FOLKETINGETS
OMBUDSMAND

Report on the Monitoring Activities Carried out by the Danish Parliamentary Ombudsman

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1. Legal basis

1.1. In general

In practice, the Ombudsman's monitoring activities comprise six different categories of visits.

Almost from the very foundation of the Ombudsman institution in 1955, the Ombudsman has paid monitoring visits to public institutions in which private individuals reside either temporarily or permanently. Such monitoring visits include visits to state prisons, local prisons and local prison units, police custody cells, barracks, psychiatric hospitals and institutions for the mentally disabled, residential institutions for children and adolescents, and nursing homes. Typically, the Ombudsman has investigated a wide range of conditions found in the institutions, including surveys of the buildings, followed by reports offering comprehensive descriptions of the proceedings and results of the monitoring visits.

From time to time, the Ombudsman has also visited administrative bodies such as town halls with a view to monitoring the various administrative procedures. However, such monitoring visits have been but few and may, to a certain extent, be characterised as minor investigations carried out on the Ombudsman's own initiative.

Additionally, since the mid-nineties the Ombudsman has surveyed public buildings and their lay-outs in order to assess whether they are accessible to the physically disabled. Among others, these visits have included museums, town halls, railway stations and municipal sports stadiums.

In 2009 and 2011, upon the adoption of specific legislation to this end, the Ombudsman initiated a program of monitoring visits for the purpose of taking preventative measures against torture, etc. (OPCAT visits are conducted in pursuance of the rules stated in the Statutory Order No. 38 of 27 October 2009 on the non-mandatory Protocol of 18 December 2002 annexed to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, abbreviated OPCAT) and monitoring of forcible deportations of foreign nationals. The OPCAT visits include public or private institutions in which citizens are either detained or reside under conditions that are, in reality, comparable to deprivation of liberty. The monitoring of forcible deportations is carried out both within the institutions and in the public arena with a particular focus on the conduct of the police during the deportation process.

Since 1 November 2012 – following an amendment to the Ombudsman Act – the Ombudsman has been carrying out monitoring visits with a particular focus on the observance of children's rights. Such monitoring visits include both public and private institutions, in which children and adolescents stay either permanently or for longer periods of time: residential institutions for children and adolescents, social accommodation facilities and foster homes characterised by conditions of an institution-like nature, hospital wards for children and adolescents, boarding schools and day-care facilities for children.

Thus, the monitoring visits may be divided into the following six categories:

- General monitoring
- Administrative monitoring
- Monitoring of accessibility for the disabled
- OPCAT monitoring
- Monitoring of forcible deportations
- Children's rights monitoring

Three of the above-mentioned categories of monitoring are aimed at institutions in which individual persons reside, either temporarily or permanently: the general monitoring category, the OPCAT monitoring category and the children's rights monitoring category. The remaining three monitoring categories are not specifically aimed at institutions, thereby differing in nature from the former.

As a starting point, the monitoring visits all have the same legal basis – section 18 of the Ombudsman Act – but this basis is supplemented by other statutory provisions, international rules and regulations as well as the legislative history of the Ombudsman Act and amendments to the Act. Particularly with regard to the planning of the ordinary monitoring visits, the Ombudsman has had, from a legislative viewpoint, a markedly free hand whereas the remaining monitoring categories are subject to legislation to a somewhat larger extent. Thus, with regard to the last-m3entioned monitoring categories, it is presupposed that the Ombudsman shall attach great importance to certain parts of the current law. Moreover, additional to the particularly accentuated legislative basis for assessment, which characterises the OPCAT monitoring and children's rights monitoring, these monitoring activities are distinguished by the fact that they include private institutions as well as the fact that the aim of the Ombudsman's assessments is expected to be proactive to a larger extent than usual.

1.2. Basis for assessment

The elements of the basis for assessment

The rules governing the basis for the Ombudsman's assessment appear from a number of statutory provisions of the Ombudsman Act and the Aliens Act.

The specific statutory authority for the Ombudsman's monitoring activities is laid down in section 18 of the Ombudsman Act from which it follows that the Ombudsman may "inspect any institution or enterprise and any place of employment which fall within the jurisdiction of the Ombudsman".

Pursuant to section 21 of the Act, the Ombudsman shall, while carrying out the duties which his post entails, including monitoring, assess whether authorities or persons falling within his jurisdiction "act in contravention of existing legislation or otherwise commit errors or derelictions in the discharge of their duties". Additionally, with regard to the monitoring activities carried out by the Ombudsman the legislative provision laid down in section 18, second sentence, applies. In pursuance of the said provision, the Ombudsman may – besides that which follows from section 21 of the Parliamentary Ombudsman Act – "on the basis of universal and humanitarian considerations" assess "matters concerning the organisation and operation of an institution or authority and matters concerning the treatment of and activities for the users of the institution or authority".

In pursuance of section 12 (2) of the Ombudsman Act, the Ombudsman shall "in the course of his activities … monitor that existing legislation or administrative regulations are consistent with, in particular, Denmark's international obligations to ensure the rights of children, including the observance of 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 local or regional council".

Specifically on the monitoring of forcible deportations of foreign nationals carried out by the Ombudsman Institution, it is laid down in section 30a (2) of the Aliens Act that "Such supervision must be carried out in accordance with the Ombudsman Act. In his supervision, the Parliamentary Ombudsman shall particularly ensure that police activities are performed with respect for the individual and without undue use of force".

Subsequently, the basis for assessment as regards the monitoring activities in pursuance of the Ombudsman Act and the Aliens Act is comprised of the following elements:

- Applicable law, i.e. a legal basis identical to that of the courts (section 21)
- Good Administrative Practice (section 21)
- Denmark's international obligations to ensure the rights of children – whether implemented or not (section 12)
- Universal humanitarian considerations (section 18)
- Respect for the individual and avoidance of undue force (section 30a of the Aliens Act)

Thus, the Ombudsman's assessment with regard to his monitoring activities rests on a very broad foundation encompassing Danish legislation, international rules and standards and good administrative practice as well as considerations of a general humanitarian nature.

The public administration is, primarily, regulated by Danish legislation which, by application of the rules of instruction, interpretation and presumption, provides the basis for the implementation of Denmark's international obligations. The same applies to the general, non-statutory principles of assessment which, to a certain extent, translate into universal and humanitarian viewpoints, thereby becoming fused with other parts of the basis for assessment.

Hence, the three last-mentioned elements of the basis for assessment – international rules and standards, good administrative practice and general humanitarian considerations – become, in practice and strictly speaking, an extension of the current law. The Ombudsman's basis for assessment is very broad and may extend to situations on which the courts never have to rule, or only infrequently.

These elements – general humanitarian considerations, good administrative practice and international standards – should not be viewed as sheer deliberations on fairness but rather as norms characterised by a certain degree of objectification, closely related to more precise rules of law. Danish law, international human rights, good administrative practice and general humanitarian considerations are often based directly on general principles of respect for the individual and the safeguarding of common standards for a proper, humane treatment of people.

Can all elements of the basis for assessment be included in every monitoring visit?

The Ombudsman Act ensures that all elements of the basis for assessment as found in sections 21 and 18 *may* be included, irrespective of the monitoring category.

Thus, regardless of the monitoring category, the Ombudsman is entitled to employ all elements of the basis for assessment according to the law in force. In connection with ordinary monitoring, the Ombudsman may therefore express his opinion based on national regulations as well as other elements of applicable law such as the European Human Rights Convention [ECHR] and the United Nations Convention against Torture. Also, while carrying out an OPCAT monitoring visit, the Ombudsman may consider whether regulations other than the UN Convention against Torture and the ECHR Article 3, such as for instance the Constitutional Act, the Act on Processing of Personal Data, the Public Administration Act or the Act on the Use of Coercion in Psychiatry, have been observed.

Hence, the statutory rules do not compel the Ombudsman to divide his monitoring activities into various categories.

Particulars on the Ombudsman's application of the basis for assessment with reference to monitoring visits

Sections 21 and 18 of the Ombudsman Act

Pursuant to section 21, the Ombudsman *"shall"* assess whether the authority in question has acted in conformity with the existing legislation and the good principles of administration. This wording would seem to indicate that the Ombudsman, while carrying out his monitoring activities, must involve all rules – be they either in the nature of current law or good administrative practice. Correspondingly, section 30a of the Aliens Act applies the word *"shall"* in connection with "respect for the individual and without use of undue force", which would seem to indicate that this particular basis for assessment is mandatory when performing the specific assignment of monitoring forcible deportations of foreign nationals.

Pursuant to section 18 of the Ombudsman Act, the Ombudsman *"may"* – besides that which follows from section 21 – include considerations of a universal and humanitarian nature when assessing "matters concerning the organisation and operation of an institution or authority and matters concerning the treatment of and activities for the users of the institution or authority". The provision was added to the Ombudsman Act in 2009 with the primary function of "clarifying that the Ombudsman in connection with his monitoring of institutions, etc. – in addition to current law and good administrative practice – also assesses the constructional and operational conditions of the institution or authority as well as the treatment of and the activities available to the users of the institution or authority from a universal and humanitarian point of view" (cf. the Bill to

Act No. 502 of 12 June 2009, Bill No. L 213, FT 2008/09, comments on section 1 (6) of the Bill. In Danish only.).

The provision was a clarification of the following explanatory note to the bill which lay behind the 1996 amendment of the Ombudsman Act (cf. Bill to Act No. 473 of 12 June 1996, Bill No. L 57, FT 1995/96, comments on section 18 (2) of the Bill, in Danish only):

"The reports on these monitoring visits to institutions show that the Ombudsman's assessment rests on two basic categories.

The one is fairly clear and concrete. By now, a very large number of rules exist on the conditions in the institutions, in particular on the conditions of the clients. The Ombudsman examines as a matter of course whether these rules are being observed.

The other basis for assessment is not as sharply defined but might, approximately, be characterised as humanitarian, compassionate. Typical effects of this basis for assessment are efforts to create the best possible living conditions for the clients of the institution in question. The endeavours will, as often as not, take the form of desires to improve buildings, to better maintenance procedures, to create better recreational and job programmes, etc."

On this basis, the Ombudsman would seem to have a free hand with regard to the specific basis for assessment, cf. section 18.

Presumably, the Ombudsman has certain opportunities for focusing his assessment of a case on whether the authorities observe defined elements of the current law. When, for instance, the Ombudsman determines which specific problem area of a case he intends to investigate, he simultaneously takes a decision on the set of rules relevant to the assessment of the problem area. It is, by way of example, up to the Ombudsman himself to decide whether he wishes to inspect the recourse to force employed by an institution, and with that he also determines whether the rules relevant to the assessment of this particular aspect shall be included in the investigation.

Section 16 of the Ombudsman Act

Section 16 of the Ombudsman Act says as follows:

> "*Subsection 1.* The Ombudsman decides whether a complaint gives sufficient grounds for investigation.

> *Subsection 2.* If a complaint gives the Ombudsman no occasion for criticism, recommendations, etc., the case may be closed without being submitted by the Ombudsman to the authority concerned for a statement, cf. section 20 (1)."

Among the comments in the explanatory notes to Act No. 473 of 12 June 1996, Bill No. L 57, FT 1995/96, the following is found (part 2, h, 2, in Danish only):

> "In pursuance of section 16, the Ombudsman decides whether a complaint gives sufficient grounds for investigation. The statutory provision is fundamentally significant to the extent that – contrary to that which applies to legal recourse authorities and appeals courts – the provision gives the Ombudsman the right to refuse reviewing complaints, notwithstanding that they meet the procedural requirements. The Ombudsman is thereby given an opportunity to focus on such problems in the public administration that – judged by those considerations for legal rights and protection which form the ideological basis for the Ombudsman institution – are of most importance, and to concentrate his efforts on questions where, presumably, his statements will be the most effective.
>
> In practice, the provision has been employed by the Ombudsman both in order to refuse a number of cases which, formally, have fallen within his jurisdiction, and to control the examination of cases under active consideration.
>
> For a description of practice, see page 269ff. of the Report.
>
> …
>
> The provision does not specify how the Ombudsman is to employ his authority. Thus, the Ombudsman may continue to employ the provision in whatever manner he deems most expedient."

Owing to this provision, the Ombudsman is free to determine the scale of his investigations of *complaints* and thus to isolate such judicial issues as he may wish to examine. In consequence of its wording, section 16 does not apply to cases, which the Ombudsman decides to investigate on his own initiative, or to his monitoring activities.

Section 16 does, however, indicate a leading principle for the activities of the Ombudsman: that the Ombudsman himself decides which cases to investigate, and the scale thereof. In relation to the monitoring activities, this implies that the Ombudsman himself will decide which institution to visit, and which among the institution's particular

conditions he wishes to address. As stated above, these decisions are vital in determining which elements of the basis for assessment shall be relevant.

Consequently, in actual practise the Ombudsman has taken the position that the provision entitles him to focus on certain elements of the current law, both regarding complaints, investigations on his own initiative, specific cases instigated on his own initiative and his monitoring activities.

OPCAT visits and children's rights monitoring visits

By the introduction of Act No. 502 of 12 June 2009 the Ombudsman Act was amended with the object of, among other things, establishing the legal basis on which the Ombudsman may handle the assignment – as a national preventative mechanism – under the Optional Protocol to the United Nations' Convention against Torture. By the introduction of Act No. 568 of 18 June 2012 the Ombudsman Act was once again amended, thereby creating the legal basis for the establishment of a special Children's Division at the Ombudsman Institution. The basis for assessment applicable for these monitoring activities is the basis for assessment pursuant to the Ombudsman Act.

Overall conclusion regarding the employment of the Ombudsman's basis for assessment

The overall conclusion is that the Ombudsman, as a general rule, must assess the conditions he investigates in accordance with all relevant sources of law.

The Ombudsman is, nevertheless, to a certain extent entitled to confine his investigations to specific themes and to narrow down his assessment to cover only such rules as are considered relevant to these themes.

1.3. Rules governing the Ombudsman's procedure

When carrying out monitoring activities or visits the Ombudsman must comply with the rules on consultations and statement of grounds laid down in the Ombudsman Act. It follows from section 20 of the said Act that the Ombudsman shall not express criticism, make recommendations, etc. until the authority or person concerned has had an opportunity to make a statement.

The Ombudsman's access to private institutions may take place without a court order, "on proof of identity" and, if necessary, with help from the police, cf. section 19 (5) of the Ombudsman Act.

In the explanatory notes to section 19 (5) it is stated that the Ombudsman falls outside the scope of the Consolidated Act on Due Process and Administrative Social Affairs regarding the employment of coercive measures taken by the administration, cf. section 1 (1) of the said Act, but is expected to adhere to the principles of the Act when visiting private persons or private institutions (cf. Bill to Act No. 502 of 12 June 2009, Bill L213, FT 2008/09, Comments on the Bill, section 1 (8), in Danish only). This implies that the Ombudsman's visits to private persons or private institutions must take place in keeping with the rules governing visits of inspection paid by public authorities.

Additionally, the Ombudsman shall – be it with regard to monitoring activities or visits, procedures in connection with complaints, or cases investigated on his own initiative – adhere to the general principles of administrative law and the non-statutory principles.

