations.

8.b. Focus areas

During monitoring visits to residential institutions, accommodation facilities for children and young people (including in-house schools) and foster families, focus is on the following areas:

- Use of coercion and other interventions and restrictions
- Relations
- Occupation, education and leisure time
- Healthcare-related conditions.

8.c. Information and questions aimed at clarifying the focus areas

In the opening letter, the Ombudsman may ask for the following information prior to the monitoring visit:

- A list of the children and young people at the facility with information about age, gender, parents, functional capacity, language, ethnic background, school options, placing municipality, grounds for placement, time of placement, and residents with special needs
- The latest monitoring report from the regional social supervision authority
- Monitoring report, if any, from the Danish Patient Safety Authority

- Guidelines on use of coercion and information about how the child or young person and custodial parents are informed of their rights with regard to use of coercion and other restrictions of their right to self-determination, including information on complaint access
- A list showing the number of times coercion has been used within the last three years with a copy of the latest five reports on use of coercion against children and young people at the facility
- Any responses from the regional social supervision authority and the municipality on reports on use of coercion
- House rules
- A list showing the number of occurrences of abuse, violence and threats within the last three years (among the children and young people, against the children and young people and against staff)
- Guidelines on prevention, detection and handling of suspected violence and sexual abuse
- A list of the institution's staffing conditions (number of staff, personnel groups, their education and seniority) with information about staffing during days, nights and weekends
- A list of municipal action plans received by the institution with a copy of the three latest action plans
- Information about children and young people of compulsory school age who do not, or only in rare cases, receive schooling and the reasons for this
- Information about absence due to illness (stated in percentages for each personnel group for the last three years)
- Minutes of meetings with the children's council and parents' council
- Instructions on medicines management
- What leisure time activities the facility offers
- What the facility offers children under compulsory school age
- A list of notifications within the last three years to the municipality and what initiatives the notification caused
- Information about number of self-harm incidents and suicides, including attempted suicides, within the last three years
- Use of temporary staff substitutes (when and to what extent are temporary staff substitutes used, and what qualifications do the substitutes have)
- Written material aimed at children and young people with information to them about their rights
- Any operating agreement with the municipality on classes in an in-house school, the latest municipal monitoring report about the school, the school's timetable and curriculum, and the last three exemptions from, respectively, classes in subjects, mandatory tests and Folkeskole examinations.

In the opening letter, a short statement (maximum three pages in total) may also be requested regarding:

- How the institution prevents situations of inhuman or degrading treatment of children and young people
- What significant, problematic incidents the institution has seen during the last year
- What professional (not financial) main challenges the institution faces this year
- How the children and young people's access to healthcare is organised
- How the children and young people's access to occupation, education and leisure time is organised.

During the monitoring visit, the visiting team may ask for information about the following:

Use of coercion and other interventions and restrictions

- Prevention, including care, consideration, pedagogical principles, minimum measures and co-determination
- Staff education and knowledge of rules and internal guidelines
- Consent and voluntariness (when do children and young people resist)
- Typical situations where coercion and other interventions and restrictions are used
- Recording and reporting
- Complaints and complaint guidance
- Medication (is medication used instead of forcible interventions)
- Follow-up and management's supervision
- Solitary confinement
- Confiscation of personal belongings (mobile phone/internet/computer)
- Locking rooms
- Television ban
- Drug test (consent and consequence of lacking consent)
- Search of rooms and belongings
- Search of person
- Restrictions in and control of communication with family and network
- Visiting restrictions
- Restrictions on rights as a punitive measure
- Prevention of offences and report to the police
- Management of violation of house rules
- Reflection trips
- Alarm and tracking systems for children and young people with diminished mental capacity
- Non-statutory interventions
- Adult responsibility, physical guidance, preventive assistance, use of physical coercion, return of runaways, and detention in connection with or during placement
- Intervention towards young people placed in surrogate custody as part of serving a sentence or as juvenile sanction.

Relations

Relations between staff and children and young people

- Tone of communication
- Smoking policy
- Room versus workplace
- Alcohol and euphorants
- The children's and young people's duties in relation to communal activities
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Conflict management
- Management of the need for support in relation to level of function
- Waiting time when requesting help
- Inclusion, self-determination and co-determination
- Access to relevant aids
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters
- Information and guidance to children and young people, also in other languages
- Contact person arrangement
- Financial circumstances (income, expenses, receipts, savings, administration, etc.)
- Discrimination
- Children and young people with special needs
- Complaints, including assistance with complaint writing, and complaint guidance
- Will staff members knock on a child or young person's door before entering?
- Supplementary training, including handling of children and young people with special needs.

