



Manual for Monitoring Activities

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1. INTRODUCTION

The Danish Parliamentary Ombudsman has, together with DIGNITY – the Danish Institute Against Torture (hereafter DIGNITY) and the Danish Institute for Human Rights, in the course of 2016 evaluated his monitoring activities, and this manual is the result of the evaluation. 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 staying either temporarily or permanently in institutions are treated with dignity.

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 will also show the institutions visited by the Ombudsman, the users whom the Ombudsman's teams will speak with, and other interested parties, how the Ombudsman carries out the 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 (chapter 3), execution (chapter 4) and follow-up regarding 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 which typically are 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 prisons, local prisons, social accommodation facilities, residential institutions for children and young persons placed outside the home, psychiatric wards and police station holding cells. The Ombudsman will also visit for instance foster families, schools and nursing homes.

All monitoring visits are carried out with authority in the Ombudsman Act. In addition, the main part of the monitoring visits in both the children's and adult social care sectors has its basis in the Optional Protocol to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (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 is primarily focused on OPCAT visits.



Method and assessment

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

Of course, it must be effective in relation to the individual institutions which 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, as mentioned above, he has most recently in 2016, 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, 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. Overall and slightly simplified, 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.

The Ombudsman therefore maintains the dialogue-based approach to monitoring, and this is extended and adjusted – also on the basis of the evaluation – on various points.

Changes on the basis of the evaluation

As a result of the evaluation, it has been decided that the Ombudsman's website will post a continuously updated list of the institutions which the Ombudsman has visited. At the same time, a copy of the Ombudsman's closing letter to the visited institutions is posted on the website. The institutions in question, 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 concerns the way in which the Ombudsman gathers information through interviews conducted during the visits. In future, the Ombudsman's monitoring teams will to a higher degree more systematically choose themselves which users and staff they wish to interview during the 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 will continue to primarily use announced standard visits and a few unannounced visits. In addition, the Ombudsman will to a greater extent than previously be mindful of carrying out other kinds of visit dependent on the purpose of the visit. Consequently, there can be more visits of varying intensity, and some visits may perhaps have a narrower focus than other visits. The Ombudsman has taken into account considerations regarding results, effectiveness and resources.

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 basic values and pursue the same objectives.

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

2.1. Basic 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 Ombudsman shall help ensure that the people staying either temporarily or permanently in institutions are treated with dignity and consideration. In this context, it is a basic value for the Ombudsman to ensure respect for the individual's personal integrity.

In addition, the Ombudsman's monitoring visits shall help ensure that the individuals either temporarily or permanently staying 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 which is characterised by dialogue, openness, cooperation, trust and empathy.

2.2. Objectives

The Ombudsman concentrates on significant aspects during the monitoring visits

The Ombudsman's assessments in connection with the monitoring visits are based on a broad foundation which includes Danish legislation, good administrative behaviour, international regulations 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 which it is especially important to improve in the interests of the residents.

The Ombudsman investigates general problematic issues

The particular field of attention of the monitoring visits is general legal problems which require clarification out of regard for the people either temporarily or permanently staying in an institution. Such problems 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 minister.

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

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

From the Ombudsman Act, it appears that in connection with his monitoring visits the Ombudsman shall assess matters which relate to the constructional and operational conditions of an institution together with conditions which concern the treatment of and activities for the institution's users, based on universal and humanitarian considerations.

In accordance with the Ombudsman Act, the Ombudsman shall also monitor that 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 shall 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 those conditions which 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 via check lists, which the Ombudsman uses in connection with visits to various types of institution, and by the Ombudsman not writing longer reports than necessary in order to express his assessments and recommendations. Therefore, the Ombudsman also restricts the follow-up on his visits to matters which 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 consolidates the protection against and the prevention of degrading treatment

During his monitoring visits, the Ombudsman achieves the target by investigating whether treatment is taking place in violation of OPCAT 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

Being a law graduate, the Ombudsman will normally concentrate his efforts on legal issues. With regard to his monitoring visits, the Ombudsman is also able to assess a number of conditions from universal, humanitarian points of view. The Ombudsman carries out his tasks according to OPCAT in cooperation with DIGNITY and the Institute for Human Rights, both of which are contributing special expertise of a specifically medical and human rights nature. The Ombudsman's special advisor on children's issues participates in monitoring visits in the children's social care sector.

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 the 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 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, statements 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 persons who may throw a light on the conditions found in the institution, and he thereby conducts a predominantly dialogue-based monitoring. In practice, during the visits the Ombudsman will interview, particularly, management, users and staff and, in addition, often relatives as well, especially parents, and sometimes patient advisers and other persons 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 telephone after the visit to discuss his considerations with the institution and perhaps during this process find a solution to a problematic issue.

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 making the public aware of problems which concern the treatment of the institutions' users and which may not be known to the public. Such information may contribute to making the public, including later 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 which are included in the Ombudsman's monitoring activities.

3. PLANNING

3.1. Themes

Each year, the Ombudsman, in agreement with DIGNITY and the Institute for Human Rights, will choose one or more themes for that year's monitoring visits, the majority of which will go to institutions where the chosen themes are relevant.

The choice of theme(s) is especially dependent on areas 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 intimidation between users. A narrow theme allows the Ombudsman a greater scope to examine the theme thoroughly. But a broader theme may also be chosen, for example children and young persons staying either temporarily or permanently in an institution due to an extensive and permanent functional impairment. A theme may stretch across different sectors; for instance, body search 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 check lists or devise other tools. The preparation of the theme may perhaps be carried out by a focus group.

To the due extent, 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 external players. The Ombudsman may for instance procure information from the local social supervision authority on that authority's experiences 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 moment in time.

3.2. Focus areas

3.2.1. In general

The Ombudsman has chosen a number of areas which he is generally focused 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 experiences which the Ombudsman, DIGNITY and the Institute for Human Rights already possess regarding conditions for persons deprived of their liberty and other persons staying in Danish institutions. 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:

- The use of force and other restrictive measures and limitations
- Relationships
- Occupational and leisure time activities
- Health-related conditions
- Security for the users
- Education
- Sector transfers

When planning the individual monitoring visit, the Ombudsman will normally use 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 will be 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 will take 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 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, the use of force and other interventions and restrictions will normally be relevant. In addition, the Ombudsman will almost always include the focus area of relationships in his monitoring visits. Education is typically a focus area in institutions where children and young persons of compulsory school age reside.

The choice of specific focus areas is usually made before the visit but may also be included 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 rounds 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 which 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 which 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 make certain that for instance the users of the institution have access to recreational activities and that children and young persons of compulsory school age are receiving appropriate education. 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

Use of force and other restrictive measures or limitations

Use of force, coercion, restrictive, disciplinary, informal and other measures will often be felt as onerous by the person who is the subject of for instance force because the use of force implies restrictions of personal freedom. In many instances, there will be a risk of force being exercised 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 force can be exercised.

Use of physical force

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

Other restrictive measures

There is a broad range of restrictive measures, such as for instance exclusion from the community of the facility, placement in an observation or security cell, cell search and urine tests, confiscation of mobile phones, limitation of the right to visits, locking rooms, body search and suspension of rights as a punishment.

Persons deprived of their liberty will often experience these measures as significant, onerous and severe.

Solitary confinement

Many surveys show that persons who are isolated from contact with other people, in addition to being restricted in their freedom of movement, are particularly vulnerable. Experience also shows that there are large differences in the individual susceptibility to the consequences of isolation. 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 persons 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 and informal measures

Disciplinary measures are mainly used in prisons where disciplinary cells, financial penalties and cautioning may be employed. Disciplinary measures may be used in other places as well, for instance in municipal primary and lower secondary schools (the 'Folkeskole' in Danish), with reference to the various measures which a headmaster may employ, such as expulsion, suspension or detention.

Informal measures refer to discipline through for instance cancellation of liberties, personal shielding, a ban on speaking, complete surveillance, ostracizing and scolding. For the individual, such measures can be felt to be worse and more degrading than more formal disciplinary measures.

Relations

The relations which a person living in an institution has with for instance the staff, fellow residents, relatives/social 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 take place 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 such as for a nappy change, as well as ridicule and addressing the person in a degrading manner.

Relationship between staff and detainees and other users

Experience shows that the relationship between the detainees and the staff who treat them and guard them is of crucial importance, whether the detainees be for instance inmates in prisons, patients in psychiatric centres, children or young persons in secure residential institutions, nursing home residents suffering from dementia or foreign nationals staying in asylum centres. This particular relationship is therefore an important focus area for the monitoring visits.

Relationship between users

Equally, the relationship between the users is 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 the inmates and patients have not chosen the persons with whom they may have to share a prison cell or hospital room, respectively. Furthermore, each resident may be vulnerable in their contact with others, for instance in the case of children and young persons, persons belonging to an ethnic or religious minority, substance abusers or persons suffering from disruptive behaviour disorders or other kinds of mental illness or trauma, including trauma resulting from torture or war time experiences (for instance PTSD).

Relationship with relatives/social networks

Relatives and other social networks are often a significant support for a person staying temporarily or permanently in an institution. It goes without saying that for children and young persons, relatives – not least the parents – are of very significant importance. Likewise, 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 the user against relatives, for instance in the case of violence or in order to ensure continuation of the treatment which the user is getting in the institution. The relationship between the users and their children may also be included in the monitoring visit.

Relationship among staff or management, respectively, and relationship between staff and management

If a collaboration within staff or management or between staff and management or for instance educational initiatives or teaching does not work out, the poor collaboration 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.

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

Relationship 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 that users find employment in the local area, either during their stay in the institution or for example upon their release from prison.

Occupation, leisure time and teaching programmes

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 nursing homes, asylum centres and accommodation facilities. Therefore, the Ombudsman will usually register during his monitoring visits whether the users of the institutions have access to activities.

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

It can also be classes, including formal education.

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

During his monitoring visits to institutions where children and young persons of compulsory school age reside, the Ombudsman will normally note whether they have lessons. This focus area may be applicable to a broad range of institutions, such as for instance secure residential institutions, Prison and Probation Service institutions, psychiatric hospital wards, accommodation facilities, asylum centres or continuation schools. At 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.

Safety for the users

This focus area is of particular importance when the Ombudsman is making monitoring visits to police station holding cells and police station waiting rooms. During monitoring visits to, for instance, a holding cell, he will assess whether there are security risks involved in connection with intoxicated persons, alcoholics or abusers of other substances staying in the holding cell.

However, the focus area will also be relevant in other types of institution, for instance institutions where persons who are or may be suicidal are staying. It also applies when the Ombudsman is visiting 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 persons where placement in solitary confinement rooms may be an option.

Sector transfers

A sector transfer occurs for instance when a person is discharged from a psychiatric hospital ward and transferred to a residential or accommodation facility, when a person living in his or her own home is taken into custody in a local prison or a residential institution, or when a person who has served his prison sentence is released. It may also apply to children who after a care placement are returned to their home or young persons moving from an institution to their own accommodation when they are 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 the implementation of a sector transfer, and there may be varying views as to which facility may be best suited to the user in the particular situation.