1.4. Categories of monitoring visits

As shown above (cf. heading 1.2), the regulations governing the Ombudsman's basis for assessment impose only to a moderate degree on the Ombudsman the duty to carry out particular categories of monitoring visits. The legislative history of the amendments to the Act of 2009 and 2012 does, however, show that the Ombudsman is expected to carry out his monitoring activities with a particular view to the protection and prevention of degrading treatment of detained or imprisoned persons, as well as to the safeguarding of children's rights.

At the same time, nothing prevents uniting the latter categories of monitoring visits or the implementation thereof from forming part of an ordinary monitoring visit whereby other conditions may also be brought into focus – and it should be noted that the Ombudsman may arrange his ordinary monitoring visits within the expanded framework that comes with the regulations governing his authority and the wide basis for assessment provided by sections 21 and 18.

First and foremost, the content and object of a monitoring visit are determined by the category of the institution that is to be visited. This particular factor determines which issues are to be involved and thus the rules considered relevant to the assessment of the conditions found. This speaks in favour of abandoning the expression "general monitoring visit" as a fixed concept.

The administrative monitoring visits, the monitoring visits whereby accessibility for the physically disabled is investigated, and the monitoring of forcible deportations differ from the rest of the monitoring activities in that they do not deal with living quarters in

which people reside for any longer period of time. Thus, such monitoring categories will be passed over in the following.

Within the different monitoring areas, a guideline on focal points and inquiry procedures should be drawn up with a view to the investigation of specific conditions. Such focal points need not be constant over time. It would, however, seem practical to draw up for each type of institution a basic concept that might be further developed and used as basis for the preparation of new monitoring categories.

Thus, monitoring activities encompass the following categories:

- OPCAT monitoring
- Children's rights monitoring
- Various categories of monitoring specific to the institutions concerned

It is not feasible to work out comprehensive descriptions of the basis for assessment for such divergent monitoring categories. Instead, a description of the types of procedures relevant to monitoring visits to the various institutions is found below (cf. chapter 4). With regard to OPCAT monitoring and to monitoring visits to places where children and adolescents reside, a particular basis for assessment must be applied.

OPCAT monitoring and children's rights monitoring are not directed at certain types of institutions but encompass groups of persons living in very dissimilar institutions. In order to carry out a monitoring visit, these groups of persons must reside, either occasionally or permanently, in an institution, a facility or the equivalent thereof.

OPCAT monitoring encompasses places of residence where persons are or may become detained. The aim of the monitoring visits is to prevent an infringement of the UN Convention against Torture, ECHR Article 3, and other international regulations related to these codes. The monitoring visits encompass different categories of institutions in which a broad variety of persons is found: prisons, nursing homes, psychiatric hospital wards, residential institutions/accommodation for the mentally disabled, residential institutions for children and adolescents, drug and alcohol rehab centres, asylum centres, etc. The basis for assessment of the visits is constituted by the institution-specific basis for assessment (cf. heading 4 on focus areas and check-up procedures for the various categories of institutions) together with the UN Convention against Torture, the Statutory Order on the Optional Protocol to the United Nations' Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and the European Committee for the Prevention of Torture, etc.

Children's rights monitoring encompasses places where children and adolescents reside or stay temporarily. In practice, the monitoring visits may include day-care facilities for children, schools, hospital wards and clinics for children and adolescents, residential institutions for children and adolescents, social accommodation facilities for children and adolescents, and foster parents running foster homes akin to an institution. The basis for assessments is comprised of the regulations governing the category of institution in question together with the UN Convention on the Rights of the Child and other human rights treaties specifically aimed at protecting children against abuse. In this connection, reports from the UN Committee on the Rights of the Child must also be included.

Hitherto, the Ombudsman has used the word "inspection" about the general monitoring tasks. The expression "monitoring visits" was applied to the OPCAT visits carried out by the Ombudsman, seeing that this term is being used by the UN in its Optional Protocol to the United Nations' Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. In future, the Ombudsman shall employ the term "monitoring" as a generic term for all categories of inspections and visits.

2. Fundamental values and objectives

2.1. In general

The Parliamentary Ombudsman shall carry out monitoring visits in accordance with the regulations laid down in the Ombudsman Act.

Below, the fundamental values and the specific outline of objectives pursued during the monitoring visits are described.

The Ombudsman's monitoring activities encompass OPCAT monitoring, children's rights monitoring and various institution-specific monitoring visits.

OPCAT monitoring is carried out in public or private institutions where persons are or may become detained.

Children's rights monitoring is carried out in public or private institutions where children reside.

The various institution-specific monitoring visits are carried out in public institutions. The Ombudsman may combine the three categories of monitoring visits. In practice, this means that a monitoring visit to a secure residential institution for children and adults may, by way of example, encompass all the three categories and thus at one and the same time be viewed as an OPCAT monitoring supervisory visit, a children's rights visit and an institution-specific monitoring visit as well.

In this way the monitoring visits may differ with regard to the basis for assessment, the scale and the purpose, but they share the fundamental values and pursue, essentially, the same specific outline of objectives.

2.2. Fundamental values

The dignity of the individual person is fundamental to human rights. The concept of human dignity is found, for example, in the UN 1948 World Declaration on Human Rights, Article 1, and the EU Charter on Fundamental Rights.

In accordance with the UN declaration, the Ombudsman shall, by means of his monitoring visits, contribute to the protection of persons living in institutions, be it for a period of time or permanently, thereby ensuring that they are treated with dignity and consideration. In this connection, respect for the personal integrity of the individual person is of fundamental value to the Ombudsman.

In continuation hereof, the Ombudsman makes a point of carrying out the monitoring visits in a manner characterised by dialogue, openness and empathy.

2.3. Objectives

The Ombudsman concentrates his monitoring visits on essential conditions

In connection with his monitoring visits, the Ombudsman uses a very broad basis of assessment, involving Danish legislation, good administrative practice, international regulations and general humanitarian considerations. This implies that the Ombudsman may assess all aspects pertaining to the conditions found in the institutions examined.

The Ombudsman endeavours to concentrate his attention on problems of a more serious or essential nature, thereby securing that conditions essential to the well-being of the residents are brought into focus.

The Ombudsman investigates general problem areas

In particular, the monitoring visits focus on general legal problem areas which require a clarification out of consideration for the persons residing, either temporarily or permanently, in an institution. Such problems will frequently bear upon several institutions of the same category and may therefore not necessarily reflect blame on the individual institution.

The Ombudsman may clarify such questions by for instance discussing the matter with the head of the institution or by presenting it to the minister concerned.

The Ombudsman concentrates his monitoring activities on conditions of practical relevance to a large number of persons

Under the Non-Mandatory Protocol Annexed to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment the Ombudsman must have the power to propose recommendations to the relevant authorities for the purpose of improving the treatment of and conditions for detainees.

The Ombudsman Act says that while carrying out his monitoring visits, the Ombudsman may assess conditions relating to the facilities and operations of an institution as well as to the treatment of and activities for the users of the institution based on universal and humanitarian considerations.

Under the Ombudsman Act the Ombudsman will also monitor whether the current legislation is consistent with Denmark's international obligations to ensure the rights of children, including the UN Convention on the Rights of the Child.

Such regulations reflect, among other things, the fact that monitoring visits should focus on conditions of essential importance to all the users, or to the majority thereof: board, maintenance of buildings, occupational opportunities or use of coercive measures.

The Ombudsman commits his resources to areas where they prove the most useful

It goes without saying that the Ombudsman commits his resources in the best way possible. This approach manifests itself in the way the monitoring visits are being targeted at such conditions as the Ombudsman considers to be important, partly based on the purpose of the visit, partly based on the concrete conditions found in the individual institutions.

In practice, such target-setting is being achieved by preparing focus areas and check-up procedures for the various categories of institutions. Additionally, the Ombudsman refrains from composing reports longer than strictly necessary for putting forward his assessments and recommendations and will restrict the follow-up on his monitoring visits to such treatment of conditions as, upon a concrete assessment, is deemed essential. Such measures imply that the Ombudsman, other things being equal, may carry out a larger number of monitoring visits than was previously the case and complete the cases at an earlier point in time.

The Ombudsman consolidates the protection against and prevention of degrading treatment

During his monitoring visits the Ombudsman achieves his stated target by investigating whether the treatment of those residing in the various institutions violates the regulations laid down in the Optional Protocol to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – or whether there is a risk that treatment of this nature might develop among the institutions.

The Ombudsman investigates, to the extent possible, the core services of the institution

Being a law graduate, the Ombudsman will normally concentrate his efforts on legal matters. With regard to his monitoring activities however, the Ombudsman will assess a number of conditions from a universal, humanitarian point of view. With respect to

the assignment under the UN Protocol against Torture, etc., the Ombudsman collaborates with DIGNITY (the Danish Institute against Torture, previously the Rehabilitation and Research Centre for Torture Victims) and the Danish Institute for Human Rights, both of which are contributing expertise on matters of a specific medical and human rights nature. Additionally, with respect to the management of the activities within the area of children's rights, the Ombudsman has appointed a staff of experts in this particular field.

In this manner the Ombudsman can, to a certain extent, concern himself with the core services of the institutions: education, treatment of patients, provision of care, rehabilitation of addicts, etc.

To the extent to which he possesses the requisite professional qualifications – and where he considers it appropriate – the Ombudsman investigates the way in which the institutions carry out their primary duties to their users.

The Ombudsman collects information about best practices and shares the knowledge with the relevant authorities, institutions and their 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. A specific object of the monitoring visits is the collection of general knowledge about ways of dealing with the residents with the purpose of passing on such knowledge to other institutions.

Knowledge sharing of this kind – through informal talks, statements and annual reports – is a valuable way of disseminating knowledge about best practices.

The Ombudsman bases his monitoring visits on verbal communication

During his visits, the Ombudsman makes a point of talking to and having discussions with all persons who may throw a light on the conditions found in the institution. In practical application, this means that the Ombudsman has talks with the management, the staff and the users.

The Ombudsman informs the public about the significant findings of his monitoring visits

The Ombudsman has an obvious commitment towards the public with respect to information about his activities. Thereby, the Ombudsman can inform the public of problems related to the treatment of users of the various institutions of which the public may be unaware. Such information may contribute to making the public familiar with

life in an institution while simultaneously providing them with an insight into a significant part of the Ombudsman's activities.

Information about the Ombudsman's monitoring activities also contributes to the strengthening of the confidence in the Ombudsman as well as in the institutions that he visits.

Lastly, reports on the monitoring visits appear, generally speaking, to have a preventive effect on the authorities and institutions covered by the Ombudsman's monitoring activities.

3. Focus areas

3.1. In general

Based on his fundamental values and objectives, the Ombudsman has chosen a number of general focus areas to which he will direct his special attention during the monitoring visits. The choosing of general focus areas is also based on, for instance, reports on Denmark published by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, the UN Committee against Torture, and the UN Convention on the Rights of the Child, the Ombudsman's own reports on monitoring activities and the knowledge and experience which the Ombudsman, DIGNITY (the Danish Institute against Torture) and the Danish Institute for Human Rights have obtained of the conditions of detainees and other persons residing in Danish institutions.

The Ombudsman will also draw on other relevant sources such as the findings of the UN Subcommittee on Prevention of Torture and the European Committee for the Prevention of Torture, etc.

When organising the individual monitoring visit, the Ombudsman will usually, from among the *general* focus areas, choose the *specific* focus areas on which the visit is to concentrate. At the same time, it would appear obvious that there is nothing to prevent the Ombudsman from choosing a specific focus area for a particular visit that does not appear among the general focus priorities.

Which concrete focus areas that are to be investigated depend on the institution in question, and whether the monitoring visit is defined as an OPCAT visit, a visit covering children's rights, a specific visit to a particular institution – or a combination thereof. Additionally, the Ombudsman may choose, for a certain period of time, to give priority to particular focus areas rather than others. In connection with his continuous selection of specific focus areas, the Ombudsman starts from his stated objectives, in this respect particularly the objective that the Ombudsman will employ his resources where they will prove the most useful.

In practice, the general focus areas may not always be employed to the same extent: their relevance will depend on the type of institution selected and the type of monitoring visit to be paid in the case in point. Some areas will almost invariably be focal points of the Ombudsman's visits while others may be investigated only occasionally. Thus, the Ombudsman will nearly always choose personal interaction as a focus area during his monitoring visits. Resort to force and other kinds of coercive measures as

well as health-related issues, however, will typically be of relevance when visiting institutions where the users are or may become detained. In institutions with children and adolescents of compulsory school age the issue of schooling may become a focus point.

The selection of focus areas will usually be made prior to the monitoring visit but may also come about during the actual visit if conditions not originally selected as priority areas are brought into focus. For instance, the Ombudsman does not in normal circumstances focus on the physical conditions when paying a monitoring visit. However, if concrete indications of essential shortcomings of the physical conditions come to light during a monitoring visit, the Ombudsman may decide to treat this as a special priority area. Such concrete indications may become evident when the Ombudsman, while touring the institution, finds evidence of problematic physical conditions, or when the users of the institution complain about the physical conditions.

During his monitoring visits the Ombudsman will frequently ask about and take an interest in conditions outside the focus areas chosen prior to the visit. Such may happen for a number of reasons: first and foremost, the Ombudsman shall always –whether the conditions fall inside or outside the selected areas of focus – bear in mind that the visit may reveal serious problems: general legal problem areas demanding clarification, demeaning treatment, living conditions which it would be both expedient and reasonable to improve, information about best practice, or problems with providing core services to the users of the institution. During his visits the Ombudsman will frequently make sure that the users of the institution have access to activities, and that children and adolescents of compulsory school age attend classes. Furthermore, it is of importance to the Ombudsman to form a picture of the primary functions and operations of the institution, and he will therefore also take an interest in the general conditions regarding, among other things, the institution itself and the choices which it offers its users.

3.2. Individual focus areas

Use of force and other types of enforcement, including solitary confinement, as well as disciplinary and informal measures

Use of force, coercion, intervention, disciplinary and informal measures will often be considered oppressive by the person at whom the measures are aimed, seeing that the use of force imposes restrictions on his personal liberty. In many cases there is a risk that the force might be exercised in such a way that the ban on torture and other cruel, inhuman or degrading treatment or punishment might be violated. The legis-

lation will, normally, have provided comprehensive rules on how and when enforcement may be employed.

Use of force

Physical use of force may become necessary in order to carry the actual restraint of liberty into effect but may also prove unavoidable as part of a further detention or in connection with medical treatment of the detainee. Here, too, considerable disparities are found between how and when such use of enforcement is employed. In some cases physical use of force is being employed in order to carry through and secure the detention while in other cases the use of force is employed in order to protect others against an assailant, or in order to protect a person against him- or herself or against other persons. Whatever the reasons, there is always a risk that the enforcement may turn into a violation of the ban on torture and other cruel, inhuman or degrading treatment or punishment.

Other types of coercion

Here, a broad range of coercive measures is found: exclusion from the community of the facility, confinement for the purpose of psychiatric observation, solitary confinement, body search and urine tests in state prisons and local prisons or local prison units.; confiscation of mobile phones, restrictions on visits and search of premises in psychiatric wards; lock-ups and body search in secure residential institutions, and suspension of rights as punishment in accommodation facilities.

Detainees will often find such intervention overly extensive, oppressive and severe.

Solitary confinement

A large number of surveys show that persons who, in addition to a restriction in their freedom of movement, are being isolated from contact with other people are particularly vulnerable. Experience also shows that there are large differences between the individual susceptibility to the consequences of isolation. The generally accepted view is, however, that the majority will be seriously affected by solitary confinement, even for shorter periods of time. This finding has resulted in making solitary confinement an area of focus. During the monitoring visits attention will be directed to the number of persons in solitary confinement, the extent thereof and the conditions for segregating the individual person from other people together with any possible harmful effects of a protracted or too restrictive solitary confinement.