Relations among the children and young people

- Policy on dating and sex (sexual abuse)
- Tone of communication
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Conflict management
- Groups with special needs
- Alcohol and euphorants (dependency/debt obligations)
- Between different groups (convicted/non-convicted, young people in surrogate custody/socially placed young people, men/women, different ethnic or religious backgrounds)
- Prevention of violence and sexual abuse and what procedures the institution follows upon suspicion of abuse
- Policy on prevention of violence and threats among the children and young people.

Relations among staff

- Cooperation and conflicts.

Relations with relatives/network

- Visiting rules
- Telephone hours
- Involvement of relatives
- Conflict management.

Relations with the local community

Occupation, education and leisure time

- Facilities for occupation, education and leisure time activities
- Organisation of education (at the institution/at local teaching institutions, cf. Section 22(5) of the Folkeskole Act
- Curriculum for the individual children and young people
- Education programmes, including classes for dyslectics
- Educational content
- Classes observing the primary and lower secondary school's entire range of subjects and minimum number of teaching lessons (Section 12(2) of the Executive Order on Special Education and Other Specialised Pedagogical Assistance according to the Folkeskole Act in Special Day-Care Facilities and Accommodation Facilities)
- Exemption from classes in individual subjects (Section 19 of the Executive Order on Special Education and Other Specialised Pedagogical Assistance pursuant to the Folkeskole Act in Special Day-Care Facilities and Accommodation Facilities, cf. Section 13 of the Executive Order on the Folkeskole's Special Education and Other Specialised Pedagogical Assistance)
- Exemption from mandatory tests (Sections 8-10 of the Executive Order on Mandatory Folkeskole Tests)
- Exemption from Folkeskole examinations (Sections 36-39 of the Executive Order on Folkeskole Examinations)
- Physical environment
- Pedagogical principles
- Organised activities
- List of activities
- Need for and possibility of a change in environment
- Access to outdoor activities
- Language problems.

Healthcare-related conditions

- Staffing level of doctors and their experience
- Staffing level of other healthcare staff

- Continuity of medical treatment (Throughcare)
- Access to doctor/specialist doctor/dentist/psychologist, etc.
- Prescription and management of medicines
- Record-keeping and other documentation
- In-house provision of medical treatment
- Statistics of illness and prevention of illness
- Cooperation regarding the children and young people
- Use of coercion and force, solitary confinement
- Children and young people with special needs
- Violence (registration and prevention)
- Self-harm and suicide attempts (registration and prevention)
- Hygiene within the institution
- Diet, exercise, health-promoting initiatives
- Complaints and complaint guidance
- Information about rights.

Other possible subjects

Conditions of buildings etc.

- Accommodation size
- Own independent accommodation/own room
- Kitchen facilities
- Occupational facilities (work/leisure)
- Education facilities
- Fire and smoke alarms
- Walkway areas
- Lavatory and bathroom facilities
- Lounge/other communal rooms
- Maintenance standard
- Cleaning standard
- Hygiene
- Outdoor areas
- Smoking areas
- Accessibility for the physically disabled
- Staff facilities.

Other matters

- Action plans
- Work environment
- Staff policy (educational policy, absence due to illness in connection with violence, etc.)
- The institution's ongoing cooperation with the supervising authorities
- The supervising authorities' reporting and follow-up
- Supervision and cooperation with the placing municipality (how often are supervision visits carried out and have residents been transferred as a consequence of a supervision visit)

- Meals (are the children and young people taking part in cooking, special diet, healthy food)
- Spiritual services
- Sexual behaviour (advice, guidance, conflicts).

9. Primary and lower secondary schools (the municipal 'Folkeskole', free schools, private primary and lower secondary schools, special day-care facilities, continuation schools, etc.)