For the persons changing facility there may also be various problems of a, for instance, social and practical nature, such as child care 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 the separate 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.

Health-related matters

The assessment of whether persons deprived of their liberty and other institutionalised persons are treated with dignity, humanely and without torture is, among other things, dependent on whether or not the institution is providing healthy living conditions and good access to medical and other health services. Generally, persons deprived of

their liberty should as a minimum 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, dependent 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 persons who are already ill or vulnerable in other ways and for whom a continuous and comprehensive treatment is essential. Lastly, it is of course of the utmost importance to monitor whether persons deprived of their liberty or subject to other forms of coercion or use of force are treated with sufficient respect.

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

- Health services within the institution
- Health and illness among the persons deprived of their liberty
- Conditions which may affect health and illness among the persons deprived of their liberty

Which type of institution the Ombudsman visits decides which specific conditions are found to be relevant. It is obvious that the included health-related conditions can differ for a prison, a psychiatric centre and a foster family. Furthermore, there will be monitoring visits where health-related conditions will not normally be relevant, such as for instance in schools.

Health services

An essential point is whether access to the health service system is as easily obtainable within the institution as it is outside. When investigating the access to health 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 an application form which is then delivered to the health services via the prison officers. Furthermore, the inmates' personal experiences with the 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 the access to medical appointments in or outside the institution, for instance with own medical practitioner, is important.

Correspondingly, the quality of the health services is an important point. The focus here is on, among other things, the level of staffing – physicians, nurses, etc. – with

regard to the number of working hours compared to the number of users, and whether staff qualifications measure up to the standards to be expected within the general health services. Which forms of treatment the institution provides and which treatments require referral to the general health care 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.

Access to health services outside surgery hours is important. Usually, the need for medical assistance after regular hours will be met by calling the emergency medical service, just as would be the case outside the institution.

Structurally, the professional independence of the health services is essential for its ability to provide independent service to persons deprived of their liberty. In institutions where deprivation of liberty is taking place, physicians 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 health services in procedures such as solitary confinement, forced immobilisation, and documentation of violence.

Where a physician 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 physician provided by the institution.

Health and ill-health among persons 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 health service 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, persons whose mental health status is incompatible with deprivation of liberty in a prison rightfully belong in an institution which is especially equipped for that purpose. This means that a person with an active psychosis should for instance be hospitalised at a psychiatric facility.

Prisons and other institutions for persons deprived of their liberty are exposed to an increase in the occurrence of infectious diseases such as tuberculosis, hepatitis and HIV. This is partly due to the fact that the persons deprived of liberty are part of a particular group with a possibly higher disease occurrence than average in civil society, 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 ill-health within the institution should therefore be monitored by means of, for example, a registration system for the collecting of health-related information which may then indicate the necessity for preventive measures.

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

Conditions of importance to health and ill-health

In addition to the above-mentioned, the living conditions of the users of institutions where deprivation of liberty occurs, or may occur, and the treatment they receive are of great significance to health and ill-health. This applies for instance to the psychological climate of the institution which is dependent on security, violence, threats, the use of solitary confinement, force, constraint and other disciplinary measures, access to contact with family and to education and meaningful employment or other activities. These factors may all affect well-being and health.

Such conditions can have an especially strong effect on persons with special needs. Persons with special needs may for instance be survivors of torture who are particularly vulnerable when they are 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 force 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 persons with special needs who are deprived of their liberty are actually identified and that special protection for these persons is implemented. With regard to certain groups of persons 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, character and intensity, dependent 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 character 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 which 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 picture 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 for four persons 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 which he wishes to examine, he may carry out a new visit 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 in immediate continuation of the first, 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 for instance 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 and/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 monitoring team during the follow-up visit for example interviews all the users, the relevant staff and the management about the access to social interaction, social activities and/or occupational activities. In addition, the monitoring team can arrange to see the institution's communal areas, activity facilities, workshops and the like. Furthermore, the monitoring team can make sure that it gets precise information on which activities and which occupation, if any, 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. The need for a follow-up visit arises spontaneously in continuation of another visit.

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 current visit an intention of developing and improving on certain points, and the Ombudsman will follow up on such intentions at a later visit. It may also be a question of following up on an institution with many instances of using force, maybe also without authority, where the institution was in the process of resolving the issues during the visit, and where the institution has now got the use of force 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. Therefore, the need for these visits arises – like the need for follow-up visits – spontaneously.

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 police station holding 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 persons 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 which are not announced beforehand. The use of unannounced visits may have a preventive effect. In addition, **unannounced visits** bar 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 have reported 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 notification 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 station holding cells and waiting rooms.

3.4. Monitoring plan

In collaboration with DIGNITY and the Institute for Human Rights, the Ombudsman will prepare an annual plan for that year's monitoring visits to the adult and children's social care sectors. The monitoring plan will follow the calendar year.

In areas where administrative detention (deprivation of liberty) takes place, the Ombudsman will coordinate his plan with the Danish 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 which fall outside the chosen themes.

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

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

The institutions visited by the Ombudsman can be both public and private.

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

When choosing which specific institutions he will visit, the Ombudsman will – apart from the elements already mentioned – make 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 Prison at Copenhagen Police Headquarters, the

Secure Forensic Unit under Psychiatry Region Zealand and secure residential facilities for children and young persons.

The size and nature of the institutions will also play a role in the choice of which individual institutions to visit. And the Ombudsman will also include urgings from for instance users and/or former staff members to visit specific institutions, just as the Ombudsman will assess whether there are grounds for visiting institutions about which for instance the media 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 will change the monitoring plan if and when needed. This may for instance be when an institution is closed, when there is a need for more spontaneous visits than allowed for in the monitoring plan or when the state of the Ombudsman's resources dictates it.

When planning the year's visits, the Ombudsman will usually also make 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. Notification and opening letter

Notification 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 will send an explanatory notification letter to the relevant authorities. The Ombudsman will often invite the supervisory authority to be represented during the visit.

In the opening letter, the Ombudsman will inform 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 advised of the visit.

With a view to informing the users in the adult social care sector, the Ombudsman will enclose a poster with the opening letter. The poster informs the users of the visit and about the possibility of having an interview with the Ombudsman's monitoring team during the visit.

In the case of monitoring visits in the children's social care sector, the Ombudsman will use a slightly different method of informing the children and young persons of the visit and the possibility of having an interview. In the week leading up to the visit, the Ombudsman will send a number of posters to the institution. The posters inform the children and young persons of the visit and about the possibility of having an interview. The Ombudsman asks the institution to put up the posters in various places around the facility so that they are visible to the children and young persons. At the same time the Ombudsman will send personal letters to each of the children and young persons, telling them about the Ombudsman's Children's Division, the visit and the possibility of having an interview with the visiting team. The letters are intended to ensure that all children and young persons at 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 the management or the supervisory authority.

3.5.2. Gathering information

The Ombudsman will himself gather relevant information about the institution in question on the institution's website, etc. If the Ombudsman has visited the institution before, he will review 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 will examine 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 will usually ask for the latest supervision report from the regional 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 purpose of gathering 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 force. This allows the visiting team a better scope for focusing on those conditions which are relevant to the individual institution, and the visiting team is able to ask more purposeful questions.

Generally, the Ombudsman will ask 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 the 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, it is clear that 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 gathering other and/or more information compared to that usually gathered by the Ombudsman.

During the monitoring visit, the visiting team will gather more information, and the team will go through records and ask for a copy of specific case files.

4. EXECUTION

4.1. Course of a standard visit

Monitoring visits are normally carried out by legal case officers (lawyers) from the Ombudsman's office and a physician from DIGNITY, and the Institute for Human Rights participates when relevant. A Special Advisor on Children's Issues usually participates in monitoring visits to the children's social care sector.

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 at the institution.

A monitoring visit typically starts with a meeting with the management and any staff representatives. The starting point for the interview will typically be the focus areas and the material which the visiting team has obtained prior to the visit. The tone at the institution, for instance, will often be discussed. Specific episodes at 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 the management's perception of the institution's objectives and about the treatment principles and methods followed by the institution.

A monitoring visit may also open with interviews between the visiting team and the users, etc. Particularly in the case of monitoring visits to the children's social care sector, the visiting team will speak with the users before meeting with the management. The interviews are often carried out in the late afternoon when the children and young persons have finished school for the day. The advantage of this modus operandi is also that the information which transpires during the interviews can be included in the meeting with the management which will typically take place on the following morning.

The visiting team will usually tour (parts of) the institution. The tour will make 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 will be taken with due consideration for the users.

During the tour, the visiting team will often speak with and ask questions of the staff and users whom the team meets. The information and experiences which the visiting team gets in this way will, together with the team's observations, are included in the Ombudsman's assessment of conditions in the institution.

During the visit, the visiting team will usually also have interviews with users, staff and also often with for instance relatives of the users. The visiting team seeks to interview a representative segment of the institution's users, including any users belonging to vulnerable groups and/or minority groups.

A monitoring visit usually ends with a meeting with the management and any staff representatives. During this meeting, the visiting team will be imparting relevant

information to the management, for instance specific complaints or wishes from the users. The visiting team may ask for elucidation on some issues which may be cleared up at once. Other questions 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 and psychiatry – problems with transfers between sectors.

The visiting team will give the management an immediate, verbal feedback on the team's thoughts during the visit. The feedback will be given on the basis of the information gathered by the visiting team. For instance, the visiting team will often recommend changes or adjustments of practice in specific areas. The gathered information may also cause the visiting team to make comments to the institution and to the responsible authorities or to just mention conditions which the team has noted during the visit.

During the last meeting, the visiting team will ask 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

Who does the Ombudsman have interviews with?

Interviews with particularly the users and also with management, staff and relatives are a significant and important source of information for the Ombudsman. This is because the 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 all those who may be able to shed light on the institution's conditions. Apart from the management, staff and users, the visiting teams will speak with any clergymen and/or imams, health care staff and any elected representatives for the users, such as spokespersons. In addition, the visiting teams speak with legal guardians, social security guardians and patient advisers. In connection with monitoring visits in the children's social care sector, the visiting teams will normally speak with the relatives, typically parents.

The Ombudsman considers it crucial that the visiting teams speak with everyone who wishes or agrees to speak with them. In addition to speaking with those users who themselves ask to speak with the visiting teams, the teams will also ask other specific users whether they would like to speak with them.

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 teams with a full picture of conditions in the institution. The visiting teams therefore seek to ensure that interviews are carried out with a representative sample and number of users. Consequently, the visiting teams will themselves choose the users whom the teams ask for an interview.

The selection of persons to interview may be taken from the list of the institution's users which the Ombudsman asks for in connection with all monitoring visits. The list will also provide information about for instance age, gender, ethnicity, and any special needs which the individual user may have. The selection may also be based on or in combination with other information, for instance information on which users have been exposed to coercion.