Disciplinary and informal measures

Disciplinary measures are mainly being used in prisons where punitive cells, financial penalties and cautioning may be employed. Disciplinary measures may be used in other places as well, such as state schools, private independent schools, continuation schools and boarding schools. Thus, among the various disciplinary measures which a headmaster may employ, we find expulsion, exclusion from classes and after-school detention.

Informal measures comprise disciplining steps such as cancellation of liberties, personal shielding, imposing a ban against speaking, complete surveillance, isolation and scolding. Such measures will often be experienced as being far worse and more degrading than any formal disciplinary measure.

Personal interaction

The interaction which a resident in an institution may have with the staff, the fellow residents, relatives/network and with the local community, by way of example, are normally of decisive importance to how the stay in the institution is perceived. The interaction may occur at all times, both inside and outside the institution and, as a result, abuse may be hard to detect. Instances of abuse connected to such interaction may manifest themselves as brute force and threats, disproportionally long waiting time for a nappy change, as well as ridicule and humiliating language.

Relations between staff and detainees and other users

Experience shows that the interaction between detainees and the staff who deals with them and keeps watch on them is of essential importance, whether the detainees be prison inmates, patients in psychiatric hospitals, children and adolescents in secure residential institutions, nursing home residents suffering from dementia or aliens residing in asylum centres. Such interaction therefore makes up an important area of focus for the monitoring visits.

Relations between users

Equally, the interaction between the users is of major significance to the individual user. Residents have no say in the choice of fellow residents with whom they may have to share their bathroom, lavatory or kitchen, nor do detainees and patients get to choose the persons with whom they may have to share accommodations. Additionally, residents may be vulnerable in their contact with others: children, adolescents, persons belonging to ethnic or religious minorities, drug or alcohol addicts, or persons suffering from, for instance, disruptive behaviour disorders or other kinds of mental illness or trauma.

Relations with relatives/network

Relatives and other social networks may frequently provide substantial support to a person living in an institution. Likewise, relatives may prove good cooperative partners for the institution, and they may also act on behalf of and assist the person in the institution. In some cases, it may become necessary for the institution to protect a user against relatives, in the event of physical assault, by way of example, or in order to ensure continuation of the treatment which the user receives in the institution. The interaction between parents and their children may also be an issue that needs addressing.

Relations between staff

If the cooperation between staff members on topics such as educational initiatives or teaching does not work smoothly, the poor interaction may result in negative communication, workplace bullying and a general brutalisation of the environment. A negative atmosphere of this kind may infect the way in which the staff talks to, deals with and treats the residents of the institution. The interaction between staff is therefore a focus area to which the Ombudsman will also direct his attention.

Relations with the local community

Being accepted and fully integrated into the local community may be a great advantage to an institution. When moving about in the local area, the residents of the institution will feel the acceptance and may thereby to a larger extent feel inclined to make use of the local options and offers. Acceptance by the local community may also result in local businesses wishing to take on for example prison inmates as manpower, or in residents finding employment during their stay, or inmates finding employment in the local community upon release from prison.

Occupation and leisure time

To the users of institutions, access to occupation and leisure time activities are of great importance. This would seem the most obvious where inmates are concerned, but goes for the users of for instance nursing homes, asylum centres and accommodation facilities as well. During his monitoring visits the Ombudsman will therefore normally observe whether the residents have access to various activities: prison inmates finding employment in the prison as manpower for local business, opportunities for exercise, for classes and for creative activities. For monitoring visits to certain institutions, employment and leisure time will be an area of focus and receive special attention.

Safety for the users

This focus area is of particular importance when the Ombudsman pays monitoring visits to police station custody cells and police station temporary waiting rooms. When, by way of example, the Ombudsman pays a monitoring visit to a custody cell, he will assess whether there are security risks involved for alcohol or drug abusers or other substance abusers during their stay in the custody cells. This focus area will also prove relevant in other places, such as institutions where residents either are or might become suicidal, in state prisons and local prisons or local prison units where inmates may be held under observation or in solitary confinement cells, or in secure residential institutions for children and adolescents where solitary confinement may become an option.

Education

During his visits to institutions where children and adolescents of compulsory school age reside, the Ombudsman will normally pay attention to whether they are being taught. This focus area may be applicable to a broad range of institutions: secure residential institutions, psychiatric hospital wards, accommodation facilities, asylum centres and continuation schools. At some of his monitoring visits the Ombudsman may choose to focus on the education and take a closer look at the contents and the organisation thereof.

Sector transfer

A so-called sector transfer occurs for example when a person is discharged from a psychiatric hospital and transferred to an accommodation facility, or when a person living in his own home is taken into custody in a local prison, or when a person who has served his prison sentence is released. It is essential, both to the person who moves into an institution and to the institution itself, that the new user belongs to the target group concerned in order that the institution may successfully perform its task in relation to the user. Frequently, a number of authorities will be involved in the implementation of a sector transfer, and a variety of different angles as to which offer will best serve the user may be an issue. For the persons changing residence, problems may arise – social and practical problems, for instance – that need to be solved: childcare and house rent, to mention two. Lastly, it is a common problem that the level of care exercised within the various sectors of the system may differ widely. As a result, the transfer from, for example, a hospital to home care service may prove difficult for the citizen affected.

Health-related conditions

The assessment of whether detained persons and other persons residing in institutions are treated humanely, with dignity and without being subjected to torture, depends, among other things, on whether the institution in question provides its residents with living conditions which will ensure their general health and provide them with an easy access to medical treatment and other healthcare benefits. As a starting point, and as a minimum requirement, detainees should receive medical treatment on a par with other citizens (the principle of healthcare equivalence). In addition to that, the deprivation of liberty itself or the cause of institutionalisation might, depending on the circumstances, bring about health problems that would require medical expertise.

Another recurring problem is also that deprivation of liberty is often used towards persons who are already ill or otherwise vulnerable and for whom a continuous and comprehensive treatment is essential. Lastly, it is of course of the utmost importance to observe whether persons who have been deprived of liberty or otherwise been subjected to constraint or use of force are being treated with due respect.

Therefore, the following conditions may be brought into focus:

- Health service within the institution
- Health and illness among the detainees
- Conditions influencing health and illness among the detainees.

Health services

An essential point of focus is whether *access to health services* is as easily obtainable within the institution as outside. When investigating the access to health service in prisons, emphasis is put on the access procedure, i.e. whether the inmates may apply directly to a nurse or whether they have to fill in an application form which is then delivered to the health services by way of the prison officers. Furthermore, the inmates' personal experience of access to the health care system will provide a more thorough understanding of the topic. To the patients in a psychiatric ward, access to somatic therapy is essential, whereas to patients in other institutions access to appointments either inside or outside the institution – such as appointments with one's own medical practitioner – is important.

In the same manner, the *health service standard* is an essential point of focus. Here, attention is directed to, among other things, the level of staffing – physicians, nurses, etc. – as expressed in number of working hours compared to number of users, and to

the question of whether staff qualifications measure up to the standards expected within the general health services. Also, the types of treatment provided by an institution in contrast to the types of treatment in cases where patients are referred on to the general healthcare system outside the institution are considered a focus point of great importance seeing that such external medical treatment may call for special arrangements to be made with regard to, for instance, logistics and security measures. This may cause waiting time and, as an indirect consequence, result in limitations on the access.

Access to healthcare treatment outside surgery hours is important. Usually, though, the need for medical assistance after regular hours will be met by calling the emergency medical service – as is the case outside the institutions.

From a structural point of view, the *professional independence of the health services* is essential in providing independent service to detainees. Physicians working within the institution may face a dilemma when the interests of the patient and the institution are not necessarily identical. Such dilemmas may be based on security considerations, by way of example. It is therefore important to investigate the role of the health services where procedures such as solitary confinement and forced immobilisation have been adopted together with documentation of assault.

In some cases where a physician is employed by a particular institution, the users of the said institution will quite often not be in a position to choose their own medical practitioner. This is the case, for example, in the institutions administered by the Department of the Prison and Probation Service where the inmates will normally have to use the physician employed by the institution. In such circumstances, the imprisoned person is, to a larger degree, dependent on being able to establish a good rapport with the physician in question. If, for various reasons, a serious disagreement should arise between the detainee and the physician, it is important to look into the possibility of consulting another physician (procuring *a second opinion*) – as is the case outside the prison.

Health and ill-health among detainees

An obvious precondition for the treatment of illness or other symptoms requiring medical attention is that such conditions are discovered immediately upon arrival of the user, not at a later date. It is therefore a matter of importance that the procedures employed by the medical service ensure the identification of any significant symptoms requiring medical treatment immediately upon arrival, and that any ongoing treatment is reported, thus ensuring the continuation thereof. Likewise, it must be ensured that

the user on leaving the institution (release, discharge, relocation) is guaranteed continuing treatment, and that information to this end is being forwarded to the “receiving” treatment body *(treatment continuity).* It should be noted, though, that a previously obtained permission from the user – allowing for his medical data to be included in any investigation that may arise and to the exchange of confidential medical information – is requisite in accordance with applicable laws.

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. Mentally ill persons, for example, do not normally belong in a prison, but in 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 detainees are part of a particular group with a possibly higher disease occurrence than average in civil society, 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 information which may indicate the necessity for preventive measures.

The basic living conditions within the institutions are essential. Thus, the health services should keep a close watch on the hygienic and sanitary conditions, reporting on any possible problems. It is a matter of major importance to ensure the expedient function of such precautionary measures whereby the detainees may be prevented from exposure to health hazards.

Conditions essential 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 importance to their health. This applies, by way of example, to the psychological climate of the institution which is influenced by concepts such as security, assault, threats, solitary confinement, force and constraint and other disciplinary actions, access to contact with the family, to education and meaningful employment or other activities. Such elements may all have an effect on the atmosphere and health.

In particular where groups with special needs are concerned (“vulnerable groups”), such conditions are of utmost importance. Thus, for a detainee suffering from a mental disorder – anxiety disorder, for example – there may be an increased health risk if he

is subjected to solitary confinement or to force, threats and physical assault from his fellow detainees. Problems arising from gender or ethnicity may also call for special attention. An identification of persons with particular needs or an increased level of vulnerability is therefore essential to the prevention of degrading and inhuman treatment of detainees. With regard to certain groups of detainees, considerations as to whether specific programmes should be implemented in order to meet their particular requirements would seem pertinent.

Investigative method

The health-related conditions may be investigated by means of methods similar to those employed in the study of other conditions. *Written material* may be obtained prior to the monitoring visit, such as lists of procedures, statistics or selected case documents. *Interviews* are held with the management of the institution and with the healthcare staff with emphasis on referral procedures, facilities, co-operation both inside and outside the institution, and unmet health-related needs. The visiting team *inspects* the concrete facilities (treatment facilities, the safe-keeping of records and medicine, solitary confinement cells and means of coercion) and have talks with those detainees who wish to or consent to speaking with them. Such talks may focus on how the users experience life in the institution in a health-related perspective, thereby making significant contributions to the assessment of the health services and the appropriateness of the existing procedures. Lastly, it may be relevant to have conversations with the users' relatives.

The category of institution to be visited determines the particular conditions that are to be looked into. It stands to reason that the health-related conditions investigated in, for example, a prison will differ from those found in a psychiatric facility.

Additionally, for some monitoring visits the health conditions as a specific focus point may not, normally, appear relevant as may be the case with schools. On the other hand, health conditions may become part of the investigation in connection with other focal points, such as relations and sector transfers.

4. Focus areas and check-up procedures for the various categories among the institutions

4.1. Prisons

Legal basis

The central rules for the monitoring visits are as follows:

- The Constitutional Act, particularly section 71
- ECHR, particularly Articles 2, 3, 5, 8, 9, 10 and 14
- The EU Charter on Fundamental Rights, notably Articles 2, 4, 6, 7, 10, 11 and 21
- The UN Convention on the Rights of the Child, particularly Articles 2, 6, 13, 14, 16 and 37
- The UN Convention against Torture, notably 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 14 and 15
- The European Prison Rules
- The UN Standard Minimum Rules for the Treatment of Prisoners
- The Council of Europe Recommendations, for example CM/Rec(2012)12 concerning foreign prisoners; CM/rec(2008)11 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; CM/Rec(2003)23 on the management by prison administrations of life sentence and other long-term prisoners; Recommendation 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; R (82) 17 concerning custody and treatment of dangerous prisoners
- The Act on Enforcement of Sentence (Consolidated Act No. 435 of 15 May 2012, as amended by Act No. 628 of 12 June 2013), Chapters 8, 9 and 10 in particular
- Consolidated acts and codes of guidance issued by the Ministry of Justice/the Department of the Prison and Probation Service
- Departmental circular No. 84 of 23 November 2012 on the 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
- Code of guidance No. 9572 of 23 November 2012 regarding departmental circular No. 84 of 23 December 2012
- Regulations laid down by non-statutory implied authorities

Focus areas

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

- Use of force and other disciplinary measures, informal measures
- Relations
- Health-related conditions
- Sector transfers
- Occupation and leisure time

Check-up procedures

The focus areas may be investigated by obtaining information about the following, prior to the visit:

- House rules and general information about the prison
- An updated list of the occupancy rate with particulars on prisoners with special needs, including those suffering from mental illness
- Internal rules/guidelines on the use of force and other disciplinary measures
- A list showing the number of times force has been used within the last 3 years, distributed by types of force and number of inmates
- A list showing the extent of enforced and voluntary exclusion from association within the last three years and, with regard to the former, information about the grounds for implementing the measures and the duration thereof
- A list showing the number of placements in punitive cells 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 within the last three years as well as information about the grounds for implementing the measures and the duration thereof
- A list showing the number of occurrences of assault and threatened violence within the last three years (among inmates, against inmates and against staff)
- Guidelines on the processing of cases of violence (policy against violence)
- A request for the prison to give an account, during the monitoring visit, of the last five complaints from inmates to the Department of Prisons and Probation
- A list of local staff policy (number of staff, personnel groups, training and length of service), if available
- Information about absence due to illness
- Minutes of the last three meetings with the spokespersons of the individual units

A brief report (max. 2 pages) on:

- How the prison prevents the occurrence of inhuman or degrading treatment of the inmates
- Problematic incidents within the prison during the last year

- Main challenges (with the exception of economy) which the prison has faced within the last year
- Organisation of access to medical treatment of the inmates
- Organisation of education/training of the inmates
- Use of temporary staff substitutes

During the visit, the points of focus may be elucidated by asking for information about the following:

Use of force and other coercive measures as well as disciplinary and informal steps
Use of force
- Typical situations in which use of force occurs
- Checking forms regarding use of force to make sure that all boxes (including those covering injury/damage and medical attendance, by way of example) are filled in
- Instructions to, for instance, carry pepper spray when dealing with certain inmates
- Follow-up procedures and supervision carried out by the management
- Decisions and complaints
- Storage of instruments for the exertion of physical force (shields, truncheons, pepper spray stun guns)

Other measures (exclusion from association, confinement in observation cells or security cells, body search of detainees and search of their quarters, urine test)
- Checking forms regarding use of force to make sure that all boxes (including those covering injury/damage and medical attendance, by way of example) are filled in
- Procedures, including follow-up procedures
- Decisions and complaints