9.a. Legislative basis

The central rules for monitoring visits to primary and lower secondary schools are as follows:

- The Constitutional Act, Section 76
- The European Convention on Human Rights, particularly Articles 3, 8, 9, 10 and 14 and the 1st Additional Protocol, Article 2
- The EU Charter on Fundamental Rights, particularly Articles 4, 7, 10, 11, 14, 21 and 24
- The UN Convention on the Rights of the Child, particularly Articles 2, 3, 12, 13, 14, 16, 28, 29 and 37
- The UN Convention against Torture, particularly Articles 2 and 16
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 7 and 15
- The Folkeskole Act (Consolidation Act No. 1396 of 5 October 2022 with later amendments)
- The Act on Free Schools and Private Primary Schools (Consolidation Act No. 1166 of 11 August 2022)
- The Act on Youth Schools (Consolidation Act No. 608 of 28 May 2019)
- The Act on Continuation Schools and Free Vocational Boarding Schools (Consolidation Act No. 1172 of 12 August 2022)
- The Act on Youth Education Programmes for Young People with Special Needs (Consolidation Act No. 610 of 28 May 2019)
- The Executive Order on Measures for the Promotion of Good Order in the Folkeskole (Consolidation Act No. 1951 of 11 December 2020)
- The Executive Order on Folkeskole Pupils Not Attending Classes (Executive Order No. 1063 of 24 October 2019)
- Executive Order on Procedural Rules in connection with a Pupil's Exemption from Christian Studies in the Folkeskole (Executive Order No. 691 of 20 June 2014)
- The Executive Order on Supervision of Pupils in the Folkeskole During School Hours (Executive Order No. 703 of 23 June 2014)
- The Executive Order on the Measurement of Pupils' Wellbeing in School (Executive Order No. 525 of 1 May 2019)
- The Executive Order on Lesson Replacement Due to Illness of Pupils in the Folkeskole and in Independent Primary and Lower Secondary Schools (Executive Order No. 694 of 20 June 2014)
- The Executive Order on Special Education and Other Specialised Pedagogical Assistance pursuant to the Folkeskole Act in Special Day-Care Facilities and Placement Facilities (Executive Order No. 693 of 26 May 2020)

- The Executive Order on the Folkeskole's Special Education and Other Specialised Pedagogical Assistance (Executive Order No. 693 of 20 June 2014)
- The Executive Order on Mandatory Folkeskole Tests (Executive Order No. 1223 of 31 August 2022)
- The Executive Order on Folkeskole Tests (Executive Order No. 1224 of 31 August 2022)
- Institution considerations.

9.b. Focus areas

During monitoring visits to primary and lower secondary schools, focus is on the following areas:

- Relations
- Use of coercion and other interventions and restrictions
- Education.

9.c. Information and questions aimed at clarifying the focus areas

In the opening letter, the Ombudsman may ask for the following information prior to the monitoring visit:

- A list of the composition of pupils with information about number of pupils, age, language, ethnic background and pupils with special needs
- Anti-bullying policy and guidelines on this subject
- School rules
- The last three exemptions from, respectively, classes in subjects, mandatory tests and Folkeskole examinations
- A list of the number of suspensions from lessons or transfers to another class or school within the last three years
- A list of notifications to the municipality about pupils within the last year and what initiatives the notification caused
- Type of school
- Ownership (public/independent/private)
- Capacity (number of pupils and staff)
- Test results (Section 13 a of the Folkeskole Act)
- The municipality's quality report (Section 40 a of the Folkeskole Act)
- The school board's annual report (Section 44(12) of the Folkeskole Act)
- The school's curriculum (Sections 10(2) and 19 d(5) of the Folkeskole Act)
- The school's teaching environment assessment (Section 6 of the Teaching Environment Act)
- A list of the local staffing conditions (number of staff, personnel groups, their education and seniority)
- A list showing the number of times coercion has been used towards pupils within the last three years
- A list showing the number of occurrences of abuse, violence and threatened violence within the last three years (among pupils, against pupils and against staff)

- Guidelines on the processing of cases of violence, threats and abuse etc. (anti-violence policy)
- Minutes of the last three school board meetings
- Minutes of the last three pupils' council meetings
- Information about pupils who do not, or only in rare cases, receive schooling and the reasons for this
- Information about absence due to illness (stated in percentages for each personnel group for the last three years)
- Use of temporary staff substitutes (when and to what extent are temporary staff substitutes used, and what qualifications do the substitutes have).