When making the selection, the Ombudsman recognises that there are many types of user, of both sexes and of different ages, foreign nationals, persons with impaired physical function, mentally vulnerable persons and persons 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 the management or other users. When the visiting teams speak with many users – including those who have registered for an interview themselves and those whom the visiting teams have selected – and the teams receive 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 which are not included in the specific monitoring visit request an interview with the visiting team. In such cases, the visiting team may make arrangements with the user for a subsequent interview over the telephone.

Managements will from time to time suggest to the visiting teams that the teams speak with particular persons during the visit. This may be for instance when the management thinks 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 believes to be especially vulnerable. There is nothing to stop the visiting teams from following such suggestions. On the other hand, it is quite clear that the visiting teams do not necessarily have to follow these suggestions.

How are the interviews carried out?

The interviews will normally take place during the monitoring visit, and the visiting teams are 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 to suit the schedule of the individual person. In some cases, the interviews will for practical reasons be carried out over the telephone during the visit, for instance with relatives.

In addition, practical reasons may also lead to some interviews being carried out over the telephone after the visit. This will typically be 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 the questions which 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 teams ask 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 teams will also listen to those issues which the users themselves may bring up or which turn out to be relevant during the visit. The visiting teams will also make sure to for instance ask the user whether there is something which the user thinks the teams ought to know or whether there is a particular reason why the user has requested an interview. It may be an advantage to ask similar questions of the staff, relatives, etc. in order to shed light on the same issue from the point of view of several other parties.

Generally, the visiting teams' 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 the individual users are as a predominant rule carried out with one person at a time, among other things to ensure that confidentiality is preserved concerning private matters. According to a concrete assessment, group interviews may also be carried out with the users, for instance if a group of users requests it. 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, younger 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 will inform the users to the relevant extent.

Interviews with users, relatives, staff and health care 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.

A person of the user's own choice 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 the 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, for instance institutions with detained asylum seekers, the Ombudsman will clarify with the institution in advance the need for and access to assistance from interpreters so that the relevant assistance from interpreters is available during the visit. The Ombudsman does not normally use for instance staff at the visited institution or other users as interpreters.

The visiting team will to a relevant extent inform the user of the guidelines for the interview, including the purpose of the interview and the generally expected duration of about 15 minutes.

At the beginning of the interview, the visiting team will ask the user for his or her consent to allow the team to pass on information from the interview to the management or other bodies, for example the supervisory authority. If necessary, the

visiting team will also inform the user of this at the end of the interview. The persons with whom the visiting team has interviews usually give their consent.

The visiting teams pass on relevant information from the interviews to the management, typically during the final meeting. In many cases, the visiting teams will choose – even when consent has been given – to pass on the information in a general, anonymous form. The 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 protecting such sources from any reprisals.

In some cases, the person whom the visiting team is interviewing may have doubts about giving consent. If so, the visiting team will advise 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 at the institution, to improve those 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 will advise the person that the team will in many cases be able to pass on information in a general, anonymous form without revealing the source. But the team will also tell 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 can 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 will always respect 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 which cannot be passed on in anonymous form. Very serious matters may for instance be torture or inhuman treatment. It will always be dependent 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 will make a concrete assessment as to whether any fear of reprisals must be articulated to, for instance, the institution's management, together with information on the prohibition on implementing any restrictive measures 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 has to finish the case processing of the individual visit. He does so partly by finalising 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 finalises 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 who 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.

If the monitoring visit does not give cause for recommendations and/or criticism, the concluding letter will be brief. It will contain a description of the monitoring visit and contain the Ombudsman's assessment of the conditions, including a presentation of the recommendations which has been given in connection with the visit.

When finalising a monitoring visit case, the Ombudsman will sometimes ask 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 the 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 will not find a (complete) solution during the visit.

Therefore, the Ombudsman will sometimes after the visit find 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 will not usually 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 the management, the team has stated that it will consider a particular issue and then get back on it. The visiting team will often receive new, written documents during the monitoring visit, such as reports on the use of force, and

the examination of such documents may also form the basis for subsequent recommendations. These recommendations will be presented in the concluding letter in line with those recommendations which perhaps have been given verbally during the actual visit.

The Ombudsman will ask the authorities for a written statement if the monitoring visit gives cause for considering recommendations or criticism. 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.

The Ombudsman informs Parliament of monitoring visits which have given cause for more significant questions or which invoke a 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 will be more appropriate to follow up in relation to the individual institution and/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 will determine 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 character 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 will therefore make 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.

Opening of own initiative cases

Information which the Ombudsman receives in the course of 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 which do not only concern that specific institution. The Ombudsman may also choose to open an own initiative case on an issue which 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 persons placed in police station holding cells or about the general practice of carrying out a body search of persons deprived of their liberty. It may also be a significant use of force in the individual institution.

Publication and news items

On his website, the Ombudsman regularly posts a list of the institutions he has visited. The concluding letters which 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, if he has, the content of the 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 which 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 institution in question 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 will be able to familiarise themselves with results of previous visits prior to this one. Furthermore, knowledge sharing may be of value to other supervisory authorities, such as the regional social supervision authorities.

The Ombudsman will always make 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 character and news value that there is a 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 will publish 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 to prevent violence and threats among the users. General recommendations are based on the Ombudsman's experiences in the field. The recommendations will normally also have been given as concrete recommendations to specific institutions during previous monitoring visits.

Typically, the Ombudsman will discuss the follow-up to his general recommendations with the central authorities. In addition, the Ombudsman will himself follow up on the general recommendations during monitoring visits.

The general recommendations have a preventive aim and are part of the Ombudsman's work according to OPCAT.

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 will, in addition, inform Parliament of the reports.

Annual report

The Ombudsman will report on the results of that year's monitoring activities in the annual report which he submits to Parliament. The part of the annual report which relates to the monitoring activities will at the same time constitute the annual report under the terms of OPCAT and is therefore composed in collaboration with DIGNITY and the Institute for Human Rights.

In the annual report, 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 which 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 work tool for the Ombudsman. This is also true of the Ombudsman's monitoring activities. The discussions will typically take place in meetings.

During the meetings, the authorities and the Ombudsman will discuss the relevant issues and possible solutions to these issues, and also share relevant information, including information about current or upcoming initiatives, such as new legislation and best practice in various areas.

Together with DIGNITY and the Institute for Human Rights, the Ombudsman has annual meetings with for instance the Department of the Prison and Probation Service and the Ministry for 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 supervise the institutions where the Ombudsman carry out monitoring visits. These are in particular Danish 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 collaborates 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 which are already being processed by another authority.

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

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

The cooperation may also be of a general, including strategic, nature. The Ombudsman will, among other things, to a relevant extent inform 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 experiences and to create synergy between the various supervisory bodies.

Cooperation with civil society

The Ombudsman works together with DIGNITY and the Institute for Human Rights which both cooperate with the civil society and thereby contribute to the monitoring activities with input from the civil society.

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.

Together with DIGNITY and the Institute for Human Rights, the Ombudsman holds an annual meeting with the civil society, including NGOs. The organisations may for instance represent vulnerable groups of citizens and work within the fields of prison and probation and police, psychiatry, children, the disabled and foreign nationals. The purpose of the meeting is to inform the organisations of the monitoring activities and to gather experiences and inspiration through a mutual dialogue.

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 the exchange of experiences regarding the monitoring activities. In addition, the Ombudsman assists and cooperates to the relevant extent with the national preventive mechanisms in countries outside Scandinavia.

Normally, the Ombudsman will hold a meeting once a year with a representative from the UN Sub-Committee for the Prevention of Torture (SPT). During the meeting, the Ombudsman's monitoring activities are discussed, and the representative from the Sub-committee will give a briefing on the Sub-committee's measures and initiatives.

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

In addition, the Ombudsman and his staff regularly give interviews and hold lectures for foreign visitors about the Ombudsman's activities, including the task as national preventive mechanism.

Copenhagen, 06-01-2017



Jørgen Steen Sørensen

Appendix 1. Key rules for monitoring visits

The Ombudsman Act

Rules regarding mandate and basis of assessment

- Pursuant to section 18 of the 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 assess whether persons or authorities falling within his jurisdiction 'act in contravention of existing legislation or otherwise commit errors or derelictions in the discharge of their duties'.
- Section 18(ii) stipulates that 'in addition to assessments pursuant to section 21, and on the basis of universal human and humanitarian considerations, the Ombudsman may in connection with such an investigation 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 municipal council or a regional council, 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 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 '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)(ii), and private institutions, etc. responsible for tasks directly related to children. 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 Act on Due Process in Connection with the Public Administration's Use of Coercive Measures and Duties of Disclosure.
- During monitoring visits, the Ombudsman observes the general principles within administrative law pursuant to the Danish Public Administration Act and the Danish Access to Public Administration Files Act as well as non-statutory principles of law.

The Optional Protocol (OPCAT)

- In his capacity as national preventive mechanism in Denmark, the Ombudsman carries out OPCAT visits, that is 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, section 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 a 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. Prisons

1.a. Legislative basis

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

- The Danish 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, Article 10 in particular
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 7, 14 and 15
- The European Prison Rules
- The UN 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 institutionalised 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
- The Danish Sentence Enforcement Act (Consolidated Act No. 1242 of 11 November 2015 with later amendments), especially chapters 8, 9 and 10
- Executive Orders and Codes of Guidance issued by the Ministry of Justice/the Department of the Prison and Probation Service
- Departmental Notice No. 9916 of 14 July 2015 on the prison and probation institutions' treatment and reporting of instances of death, suicide, attempted suicide and other suicidal or self-harming behaviour among inmates in the care of the Prison and Probation Service
- Considerations of non-statutory implied authority in institutions

1.b. Focus areas

During monitoring visits to prisons, the focus will be on the following areas:

- Use of force and other restrictive measures and limitations
- Relations
- Health-related conditions
- Occupation, education and leisure time

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

In the opening letter, the Ombudsman can 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 the use of force and other restrictive measures
- A list showing the number of times force has been used within the last three years, categorised by types of force 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 enforced and voluntary exclusions from association within the last three years and, with regard to the enforced exclusions, information about the grounds for implementing the measures and the duration thereof
- A list showing the number of placements in punitive cell within the last three years and information about the duration thereof
- A list showing the number of placements in so-called observation cells and security cells (if available at the prison) within the last three years with information about the grounds for implementing the measure 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 local staffing conditions (number of staff, personnel groups, their training and length of service with information about staffing in the daytime, in the night-time and during the weekend
- Information about absence due to illness (stated in percentages for each personnel group for the last three years)
- Minutes of the latest three meetings with the spokespersons (of the individual units)
- The prison's instructions regarding management of medication
- Information about any addiction treatment

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

- How the prison prevents inhuman or degrading treatment of inmates
- Which significant, problematic incidents the prison has seen during the last year
- Which professional main challenges (with the exception of economy) the prison faces this year
- How the inmates' access to occupation, leisure time and training, including education, is organised
- How the inmates' access to medical treatment is organised
- A statement describing the reason for the development in the use of force and security measures, if a development has occurred
- A statement regarding which information the management receives on the use of force and security measures and how that information is used by the management, including for preventive purposes
- The use of interpreters, including telephone interpreters, and possible challenges when using interpreters