Disciplinary measures (punitive cell, penalties, cautioning):
- Procedures, decisions and complaints

Informal measures

Relations
Relations between staff and inmates
- Tone of communication
- Alcohol/narcotics

- Assault and other types of offence (number of occurrences, cause, follow-up procedures, notification of the police)
- Conflict management
- Management of certain groups (resourceful/weak inmates, foreigners, mentally disabled, women and minors where relevant)
- Dealing with suicide attempts and the suicidal
- Time lapse between emergency call and response after lock-up
- Spokesperson organisation, including systematic follow-up procedures
- Processing of complaints
- Time taken to process applications
- Is help at hand for inmates who, for instance, wish to write a letter of complaint and, if so, how is the help given?
- Knocking on the inmates' doors before entering
- Prison procedures if an inmate either on arrival or during his stay is physically injured
- Supplementary training, including dealings with persons with special needs such as mental illness, by way of example
- Confidence among staff about dealing with persons with special needs and, if absent, possible confidence-supporting measures
- Information upon arrival, including information in foreign languages

Relations among inmates

- Tone of communication
- Assault and other types of offence
- Euphoriants (addiction/debt obligations)
- Conflict management
- Management of certain groups (resourceful/weak, women/men, Danes/other ethnic groups)

Relations among staff

- Cooperation and conflicts

Relations with relatives/network

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

Relations with the local community

Health conditions

- Staffing level of physicians, experience
- Staffing level of other healthcare workers
- Continuity of medical treatment (through care)
- Access to general practitioner/medical specialist/dentist/psychologist, etc.
- Medicine prescription and management thereof
- Record-keeping and other types of documentation
- Offers of in-house medical treatment
- Statistics of illness and disease prevention
- Staff cooperation regarding the inmates
- Use of force and coercive measures
- Inmates with special needs
- Assault (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Satisfaction among the inmates

Occupation and leisure time

- Physical framework
- Offers of occupation (jobs, training, other approved activities)
- General occupational situation
- Handling refusals to work
- Training options, including classes for dyslectics
- Use of computers in classes
- Therapeutic options
- Motivation, notably for training and medical treatment
- Leisure time options, including structured leisure time and temporary release for the purpose of participating in cultural activities
- Leisure-time committees

Sector transfers

- Counselling prior to imprisonment, including counselling about social and personal conditions,
- Plans of action
- Cooperation with social authorities and police in connection with imprisonment, re-entry and discharge (the so-called KSP-collaboration)

Other possible subjects

Staff

- Staffing
- Skilled/unskilled
- Seniority
- Work experience
- Staff turnover
- Extent of absence due to illness
- Number of employees
- Permanent staff/temporary staff substitutes
- Work environment
- Resources
- Staff policy (training policy, personal development reviews, emergency plans, absence due to illness in connection with assault, etc.)

Conditions of buildings, etc.

- Alterations to the buildings, etc. since the last monitoring visit
- Ongoing building operations, projects, plans
- The building itself and its walkway area
- Cells/rooms (size)
- Specific cells (security cells, observation cells, etc.)
- Visiting facilities, particularly with regard to children
- Workshops
- Training facilities and library
- Leisure time facilities
- Lavatories and bathroom facilities8
- Kitchen facilities
- Outdoor area
- Doctor’s surgery
- Grocer’s shop
- Staff room
- Date of construction/inauguration, fire-code, smoke detectors
- Smoking areas
- Accessibility for the physically disabled
- Facilities for staff
- Maintenance
- Cleaning standard

Other conditions

- Overcrowding (lodging, consequences for visits, etc.)
- Grocery arrangements
- Newspapers, etc.
- Information to the inmates, including information in foreign languages
- Guidance and translation for non-Danish inmates
- Spiritual services

4.2. Local prisons and local prison units

Legal basis

The central rules for the monitoring visits are as follows:

- The Constitutional Act, notably section 71
- ECHR, in particular Articles 2, 3, 5, 8, 9, 10 and 14
- The EU Charter on Fundamental Rights, in particular Articles 2, 4, 6, 7, 10, 11 and 21
- The UN Convention on the Rights of the Child, particularly Articles 2, 6, 13, 14, 16 and 37
- The UN Convention against Torture, notably 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 14 and 15
- The European Prison Rules
- The UN Standard Minimum Rules for the Treatment of Prisoners
- The Council of Europe Recommendations, for example CM/Rec(2012)12 concerning foreign prisoners; CM/rec(2008)11 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; CM/Rec(2003)23 on the management by prison administrations of life sentence and other long-term prisoners; Recommendation 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; R (82) 17 concerning custody and treatment of dangerous prisoners
- The Consolidated Act on Due Process and Administrative Social Affairs, Chapter 69, notably Section 758
- The Consolidated Act on Due Process and Administrative Social Affairs, Chapter 70, notably Sections 770-777
- Consolidated acts and codes of guidance issued by the Ministry of Justice/the Department of the Prison and Probation Service, particularly Statutory Orders No. 339 of 12 April 2012 and No. 36 of 12 April 2012 on Remand in Custody, together

with 2statutory orders and instructions for persons who serve time as well as for pre-trial detainees
- Departmental circular No. 84 of 23 November 2012 on the 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
- Code of guidance No. 9572 of 23 November 2012 regarding departmental circular No. 84 of 23 December 2012
- The Act on Enforcement of Sentence (Consolidated Act No. 435 of 15 May 2012), Chapters 8, 9 and 10 in particular
- Regulations laid down by non-statutory implied authorities

Focus areas

During monitoring visits to local prisons and local prison units, the focus will be on the following areas:
- Use of force and other disciplinary measures, informal measures
- Relations
- Health-related conditions
- Sector transfers
- Occupation and leisure time

Check-up procedures

The focus areas may be examined by obtaining information about the following, prior to the visit:
- House rules and general information about the prison
- An updated list of the occupancy rate with particulars on detainees with special needs, including those suffering from mental illness
- Intern rules/guidelines on the use of force and other disciplinary measures
- A list showing the number of times force has been used within the last 3 years, distributed by types of force and number of inmates
- A list showing the extent of enforced and voluntary exclusion from association within the last three years and, with regard to the former, information about the grounds for implementing the measures and the duration thereof
- A list showing the number of placements in punitive cells within the last three years and information about the duration thereof
- A list showing the number of placements in observation cells and security cells within the last three years as well as information about the grounds for implementing the measures and the duration thereof

- A list showing the number of occurrences of assault and threatened violence within the last three years (among detainees, against detainees and against staff)
- Guidelines on the processing of cases of violence (violence policy)
- A request for the prison to give an account, during the monitoring visit, of the last 5 complaints from inmates to the Department of the Prison and Probation Service
- A list of local staff policy (number of staff, personnel groups, training and length of service), if available
- Information about absence due to illness
- Minutes of the last three meetings with the spokesperson(s)

A brief report (max. 2 pages) on:

- How the prison prevents the occurrence of inhuman or degrading treatment of the inmates
- Major problematic incidents within the prison during the last year
- Main challenges (with the exception of economy) which the prison has faced within the last year
- Organisation of access to medical treatment of the detainees
- Organisation of education/training of the detainees
- Use of temporary staff substitutes

During the visit, the points of focus may be clarified by asking for information about the following:

Use of force and other coercive measures, including solitary confinement, as well as disciplinary and informal steps

Use of force

- Typical situations in which use of force occurs
- Checking forms regarding use of force to make sure that all boxes (including those covering injury/damage and medical attendance, by way of example) are filled in
- Instructions to, for instance, carry pepper spray stun guns when dealing with certain inmates
- Follow-up procedures and supervision carried out by the management
- Decisions and complaints
- Storage of instruments for the exertion of physical force (shields, truncheons, pepper spray stun guns)

Other measures (exclusion from association, confinement in observation cells or security cells, body search of detainees and search of their quarters, urine test)

- Typical situations in which use of force occurs
- Checking forms regarding use of force to make sure that all boxes (including those covering injury/damage and medical attendance, by way of example) are filled in
- Procedures, including follow-up procedures
- Decisions and complaints

Disciplinary measures (punitive cell, penalties, cautioning):

- Procedures, decisions and complaints

Informal measures

Interaction

Interaction between staff and inmates

- Tone of communication
- Alcohol/narcotics
- Assault and other types of offence (number of occurrences, cause, follow-up pro cedures, notification of the police)
- Conflict management
- Management of certain groups (resourceful/weak detainees, foreigners, mentally disabled, women and minors where relevant)
- Dealing with suicide attempts and the suicidal
- Time lapse between emergency call and response after lock-up
- Spokesman organisation, including systematic follow-up procedures
- Processing of complaints
- Time taken to process applications
- Is help at hand for detainees who, for instance, wish to write a letter of complaint and, if so, how are they helped?
- Knocking on the detainees' doors before entering
- Local prison procedures if a detainee either on arrival or during his stay is physi-cally injured
- Supplementary training, including dealings with persons with special needs such as mental illness, by way of ex-ample
- Confidence among staff about dealing with persons with special needs and, if ab-sent, possible confidence-supporting measures
- Information upon arrival, including inf2ormation in foreign languages

Interaction among detainees

- Tone of communication
- Assault and other types of offence
- Euphoriants (addiction/debt obligations)
- Conflict management
- Conflict management of certain groups (resourceful/weak, women/men, Danes/other ethnic groups)

Interaction among staff

- Cooperation and conflicts

Interaction with relatives/network

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

Interaction with the local community

Health conditions

- Staffing level of physicians, experience
- Staffing level of other healthcare workers
- Continuity of medical treatment (through care)
- Access to general practitioner/medical specialist/dentist/psychologist, etc.
- Medicine prescription and management thereof
- Record-keeping and other types of documentation
- Offers of in-house medical treatment
- Statistics of illness and disease prevention
- Staff cooperation regarding the detainees
- Use of force and coercive measures
- Detainees with particular and special needs
- Assault (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Satisfaction among the detainees

Sector transfers

- Welfare assistance in connection with the imprisonment
- Change of status
- Cooperation with social authorities and police in connection with imprisonment, re-entry and release/transfer (the so-called KSP-collaboration)

Occupation and leisure time

- Physical framework
- Offers of employment (jobs, training, other approved activities)
- General employment situation
- Training options, including classes for dyslectics
- Use of computers in classes
- Therapeutic options
- Motivation, notably for training and medical treatment
- Leisure time options
- Spirit of community, including teamwork in the cells

Other possible subjects

Staff

- Staffing
- Skilled/unskilled
- Seniority
- Work experience
- Staff turnover
- Extent of absence due to illness
- Number of employees
- Permanent staff/temporary substitutes
- Work environment
- Resources
- Staff policy (training policy, personal development reviews, emergency plans, absence due to illness in connection with assault, etc.)

Condition of buildings, etc.

- Alterations to the buildings, etc. since the last monitoring visit
- Ongoing building operations, projects, plans

- The building itself and its walkway area
- Cells/rooms (size)
- Specific cells (security cells, observation cells, etc.)
- Visiting facilities, particularly with regard to children
- Workshops
- Training facilities and library
- Leisure time facilities
- Lavatories and bathroom facilities
- Kitchen facilities
- Outdoor area
- Surgery
- Grocer's shop
- Staff room
- Date of construction/inauguration, fire-code, smoke detectors
- Smoking areas
- Accessibility for the physically disabled
- Facilities for staff
- Maintenance
- Cleaning standard

Other conditions

- Overcrowding (lodging, consequences for visits, etc.)
- Grocery arrangements
- Newspapers, etc.
- Information to the inmates, including information in foreign languages
- Guidance and translation for non-Danish inmates
- Spiritual service

4.3. Halfway houses administered by the Department of the Prison and Probation Service

Legal basis

The central rules for the monitoring visits are as follows:

- The Constitutional Act, notably section 71
- ECHR, in particular Articles 2, 3, 5, 8, 9, 10 and 14
- The EU Charter on Fundamental Rights, notably Articles 2, 4, 6, 7, 10, 11 and 21
- The UN Convention on the Rights of the Child, particularly Articles 2, 6, 13, 14, 16 and 37

- The UN Convention against Torture, notably Articles 2 and 16
- The UN Convention on Civil and Political Rights, particularly Article 10
- The UN 2Convention on the Rights of Persons with Disabilities, particularly Articles 14 and 15
- The European Prison Rules
- The UN Standard Minimum Rules for the Treatment of Pri2soners
- The Council of Europe Recommendations, for example CM/Rec(2012)12 concerning foreign prisoners; CM/rec(2008)11 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; CM/Rec(2003)23 on the management by prison administrations of life sentence and other long-term prisoners; Recommendation 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; R (82) 17 concerning custody and treatment of dangerous prisoners
- The Act on Enforcement of Sentence (Consolidated Act No. 435 of 15 May 2012), Chapters 8 and 9 and in particular
- Consolidated acts and codes of guidance issued by the Ministry of Justice/the Department of Prisons and Probation
- Departmental circular No. 84 of 23 November 2012 on the 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
- Code of guidance No. 9572 of 23 November 2012 regarding departmental circular No. 84 of 23 December 2012
- Regulations laid down by non-statutory implied authorities

Focus areas

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

- Relations
- Health-related conditions
- Sector transfers

Check-up procedures

The focus areas may be examined by obtaining information about the following, prior to the visit:

- House rules and general information about the prison
- An updated list of residents

- A list of local staff policy (number of staff, personnel groups, training and length of service), if available
- Information about absence due to illness
- Minutes of the last three meetings with the residents

A brief report (two pages at maximum) on:

- How the halfway house prevents the occurrence of inhuman or degrading treatment of the residents
- Major problematic incidents within the halfway house during the last year
- Main challenges (with the exception of economy) which the halfway house has faced within the last year
- Use of temporary staff substitutes

During the visit, the points of focus may be examined by asking for information about the following:

Relations

Relations between staff and residents

- Tone of communication
- Alcohol/narcotics
- Assault and other types of offence (number of occurrences, cause, follow-up procedures, notification of the police)
- Conflict management
- Management of certain groups (resourceful/weak detainees, foreigners, mentally disabled, women and minors where relevant)
- Meetings of residents, including systematic follow-up procedures
- Processing of complaints

Relations among residents

- Tone of communication
- Assault and other types of offence
- Conflict management
- Conflict management of certain groups (resourceful/weak, women/men, Danes/other ethnic groups)

Relations with relatives/network

- Cooperation and conflicts

Relations among staff

- Cooperation and conflicts

Relations with the local community

Health conditions

- Continuity of medical treatment (through care)
- Access to general practitioner/medical specialist/dentist/psychologist, etc.
- Medicine prescription and management thereof
- Record-keeping and other types of documentation
- Statistics of illness and disease prevention
- Staff cooperation regarding the residents
- Residents with particular and special needs
- Assault (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Satisfaction among the residents

Sector transfers

- Cooperation with social authorities and police in connection with imprisonment, re-entry and release/transfer (the so-called KSP-collaboration)

Other possible subjects

Staff

- Staffing
- Skilled/unskilled
- Seniority
- Work experience
- Staff turnover
- Extent of absence due to illness
- Number of employees
- Permanent staff/temporary staff substitutes
- Work environment
- Resources
- Staff policy (training policy, personal development reviews, emergency plans, absence due to illness in connection with assault, etc.)
- Condition of buildings, etc.
- Alterations to the buildings, etc. since the last monitoring visit

- Ongoing building operations, projects, plans
- The residents' rooms (size)
- Lavatories and bathroom facilities
- Kitchen facilities
- Counselling facilities
- Training facilities
- Workshops
- Date of construction/inauguration, fire-code, smoke detectors
- Accessibility for the physically disabled
- Facilities for staff
- Maintenance
- Cleaning standard

Non-compliance with terms

- Number of residents on terms of prison or pension, respectively
- Handling incidents of non-compliance with terms

Other conditions

- Charge for residence
- Spokesperson organisation, meetings of residents, residents' representatives
- House rules
- Visits
- Return to prison
- Occupation and leisure time

4.4. Police custody cells

Legal basis

The central rules for the monitoring visits are as follows:

- The Constitutional Act, notably section 71
- ECHR, in particular Articles 2, 3, 5 and 8
- The EU Charter on Fundamental Rights, Articles 2, 4, 6 and 7 in particular
- The UN Convention on the Rights of the Child, particularly Articles 6, 16 and 37
- The UN Convention against Torture, notably Articles 2 and 16
- The UN Convention on the Rights of Persons with Disabilities, particularly Article 14 and 15
- The Police Act, particularly Section 11
- Ministry of Justice, Statutory Order on Placement in Detention (Statutory Order No. 988 of 6 October 2004 as amended by Statutory Order No. 1419 of 13 December 2006 and Statutory Order No. 565 of 25 May 2010)

- Danish National Police, Proclamation II, No. 55 of 2 February 2006 on Placement of Non-intoxicated Persons in Police Custody Cells (Proclamation No. 9723)
- Danish National Police, Circulars of 26 April 2006 on (amongst others) Placement of Non-intoxicated Persons in Police Custody Cells, and of 12 January 2011 on the Use of Police Holding Rooms and Police Custody Cells for Placement of Arrestees

Focus areas

During monitoring visits to police custody cells, focus will be directed at the following areas:

- Security measures for the detainees
- Use of force
- Health-related conditions
- Interaction

Check-up procedures

No enquiries are made prior to the monitoring visit.