In the opening letter, a short statement (maximum two pages in total) may also be requested regarding:

- What significant, problematic incidents the school has seen during the last year
- What professional (not financial) main challenges the school faces this year.

During the monitoring visit, the visiting team may ask for information about the following:

Relations

Relations between pupils and teachers

- Tone of communication
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Policy in connection with sexual abuse
- Alcohol and euphoricants (involvement of social services in problems relating to drug abuse)
- Possible language problems/Danish as second language
- Cooperation between teacher and pupil on fulfilment of objectives (Section 18(4) of the Folkeskole Act)
- Involvement of pupils in the principal's health and safety initiatives (Section 45(5) of the Folkeskole Act)
- Pupil democracy (Section 46 of the Folkeskole Act)
- Result of wellbeing measurement (Section 56(3) of the Folkeskole Act)
- Pedagogical principles
- Access to relevant aids
- Smoking policy
- Conflict management
- Handling of pupils with special needs
- Handling of special groups.

Relations among pupils

- Anti-bullying policy

- Tone of communication
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Guidelines on prevention of sexual abuse and procedures in connection with suspicion of abuse
- Result of wellbeing measurement
- Conflict management
- Special groups and pupils with special needs
- Policy on prevention of violence and threats among the pupils.

Relations among teachers

- Tone of communication
- Cooperation and conflicts.

Relations with parents

- Financial contributions from parents for specific purposes (Section 50(8) and (9) of the Folkeskole Act)
- School board
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters
- Conflicts among parents
- Information, also in other languages
- Involvement of parents.

Use of coercion and other interventions and restrictions

- Handling of restless/violent pupils
- Disciplinary measures
- Non-statutory interventions
- Reporting of offences to the police
- Administration of the Executive Order on Promotion of Good Order in the Folkeskole (use of sanctions, Section 6 of the Executive Order, detention, suspension, transfer and expulsion)
- Administration of institution considerations
- Vandalism
- Complaints and complaint guidance
- Typical situations where coercion and other interventions and restrictions are used
- Recording and reporting
- Prevention and pedagogical principles.

Education

- Education programmes, including classes for dyslectics, and organisation
- Educational contents and choice of subjects
- Exemption from classes in individual subjects (Section 19 of the Executive Order on Special Education and Other Specialised Pedagogical

Assistance pursuant to the Folkeskole Act in Special Day-Care Facilities and Accommodation Facilities, cf. Section 13 of the Executive Order on the Folkeskole's Special Education and Other Specialised Pedagogical Assistance)

- Exemption from mandatory tests (Sections 8-10 of the Executive Order on Mandatory Folkeskole Tests)
- Exemption from Folkeskole examinations (Sections 36-39 of the Executive Order on Folkeskole Examinations)
- Pedagogical principles
- Education for pupils with special needs (Sections 20-22 of the Folkeskole Act, how the school works with inclusion and pupil participation, cf. Sections 12(2) and 19 d(8) of the Folkeskole Act)
- Absence (enrolled pupils who never show up)
- Assistance to pre-schoolers (Section 4 of the Folkeskole Act)
- Pupil and education plans (Section 13 b of the Folkeskole Act) and guidance of the individual pupil (Section 13(2) of the Folkeskole Act)
- Pupils leaving school after the 7th grade (Section 33(4) and (5) of the Folkeskole Act)
- Result of wellbeing measurement
- Physical environment
- Replacement lessons due to illness (planning after consultation with the parents and the pupil, obtaining information about previous lessons, and ensuring that teachers after cessation of the replacement lessons are informed about the course thereof).

Other possible subjects

Conditions of buildings etc.

- Fire safety and emergency plan
- Education facilities
- Sports facilities (bathroom and changing rooms)
- Library and IT facilities (access to computer, internet)
- Lavatory facilities
- Other communal areas
- Outdoor areas (playgrounds, playing fields, safety, separation of younger and older pupils, supervision, etc.)
- Rooms, leisure time facilities, kitchens, lavatory and bathroom facilities at continuation schools and boarding schools.

Healthcare-related conditions

- Pupils with special needs (such as management of regularly administered medication to pupils who cannot handle this themselves)
- Staffing level of healthcare staff
- Continuity of medical treatment (Throughcare)
- Access to doctor/specialist doctor/dentist/psychologist, etc.
- Prescription and management of medicines

- Record-keeping and other documentation
- Cooperation regarding the pupils
- Violence (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Diet, exercise, health-promoting initiatives
- Complaints
- Information about rights.