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

The use of force and other restrictive measures and limitations

- Typical situations in which the use of force and other restrictive measures and limitations occur
- Check-up on completion of reports (for example reports on injuries and medical attention)
- Possible instructions to, for example, carry pepper spray
- Registration and reporting
- Follow-up procedures and the management's supervision
- Complaints and complaint guidance
- Prevention and pedagogical principles
- Exclusion from association
- Placement in observation or security cell
- Body search of inmates and search of their quarters
- Urine tests
- Disciplinary measures (punitive cell, fine and caution)
- Informal measures
- Staff training and knowledge of rules and guidelines
- Storage of forcible tools (for example shields, sticks and pepper spray)

Relations

Relationship 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, report to the police)
- Conflict management

- Handling of particular groups (for example, resourceful/weak inmates, foreigners, mentally ill persons and minors)
- Handling of inmates with special needs
- Access to relevant aids
- Handling of suicide attempts and suicidal persons
- Time lapse when help is required (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 applications 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 his imprisonment?
- Supplementary training, including handling of persons with special needs such as mental illness, by way of example
- Are the staff confident when dealing with inmates, and, if they are 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 as regards possibilities of visit, etc.)
- Discrimination
- Addiction treatment

Relationship among inmates

- Tone of communication
- Abuse and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, report to the police)
- Euphoriant (dependency/debt obligations)
- Conflict management
- Handling of particular groups (resourceful/weak, women/men, different religious or ethnic background)
- Inmates with special needs
- Policy on the prevention of violence and threats among the users

Relationship among staff

- Cooperation and conflicts

Relationship with relatives/network

- Rules for visiting
- Rules for telephone calls
- Conflict management

Relationship with the local community

Health-related conditions

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

- Continuity of medical treatment (Throughcare)
- Access to doctor/medical specialist/dentist/psychologist, etc.
- Medicine prescription and management thereof
- Record-keeping and other documentation
- In-house provision of medical treatment
- Statistics of illness and prevention of illness
- Cooperation regarding the inmates
- Use of force and coercive measures
- Inmates with special needs
- Violence (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Complaints and complaint guidance
- Information about rights

Occupation, education and leisure time

- Physical framework
- Occupational activities (work, education and other approved activities)
- General occupational situation
- Handling of refusals to work
- Education options, including classes for dyslectics
- Educational contents and choice of subjects
- Use of computers in classes
- Education of young persons of compulsory school age
- In-house provision of specific treatments
- Motivation, notably for education and treatment
- Leisure time options, including cultural activities, etc.
- Community spirit

Other possible subjects

Condition of buildings, etc.

- Alterations to the buildings
- Ongoing building operations, 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 conditions

- Meals
- Grocery arrangements
- 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 Danish 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, in particular 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 UN 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
- Approach of the Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment regarding the rights of persons institutionalised 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 Danish Administration of Justice Act, Chapter 69, notably section 758, and Chapter 70, notably sections 770-778
- The Danish Sentence Enforcement Act (Consolidation Act No. 1242 of 11 November 2015 with later amendments), notably chapters 8, 9 and 10
- Executive Orders and Codes of Guidance issued by the Ministry of Justice, the Department of the Prison and Probation Service, especially the Executive Order on remand in custody (No. 1037 of 23 June 2016) and the Code of Guidance on remand in custody (No. 9716 of 11 July 2016)
- Departmental Notice No. 9916 of 14 July 2015 on the prison and probation institutions' treatment and reporting of instances of death, suicide, attempted suicide and other suicidal or self-harming behaviour among inmates in the care of the Prison and Probation Service
- Considerations of non-statutory implied authority in institutions

2.b. Focus areas

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

- Use of force and other restrictive measures and limitations
- Relations
- Health-related conditions
- Occupation, education and leisure time

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

In the opening letter, the Ombudsman can 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 other special other needs, including mental illness
- Internal guidelines on the use of force and other restrictive measures
- A list showing the number of times force has been used within the last three years, categorised by types of force and number of inmates
- Information regarding the number of times within the last three years where handcuffs have been used
- A list showing the extent of enforced and voluntary exclusions from association within the last three years and, with regard to the enforced exclusions, information about the grounds for implementing the measures and the duration thereof
- A list showing the number of placements in punitive cell within the last three years and information about the duration thereof
- A list showing the number of placements in so-called observation cells and security cells (if available at the prison) within the last three years with information about the grounds for implementing the measure 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 local staffing conditions (number of staff, personnel groups, their training and length of service with information about staffing in the daytime, in the night-time and during the weekend
- Information about absence due to illness (stated in percentages for each personnel group for the last three years)
- Minutes of the latest three meetings with the spokesperson/spokespersons
- The local prison's instructions regarding management of medication
- Information about any addiction treatment

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

- How the local prison prevents inhuman or degrading treatment of inmates
- Which significant and problematic incidents the local prison has seen during the last year
- Which professional main challenges (with the exception of economy) the local prison faces this year
- How the inmates' access to medical treatment is organised
- How the inmates' access to occupation, leisure time and training, including education, is organised
- A statement describing the reason for development in the use of force and security measurements, if a development has occurred
- A statement regarding which information the management receives on the use of force and security measures, and how that information is used by the management, including for preventive purposes
- The use of interpreters, including telephone interpreters, and possible challenges when using interpreters

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

The use of force and other restrictive measures and limitations

- Typical situations in which the use of force and other restrictive measures and limitations occur
- Check-up on completion of reports (for example reports on injuries and medical attention)
- Possible instructions to, for example, carry pepper spray
- Registration and reporting
- Follow-up procedures and the management's supervision
- Complaints and complaint guidance
- Prevention and pedagogical principles
- Isolation and exclusion from association
- Placement in observation and security cell
- Body search of inmates and search of their quarters
- Urine tests
- Disciplinary measures (punitive cell, fine and caution)
- Informal measures
- Staff training and knowledge of rules and guidelines
- Storage of forcible tools (for example shields, sticks and pepper spray)

Relations

Relationship 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, report to the police)
- Conflict management

- Handling of particular groups (for example resourceful/weak inmates, foreigners, mentally ill persons and minors)
- Handling of inmates with special needs
- Access to relevant aids
- Handling of suicide attempts and suicidal persons
- Time lapse when help is required (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 applications 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 his imprisonment?
- Supplementary training, including dealing with persons with special needs such as mental illness, by way of example
- Are staff confident when dealing with inmates, and, if they are 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 as regards possibilities of visit, etc.)
- Discrimination
- Addiction treatment

Relationship among inmates

- Tone of communication
- Abuse and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, report to the police)
- Euphoricants (dependency/debt obligations)
- Conflict management
- Between particular groups (resourceful/weak, women/men, different religious or ethnic background)
- Policy on the prevention of violence and threats among the users
- Inmates with special needs

Relationship among staff

- Cooperation and conflicts

Relationship with relatives/network

- Rules for visiting
- Rules for telephone calls
- Conflict management

Relationship with the local community

Health-related conditions

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

- Continuity of medical treatment (Throughcare)
- Access to doctor/medical specialist/dentist/psychologist, etc.
- Medicine prescription and management thereof
- Record-keeping and other documentation
- In-house provision of medical treatment
- Statistics of illness and prevention of illness
- Cooperation regarding the inmates
- Use of force and coercive measures, isolation
- Inmates with special needs
- Violence (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Complaints and complaint guidance
- Information about rights

Occupation, education and leisure time

- Physical framework
- Occupational activities (work, training and other approved activities)
- General occupational situation
- Education options, including classes for dyslectics
- Educational contents and choice of subjects
- Use of computers in classes
- Education of young persons of compulsory school age
- Provision of treatment
- Motivation, notably for training and treatment
- Leisure time options
- Community spirit, including work partnership in the cells

Other possible subjects

Condition of buildings, etc.

- Alterations to the buildings
- Ongoing building operations, 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
- Teaching 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 conditions

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

3. Halfway houses under the Prison and Probation Service

3.a. Legislative basis

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

- The Danish 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, in particular 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, especially Article 10
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 7, 14 and 15
- The European Prison Rules
- The UN 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
- Approach of the Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment regarding the rights of persons institutionalised 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 Danish Sentence Enforcement Act (Consolidation Act No. 1242 of 11 November 2015 with later amendments), particularly chapters 8, 9 and 10
- Executive Orders and Codes of Guidance issued by the Ministry of Justice and the Department of the Prison and Probation Service
- Departmental Notice No. 9916 of 14 July 2015 on the prison and probation institutions' treatment and reporting of instances of death, suicide, attempted suicide and other suicidal or self-harming behaviour among inmates in the care of the Prison and Probation Service
- Considerations of non-statutory implied authority in institutions

3.b. Focus areas

During monitoring visits to halfway houses, the focus will be on the following areas:

- Relations
- Health-related conditions
- Occupation, education and leisure time
- Use of force and other restrictive measures and limitations

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

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

- House rules
- An updated list of the occupancy rate with particulars on residents, including information about age, gender, ethnic background, date of imprisonment/transfer and any other special other needs, including mental illness
- A list of the local staffing conditions (number of staff, personnel groups, their training and length of service with information about staffing in the daytime, in the night-time and during the weekend)
- Information about absence due to illness (stated in percentages for each personnel group for the last three years)
- Minutes of the latest 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 force, restrictive measures or limitations towards residents at the halfway houses
- Guidelines on the processing of cases of violence and abuse, etc. (anti-violence policy)
- The halfway houses' instructions regarding management of medication
- Information about possible addiction treatment

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

- How the halfway house prevents inhuman or degrading treatment of residents
- Which significant and problematic incidents the halfway house has seen during the last year
- Which professional main challenges (with the exception of economy) the halfway house faces this year
- How the residents' access to medical treatment is organised
- How the residents' access to occupation, leisure time and training, including education, is organised
- The use of temporary staff substitutes (when and to which extent are temporary staff substitutes used, and which skills do the substitutes have)

- The use of interpreters, including telephone interpreters, and possible challenges when using interpreters

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

The use of force and other restrictive measures and limitations

- Typical situations in which the use of force and other restrictive measures and limitations occur
- Follow-up and the management's supervision
- Complaints and complaint guidance
- Prevention and pedagogical principles
- Exclusion from association
- Body search of residents and search of their quarters
- Urine tests
- Disciplinary measures (punitive cell, fine and caution)
- Informal measures
- Staff training and knowledge of rules and guidelines

Relations

Relationship 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 report)
- Conflict management
- Handling of particular groups (for example resourceful/weak residents, foreigners, mentally ill persons and minors)
- Handling of residents with special needs
- Access to relevant aids
- Handling of suicide attempts and suicidal persons
- Time lapse when the residents need help, processing times in connection with application 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 an inmate's door before entering?
- What are the procedures at the halfway house if a resident is physically injured, either on arrival or during his stay?
- Supplementary training, including dealing with persons with special needs such as mental illness, by way of example
- Are staff confident when dealing with inmates, and, if they are 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
- Addiction treatment

Relationship among residents

- Tone of communication
- Abuse and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, report to the police)
- Euphoricants (dependency/debt obligations)
- Conflict management
- Between particular groups (resourceful/weak, women/men, different religious or ethnic background)
- Residents with special needs
- Policy on the prevention of violence and threats among residents

Relationship with relatives/network

- Inclusion, cooperation and conflicts
- Rules for visits
- Telephone rules

Relationship among staff

- Cooperation and conflicts

Relationship with the local community

Health-related conditions

- Staffing level of doctors, if any, and their experience
- Staffing level of other healthcare workers
- Access to doctor/medical specialist/dentist/psychologist, etc.
- Continuity of medical treatment (Throughcare)
- Medicine prescription and management thereof
- 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)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Complaints and complaint guidance
- Information about rights

Occupation, education and leisure time

- Physical framework
- Facilities for occupation, education and leisure time activities

Other possible subjects

Condition of buildings, etc.