During the visit, the focus points may be examined by asking for information about the following:

Security measures for the detainees

- Check security hazards posed by bars, loose objects, joints, protrusions, grilles covering ventilation channels, etc.
- Make random checks on audio-visual monitoring systems to ensure that they function
- Check procedures ensuring that the smoke detectors function
- Ask how often the detainees are being checked on (do the staff know the rules)
- Ask for procedures whereby personnel is reminded to check on the detainees in accordance with the rules
- Check the three latest reports to ensure that the personnel's surveillance is carried out according to the rules

Use of force

- Ask whether use of force has occurred
- Check the three latest reports on use of force to determine whether the measures taken, on the face of it, have been described in such detail that an assessment may be made as to whether the rules laid down in the Police Act have been complied with

Health conditions

- Medical attention/access to medical practitioner
- Continuity of medical treatment (through care)
- Medicine prescription and management thereof
- Record-keeping and other types of documentation
- Staff collaboration on the detainees
- Use of force and coercive measures
- Detainees with particular and special needs
- Assault (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Check-up on the three latest detention reports and medical statements

Relations

Relations among detainees and staff, etc.

- Is the detainee offered the possibility of contacting family/employer
- Check the three latest reports on whether this has happened
- Ask for procedures with reference to foreigners who do not speak Danish or English

Other possible subjects

- Check procedures for placement of minors (contact to home and social services)
- Check whether guidelines on avenues of complaint and on therapy for alcoholics have been offered
- Check that placement and stay in the custody cell happen in a way that guarantees discretion
- Is the standard of maintenance in order (scratch marks and scores may indicate a sketchy search)
- Ask whether the custody cells are being used as holding rooms

4.5. Police station holding rooms

Legal basis

The central rules for the monitoring visits are as follows:

- The Constitutional Act, notably section 71
- ECHR, in particular Articles 2, 3, 5 and 8
- The EU Charter on Fundamental Rights, notably Articles 2, 4, 6 and 7
- The UN Convention on the Rights of the Child, particularly Articles 6, 16 and 37
- The UN Convention against Torture, notably Articles 2 and 16

- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 14 and 15

There are no rules of law on how police holding rooms should be fitted out and employed. In August 1992, the Ministry of Justice did, however, issue an instruction on the arrangement of new buildings for the police, and in 2005 an amendment sheet to the instruction was issued.

Focus areas

- Security measures for the detainees
- Use of force
- Health-related conditions
- Relations

Check-up procedures

No enquiries are made prior to the monitoring visit.

During the visit, the focus points may be examined by asking for information about the following:

Security measures for the detainees

- Check security hazards posed by bars, loose objects, joints, protrusions, grilles covering ventilation channels, etc.
- Check whether the alarm system works
- Check procedures ensuring that the smoke detectors function
- Ask how often the detainees are being checked on
- Ask how long the placements have lasted and ask to see the records for the last 3 placements

Use of force

- Ask whether use of force has occurred
- Check the three latest reports on use of force to determine whether the measures taken, on the face of it, have been describ2ed in such detail that an assessment may be made as to whether the rules laid down in the Police Act have been complied with

Health conditions

- Ask about procedures for emergency medical treatment
- Continuity of medical treatment (through care)

- Medicine prescription and management thereof
- Use of force and coercive measures
- Detainees with particular and special needs
- Assault (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution

Relations

- Relations between staff and detainees and contact to relatives/network

Other possible subjects

- Ask how the police ensure that the detainee is treated properly in terms of food and drink, access to toilet facilities, ventilation and room temperature

4.6. Psychiatric healthcare, including community mental healthcare

Legal basis

The central rules for the monitoring visits to *psychiatric hospitals/wards* are as follows:

- The Constitutional Act, particularly section 71
- ECHR, in particular Articles 2, 3, 5, 8, 9, 10 and 14, as well as Additional Protocol 4, Article 2
- The UN Convention on the Rights of the Child, particularly Articles 2, 6, 12, 13, 14, 16, 24 and 37
- The EU Charter on Fundamental Rights, notably Articles 2, 4, 6, 7, 10, 11 and 21
- The UN Convention against Torture, in particular Articles 2 and 16
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 14 and 15
- The Council of Europe's Recommendations, 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
- The Act on Employment of Coercive Measures in Psychiatric Healthcare (Executive Order No. 1729 of 2 December 2010)
- Executive Order on the Employment of Coercive Measures Other than Deprivation of Liberty in Psychiatric Wards (Executive Order No. 1338 of 2 December 2010)
- Executive Order on the Rules of Procedure for the Psychiatric Patient Complaints Boards (Executive Order No. 1339 of 2 December 2010)
- 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)
- Executive Order on Protocols on 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)
- Executive Order on Information and Guidelines on Avenues of Complaint with Reference to Coercive Measures in Psychiatric Healthcare (Executive Order No. 1343 of 2 December 2010)
- Executive Order on Search of Post, Patients' Rooms and Possessions, on Body Search, Confiscation and Destruction of Objects, etc. in Psychiatric Wards (Executive Order No. 1494 of 14 December 2006)
- Regulations laid down by non-statutory implied authorities
- Note for Guidance on the Completion of Protocols on the Use of Coercive Measures (Recording of Employment of Coercive Measures in Psychiatric Healthcare, Including the Recording of Measures for Minors) and Recording of Employment of Discharge Agreements/ Coordination Programmes (Note for Guidance No. 9713 of 20 December 2011)
- Note for Guidance on Advance Declarations, Planned Therapy, Physical Restraint and Compulsory Control upon Discharge, etc. for Patients in Psychiatric Wards (Note for Guidance No. 9427 of 20 January 2011)
- Note for Guidance on Anti-psychotic Therapy for Patients above 18 Years of Age (Note for Guidance No. 9763 of 28 June 2007)
- The Act on Forensic Psychiatric Therapy, etc. (Act No. 1396 of 21 December 2005)
- Executive Order on Patients Admitted to a Psychiatric Ward under a Criminal Verdict (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 Verdict or a Decree of Dangerous Behaviour (Executive Order 200 of 25 March 2004)
- Executive Order on Social Security Guardians (Executive Order No. 947 of 24 September 2009)
- Note for Guidance on the Responsibility of Guardians Appointed for Supervision of Therapy and Consultant Psychiatrists for Persons Sentenced to Psychiatric Care in a Ward or to Psychiatric Treatment on an Outpatient Basis (Note for Guidance No. 9614 of 8 November 2010)
- The Health Act with later amendments (Consolidated Act No. 913 of 13 July 2010)

The central rules for monitoring visits to the *community mental healthcare facilities* are:

- The Health Act with later amendments (Consolidated Act No. 913 of 13 July 2010)
- Note for Guidance on the Responsibility of Guardians Appointed for Supervision of Therapy and Consultant Psychiatrists for Persons Sentenced to Psychiatric Care in a Ward or to Psychiatric Treatment on an Outpatient Basis (Note for Guidance No. 9614 of 8 November 2010)

Focus areas

During visits to *psychiatric hospitals/wards,* focus will be directed at the following areas:

- Health conditions
- Use of force and other coercive measures as well as other types of intervention
- Interaction
- Sector transfers

During visits to the *community mental health care facilities,* focus will be directed at the following areas:

- Health conditions
- Interaction
- Sector transfers

Check-up procedures

The focus areas may be investigated by obtaining information about the following, prior to the visit:

- The institution's welcoming leaflet
- House rules
- List of patients, including information about age, gender, ethnic background and cause of admission (as of the date when notice of the monitoring visit is given)
- A copy of the most recent plan of action for one of the patients
- In-house directions/guidelines for use of force
- A list showing the extent of various categories of use of force within the last 3 years, stating the number of cases resulting in complaints to the Psychiatric Appeals Board whereby the Board upheld the complaint
- A list showing the number of incidents of assault and threatened violence within the last 3 years (among patients, against patients and against staff)
- Guidelines on the processing of cases of violence (policy against violence)
- Copies of the 5 most recent complaints

- In-house directions for medicines management
- A list of local staff policy (number of staff, personnel groups, training and length of service), if available
- Information about absence due to illness
- Minutes of the latest meeting with spokespersons for patients and relatives
- A report from the Medical Officer of Health, if any

A brief report (2 pages at maximum) on:

- How the institution prevents the occurrence of inhuman or degrading treatment of the patients
- Problematic incidents within the institution during the last year
- Main challenges (with the exception of economy) which the institution has faced within the last year
- Use of temporary staff substitutes

During the visit, the focus points may be examined by asking for information about the following:

Health conditions

- Staffing level of physicians, experience
- Staffing level of other healthcare workers
- Continuity of medical treatment (through care)
- Access to general practitioner/medical specialist/dentist/psychologist, etc.
- Medicine prescription and the management thereof
- Record-keeping and other types of documentation
- Possibilities of in-house medical treatment
- Statistics of illness and disease prevention
- Staff cooperation regarding the patients
- Use of force and coercive measures
- Patients with particular and special needs
- Assault (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Patient satisfaction
- Guidance and treatment plans (section 3 (2) (3) of the Mental Health Act)
    - guidance (when and how)
    - contents of the treatment plan
    - the one-week time limit, in-house time limits on preparation, target fulfilment

- giving the treatment plan to the patient

Use of force and other coercive measures as well as other types of intervention

Use of force

Legal status of the patient (voluntarily hospitalised, compulsory admittance/retained by force)

- Open/secure wards, shielded units
- Locking up (section 18f of the Mental Health Act)

Coercive measures

- The concept of use of force, notably in relation to children and adolescents (section 1 of the Mental Health Act)
- Extent of coercive measures: total as well as distribution of the individual categories of coercion in accordance with the Mental Health Act
- In-house directions for the use of coercive measures
- Written information to the patients about coercive measures (section 31 of the Mental Health Act)
- Decisions and complaints about coercive measures
- Guidelines, if any, on grades of observation lower than personal shielding, cf. section 18d of the Mental Health Act, including rules of jurisdiction

Forced physical restraint

- Where does the restraint 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 watchman
- Where is the immobilisation bed stored?

Preventive measures

- The principle of minimum use of remedies (section 4 of the Mental Health Act)
- Interviews before and after the use of coercive measures
- Risk evaluations of the patients
- Skills development among staff

Patient councillors

- Number of councillors attached to the centre
- When are they appointed, and when do they visit the patients (section 26 of the Mental Health Act)
- Appearance before the Psychiatric Appeals Board

Intervention in and restrictions of the individual liberty of the patient during hospitalisation

- Guidelines, if any, 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 premises and body search (section 19a of the Mental Health Act)

Relations

Patients' participation (section 2 of the Mental Health Act)

- Morning and evening meetings, unit meetings
- Fora of dialogue
- Interpretation and information written in foreign languages

Relatives' involvement

- Relatives policy
- The patient's consent in writing (section 43 of the Health Care Act)
- Visiting rules
- Telephone hours
- Conflict management
- Interpretation and information written in foreign languages

House rules (section 2a of the Mental Health Act)

- Policy on house rules, if any: the drawing up of house rules and the handling of violations
- Patients' participation (section 2a (3) of the Mental Health Act)
- Smoking policy
- Alcohol and narcotics

Tone of communication

Assault and other types of offence among patients and staff

- The extent of assault and threats of violence
- Policy on prevention of violence
- Guidelines on the reporting of assault and threats of violence to the police

- Training of staff in prevention and handling of conflicts, violence and threats of violence
- Alarm system

Sector transfers

- Admittance – discharge/release
- Resources/waiting lists
- Discharge agreements and coordination plans (sections 13a and 13b of the Mental Health Act)
- Coordination agreements between the hospital and the municipality in the catchment area
- Are there in-house instructions on discharge agreements and coordination plans?
- Number of agreements and plans annually

Other possible subjects

- Physical framework
- Good psychiatric hospital standard with regard to condition of buildings (section 2 of the Mental Health Act)
- Bed ratio (number of beds on open/closed wards, respectively)
- Private rooms/shared rooms (as of day of visit and in future)
- Lavatory and bathroom facilities
- Open/secure wards, shielded units
- Average length of stay
- Occupancy rate (average occupancy percentage, overcrowding)
- How is overcrowding handled? (use of other rooms as patient rooms, early 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

Occupation and leisure

- Activities, including access to outdoor areas (section 2 of the Mental Health Act)
- Access to and focus on possible occupation and activities
- Need for and access to a change in environment

- Access to the outdoors (how often, accompanied, patient at risk of escaping, shielded outdoor area)
- Classes
- Activity plans

Staff

- Staffing level and number
- Skilled/unskilled
- Seniority
- Work experience
- Staff turnover
- Extent of absence due to illness
- Permanent staff/temporary staff substitutes
- Work environment
- Resources
- Staff policy (training policy, personal development reviews, emergency plan, absence due to illness in connection with assault, etc.)

During the visit to the community mental health care, the focus areas may be examined by asking for information on the following:

Health conditions

- Staffing level and experience of physicians
- Staffing level of other health care professionals
- Continuity of treatment (through care)
- Prescription of medicine and management thereof
- Record-keeping and other types of documentation
- In-house treatments
- Staff cooperation regarding the patients
- Patients with particular and special needs
- Assault (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Patient satisfaction
- Treatment location (community mental health care facility, visits in the home)
- Treatment plans

Relations

Interaction between staff and patients

- Regular contact persons
- Staff turnover (flow)
- Measures to ensure that patients do not “drop out of” the treatment system

Involvement of relatives

Relatives and carers policy (section 2 of the Mental Health Act)

Written consent from the patient (section 43 of the Health Care Act)

Assault on staff or other patients

- Extent of violence and threats of violence
- Violence prevention policy
- Guidelines for reporting violence and threats of violence to the police
- Staff training in prevention and handling of conflicts, violence and threats of violence
- Alarm system

Sector transfers

Admittance – discharge

Resources/waiting lists

Cooperative partners (municipalities, accommodation facilities, psychiatric wards, etc.)