Other matters

- Safety (playgrounds, sports, field trips, etc.)
- Meal scheme (Section 44(9) of the Folkeskole Act)
- Payment for teaching material
- School magazine
- Staffing policy (supplementary training, employee development interviews)
- Work environment
- Sexual behaviour (advice, guidance, conflicts)
- Change of school
- Accessibility for the physically disabled
- Transport of pupils with special needs.

10. Day-care facilities

10.a. Legislative basis

The central rules for monitoring visits to day-care facilities are as follows:

- The European Convention on Human Rights, particularly Article 8
- The UN Convention on the Rights of the Child, particularly Articles 3, 12 and 16
- The EU Charter on Fundamental Rights, particularly Articles 7 and 24
- The UN Convention on the Rights of Persons with Disabilities, particularly Article 7
- The Day-Care Facilities Act (Consolidation Act No. 985 of 27 June 2022 with later amendments)
- The Executive Order on Leisure Time and Club Facilities etc. for Children and Young People (Executive Order No. 1926 of 9 December 2020)
- The Executive Order on Day-Care Facilities (Executive Order No. 2058 of 15 November 2021)
- Guidance Notes on day-care facilities etc. (Guidance Notes No. 9109 of 27 February 2015)
- Institution considerations.

10.b. Focus areas

During monitoring visits to day-care facilities, focus is on the following areas:

- Relations
- Use of coercion and other interventions and restrictions
- Occupation and leisure time.

10.c. Information and questions aimed at clarifying the focus areas

In the opening letter, the Ombudsman may ask for the following information prior to the monitoring visit:

- Composition of the group of children and young people (age, gender, language, functional capacity, ethnic background, and children and young people with special needs)
- Capacity, including specially trained staff for children and young people with special needs
- Ownership (public/independent/private)
- Pedagogical curriculum and follow-up in pre-school institutions (Section 8(1) and (2) and Section 9 of the Day-Care Facilities Act)
- Child environment assessment in after-school centres (Sections 46 and 47 of the Day-Care Facilities Act)
- Reports, if any, from the central evaluation and advisory function (Section 18 of the Day-Care Facilities Act)
- A list of the local staffing conditions (number of staff, personnel groups, their education and seniority)
- Information about absence due to illness (stated in percentages for each personnel group for the last three years).

In the opening letter, a short statement (maximum two pages in total) may also be requested regarding:

- What significant, problematic incidents the day-care facility has seen during the last year
- What professional (not financial) main challenges the day-care facility faces this year
- Use of temporary staff substitutes (when and to what extent are temporary staff substitutes used, and what qualifications do the substitutes have).

During the monitoring visit, the visiting team may ask for information about the following:

Relations

Relations between staff and children and young people

- Tone of communication
- Conflict management
- Pedagogical principles
- Language problems
- Language evaluation and language stimulation, Sections 11-12 of the Day-Care Facilities Act
- Special awareness of children and young people with special needs (notifications of concern)
- Involvement of the children and young people (Sections 7(4), 45(4) and 65 of the Day-Care Facilities Act)
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports).

Relations among children and young people

- Tone of communication
- Conflict management
- Groups with special needs
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports).

Cooperation with parents

- Parental board
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters
- Children where the parents are in conflict with each other
- Handling of notifications of concern.

Use of coercion and other interventions and restrictions

- Possible incidents and handling thereof

Occupation and leisure time

- Facilities for occupation, education and leisure time activities
- Possibilities for activity (learning and play)
- List of activities
- Pedagogical principles
- Organised activities.

Other possible subjects

Conditions of buildings

- Fire safety and emergency plan
- Rooms
- Lavatory facilities
- Activity rooms
- Other communal areas
- Outdoor areas (playgrounds, safety, supervision, etc.).

Healthcare-related conditions

- Continuity of medical treatment (Throughcare)
- Prescription and management of medicines
- Record-keeping and other documentation
- Children and young people with special needs
- Hygiene within the institution
- Diet, exercise, health-promoting initiatives
- User satisfaction
- Cooperation with health visitor.