- Alterations to the buildings
- Ongoing building operations, projects or plans
- The building itself and its walkway areas
- Size of the residents' rooms
- Visiting facilities, including special facilities for children
- Workshops
- Teaching facilities and library
- Leisure time facilities
- Lavatory and bathroom facilities
- Kitchen facilities
- Outdoor areas
- Doctor's surgery, if any
- Staff rooms
- 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 halfway house conditions, respectively
- Management of violation of conditions

Sector transfers

Other conditions

- Payment for staying at the halfway house
- Return
- Meals
- Spiritual services
- Work environment
- Staff policy (educational policy, emergency plan, absence due to illness in connection with violence, etc.)

4. Police station holding cells

4.a. Legislative basis

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

- The Danish Constitutional Act, particularly section 71
- The European Convention on Human Rights, particularly Articles 2, 3, 5 and 8
- The EU Charter on Fundamental Rights, in particular 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 Danish Police Act (Consolidation Act No. 956 of 20 August 2015), notably section 11
- Executive Order on placement in police station holding cells (No. 988 of 6 October 2014 with later amendments)
- Proclamation II of the Danish National Commissioner, No. 55 of 10 March 2016 on placement of intoxicated persons in police station holding cells
- Circular Letter of the Danish National Police of 26 April 2006 about conditions in connection with supervision of persons placed in police station holding cells and placement of non-intoxicated persons in the police station holding cells
- Circular Letter of the Danish National Police of 12 January 2011 on the use of police station short-term holding facilities and holding cells for placement of prisoners
- Considerations of non-statutory implied authority in institutions

4.b. Focus areas

During monitoring visits to police station holding cells, the focus will be on the following areas:

- Security for the users
- Use of force and other restrictive measures and limitations
- Health-related conditions
- Relations

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

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

- How the police prevent that the detained end up in inhuman and degrading situations

- Which significant, problematic incidents the police have experienced within the last year
- Which professional main challenges (with the exception of economy) the police face this year
- How the detainees' access to medical treatment/medical examination is organised

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

Security for the detainees

- Check-up on security risks at prison bars, non-fixtures, joints, projections, ventilation grids, etc.
- Random check-up that the audio-visual installations are functioning:
 - Is it possible for the detainee at all times to contact the staff?
 - 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 which procedures are used in order to ensure that the staff remember to check on the detainees according to the rules
- Check the latest three reports that the staff's supervision is in compliance with the rules

The use of force and other restrictive measures and limitations

- Possible incidents of the use of force and other restrictive measures and limitations
- Check the last three reports on the use of force, whether the use of force appears to be adequately described in order to assess whether the provisions of the Danish Police Act are observed
- Complaints and complaint guidance

Health-related conditions

- Medical attention/access to doctor
- Continuity of medical treatment (Throughcare)
- Medicine prescription and management thereof
- Record-keeping and other documentation
- Cooperation regarding the detainees
- Use of force and coercive measures
- Detainees with special needs
- Violence (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Check the latest three detention reports and medical report

Relations

Relationship between detainees and staff, etc.

- Offer to get in touch with the family/employer (check the latest three reports whether this has happened)
- Information and guidance to the detainees, also information 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 alcoholism
 - Detention and stay is effected in a way that ensures confidentiality
 - Standard of maintenance (scratch marks and cracks may indicate lack of supervision)
 - Use of police holding cells as short-term holding facility
 - Is the correct detention report used?
-

5. Short-term holding facilities

5.a. Legislative basis

The central rules for the monitoring visits to short-term holding facilities are as follows:

- The Danish Constitutional Act, particularly section 71
- The European Convention on Human Rights, particularly Articles 2, 3, 5 and 8
- The EU Charter on Fundamental Rights, in particular 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

There is no legislative basis regarding the interior layout of the police short-term holding facilities but in August 1992 the Ministry of Justice issued a guidance on the interior layout of police buildings. An amendment sheet was issued in 2005.

5.b. Focus areas

During monitoring visits to short-term holding facilities, the focus will be on the following areas:

- Security for the users
- Use of force and other restrictive measures and limitations
- Health-related conditions
- Relations

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

Security for the detainees

- Physical check-up on security risks at prison bars, non-fixtures, joints, projections, ventilation grids, etc.
- Check that the paging system works
- Check that there are procedures ensuring that the smoke detector works
- Ask how often the detainees are checked
- Ask about duration of the detention and ask for documentation of the latest three detentions

The use of force and other restrictive measures and limitations

- Possible episodes involving the use of force and other restrictive measures and limitations
- Check the last three reports on the use of force, check whether the use of force appears to be adequately described in order to assess whether the provisions of the Danish Police Act are observed

Health-related conditions

- Ask about the procedures when emergency medical attention is required
 - Continuity of medical treatment (Throughcare)
 - Medicine prescription and management thereof
 - Use of force and coercive measures
 - Detainees with special needs
 - Violence (registration and prevention)
 - Suicide attempts (registration and prevention)
 - Hygiene within the institution
-

Relations

- Relations between staff and detainees and contact with relatives/network
- Information and guidance to the detainees, including information 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 the detainee is treated appropriately as regards food and drink, going to the lavatory, ventilation and temperature?
- Procedures for detention of minors (contact to their home and municipality)

6. Psychiatric healthcare

6.a. Legislative basis

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

- The Danish Constitutional Act, particularly section 71
- The European Convention on Human Rights, particularly Articles 2, 3, 5, 8, 9, 10 and 14 as well as Additional Protocol No. 4, Article 2
- The UN Convention on the Rights of the Child, particularly Articles 2, 3, 6, 12, 13, 14, 16 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
- The UN 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 institutionalised and treated medically without informed consent, 26 January 2016
- The Danish Act on Coercion in Psychiatry (Executive Order No. 1160 of 29 September 2015 with later amendments)
- The Danish Act on Forensic Psychiatric Therapy, etc. (Act No. 1396 of 21 December 2005)
- The Danish Health Act (Executive Order Act No. 1188 of 24 September 2016 with later amendments)
- Executive Order on the use of other forcible measures than detention on psychiatric wards (Executive Order No. 1388 of 2 December 2010 with later amendments)
- Executive Order on the rules of procedure for the regional psychiatric patient complaints boards (No. 1339 of 2 December 2010 with later amendments)
- Executive Order on the procedures for implementation of compulsory admissions (Executive Order No. 1340 of 2 December 2010)
- Executive Order on patients' advisers (Executive Order No. 1341 of 2 December 2010 with later amendments)
- Executive Order on protocols on the use of coercive measures and records, registration of and report on coercive measures, discharge agreements and coordination programmes in psychiatric wards (Executive Order No. 1342 of 2 December 2010 with later amendments)
- Executive Order on notification and guidelines on channels of complaint with reference to coercive measures in psychiatric healthcare (Executive Order No. 1343 of 2 December 2010 with later amendments)

- Executive Order on opening and control of post, examination of patients' rooms and body search, etc. on psychiatric wards (Executive Order No. 1102 of 11 September 2015)
- Executive Order on lesson replacement due to illness of pupils in the Folkeskole and in free primary and lower secondary schools (Executive Order No. 694 of 20 June 2014)
- Executive Order on patients admitted to a psychiatric ward under a criminal sentence (Executive Order No. 1414 of 10 December 2010)
- 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)
- Executive Order on social security guardians (Executive Order No. 947 of 24 September 2009)
- Code of Guidance about completion of protocols on the use of coercive measures (registration of the use of force in psychiatry) as well as registration of discharge agreements/coordination programmes (for psychiatric wards) (Code of Guidance No. 9798 of 16 August 2016)
- Code of Guidance on treatment with anti-psychotic medicine for persons older than 18 years suffering from psychotic disorders (Code of Guidance No. 9276 of 6 May 2014)
- Code of Guidance for 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 (Code of Guidance No. 9614 of 8 November 2010)
- Considerations of non-statutory implied authority in institutions

6.b. Focus areas

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

- Health-related conditions
- Use of force and other restrictive measures and limitations
- Relations
- Occupation, education and leisure time

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

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

- House rules
- An updated list of the ward's occupancy rate with patients stating information about age, gender, language, ethnic background, date of admission and whether the admission is voluntary or compulsory
- Guidelines on the use of force

- A list of the extent of the use of force within the last three years, stating type and number of patients with information on how many times every patient has been exposed to the individual coercive 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
- Reporting, if any, pursuant to section 21a on coercive measures 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 local staffing conditions (number of staff, personnel groups, their training and length of service with information about staffing in the daytime, in the night-time and during the weekend)
- 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 which extent are temporary staff substitutes used, and which qualifications do they have)
- Minutes of the last meeting with representatives for patients and relatives
- Written information aimed at children and young persons with information to them about their rights and the use of force
- Written information to the custodial parent advising the custodial parent about rights and about the use of force
- A list of school facilities, including type of school facility (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, attend lessons, and, if so, what are the reasons for the non-attendance
- Information about any treatment for addiction

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

- How the ward prevents patients ending up in inhuman and degrading situations
- Which significant, problematic incidents the ward has experienced during the last year
- Which professional main challenges (with the exception of economy) 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
- Which information the management receives about the ward's use of force, including information about which data the management receives regarding the use of force, and, if so, how are these data used in order to reduce the use of force
- When and how the units inform the patients about their rights and about the use of force?