Cooperative agreements with the municipalities within the catchment area

Other possible subjects

- Catchment area
- Patient group, number, age, gender, ethnic background, diagnoses, previous
- admittance, forensic psychiatry patients, etc.)
- Staff, professional groups and staffing level
- Treatment team, outreach team, OPUS-team
- Average number of patients per health care professional
- Accessibility (opening hours, telephone hours)
- Confidentiality and passing-on of information

Condition of buildings

- Waiting facilities
- Interviewing rooms
- Safeguarding confidentiality
- Accessibility for the physically disabled

Board (dietary policy, nutritional screening, individual diet)

4.7. Accommodation facilities for adults

Legal basis

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

- The Constitutional Act, particularly section 71
- ECHR, in particular Articles 2, 3, 5, 8, 9, 10 and 14, as well as Additional Protocol 4, Article 2
- The EU Charter on Fundamental Rights, notably Articles 2, 4, 6, 7, 10, 11 and 21
- The UN Convention against Torture, in particular Articles 2 and 16
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 14 and 15
- Social Services Act, sections 107-109, Part 24 on forcible measures, etc. (section 124-137d), Part 24a on enforcement of criminal sanctions, etc. (section 137e-137m), and sections 192 and 192a (Consolidation Act No. 1093 of 5 September 2013)
- Social Housing Act, section 5 (2), sections 54-58, sand section 105 (Consolidation Act No. 884 of 10 August 2011)
- Act on involuntary commitment for treatment purposes of substance addicts (Consolidation Act No. 170 of 22 February 2010)
- 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. 716 of 19 June 2013)
- 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 involuntary commitment for treatment purposes of substance addicts (Executive Order No. 101 of 20 February 2008)
- Executive Order on nursing homes and assisted living facilities (Executive Order No. 1084 of 5 September 2013)
- Executive Order on the Social Services Gateway and on approval and supervision of certain private facilities (Executive Order No. 720 of 19 June 2013, as amended by Executive Order No. 925 of 3 July 2013)
- Regulations laid down by non-statutory implied authorities
- Note for Guidance on accommodation facilities, etc. for adults pursuant to provisions of the Social Housing Act, the Social Services Act and the Act on Access to Private Assisted Living Facilities (Note for Guidance No. 14 of 15 February 2011)

- Note on Guidance on coercive measures and other interventions in the right of self-determination towards adults, including pedagogical principles (Note for Guidance No. 8 of 15 February 2011, most recently amended by Note for Guidance No. 97 of 30 November 2011)
- Note for Guidance on Act on involuntary commitment for treatment purposes of substance addicts (Note for Guidance No. 10 of 20 February 2008)
- Note for Guidance on legal position of patients/residents at nursing homes and in assisted living facilities (Note for Guidance No. 104009 of 20 December 2007)
- Act on Social Supervision (Act No. 608 of 12 June 2013

Focus areas

During visits to accommodation facilities for adults, focus will be directed at the following areas:

- Use of coercive and other measures or restrictions regarding residents' rights
- Relations
- Health conditions
- Occupation and leisure time

Check-up procedures

The focus areas may be investigated by obtaining information about the following, prior to the visit:

- Most recent inspection report by the municipality/regional council
- Most recent report by the Medical Officer of Health (if any)
- The facility's welcoming leaflet
- The facility's house rules
- List of the facility's residents, including information about age, gender, functional capacity, ethnic background and background and time of admission
- A copy of the most recent plan of action for one of the residents
- In-house directions/guidelines for use of force
- A list of the number of times coercion has been used within the last 3 years, specifying the number of times coercion has been used unlawfully
- A list showing the number of incidents of assault and threatened violence within the last 3 years (among residents, against residents and against staff)
- Guidelines on the processing of cases of violence (policy against violence)
- In-house directions for medicines management
- Guidelines for administration of the residents' financial affairs
- Copies of the 5 most recent complaints
- A list of local staff policy (number of staff, personnel groups, training and length of service), if available

- Information about absence due to illness
- Minutes of the latest meeting with residents' council (if there is a residents' council)
- Minutes of the latest meeting with relatives (if available)

A brief report (2 pages at maximum) on:

- How the facility prevents the occurrence of inhuman or degrading treatment of the residents
- Problematic incidents within the institution during the last year
- Main challenges (with the exception of economy) which the institution has faced within the last year
- Organisation of access to medical treatment
- Use of temporary staff substitutes

During the visit, the points of focus may be clarified by asking for information about the following:

Use of force and other coercive measures or restrictions of the residents' rights

Use of force

- Focus on/approach to the use of force in relation to care and pedagogics
- Principles for using force – in-house instructions
- Staff training and knowledge of rules and in-house instructions
- Assessment of consent (when do the residents oppose)
- Which situations will typically end in the use of force
- Registration (how and how many)
- Reporting (how, how many and with which result)
- Decisions and complaints
- Follow-up on uses of force and annual assessment

Other interventions or restrictions of the residents' rights

- Confiscation of possessions (mobile telephones/internet/computer)
- Locking of rooms
- Ban on watching TV
- Urine samples (consent and consequence of lack of consent)
- Search of rooms
- Body search
- Cutting off communication with family and friends
- Restriction of visitors
- Suspension of rights as a sanction for breaking house rules

- Preventing breach of the law
- When are matters reported to the police and when will the facility try to deal with problems on its own

Relations

Relations between staff and residents

- Tone of communication
- Home versus work place
- Smoking policy, alcohol/drugs, cleaning of residents' home and any duties on the part of the residents' in relation to the facility's community
- Violence and other offences
- Conflict management
- Action plans – management of need for support in relation to level of function
- Response time from call to response
- Involvement of residents (for instance joint influence, openness and responsiveness)
- Financial matters (income, expenses, receipts, savings, administration, guardianship, legal incompetence, etc.)
- Maintenance of aids and appliances for disabled people (for instance wheelchairs)
- Access to relevant aids (lift, communication aids, IT, etc.)
- Storage of cleaning materials

Relations between residents

- Policy for flirtation and sex (sexual offences)
- Tone of communication
- Violence and other offences
- Conflict management

Relations between staff

- Cooperation and conflicts

Relations with relatives/network

- Rules for visiting
- Telephone hours
- Involvement of residents' relatives (for instance openness and responsiveness)
- Conflict management

Relations with local community

Health conditions

- Staffing level and experience of physicians
- Staffing level of other health care professionals
- Continuity of treatment (through care)
- Access to physician/specialist/dentist/psychologist, etc.
- Prescription of medicine and management thereof
- Record-keeping and other types of documentation
- In-house treatments
- Staff cooperation regarding the patients
- Coercion and use of force
- Patients with particular and special needs
- Assault (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Patient satisfaction

Occupation and leisure

- Access to and focus on occupation and activities
- Need for and access to change of milieu
- Access to fresh air
- Organised activities
- Classes
- Activity plan

Other possible subjects

Staff

- Staffing level and number
- Skilled/unskilled
- Seniority
- Work experience
- Staff turnover
- Extent of absence due to illness
- Number
- Permanent staff/temporary staff substitutes
- Work environment
- Resources

- Staff policy (training policy, personal development reviews, emergency plan, absence due to illness in connection with assault, etc.)

Condition of buildings, etc.

- Size of accommodation
- Own separate housing/own room
- Kitchen facilities
- Occupational facilities (work/leisure time)
- Teaching facilities
- Date of construction/inauguration, fire-code, smoke detectors
- Hall space
- Maintenance standard
- Staff room
- Cleaning standard
- Hygiene
- Outdoor areas
- Smoking areas
- Accessibility for the physically disabled
- Facilities for staff

Supervision by region/municipality

- Supervision manual (the region's or municipality's considerations)
- Supervisory staff (impartiality)
- Supervision in relation to continuous cooperation on the tasks
- Previous supervision reports/previous visits
- Reporting and follow-up

4.8. Residential institutions and accommodation facilities for children and adolescents, foster families

Legal basis

The central rules for monitoring visits to residential institutions, accommodation facilities for children and adolescents and foster families are as follows:

- ECHR, particularly Articles 2, 3, 5, 8, 9, 10 and 14 as well as Article 2 of the Protocol No. 1 and Article 2 of the Protocol No. 2
- The UN Convention on the Rights of the Child, notably Articles 2, 6, 9, 12, 13, 14, 16, 19, 20, 28 and 37
- The EU Charter on Fundamental Rights, notably Articles, 2, 4, 6, 7, 10, 11, 14 and 21
- The UN Convention against Torture, notably Articles 2 and 16
- The UN Convention on the Rights of Persons with Disabilities, particularly Articles 14 and 15
- The Council of Europe Recommendations, 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
- Sections 66-71, Part 24, (sections 123-123 d) and Part 26 of the Consolidation Act on Social Services (Consolidated Act No. 1093 of 5 September 2013)
- Consolidated Act on personal alarm and paging systems for children and adolescents with a psychiatric disorder placed in a residential institution or accommodation facilities (Consolidated Act No. 511 of 26 May 2011)
- Consolidated Act on Social Services Gateway and approval and monitoring of certain private services and facilities provided for under this Act (Consolidated Act No. 720 of 19 June 2013 as amended by Consolidated Act No. 925 of 3 July 2013)
- Consolidated Act on forcible measures against children and adolescents placed in residential care facilities (Consolidated Act No. 18 of 15 January 2013 as amended by Consolidated Act No. 726 of 19 June 2013)
- Consolidated Act on special needs education and other specialised educational assistance in day-care and accommodation facilities (Consolidated Act No. 407 of 25 April 2013)
- Regulations laid down by non-statutory implied authorities
- Guidance on use of personal alarm and paging systems for children and adolescents with a psychiatric disorder placed in a residential institution or accommodation facility (Code of guidance No. 42 of 26 May 2011)
- Rules of guidance on special support to children and adolescents, notably Part 18-21 (Code of guidance No. 11 of 15 February with later amendments)

- Code of guidance No. 9293 of 23 May 2013 on use of force and other measures towards children and adolescents

Focus areas

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

- Use of force, including isolation, and other coercive measures or limitations on the rights of the residents
- Relations
- Education
- Health conditions

Check-up procedures

The focus areas may be investigated by obtaining information about the following, prior to the visit:

- Information about the current residents at the facility (for instance; gender, age and ethnic background) with information about grounds for placement and time of placement
- The institution's basis of approval
- The latest municipal monitoring reports
- Guidelines on forcible measures, including information about how relatives, residents and staff obtain information about rules and avenues of complaint laid down in the Danish Consolidated Act on Forcible Measures
- A list showing the extent of use of force within the last 3 years stating number of not approved incidents involving use of force
- House rules, if any
- A list showing the number of occurrences of assault or threatened violence within the last 3 years (among residents, against residents and against staff)
- A list of the institution's staff policy (number of employees, personnel groups, training and length of service)
- The most recently received municipal action plan for each child
- The institution's latest development plan for a child
- Summary of decisions taken during meetings with the children's and parents' council (if such summaries exist)
- The institution's standards for medicine instructions

A brief report (2 pages at maximum) on:

- Essential, problematical incidents occurred at the institution during the last year

- Main challenges (with the exception of economy) which the institution has faced within the last year
- Organisation of the users' access to medical treatment
- Use of temporary staff substitutes (when is temporary staff used, to which extent and skills level)

During the visit, the focus areas may be elucidated by asking for information about the following:

Use of force, including isolation, and other coercive measures or limitations on the rights of the residents:

Use of force, including isolation

- Typical situations in which use of force occurs
- Registration and reporting
- Medication (is medication used instead of coercive measures)
- Follow-up and annual assessment

Other coercive measures or limitations on the rights of the residents:

Confiscation of personal possessions (mobile telephone/internet/computer)

- Locking of rooms
- Ban on watching television
- Urine samples (consent)
- Search of rooms
- Body search
- Restrictions on communication with family and friends
- Restrictions on visits
- Punishment through restrictions on rights
- Prevention of offences

House rules

- Sanctions in connection with breach of rules

Involvement of the police

- When are offences reported to the police and when does the institution try to handle problems by itself

Relations

Relations among staff and residents

- Tone of communication

- Assault

Relations among the residents

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

Relations among staff

- Cooperation and conflicts

Relations with relatives/network

- Rules for visiting

Relations with the local community

Education

- Organisation (at the institution/local educational institutions, cf. section 22, sub-section 5, of the “Folkeskole” Act
- Education plans for the individual residents

Health conditions

- Staffing level of physicians, experience
- Staffing level of other healthcare workers
- Consistency of medical treatment (through care)
- Access to general practitioner/medical specialist/dentist/psychologist, etc.
- Medicine prescription and management thereof
- Record-keeping and other types of documentation
- Offers of in-house medical treatment
- Statistics of illness and disease prevention
- Staff cooperation regarding the residents
- Use of force and coercive measures, isolation
- Residents with special needs
- Assault (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Satisfaction among the residents

Other possible subjects

Staff

- Skilled/unskilled
- Seniority
- Work experience
- Staff turnover
- Extent of absence due to illness
- Number of employees
- Permanent staff/temporary staff substitutes
- Work environment
- Staff policy (training policy, human resource development, emergency plans, absence due to illness in connection with assault, etc.)

Conditions of buildings, etc.

- Building size
- Individual independent home/resident's own room
- Kitchen facilities
- Occupational facilities (work/leisure time)
- Educational facilities
- Date of construction/inauguration, fire-code and smoke detectors
- Walkway areas
- Lavatories and bathroom facilities
- Residents' communal rooms/other joint facilities
- Outdoor areas
- Smoking areas
- Accessibility for the physically disabled
- Facilities for staff

Residents

- Grounds for placement
- Duration of placement
- Age
- Gender
- Ethnicity
- Special problems (psychiatric and physical)
- Numbers of residents
- Level of function (stage of development, mobility, language, participation in decision making, medication, etc.)