Other matters

- Children's certificates (statements of no previous convictions in respect of children)
- Staffing policy (supplementary training, employee development interviews)
- Work environment
- Meal scheme (Sections 16 a, 16 b, 17 and 51 of the Day-Care Facilities Act)
- Transport of pupils with special needs.

11. Asylum centres

11.a. Legislative basis

The central rules for monitoring visits to asylum centres are as follows:

- The European Convention on Human Rights, particularly Articles 2, 3, 5, 8, 9, 10 and 14, the 1st Additional Protocol, Article 2, and the 4th Additional Protocol, Article 2
- The EU Charter on Fundamental Rights, particularly Articles 2, 4, 6, 7, 10, 11, 14, 21 and 24
- The UN Convention on the Rights of the Child, particularly Articles 2, 3, 6, 9, 12, 13, 14, 16, 19, 22, 24, 28 and 37
- The UN Convention against Torture, particularly Articles 2 and 16
- The UN Refugee Convention
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 7, 14 and 15
- UNHCR's Detention Guidelines (Guidelines on the Applicable Criteria and Standards relating to the Detention of Asylum-Seekers and Alternatives to Detention), 2012
- The Aliens Act (Consolidation Act No. 1205 of 25 August 2022 with later amendments), particularly Sections 36-37 e, Sections 42 a-42 h and Section 56 a
- The Act on Temporary Residence Permit Granted to People who were Displaced from Ukraine (Act No. 324 of 16 March 2022), particularly Sections 14-20
- The Authorisation Act (Consolidation Act No. 731 of 8 July 2019 with later amendments)
- The Health Act (Consolidation Act No. 210 of 27 January 2022 with later amendments)
- The Medicines Act (Consolidation Act No. 99 of 16 January 2018 with later amendments)
- The Epidemics Act (Consolidation Act No. 285 of 27 February 2021 with later amendments)
- The Executive Order on Authorised Healthcare Professionals' Patient Records (Executive Order No. 1225 of 8 June 2021)
- The Executive Order on Authorised Healthcare Professionals' Use of Non-Medical Staff (Executive Order No. 1219 of 11 December 2009)
- Guidance Notes on medicines management (Guidance Notes No. 9079 of 12 February 2015)
- Operator contract (including documents with current guidelines and other authority regulations).

11.b. Focus areas

During monitoring visits to asylum centres, focus is on the following areas:

- Use of coercion and other interventions and restrictions
- Healthcare-related conditions

- Relations
- Occupation, education and leisure time
- Safety.

11.c. Information and questions aimed at clarifying the focus areas

In the opening letter, the Ombudsman may ask for the following information prior to the monitoring visit:

- A list of the residents with information about age, gender, language, ethnic background, basis and date of placement and any residents with special needs
- The latest contract between the Danish Immigration Service and the accommodation operator
- The latest monitoring report from the Danish Immigration Service
- Monitoring report, if any, from the Danish Patient Safety Authority
- Copy of the last three contracts with residents, cf. Section 42 c of the Aliens Act
- Guidelines on use of coercion and other interventions and restrictions
- A list showing the number of times coercion has been used towards residents and a copy of the last three reports to the Danish Immigration Service
- House rules, if any
- The centre's instructions on medicines management
- A list showing the number of occurrences of abuse, violence and threatened violence within the last three years (among residents, against residents and against staff), and a copy of the last three reports to the Danish Immigration Service
- Guidelines on the processing of cases of violence, threats and abuse etc. (anti-violence policy)
- A list of the institution's staffing conditions (number of staff, personnel groups, their education and seniority) with information about staffing during days, nights and weekends
- Information about absence due to illness (stated in percentages for each personnel group for the last three years)
- Use of temporary staff substitutes (when and to what extent are temporary staff substitutes used, and what qualifications do the substitutes have)
- Minutes of the last three residents' council meetings
- A list of children and young people attending school, including type of school option (for example, external primary and lower secondary school or in-house centre school), and day-care facility stating whether it is a standard or special option
- Information about children and young people of compulsory school age who do not, or only in rare cases, receive schooling and the reasons for this
- What leisure time activities the centre provides for children and young people

- What day-time activities the centre offers children under compulsory school age
- A list of notifications within the last three years to the municipality about a child or young person and what initiatives the notification caused
- Information about number of suicides and attempted suicides within the last three years
- Reports, if any, on harassment and/or suspicion of radicalisation
- Written material aimed at children and young people living in the centre with information to them about their rights as unaccompanied minors.