- How and in which 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 can ask for information about the following:

Health-related conditions

- Staffing level of doctors and their experience
- Staffing level of other healthcare workers
- Continuity of medical treatment (Throughcare)
- Access to doctor/medical specialist/dentist/psychologist, etc.
- Medicine prescription and management thereof
- Record-keeping and other documentation
- In-house provision of medical treatment
- Statistics of illness and prevention of illness
- Cooperation regarding the patients
- Use of force and coercive measures
- Patients with special needs
- Violence (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Complaints and complaint guidance
- Information about rights

The use of force and other restrictive measures and limitations

Force

- The concept of coercion, especially in relation to children and young persons (section 1 of the Danish Mental Health Act)
- The extent of coercive measures, generally as well as categorised by the individual measures
- Rules on the use of force
- Written information to the patients about coercive measures (section 31 of the Danish Mental Health Act)
- Complaints and complaint guidance
- Guidelines, if any, on grades of observation lower than personal shielding, cf. section 18d of the Danish Mental Health Act, including rules of jurisdiction
- Locking of doors (section 18f of the Mental Health Act)
- Registration and completion of protocol on the use of coercive measures
- Follow-up procedures and the management's supervision
- Where does the restraint of the patients take place (specially fitted room/the patient's own room, specially fitted bed/the patient's own bed)?
- Transport of belts and straps, covering up of specially fitted bed
- Position of the permanent watch
- Where is the mobile physical restraint bed stored, if any?
- Statistics on the use of coercive measures at unit level

Other restrictive measures and limitations

- Guidelines on authority, re-evaluation and documentation
- Confiscation of personal belongings (mobile phone/internet/PC)
- Access to the 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 mail and body search
- Drawing up of house rule and management of violations thereof
- Informal measures
- Enforcement of telephone control

Preventive measures

- The principle of minimum measure
- Admission talk and possible advance notification
- Follow-up sessions
- Risk assessment of the patients
- Skills development of staff
- Staff knowledge of rules and guidelines
- Prevention and pedagogical principles

Relations

Relationship 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 and report to the police)
- Inclusion, self-determination and co-determination
- Conflict management
- Handling of particular groups (for example minors, minorities and foreigners)
- 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
- Supplementary training of staff regarding prevention and management of conflicts, violence and threats about violence
- Alarm system
- Overcrowding (the use of other rooms as patient rooms, early preparation of patients for living in their own home)
- Contact persons (who, possible change of contact person)
- Discrimination
- Access to relevant aids

Relationship among patients

- Policy on flirtation and sex (sexual abuse)

- Tone of communication
- Abuse and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police report)
- Alcohol and euphoricants (dependency/debt obligations)
- Conflict management
- Between particular groups (resourceful/weak, women/men, different religious or ethnic background)
- Groups with special needs
- Policy on the prevention of violence and threats among the users themselves

Relationship among staff

- Cooperation and conflicts

Relationship with relatives/network

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

Relationship with the local community

Occupation, education and leisure time

- Occupational and leisure time activities
- Activities, including possibility of outdoor activities (section 2 of the Danish Mental Health Act)
- Physical framework
- List of activities
- Possibility of outdoor activities (how often, escorted, patients with a risk of escape, shielded area)
- Teaching options, including classes for dyslectics
- Educational contents and choice of subjects
- Special replacement classes due to illness (planning after consultation with the parents and the pupil, obtaining information about previous classes, and ensuring that teachers after cessation of the special replacement classes are informed about the course thereof)
- Absence
- Pedagogical principles
- Training of children and young persons of compulsory school age

Other possible subjects

Physical framework

- Good psychiatric hospital standard with regard to condition of buildings (section 2 of the Danish Mental Health Act)
- Bed ratio
- Private rooms/shared rooms
- Lavatory and bathroom facilities

- Open/secure wards, shielded units
- Average length of hospitalisation
- Occupancy rate (average occupancy percentage, overcrowding)
- Overcrowding (use of other rooms as patient rooms, early preparation of patients for discharge)
- Visiting facilities
- Outdoor areas
- Smoking areas
- Accessibility for the physically disabled
- Facilities for staff
- Occupational facilities (work/leisure)
- Teaching facilities
- Lounge/other communal rooms
- Fire safety and emergency plan

Sector transfers

- Admission – discharge/release
- Discharge agreements and coordination plans (sections 13a and 13b of the Danish Mental Health Act)
- Guidelines on discharge agreements and coordination plans

Other conditions

- 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 (for example the elderly, physically or mentally impaired persons, drug addicts) are:

- The Danish Constitutional Act, particularly section 71
- The European Convention on Human Rights, particularly Articles 2, 3, 5, 8, 9, 10 and 14 and Additional Protocol No. 4, 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
- Danish Social Services Act (Consolidation Act No. 1270 of 24 October 2016 with later amendments), notably sections 107 and 108, chapter 24, chapter 24a, sections 148 and 151 and sections 192 and 192a
- Danish Act on Social Supervision Authorities (Consolidation Act No. 124 of 12 February 2016 with later amendments)
- Danish Social Housing Act (Consolidation Act No. 1103 of 15 August 2016 with later amendments), particularly sections 54-58 and section 105
- Danish Act on involuntary detention for treatment purposes of drug addicts (Consolidation Act No. 1128 of 20 October 2014 with later amendments)
- Executive Order on coercive measures and other interventions in the right of 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. 1140 of 29 August 2016)
- Executive Order on the 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 coercive measures and reporting in connection with involuntary commitment for treatment purposes of drug addicts (Executive Order No. 1677 of 16 December 2016)
- Executive Order on nursing homes and assisted living facilities (Executive Order No. 1324 of 10 December 2014)
- Executive Order on the Social Services Gateway (Executive Order No. 1673 of 16 December 2016)
- Code of Guidance on accommodation facilities, etc. for adults pursuant to the Danish Social Housing Act, the Danish Social Services Act and the Danish Act on Access to Private Assisted Living Facilities (Code of Guidance No. 14 of 15 February 2011)
- Code of Guidance on coercive measures and other interventions in the right of self-determination towards adults, including pedagogical principles (Code of Guidance No. 10367 of 13 December 2016)
- Code of Guidance on involuntary commitment for treatment purposes of drug addicts (Code of Guidance No. 10 of 20 February 2008)

- Code of Guidance on the legal position of patients/residents at nursing homes and in assisted living facilities (Code of Guidance No. 10409 of 20 December 2007)
- Considerations of non-statutory implied authority in institutions

7.b. Focus areas

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

- Use of force and other restrictive measures and limitations
- Relations
- Health-related conditions
- Occupation, education and leisure time

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

In the opening letter, the Ombudsman can 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 of admission and date, and residents with special needs
- Guidelines on the use of force
- A list showing the number of times force has been used within the last three years with a copy of the latest three reports on the use of force against residents
- Feedback, if any, from the regional social supervision authority and the municipality on reports on the use of force
- A list showing the occurrences of abuse, of violence and threats about violence within the last three years (among residents, against residents and against staff)
- Guidelines on the processing of cases of violence and abuse, etc. (anti-violence policy)
- In-house instructions on medicine management
- A list of the local staffing conditions (number of staff, personnel groups, their training and length of service with information about staffing in the daytime, in the night-time and during the weekend)
- 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 tenants' council
- Minutes of the latest meeting with relatives
- Information about suicides and suicide attempts within the last three years
- Use of temporary staff substitutes (when and to which extent are temporary staff substitutes used, and which qualifications do they have)

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

- How the accommodation facility prevents the residents ending up in inhuman and degrading situations
- Which significant, problematic incidents the accommodation facility has experienced within the last year
- Which professional main challenges (with the exception of economy) the accommodation facility faces this year
- How the residents' access to health services is organised
- How the residents' access to occupation, education and leisure time is organised

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

The use of force and other restrictive measures and limitations

- Prevention, including care, consideration, pedagogical principles, minimum measures and self-determination
- Staff training and knowledge of rules and internal guidelines
- Consent and on a voluntary basis (when do residents resist)
- Typical situations in which the use of force and other restrictive measures and limitations occur
- Physical force, also in personal hygiene situations, by the use of fabric harnesses, upon admission to an accommodation facility without consent, by the use of detention, by the use of personal alarm and tracking systems and special door-openers
- Measures against persons who are placed pursuant to a criminal sentence
- Registration and reporting (how and how many)
- Complaints and complaint guidance
- Follow-up and the management's supervision
- Confiscation of belongings (mobile telephone/internet/PC)
- Locking rooms
- Ban on watching television
- Drug test (consent and consequence of lacking consent)
- Search of rooms and belongings
- Body search
- Restrictions on communication with family and network
- Restrictions on visits
- Cancellation of rights upon breach of house rules
- Prevention of offences and report to the police
- Handling violation of house rules
- Informal measures
- Agreements on the kind of restrictions that can be used against the resident and consequences if the resident violates the agreement (accommodation facilities which treat alcohol and/or drug addiction)

Relations

Relationship between staff and residents

- Tone of communication
- Room versus workplace, including cleaning of the residents' rooms
- 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 report)
- Conflict management
- Management of the need for support in relation to level of functional capacity
- Waiting time when requesting help
- Inclusion of 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 patients, also in other languages
- Contact person arrangement
- Complaints, including assistance with complaint writing, and complaint guidance
- Will the staff knock on the resident's door before entering?
- Supplementary training

Relationship among residents

- Policy on flirtation and sex (sexual abuse)
- Tone of communication
- Abuse and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police report)
- Conflict management
- Groups with special needs
- Between different groups (convicted/non-convicted, women/men, different religious or ethnic background)
- Alcohol and euphorants (dependency/debt obligations)
- Policy to prevent violence and threats among the users

Relationship among staff

- Cooperation and conflicts

Relationship with relatives/network

- Visiting rules
- Telephone hours
- Involvement of relatives

Relationship with the local community

Health-related conditions

- Staffing level of doctors and their experience

- Staffing level of other healthcare workers
- Continuity of medical treatment (Throughcare)
- Access to doctor/medical specialist/dentist/psychologist, etc.
- Medicine prescription and management thereof
- Record-keeping and other documentation
- In-house provision of medical treatment
- Cooperation regarding the residents
- Use of force and coercive measures
- Residents with special needs
- Violence (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Complaints and complaint guidance
- Information about rights

Occupation, education and leisure time

- Occupational and leisure time activities
- Need for and possibility of changing environment
- Possibility of outdoor activities
- Organised activities
- Training options, including classes for dyslectics
- Educational contents and choice of subjects
- Pedagogical principles
- Language problems
- List of activities

Other possible subjects

Condition of buildings, etc.