Educational theory and practice

- Reflection walks
- Consequence interventions (time out/reflection time) – strengthening of positive behavior
- Contact person arrangements
- Assessment, test

Organisational conditions

- Management
- Divisions
- Responsibility
- Staff uniformity
- Joint venture

Meals

- Do the children participate in the cooking of meals
- Special diet for the target group
- Healthy food

Economy

- Administration (guardianship and legally incapacitated persons)
- Precaution against fraudulent practices (income, expenses, receipts, savings)
- Ability to retain residents (is the institution retaining residents for economic reasons)

Sector transfers

- Cooperation with the social authorities in connection with cessation of placement at the institution
- Action plans

Supervision carried out by the municipality in charge of the placement

- How often are supervisory visits carried out
- Have residents been moved to other facilities in consequence of supervisory visits

Supervisory visits carried out by approving authorities

- Supervisory visits carried out due to continuous cooperation on the tasks
- Independence of the supervisory authority’s staff

4.9. Elementary schools (The "Folkeskole" – primary and lower secondary school, private independent schools, "The Efterskole" – post-secondary preparatory boarding school, and boarding schools)

Legal basis

The central rules for monitoring visits to elementary schools are as follows:

- The Constitutional Act, particularly section 76
- ECHR, particularly Articles 3, 8, 9, 10 and 14 and Protocol No. 1, Article 2
- The EU Charter on Fundamental Rights, particularly Articles 4, 7, 10, 11, 14 and 21
- The UN Convention on the Rights of the Child, particularly Articles 2, 12, 13, 14, 16, 28, 29 and 37
- The UN Convention against Torture, notably Articles 2 and 16
- The UN Convention on the Rights of Persons with Disabilities, particularly Article 15
- The Folkeskole Act, "Folkeskoleloven", (Consolidated Act No. 521 of 27 May 2013)
- Act on the Private, Independent Schools (Consolidated Act No. 166 of 25 February 2013 with the amendments following from Consolidated Act No. 274 of 19 March 2013)
- Act on Youth Schools, "Ungdomsskoleloven", (Consolidated Act No. 997 of 8 October 2004 with later amendments)
- Act on Boarding Schools (Consolidated Act No. 689 of 22 June 2011 with later amendments)
- Act on Youth Study Programmes for adolescents with special needs (Consolidated Act No. 1031 of 23 August 2013)
- Statutory Order on measures for the encouragement of orderly manners in the primary and lower secondary school (Consolidated Act No. 320 of 26 March 2010)
- Statutory Order on pupils' absence from lessons at the Folkeskole (Statutory Order No. 822 of 26 July 2004 with the amendments following from Statutory Order No. 773 of 25 June 2010)
- Statutory Order on procedural rules in connection with a pupil's exemption from Christianity lessons at the Folkeskole (primary and lower secondary school) (Statutory Order No. 809 of 16 July 2004).
- Statutory Order on supervision of pupils at the Folkeskole during school hours (Statutory Order No. 38 of 10 January 1995)
- Guidelines on supervision of pupils at the Folkeskole during school hours (Code of guidance No. 10 of 10 January 1995)

- Guidelines on fulfilment of compulsory school attendance at private, independent schools and private primary schools and supervision hereof (Code of guidance No. 145 of 23 July 2001)
- Regulations laid down by non-statutory implied authorities

Focus areas

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

- Relations
- Disciplinary measures and informal initiatives
- Education

Check-up procedures

The focus areas may be investigated by obtaining information about the following, prior to the visit:

- Written guidelines on policy against bullying, if any
- School rules
- Information about sanctions in the form of expulsion from lessons, transfer to another class or school during the last 3 years
- Number of notifications to the social authorities during the last 3 years
- Type of school
- Ownership (public/independent/private)
- Staffing (number of pupils and employees)
- Test results (section 13 a of the Folkeskole Act)
- The municipality's quality report (section 40 a of the Folkeskole Act)
- The school board's Annual Report (section 44, subsection 12, of the Folkeskole Act)
- The school's curriculum (section 10 of the Folkeskole Act)
- Possible general reports on the Folkeskole (primary and lower secondary school) from the evaluation and quality council (section 57 b, subsection 2 and 3, of the Folkeskole Act)
- Staff list (number of staff, personnel groups, training and length of service), if available

A brief report (2 pages at maximum) on:

- Essential, problematic incidents at the school during the last year
- Main challenges (with the exception of economy) which the school has faced within the last year

- Use of temporary staff substitutes

During the visit, the focus areas may be elucidated by asking for information about the following:

Relations

Parental cooperation

- Collections between parents (section 50, subsection 8 and 9, of the Folkeskole Act)
- School board
- Language problems/assistance from an interpreter
- Conflicts among parents

Relations among pupils

- Policy against bullying
- Tone of communication
- Assault
- Policy in connection with sexual offences

Relations among pupils and teachers

- Tone of communication
- Assault
- Policy in connection with sexual offences

Relations among teachers

- Tone of communication
- Cooperation on education and educational theory and practice

Disciplinary measures and informal initiatives

- Handling of noisy/violent pupils
- Reporting of offences to the police
- Administration of Statutory Order No. 320 of 26 March 2010 about measures for the encouragement of orderly manners in the primary and lower secondary school (use of sanctions, section 6 of the statutory order, detention, expulsion, transfer and leaving school)
- Administration of regulations laid down by non-statutory implied authorities
- Vandalism

Lessons

- Contents and organising

Other possible subjects

Conditions of buildings, etc.

- Construction year/inauguration year, fire alarms and smoke detectors, etc.
- Classrooms
- Sports room (bathing facilities and locker rooms)
- Library and IT facilities (computer access, internet)
- Lavatory facilities
- Other joint facilities
- Outdoor areas (playgrounds, playing fields, security, separation of young and old pupils, supervision, etc.)
- Classrooms, leisure time facilities, kitchens, lavatories and bathroom facilities at continuation schools and boarding schools

Pupil composition

- Number of pupils
- Age of pupils
- Ethnicity (possible language problems/Danish as second language, section 5, subsection 7 and 8, of the Folkeskole Act)
- Education of pupils with special needs (sections 20-22 of the Folkeskole Act, how is the school effecting inclusion and pupil participation, cf. section 12, subsection 2, and section 19 d, subsection 8, of the Folkeskole Act)
- Absence (registered pupils who never show up)
- Assistance to pre-school children (section 4 of the Folkeskole Act)
- Pupil- and training plans (section 13 b of the Folkeskole Act) and guidelines on the individual pupil (section 13, subsection 2, of the Folkeskole Act)
- Pupils finishing school after grade 7 (section 33, subsection 4 and 5, of the Folkeskole Act)

Staff

- Number of employees
- Skilled (studies at a teacher-training college, merit educated), unskilled temporary staff substitutes (section 28 of the Folkeskole Act)
- Staff turnover
- Extent of absence due to illness (related to work)
- Staff policy (supplementary training, personal development reviews)

Educational theory and practice

- Cooperation between teacher and pupil about fulfilment of objectives (section 18, subsection 4, of the Folkeskole Act)
- Involvement of pupils in the headmaster's work with regard to security and health (section 45, subsection 5, of the Folkeskole Act)
- Pupil democracy (section 46, subsection 2, of the Folkeskole Act)
- School magazine

After-school care facilities

- Number of children and composition of the children's group (children with special needs, inclusion)
- Staffing (number of employees, education, turnover, illness, etc.)
- Premises (same or other premises than classrooms)
- Activities offered (learning and play)

Health conditions

- Children with special needs (for instance management of medicine for children who are unable to manage their medication and involvement of the social authorities in connection with problems relating to substance abuse
- Staffing level of physicians, experience
- Staffing level of other healthcare professionals
- Consistency of treatment (through care)
- Access to general practitioner/medical specialist/dentist/psychologist, etc.
- Prescription and administration of medicine
- Record-keeping and other types of documentation
- Cooperation regarding children
- Assault (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- User satisfaction

Other conditions

- Security (playgrounds, sports, excursion, etc.)
- Smoking
- School meals (section 44, subsection 9, of the Folkeskole Act)
- Payment for educational material

4.10. Day-care facilities

Legal basis

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

- ECHR, in particular Article 8
- The UN Convention on the Rights of the Child, in particular Articles 12 and 16
- The EU Charter on Fundamental Rights, in particular Article 7
- The Day-Care Facilities Act (Consolidated Act No. 668 of 17 June 2011 about day-care, leisure time and club facilities, etc. for children and adolescents with later amendments)
- Statutory Order on day-care facilities (statutory order No. 868 of 24 June 2010 about day-care, leisure time and club facilities, etc. for children and adolescents as amended by statutory order No. 523 of 6 June 2012)
- Administration of regulations laid down by non-statutory implied authorities
- Guidelines on day-care facilities, after-school centres and club facilities (Code of guidance No. 31 of 6 May 2009 as amended by Code of guidance No. 9 of 29 January 2010)

Focus areas

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

- Relations

Check-up procedures

The focus areas may be investigated by obtaining information about the following prior to the visit:

- Composition of the children's group (age, gender, ethnicity, children with special needs)
- Staffing, including specially trained staff for children with special needs
- Ownership (public/independent/private)
- Educational teaching plans and follow-up (section 8, subsection 1 and 2, and section 9 of the Day-Care Facilities Act)
- Evaluation of the children's environment at leisure time facilities (sections 46 and 47 of the Day-Care Facilities Act)
- Reports from the central evaluation and adviser function (section 18 of the Day-Care Facilities Act)
- A list of local staff policy (number of employees, personnel groups, training and length of service, if available)

A brief report (2 pages at maximum) on:

- Essential, problematic incidents which the day-care facilities have faced during the last year
- Main challenges (with the exception of economy) which the day-care facilities have faced within the last year
- Use of temporary staff substitutes

During the visit, the focus areas may be elucidated by asking for information about the following:

Relations

Parental cooperation

- School board
- Language problems/assistance from an interpreter
- Children where the parents are in conflict with each other
- Management of reports on issues of concern

Other possible subjects

Condition of buildings

- Date of construction/inauguration, fire code, smoke detectors and other security measures
- Rooms
- Lavatory facilities
- Activity rooms
- Other free spaces
- Outdoor areas (playgrounds, security, supervision, etc.)

Composition of children

- Ethnicity (assessment and stimulation of language, section 15 of the Day-Care Facilities Act)
- General awareness of children with special needs (reports on issues of concern)

Staffing

- Skilled/unskilled, temporary staff substitutes
- Child protection certificates
- Staff turnover
- Illness
- Staff policy (supplementary training, personal development reviews)

Educational theory and practice

- Involvement of the children (section 7, subsection 4, section 45, subsection 4, and section 65 of the Day-Care Facilities Act)

Health conditions

- Consistency of treatment (through care)
- Management and administration of medicine
- Record-keeping and other types documentation
- Children with special needs
- Assault (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- User satisfaction
- Cooperation with the health visitor

School meals

- Institutional system/parental arrangement (sections 15a, 16b, 17 and 51 of the Day-Care Facilities Act)

4.11. Asylum centres

Legal basis

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

- ECHR, in particular Articles 2, 3, 5, 8, 9, 10 and 14 and Protocol No. 1, Article 2, and Protocol No. 4, Article 2
- The EU Charter on Fundamental Rights, in particular Articles 2, 4, 6, 7, 10, 11, 14 and 21
- The UN Convention on the Rights of the Child, particularly Articles 2, 6, 9, 12, 13, 14, 16, 19, 22, 24, 28 and 37
- The UN Convention against Torture, in particular Articles 2 and 16
- The UN Refugee Convention
- The UN Convention on the Rights of Persons with Disabilities, in particular Articles 14 and 15
- The Danish Aliens Act, in particular sections 36, 42 a and 42 c-g
- Contract between the Danish Immigration Service and Red Cross or a municipality (see appendix 9 of the contract regarding current guidelines and regulations)

Focus areas

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

- Use of force
- Health conditions
- Relations

Check-up procedures

The focus areas may be investigated by obtaining information about the following, prior to the visit:

- Contract with resident
- Composition (age, gender, level of function, ethnicity, arrival at the centre)
- A list of the centre's staffing (number of employees, personnel groups, training and length of service), if available
- Previous monitoring reports

A brief report (2 pages at maximum) on:

- How does the centre prevent that the residents are put into inhumane or degrading situations
- Essential, problematic incidents which the centre has faced during the last year
- Main challenges (with the exception of economy) which the centre has faced within the last year
- How is the residents' access to a general practitioner organised

- Use of temporary staff substitutes

During the visit, the focus areas may be elucidated by asking for information about the following:

Use of power
- Registration, reporting and assessment
- Problems (care, education, etc.)
- Staff knowledge of regulations and guidelines
- Typical cases of use of power

Health conditions
- Staffing level of physicians, experience
- Staffing level of other healthcare professionals
- Consistency of treatment (through care)
- Access to general practitioner/medical specialist/dentist/psychologist, etc.
- Medicine prescription and management thereof
- Record-keeping and other types of documentation
- In-house treatment options
- Statistics of illness and disease prevention
- Cooperation regarding residents
- Use of force and coercive measures
- Residents with special needs
- Assault (registration and prevention)
- Suicide attempts (registration and prevention)
- Hygiene within the institution
- Food, exercise, health-promoting initiatives
- Resident satisfaction

Relations
Relations among residents and staff as well as among the residents themselves
- Relations among residents and staff
- Violent or aggressive behaviour (towards staff, strangers, other residents)
- Relations among residents
- Relations with staff/contact person (home versus place of work, respect)
- Reporting of assault to the police
- Discriminatory practices
- Conflicts
- Processing of complaints

- Management of special needs, including disability and psychiatric disorder
- Handling of strong and weak residents
- Is it customary to knock on a resident's door before a staff member enters the resident's room?
- Information upon arrival
- Tone among staff and residents
- What is the procedure at the asylum centre, for instance if a resident has a physical injury upon arrival or is physically injured during the resident's stay at the asylum centre
- Are residents receiving any assistance, for instance when writing a complaint, and, if so, how do they obtain assistance
- Interpretation
- Supplementary training, including, for instance, handling of residents with special needs, including a psychiatric disorder
- Handling of attempted suicides and suicidal residents

Relations among the staff and with relatives/network and the local community

- Contact to and involvement of relatives
- Conflicts and cooperation

Asylum centres where children and adolescents stay

- Families with small children
- Childcare and activities for children and adolescents
- Involvement of children and adolescents
- Contact to parents
- Education, etc.
- Children at risk of neglect
- Unaccompanied children

Other possible subjects

- Condition of buildings, including rooms, lavatories and bathroom facilities, joint and leisure time facilities, kitchen, smoking areas, outdoor areas, maintenance, cleaning standard and hygiene
- Employment and leisure time activities
- Alcohol and narcotics
- Residents' influence
- Sexual behaviour (advising, guidance, conflicts)
- Keeping of cleaning materials

- Temporary staff substitutes and on-call system at centres where residents with special needs and children stay
- Staff policy (training policy, absence due to illness in connection with assault, etc.)
- Fire safety and emergency plan
- System of supervision
- The residents' financial situation
- Transfer between centres

4.12. Other types of institution

The above-mentioned focus areas and check-up procedures are related to institutions which are normally visited by the Ombudsman.

There are, however, many other institutions which the Ombudsman may wish to pay a visit, for instance hospitals, upper secondary schools, vocational/technical schools, university colleges and universities. The Ombudsman has decided not to prepare focus areas and check-up procedures for these types of institutions. If the Ombudsman decides to pay a visit to an institution where no focus areas or check-up procedures have been prepared, the Ombudsman will investigate his legal basis prior to the visit and carry out the visit based on the focus areas and check-up procedures which have been prepared previously.

5. Planning and implementation of the monitoring visits

5.1. Planning

An overall visiting plan for all of the Ombudsman's monitoring visits is drawn up annually. The visiting plan must allow time for spontaneous visits. With respect to OPCAT monitoring visits, the plan is presented to the Danish Institute for Human Rights and DIGNITY – Danish Institute against Torture. In areas where people can be administratively detained, the Ombudsman will coordinate the plan with the Danish Parliament's Supervisory Board in accordance with section 71 of the Constitutional Act. Coordination with citizens' advisers may also take place. When deciding which places to visit, the Ombudsman may also include appeals from for example users of institutions or (former) employees to visit particular institutions.