In the opening letter, a short statement (maximum three pages in total) may also be requested regarding:

- How the centre prevents situations of inhuman or degrading treatment of residents
- How the centre prevents violence and threats among the residents
- What significant, problematic incidents the centre has seen during the last year
- What professional (not financial) main challenges the centre has faced in the last year
- How the residents' access to healthcare is organised
- How the residents' access to occupation, education, including formal education, and leisure time is organised
- How classes for children and young people of compulsory school age are organised
- Arrangement with contact persons, support person and personal representative for unaccompanied minors
- How the centre handles any children and young people of suicidal parents and parents who have attempted suicide
- How the centre assists children and young people with parents of affected or reduced parental ability, including information as to how the children and young people are compensated
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters.

During the monitoring visit, the visiting team may ask for information about the following:

Use of coercion and other interventions and restrictions

- Recording and reporting
- Prevention and pedagogical principles
- Staff education and knowledge of rules and guidelines
- Typical situations where coercion and other interventions and restrictions are used
- Follow-up and management's supervision
- Non-statutory interventions

- Complaints and complaint guidance.

Healthcare-related conditions

- Staffing level of doctors and their experience
- Staffing level of other healthcare staff
- Delegation of healthcare activities
- Access to preliminary check-up on placement
- Continuity of medical treatment (Throughcare)
- Access to doctor/specialist doctor/dentist/psychologist, etc.
- Prescription and management of medicines
- Confidentiality
- Record-keeping and other documentation
- In-house provision of medical treatment
- Statistics of illness and prevention of illness
- Cooperation regarding the residents
- Use of coercion and force
- Residents with special needs
- Violence (registration and prevention)
- Self-harm and suicide attempts (registration and prevention)
- Torture screening
- Hygiene within the institution
- Diet, exercise, health-promoting initiatives
- Substance abuse (extent, handling and possibility for treatment)
- Complaints and complaint guidance
- Information about rights.

Relations

Relations between residents and staff

- Tone of communication
- Smoking policy
- Alcohol and euphorants
- The residents' duties in relation to the community
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Conflict management
- Inclusion, self-determination and co-determination
- Home versus workplace, including cleaning of the residents' homes
- Contact person arrangement
- Discrimination
- Complaints, including assistance with complaint writing, and complaint guidance
- Residents with special needs
- Handling of special groups (victims of torture, minors and minorities)
- Handling of suicides and suicide attempts
- Will staff members knock on a resident's door before entering?

- Access to relevant aids
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters
- Information and guidance to residents, also in other languages
- What are the procedures at the asylum centre if a resident is physically injured, either on arrival or during the stay?
- Supplementary training, including handling of people with special needs.

Relations among residents

- Tone of communication
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police reports)
- Conflict management
- Residents with special needs
- Alcohol and euphorants (dependency/debt obligations)
- Particular groups (strong/weak, women/men, different religious or ethnic backgrounds)
- Guidelines on prevention of sexual abuse and procedures in connection with suspicion of abuse
- Policy on prevention of violence and threats among the users.

Relations among staff

- Conflicts and cooperation.

Relations with relatives/network

- Contact with relatives
- Involvement of relatives.

Relations with the local community

Occupation, education and leisure time

- Occupation and leisure time activities
- List of activities
- Physical environment
- Education and formal education of adults
- Language problems
- Schooling of children and young people of compulsory school age
- Education programmes, including classes for dyslectics
- Educational contents and choice of subjects.

Other possible subjects

- Condition of buildings, including resident rooms, lavatories and bathroom facilities, communal and leisure time facilities, kitchen, smoking areas, outdoor areas, maintenance standard, cleaning standard and hygiene
- Sexual behaviour (advice, guidance, conflicts)

- Scheme for summoning expert assistance at centres with special needs residents and children and young people
- Staff policy (educational policy, absence due to illness in connection with violence, etc.)
- Fire safety and emergency plan
- Supervision scheme
- The residents' financial situation
- Moving between centres
- Spiritual services
- Accessibility for the physically disabled
- Staff facilities
- Work environment
- Sector transfers
- Meals.