- Size of building
- Own independent accommodation/own room
- Kitchen facilities
- Occupational facilities (work/leisure time)
- Teaching facilities
- Smoke and fire alarms
- Walkway areas
- Lavatory and bathroom facilities
- Living rooms/other communal facilities
- Maintenance standard
- Cleaning standard
- Hygiene
- Outdoor areas
- Smoking areas
- Accessibility for the physically disabled
- Staff facilities

Other conditions

- 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 participate in the cooking, special diet and healthy food)
 - Sector transfers
 - The institution's ongoing cooperation with the supervising authorities
 - Reporting and follow-up by the supervising authorities
 - 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 persons, and foster families

8.a. Legislative basis

The central rules for monitoring visits to residential institutions, accommodation facilities for children and young persons and foster families are:

- The European Convention on Human Rights, particularly Articles 2, 3, 5, 8, 9, 10 and 14 as well as the Additional Protocol No. 1, Article 2, and Additional Protocol No. 4, 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
- 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
- Danish Social Services Act (Consolidation Act No. 1270 of 24 October 2016 with later amendments), particularly sections 63a-63c, 66-66a, 68b-68c, 69-71, 76-76a and 146-148a
- Danish Act on Adult Responsibility (Act No. 619 of 8 June 2016 with later amendments)
- The Danish Folkeskole Act, the municipal primary and lower secondary school (Consolidation Act No. 747 of 20 June 2016 with later amendments)
- Danish Act on Social Supervision (Consolidation Act No. 124 of 12 February 2016 with later amendments)
- Executive Order on adult responsibility for children and young persons placed in care (Executive Order No. 1707 of 20 December 2016)
- Executive Order on Social Services Gateway (Executive Order No. 1673 of 16 December 2016)
- Executive Order on special education and other specialised educational assistance pursuant to the Folkeskole Act, in day-care facilities and placement facilities, (Executive Order No. 702 of 23 June 2014)
- Code of Guidance on adult responsibility for children and young persons placed in care (Code of Guidance No. 10370 of 21 December 2016)
- Code of Guidance on special support for children and young persons and their families (Code of Guidance No. 9007 of 7 January 2014 with later amendments), notably chapters 18-21
- Guidance and inspirational material about good monitoring practice in in-house schools at placement facilities and day-care treatment facilities (please see www.emu.dk, in Danish only)
- Considerations of non-statutory implied authority in institutions

8.b. Focus areas

During monitoring visits to residential institutions, accommodation facilities for children and young persons, and foster families, the focus will be on the following areas:

- Use of force and other restrictive measures and limitations
- Relations
- Health-related conditions
- Occupation, education and leisure time

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

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

- A list of the children and young persons currently at the facility with information about age, gender, language, ethnic background, grounds for placement and 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 the use of force, including information about how the child or young person and the custodial parents are informed of their rights with regard to the use of force and other restrictions in their right of self-determination, including information on channels of complaint
- A list showing the number of times when force has been used within the last three years with a copy of the latest three reports on forcible measures against children and young persons at the facility
- Feedback, if any, from the regional social supervision authority and the municipality on reports of the use of force
- House rules
- A list showing the number of occurrences of abuse, violence and threatened violence within the last three years among the children and young persons (among the children and young persons, against the children and the young persons and against the staff)
- Guidelines on the processing of cases on violence, threats and abuse, etc. (anti-violence policy)
- A list of the local staffing conditions (number of staff, personnel groups, their training and length of service with information about staffing in the daytime, in the night-time and during the weekend)
- A list of municipal action plans received by the institution with a copy of the three latest action plans
- Information on the children and young persons attending school, including information about school services
- Information about children and young persons of compulsory school age who do not or only in rare cases attend school, and, if so, what are the reasons for the non-attendance

- 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 regarding management of medicine
- Which leisure time activities does the accommodation facility offer?
- What can the facility offer children under compulsory school age?
- A list of notifications within the last three years to the municipality, and which initiatives did the notification cause
- Information about the number of suicides and attempted suicides during the last three years
- Use of temporary staff substitutes (when and to which extent are temporary staff substitutes used, and what qualifications do they have)
- Written material aimed at children and young persons informing them about their rights
- The facility's operating agreement with the municipality about the school
- The latest municipal monitoring report about the school
- The school's timetable and curriculum

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

- How the institution prevents that children and young persons at the institution end up in inhuman or degrading situations
- Which significant, problematic incidents the institution experienced within the last year
- Which professional main challenges (with the exception of economy) the institution faces this year
- How the children's and young person's access to health services is organised
- How the children's and young person's access to occupation, leisure time and education is organised

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

The use of force and other restrictive measures and limitations

- Prevention, including care, consideration, pedagogical principles, minimum measures and self-determination
- Staff training and knowledge of rules and internal guidelines
- Consent and on a voluntary basis (when do the children and young persons resist)
- Typical situations in which the use of force and other restrictive measures and limitations occur
- Registration and reporting
- Complaints and complaint guidance
- Medication (is medication used instead of forcible measures)
- Follow-up and the management's supervision
- Isolation
- Confiscation of belongings (mobile phone/internet/PC)
- Locking rooms

- Ban on watching television
- Drug test (consent and consequence of no consent)
- Search of rooms and belongings
- Body search
- Restrictions in and control of communication with family and network
- Restrictions on visits
- Restrictions on rights as a punitive measure
- Prevention of offences and police notification
- Management of violation of house rules
- Reflection trips
- Alarm and tracking systems for children and young persons with diminished mental capacity
- Informal measures
- Adult responsibility, physical guidance, preventive assistance, physical use of force, bringing back after escape, and detention
- Intervention towards juveniles placed in surrogate custody as part of serving a sentence or as juvenile sanction

Relations

Relationship between staff and children and young persons

- Tone of communication
- Smoking policy
- Room versus workplace
- Alcohol and euphoricants
- The children's and young persons' duties in relation to communal activities
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures and police notification)
- 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 persons, including in other languages
- Contact person arrangement
- Financial circumstances (income, expenses, receipt, savings, administration, etc.)
- Discrimination
- Children and young persons with special needs
- Complaints, including assistance with complaint writing, and complaint guidance
- Will the staff knock on the child's or the young person's door before entering?
- Supplementary training, including, for example, on how to deal with children and young persons with special needs

Relationship among the children and young persons

- Policy on flirtation and sex (sexual abuse)
- Tone of communication

- Abuse and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures and police notification)
- Conflict management
- Groups with special needs
- Alcohol and euphoricants (dependency/debt obligations)
- Between different groups (convicted/non-convicted, juveniles in surrogate custody/socially placed young persons, men/women, different ethnic or religious background)
- Guidelines on how the institution prevents sexual abuse, and which procedures the institution follows upon suspicion of abuse
- Policy to prevent violence and threats among children and young persons

Relationship among staff

- Cooperation and conflicts

Relationship with relatives/network

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

Relationship with the local community

Occupation, education and leisure time

- Occupational and leisure time activities
- Organisation of education (at the institution/at local teaching institutions, cf. section 22(5) of the Danish Folkeskole Act)
- Curriculum for the individual child and young person
- Teaching options, 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 14(2) of the Executive Order on special education and other specialised pedagogical assistance according to the Danish Folkeskole Act, in day-care facilities and accommodation facilities)
- Exemption from classes in individual subjects (section 18 of the Executive Order on special lessons and other special pedagogical assistance pursuant to the Danish Folkeskole Act, in day-care facilities and accommodation facilities, cf. section 13 of the Executive Order on the Folkeskole's special education and other specialised pedagogical assistance)
- Physical framework
- Pedagogical principles
- Organised activities
- List of activities
- Need for and possibility of a change in environment
- Access to outdoor activities
- Language problems

Health-related conditions

- Staffing level of doctors and their experience
- Staffing level of other healthcare workers
- Continuity of medical treatment (Throughcare)
- Access to doctor/medical specialist/dentist/psychologist, etc.
- Medicine prescription and management thereof
- Record-keeping and other documentation
- In-house provision of medical treatment
- Statistics of illness and prevention of illness
- Cooperation regarding the children and the young persons
- Use of force and coercive measures, isolation
- Children and young persons with special needs
- Violence (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Complaints and complaint guidance
- Information about rights

Other possible subjects

Condition of buildings, etc.

- Size of building
- Own independent accommodation/own room
- Kitchen facilities
- Occupational facilities (work/leisure time)
- Teaching facilities
- Fire and smoke alarms
- Walkway areas
- Lavatory and bathroom facilities
- Living rooms/other communal rooms
- Maintenance standard
- Cleaning standard
- Hygiene
- Outdoor areas
- Smoking areas
- Accessibility for the physically disabled
- Staff facilities

Other conditions

- 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 the young persons participating 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, continuation schools and free vocational boarding schools)

9.a. Legislative basis

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

- The Danish Constitutional Act, section 76
- The European Convention on Human Rights, particularly Articles 3, 8, 9, 10 and 14 as well as Additional Protocol No. 1, 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 Civil and Political Rights, Article 10 in particular
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 7 and 15
- The Danish Folkeskole Act (the municipal primary and lower secondary school, Consolidation Act No. 747 of 20 June 2016 with later amendments)
- Danish Act on Free Schools (Consolidation Act No. 1075 of 8 July 2016 with later amendments)
- Danish Act on Youth Schools (Consolidation Act No. 375 of 4 April 2014 with later amendments)
- Danish Act on Continuation Schools and Free Vocational Boarding Schools (Consolidation Act No. 1076 of 8 July 2016 with later amendments)
- Act on Youth Study Programmes for young persons with special needs (Consolidation Act No. 783 of 15 June 2015)
- Executive Order on measures for the promotion of good order in the Folkeskole (Executive Order No. 697 of 23 June 2014)
- Executive Order on Folkeskole pupils not attending classes (Executive Order No. 696 of 23 June 2014)
- Executive Order on procedural rules in connection with a pupil's exemption from Christianity studies in the Folkeskole (Executive Order No. 691 of 20 June 2014)
- Executive Order on supervision of pupils in the Folkeskole during school hours (Executive Order No. 703 of 23 June 2014)
- Executive Order on the measurement of pupils' well-being in school (Executive Order No. 1167 of 12 October 2015)
- Executive Order on lesson replacement due to illness of pupils in the Folkeskole and in free primary and lower secondary schools (Executive Order No. 694 of 20 June 2014)
- Executive Order on the Folkeskole's special needs classes and other special needs assistance according to the Folkeskole Act, in day-care facilities and accommodation facilities (Executive Order No. 702 of 23 June 2014)
- Executive Order on the Folkeskole's special needs classes and other special needs assistance (Executive Order No. 693 of 20 June 2014)

- Code of Guidance on observance of compulsory school attendance at free schools and private primary and lower secondary schools, and supervision hereof (Code of Guidance No. 145 of 23 July 2001)
- Material for guidance and inspiration about good supervision practice for in-house schools at accommodation facilities and day-care facilities (please find more information at www.emu.dk, in Danish only)
- Considerations of non-statutory implied authority in institutions

9.b. Focus areas

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

- Relations
- Use of force and other restrictive measures and limitations
- Education

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

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

- A list of the current composition of pupils with information about number of pupils, age, language, ethnic background and a list of pupils with special needs
- Bullying policy and guidelines on this subject
- School rules
- Information about sanctions in the form of suspension from classes or transfer to another class or school within the last three years
- A list of notifications to the municipality within the last three years, and which initiatives the notification lead to
- Type of school
- Ownership (public/independent/private)
- Staffing (number of pupils and employees)
- Test results (section 13a of the Folkeskole Act)
- The municipality's quality report (section 40a 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 19d(5) of the Folkeskole Act)
- Evaluation of the school's teaching environment (section 6 of the Teaching Environment Act)
- A list of the local staffing conditions (number of staff, personnel groups, their training and length of service)
- A list showing the number of times that coercion has been used towards the 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 the pupils, against the pupils and against the staff)

- Guidelines on the processing of cases about abuse, threats and threatened violence, etc. (anti-violence policy)
- Minutes of the latest three school board meetings
- Minutes of the latest three pupils' council meetings
- Information about pupils who do not or only in rare cases attend classes, and, if so, what are the reasons for the non-attendance
- 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 which extent are temporary staff substitutes used, and which qualifications do they have)

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

- Which significant, problematic incidents the school experienced within the last year
- Which professional main challenges (with the exception of economy) the school faces this year

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

Relations

Relationship 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 euphoriants (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 headmaster's health and safety initiatives (section 45(5) of the Folkeskole Act)
- Pupil democracy (section 46 of the Folkeskole Act)
- Result of the survey on the pupils' well-being (section 56(3) of the Folkeskole Act)
- Educational principles
- Access to relevant aids
- Smoking policy
- Conflict management
- Handling of pupils with special needs
- Handling of special groups

Relationship among the pupils

- Anti-bullying policy
- Tone of communication

- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police notifications)
- Guidelines on the prevention of sexual abuse and procedures in connection with suspicion of abuse
- Result of the survey on the pupils' well-being
- Conflict management
- Special groups and pupils with special needs
- Policy to prevent violence and threats among the pupils

Relationship among the teachers

- Tone of communication
- Cooperation and conflicts

Relationship 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

The use of force and other restrictive measures and limitations

- Handling of restless/violent pupils
- Disciplinary measures
- Informal measures
- 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 considerations of non-statutory implied authority in institutions
- Vandalism
- Complaints and complaint guidance
- Typical situations where force and other restrictive measures and limitations are used
- Registration and reporting
- Prevention and educational principles

Education

- Teaching options, including classes for dyslectics and organisation
- Educational contents and choice of subjects
- Educational 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 19d(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 form (section 33(4) and (5) of the Folkeskole Act)
- Result of the well-being survey
- Physical framework
- Special replacement classes due to illness (planning after consultation with the parents and the pupil, obtaining information about previous classes, and ensuring that teachers after cessation of the special replacement classes are informed about the course thereof)

Other possible subjects

Condition of buildings, etc.

- Fire safety and emergency plan
- Teaching facilities
- Sports facilities (bathroom and changing rooms)
- Library and IT facilities (access to pc, 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

Health-related conditions

- Pupils with special needs (for example management of regularly administered medication to pupils who cannot handle this themselves)
- Staffing level of healthcare workers
- Continuity of medical treatment (Throughcare)
- Access to doctor/medical specialist/dentist/psychologist, etc.
- Medicine prescription and management thereof
- Record-keeping and other documentation
- Cooperation regarding the pupils
- Violence (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Complaints
- Information about rights

Other subjects

- Safety (playgrounds, sports, field trips, etc.)
- School meal system (section 44(9) of the Folkeskole Act)
- Payment for educational material
- School magazine
- Staffing policy (supplementary training, human resource development sessions)
- Work environment
- Sexual behaviour (advice, guidance and 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 Danish Day-Care Facilities Act (Consolidation Act No. 748 of 20 June 2016 with later amendments)
- Executive Order on leisure time and club facilities, etc. for children and young persons (Executive Order No. 1111 of 17 September 2016)
- Executive Order on day-care facilities (Executive Order No. 599 of 30 April 2015 with later amendments)
- Guidance on day-care facilities, etc. (Code of Guidance No. 9109 of 27 February 2015)
- Considerations of non-statutory implied authority in institutions

10.b. Focus areas

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

- Relations
- Use of force and other restrictive measures and limitations
- Occupational activities and leisure time

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

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

- A list of the current composition of the group of children and young persons (age, gender, language, functional capacity, ethnic background and children and young persons with special needs)
- Staffing level, including specially trained staff for children and young persons with special needs
- Ownership (public/independent/private)
- Pedagogical curriculum and follow-up in pre-school institutions (sections 8(1) and (2) and 9)
- Evaluation of child environmental impact 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 training and length of service)
- 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:

- Which significant, problematic incidents the day-care facility has experienced within the last year
- Which professional main challenges (with the exception of economy) the day-care facility faces this year
- Use of temporary staff substitutes (when and to which extent are temporary staff substitutes used, and which qualifications do they have)

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

Relations

Relationship between staff and children and young persons

- Tone of communication
- Conflict management
- Pedagogical principles
- Language problems
- Evaluation of language and language stimulation, sections 11-12 of the Day-Care Facilities Act
- Special awareness of children and young persons (notification of concern)
- Involvement of the children and young persons (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)

Relationship among the children and the young persons

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

The use of force and other restrictive measures and limitations

- Possible occurrences and handling of the occurrences

Occupational activities and leisure time

- Occupational and leisure time activities
- Possibilities for activity (learning and play)
- Listing of activities
- Pedagogical principles
- Organised activities

Other possible subjects

Condition of buildings

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

Health-related conditions

- Continuity of medical treatment (Throughcare)
- Medicine prescription and management thereof
- Record-keeping and other documentation
- Children and young persons with special needs
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- User satisfaction
- Cooperation with health visitor

Other subjects

- Statements of no previous convictions in respect of children
- Staff policy (supplementary training, human resource development sessions)
- Work environment
- Meal scheme (sections 16a, 16b, 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, as well as the Additional Protocol No. 1, Article 2, and Additional Protocol No. 4, 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, 20, 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
- The UNHCR's Detention Guidelines (Guidelines on the Applicable Criteria and Standards relating to the Detention of Asylum-Seekers and Alternatives to Detention), 2012
- The Danish Aliens Act (Consolidation Act No. 412 of 9 May 2016 with later amendments), particularly sections 36-37e, sections 42a-42h and section 56a
- Operator contract (including documents with current guidelines and other authority regulations)

11.b. Focus areas

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

- Use of force and other restrictive measures and limitations
- Health-related conditions
- Relations
- Occupation, education and leisure time

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

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

- A list of the current residents with information about gender, age, language and ethnic background, grounds for accommodation, including date of placement, and information about residents with special needs
- The latest contract between the Danish Immigration Service and the accommodation operator
- The latest supervision report from the Danish Immigration Service
- Supervision report, if any, from the Danish Patient Safety Authority

- Copy of the latest three contracts with residents, cf. section 42c of the Danish Aliens Act
- Guidelines on forcible measures and other restrictive measures and limitations
- A list showing the extent of forcible measures towards the residents and a copy of the latest three reports to the Danish Immigration Service
- House rules, if any
- The centre's instructions regarding management of medicine
- A list showing the number of occurrences of abuse, violence and threatened violence, etc. within the last three years (among the residents, against the residents and against the staff)
- Guidelines on the processing of cases of violence, threats and abuse, etc. (anti-violence policy)
- A list of the local staffing conditions (number of staff, personnel groups, their training and length of service with information about staffing in the daytime, in the night-time and during the weekend)
- 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 which extent are temporary staff substitutes used, and which qualifications do they have)
- Minutes of the three latest meetings with the residents
- A list of children and young persons attending classes, including type of school facilities (for example, external primary and lower secondary school or in-house centre school), and day-care facility stating whether the offer is a normal offer or special offer
- Information about children and young persons of compulsory school age who do not or only in rare cases attend classes, and, if so, what are the reasons for non-attendance
- Which leisure time activities the centre provides for children and young persons
- Which daytime activities the centre provides for children under compulsory school age
- A list of notifications within the last three years to the municipality about a child or young person, and which initiatives the notification gave rise to
- Information about number of suicides and attempted suicides within the last three years
- Reports, if any, on harassment and/or suspicion of radicalization
- Written material aimed at the children and young persons living at the centre with information 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 that residents end up in inhuman and degrading situations
- How the centre prevents violence and threats among the residents
- Which significant, problematic incidents the centre has experienced within the last year
- Which professional main challenges (with the exception of economy) the centre faces this year
- How the residents' access to health services is organised

- How the residents' access to occupation, leisure time and education is organised
- How classes for children and young persons of compulsory school age are organised
- Arrangement with contact persons, legal adviser and personal representative for unaccompanied minors
- How the centre handles any children and young persons of suicidal parents and parents who have tried to commit suicide
- How the centre assists children and young persons with parents of affected or reduced parental ability, including information as to how the children and young persons are compensated
- Use of interpreters, including telephone interpreters, and possible challenges when using interpreters

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

The use of force and other restrictive measures and limitations

- Registration and reporting
- Prevention and pedagogical principles
- Staff training and knowledge of rules and guidelines
- Typical situations where force and other restrictive measures and limitations are used
- Follow-up and the management's supervision
- Informal measures
- Complaints and complaint guidance

Health-related conditions

- Staffing level of doctors and their experience
- Staffing level of other healthcare workers
- Continuity of medical treatment (Throughcare)
- Access to doctor/medical specialist/dentist/psychologist, etc.
- Medicine prescription and management thereof
- Record-keeping and other documentation
- In-house provision of medical treatment
- Statistics of illness and prevention of illness
- Cooperation regarding the residents
- Use of force and coercive measures
- Residents with special needs
- Violence (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Complaints and complaint guidance
- Information about rights

Relations

Relationship between residents and staff

- Tone of communication
- Smoking policy
- Alcohol and euphorants
- The residents' duties in relation to communal activities
- Violence and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures and police notification)
- Conflict management
- Inclusion, self-determination and co-determination
- Room versus work place, including cleaning of the residents' rooms
- Contact person scheme
- Discrimination
- Complaints, including assistance with writing complaints, and complaint guidance
- Residents with special needs
- Handling of special groups (victims of torture, minors and minorities)
- Handling of suicide and suicide attempts
- Will staff knock on the 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
- How the asylum centre handles a resident who has a physical injury upon arrival or suffers a physical injury at the asylum centre
- Supplementary training, for example on handling persons with special needs

Relationship among the residents

- Tone of communication
- Abuse and other types of offence, including bullying (how many occurrences, reasons, follow-up procedures, police report)
- Conflict management
- Residents with special needs
- Alcohol and euphorants (dependency/debt obligations)
- Between particular groups (resourceful/weak, women/men, different religious or ethnic background)
- Guidelines to prevent sexual abuse and procedures upon suspicion on abuse
- Policy to prevent violence and threats among the users

Relationship among the staff

- Conflicts and cooperation

Relationship with relatives/network

- Contact to relatives
- Involvement of relatives

Relationship with the local community

Occupation, education and leisure time

- Occupational and leisure time activities
- List of activities
- Physical framework
- Teaching and education of adults
- Language problems
- Teaching of children and young persons of compulsory school age
- Teaching options, including classes for dyslectics
- Educational content and 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, cleaning standard and hygiene
- Sexual behaviour (advice, guidance, conflicts)
- Scheme for summoning expert assistance at centres with special needs residents and children and young persons
- Staff policy (training policy, absence due to illness in connection with abuse, etc.)
- Fire safety and emergency plan
- System of supervision
- The residents' financial situation
- Spiritual services
- Accessibility for the physically disabled
- Staff facilities
- Work environment
- Sector transfers
- Meals