Prior to putting together the visiting plan, the Ombudsman will select – in cooperation with the Danish Institute for Human Rights and DIGNITY, Danish Institute against Torture – which themes he will use the visits to examine in that particular year. The themes may be for instance conditions for women in prisons or children or juveniles who are deprived of their liberty. The purpose of selecting such themes is among others things to put resources to maximum use, to make cross-disciplinary comparisons and to gather information also about practices, including best practices, in the individual sectors. The majority of the year's visits falls within those themes which the Ombudsman has selected for that year. There will, however, also usually be visits which fall outside the selected themes.

Generally, the institution and the supervisory authority or regulatory agency are notified of the monitoring visit beforehand. The advantage of announcing the visits is among other things that the visiting team has the opportunity of obtaining information from the institution prior to the visit and that the relevant persons are present at the institution on the day of the visit. The institutions are usually notified 4-6 weeks in advance of the visit. In special cases, particularly in connection with OPCAT visits, an unannounced visit may take place. The relevant institution is usually notified by telephone with a view to establishing a time for the visit, and to clarify any questions. The telephone call is followed by a letter to the institution. At the same time, an informative notification letter is sent to the supervisory authority or regulatory agency with a copy of the letter to the institution.

Prior to announcing the visit, the visiting team will gather relevant information about the institution in question from the institution's website, etc. In addition, if this is an institution which the Ombudsman has visited before, the report from the previous visit

will be studied. Reports from the European Committee for the Prevention of Torture are also included. Furthermore, the Ombudsman will check whether he has previously received complaints or other communications regarding the institution. If, prior to the visit, the Ombudsman is informed that a specific person wishes to speak with him during the visit, the Ombudsman will also check whether that person has written to him in the past.

In the letter the monitoring team will brief the institution on the basis for and the purpose of the monitoring visit. Unless there is specific reason for singling out the institution for a visit, the letter will say that this is not the case but that the visit is part of the Ombudsman's general monitoring visit activities. The institution is also informed that more details about the Ombudsman's monitoring activities can be accessed at the Ombudsman's website. The monitoring team proposes a draft programme for the monitoring visit and asks the institution to notify the institution's users and staff of the visit. A notice for the users is enclosed/attached which informs the users that they can have a talk with the monitoring team during the visit.

In the letter the monitoring team also asks the institution to forward various details prior to the visit. This means that the monitoring team will already have knowledge of the institution's particulars, including for example the institution's use of force. This will allow the team a better focus on those conditions which are of special relevance to this particular institution.

In the case of institutions falling under the Act on Social Services, the latest reports from the operational supervision and perhaps from the Medical Health Officer are obtained. Based on a specific assessment, reports from other supervisory authorities, etc. may also be obtained.

Generally, the Ombudsman will ask for the same information from all similar institutions during a monitoring year. At the same time it is clear that changes can be made, and that there may be special circumstances to be clarified at specific institution types/institutions.

In connection with monitoring visits for example statistical data may be gathered, just as the monitoring team may go through case records and ask for copies of particular case documents. Various details on the institutions' websites may also be included. In addition, the monitoring visits will focus on the legal framework for the treatment of the users.

5.2 Implementation

Monitoring visits are normally carried out by two legal officers but other specialists may, however, also participate. Thus, a physician from DIGNITY, Danish Institute Against Torture, will normally participate in OPCAT monitoring visits, while representatives from the Danish Institute for Human Rights participate in these visits when relevant. In connection with monitoring visits regarding children, a children's expert will normally be present. Monitoring visits can be headed by staff below managerial level. Some monitoring visits are headed by the director general or the Ombudsman himself.

Naturally, the course of the visits will depend on the type of institution being inspected and whether it is an institution-specific monitoring visit, an OPCAT monitoring visit or a monitoring visit regarding children – or perhaps a combination thereof.

Dialogue plays a large part in the visits. During its monitoring visit, the monitoring team makes a point of talking with all those who might shed a light on conditions at the institution. In practice during the visit, the team will talk particularly with the management, staff, health care professionals and users/residents/inmates, including any representatives of the users/residents. Interviews with users/residents/inmates, staff and health care professionals will usually take place without the presence of the management. In addition, the monitoring team may also talk with (representatives of) relatives. The team will secure consent from for example users if information from the interviews is to be relayed to the management.

The monitoring team will also go for a tour of (parts of) the facility. The tour allows the team to assess whether the physical framework for the users is acceptable based on more universal and humanitarian standards. Furthermore, the tour will give an impression of the atmosphere and daily routines at the institution. Photos may be taken to aid the memory and perhaps also for use as documentation of the physical conditions.

A monitoring visit normally starts with a meeting with the management and staff representatives. Discussions at the meeting normally start with the focus areas and the information which the team has obtained prior to the visit. For instance the tone at the institution is usually discussed. Specific episodes at the institution may also be discussed. Normally, questions are also asked about other matters not included in the focus areas. The introductory discussion with the management should usually also include information about the management's view of the institution's objectives and about the treatment-oriented principles and methods used at the institution.

The next step is usually a tour of the facility followed by interviews with the staff, health care professionals and users, including any representatives for the users. During the tour, the visiting team will often ask more questions and will also frequently talk with the, e.g., the staff and users the team meets during the tour. Together with the team's other observations, the information and knowledge gained from the tour will be used in several ways.

The visit concludes with a meeting with the management and any staff representatives. During the meeting the visiting team will relay relevant information to the management, such as specific complaints or wishes from the users. Some questions are sought clarified and may be resolved at the meeting. Other questions are included at the report stage of the monitoring case.

The visiting team will also give the management verbal and initial feedback on the team's observations during the visit.

The meeting may also include discussion of more general problems, for example the 2cooperation between the facility and other sectors, such as municipalities, police and the psychiatric sector.

The information may also be used as a basis for making for example recommendations or other remarks to the facility and the responsible authorities.

Most recommendations and remarks can often be made verbally at the concluding meeting. At the concluding meeting the visiting team may also just mention matters which the team has noticed during the visit, for example how the authorities register episodes of violence and threats.

In the case of monitoring visits to the facilities of the Prison and Probation Service, where all facilities have been inspected before, the monitoring visit may proceed in a different (more limited) fashion. For example inspection of the buildings may only be included if interviews or general information give cause to do so.

5.3. Co-operation with other supervisory authorities

A large number of other authorities supervise the institutions which are subject to the Ombudsman's monitoring visits. These are among others Parliament's Supervisory Board in accordance with section 71 of the Constitutional Act, the municipalities' supervision of those children and juveniles whom they have placed in institutions, the municipalities' and regions' supervision of operations at social care institutions,

municipal fire and building authorities, the Working Environment Authority, the Veterinary and Food Administration, the Integration and Social Affairs Ministry, the social complaints boards, the National Social Appeals Board, the medical health officers and the supervision of the Social Services Gateway by the National Board of Social Services.

The Ombudsman considers all matters which are included in the Ombudsman's jurisdiction, set of values and objectives together with focus areas, etc. even when other supervisory authorities also consider the same matters. It is also clear that the Ombudsman cooperates with other supervisory authorities, that those supervisory authorities usually falls under the Ombudsman's jurisdiction, and that as a general rule the Ombudsman will not examine specific matters which are already being investigated by another authority.

6. Follow-up

6.1. Reporting

If the monitoring visit does not give cause for suggestions, criticism, recommendations or other written comments, the Ombudsman will conclude the visit with a case note on key issues and a brief closing letter to the authorities with a description of the visit and the Ombudsman's assessment of conditions. Recommendations and remarks given verbally at the concluding meeting and in which the responsible authorities concur and will follow, will usually not be included in the closing letter about the monitoring visit but only in the case note thereon.

In some instances, a specific problem is not solved during the visit, and the Ombudsman will sometimes then telephone the institution after the visit and ask what action the institution has taken – or will take – to solve the problem. If the issue is solved through such a telephone call, the Ombudsman will not normally have grounds for writing about it to the responsible authorities. However, the Ombudsman will mention the solution found to the problem in his concluding letter to the institution.

Should the monitoring visit give cause to the possibility of making suggestions, criticism, recommendations or other written remarks, the Ombudsman will ask the authorities for a written statement before deciding if he has grounds for making suggestions, criticism, recommendations or other written remarks. Once the authorities' statement is available, a report or a letter is composed and sent to the authorities. The institution is asked to notify the users of the content of the letter to the institution.

The Ombudsman reports on the monitoring visits and notifies the Danish Parliament and relevant international bodies.

6.2. Other follow-up activities

When the case on the monitoring visit has been concluded, the Ombudsman will follow up on the case if this is deemed relevant according to a specific assessment.

The Ombudsman will decide in each specific case where to direct his follow-up. In some instances, it is most appropriate to follow up in relation to the individual institution and/or the supervisory authority, for example in the case of matters which only concerns that institution. In other cases, it makes better sense to follow up in relation to the regulatory authority in the field. This may for instance be the case if the subject is structural problems of importance to one or more institution types.

The follow-up can be done in several different ways, and the Ombudsman will again decide in each specific monitoring case how to proceed.

During a monitoring visit the visiting teams may for example notice problems which are subsequently addressed in new monitoring visits. These may be new visits to other institutions or institution types or they may be follow-up visit to the same institution. At the end of a monitoring visit, the Ombudsman will for instance assess whether there are grounds for revisiting the institution within a short time.

Information received by the Ombudsman as part of a monitoring visit may, in addition, form the basis for an own-initiative case by the Ombudsman. This may for instance be the case if the information concerns general issues which do not only pertain to the specific institution.

In some instances, the Ombudsman will invite the responsible central authority to a meeting for discussion of relevant issues. In cooperation with DIGNITY (Danish Institute against Torture) and the Danish Institute for Human Rights, the Ombudsman holds such meetings at regular intervals with the Department of the Prisons and Probation Service. The Ombudsman may also on an ad hoc basis invite a responsible authority to a meeting regarding a general issue if, for instance, a number of visits to similar institutions show that there may be some doubt about a particular wide-spread practice in the field.

The interviews with the users during the visit may comprise both general matters and the users' own personal circumstances. If issues are raised during the talks with the institution's users, etc., including representatives for the users, those individuals will not, as a general rule, receive a written reply after the visit to the questions they have raised, and they are informed of this during the interview. If the users complain during the interview of the treatment they themselves are subjected to, the Ombudsman may open specific cases which are processed as ordinary complaint cases.

Appendix to the Report on Monitoring Activities

4.1. State prisons

Statsfængslet Vridsløselille (state prison), 27 and 28 February 2013
Vestre Fængsels Hospital (prison hospital), 16 May 2013
Statsfængslet Renbæk (state prison), 1 and 2 July 2013
Anstalten for domfældte i Tasiilaq (correctional institution, Tassilaq, Greenland), 29 August 2013
Anstalten for domfældte i Nuuk (correctional institution, Nuuk, Green6land), 1 September 2013
Anstalten for domfældte i Aasiaat (correctional institution, Asiaat, Greenland), 2 September 2013
Anstalten for domfældte i Kangerlussuaq (correctional institution, Kangerlussuaq, Greenland), 3 September 2013
Statsfængslet ved Sdr. Omme (state prison), 30 and 31 October 2013

4.2. Local prisons and local prison units

Slagelse, local prison, 8 January 2013
Ringsted, local prison, 15 January 2013
Odense, local prison, 27 February 2013
Herning, local prison, 20 March 2013
Arrestafdelingen i Jyderup, local prison unit, 27 May 2013
Silkeborg, local prison, 18 June 2013
Arresthuset i Nykøbing Falster, local prison, 3 September 2013
Arresthuset i Viborg, local prison, 12 September 2013
Arresthuset i Randers, local prison, 13 September 2013
Police Headquarters Prison, 27 March 2013

4.3. Halfway houses administered by the Department of the Prison and Probation Service

Pensionen Lyng, 21 March 2013
Pensionen Lyng (re-visit), 21 March 2013
Pensionen Avedøre, Kastanienborg, 5 March 2013

4.4. Police custody cells

Odense, 27 February 2013
Esbjerg, 19 June 2013
Tasiilaq (Greenland), 30 August
Kulusuk (Greenland), 31 August 2013

Nuuk (Greenland), 31 August 2013
Aasiaat (Greenland), 2 September 2013
Kangerlussuag (Greenland), 3 September 2013
Aalborg, 19 September 2013
Rønne, 17 June 2013

4.5. Police station holding rooms

4.6. Psychiatric healthcare, including community mental healthcare

Psykiatrisk sengeafsnit Frederikshavn N7 (psychiatric ward), 23 January 2013
Fredericia Lokalpsykiatri (local mental healthcare services), 11 March 2013
Psykiatrisk Afdeling Kolding (psychiatric unit), 12 March 2013
Distriktspsykiatrien Slagelse (district mental healthcare services), 8 April 2013
Psykiatrisk Akutmodtagelse and Afsnit V1 – Psykiatrien Vest, Slagelse (psychiatric emergency room and psychiatric unit), 8 April 2013
DSI Midtgården (substance abuse treatment centre), 19 June 2013
Regionspsykiatrien Silkeborg – Akut døgntilbud (regional mental healthcare services, emergency residential accommodation), 27 August 2013
Psykiatrisk Afdeling N8 I Thisted (psychiatric unit), 18 September 2013
Randers Psykiatriske Afdeling (E1 + E2), (psychiatric unit), 10 March 2013
Psykiatrisk Sengeafsnit S5 and S6 – Aalborg University Hospital (psychiatric wards), 9 April 2013
Psykiatrisk Center Frederiksberg (psykiatric centre), 8 April 2013
Psychiatric wards in Middelfart and Odense, 7-9 April 2013
Psykiatrisk Center Skt. Hans (psychiatric centre), 26-27 May 2013
Psykiatrisk Center Bornholm (psychiatric centre), 16 June 2013
Psykiatrisk Center Hvidovre – Afsnit 809 and 811 (psychiatric centre, wards), 11 June 2013

4.7. Accommodation facilities for adults

Abildparken (nursing home in Frederikshavn), 22 January 2013
Boformen Hedebo, 24 January 2013
Kysten, 20 February 2013
Sønderbjerggaard, 22 February 2013
Marielund, Kolding Socialpsykiatrisk Center, 13 March 2013
Fonden Klippen, 20 March 2013
Damkjærgaard ApS (run by a private limited company), 3 April 2013
Nørholm-Kollegiet, 4-5 April 2013
Østergården Slagelse, 9 April 2013

Bo- og Støttecenter Saxenhøj, 11 April 2013
Kongens Ø, 16 May 2013
Hedegaard, 22 May 2013
Sødisbakke, 23 May 2013
Ørum Bo- og Aktivitetscenter, 24 May 2013
Alfa-Fredensborg, 30 May 2013
Botilbuddet Hinge in Silkeborg, 28 August 2013
DSI Stenild Omsorgshjem, 28 October 2013
Fonden Chiligruppen, 29 October 2013
Bostedet Børsholt, 17 February 2014
Bostedet Vendelbo, 18 February 2014
Botilbud Ebberød, 20 February 2014
Lavendelvej, 11 March 014
Solvang, 21 May 2014
Johannes Hages Hus, 19 June 2014

4.8. Residential institutions and accommodation facilities for children and adolescents, foster families

Behandlingshjemmet Donekrogen, residential institution, 12 December 2013
Tippen, residential institution, 15 January 2013
Nødebogård, treatment and educational institution, 6 February 2013
Norddjurs Børnecenter, residential and respite institution, 6 February 2013
Susanne and Jesper Petersen, foster family, Lolland Municipality, 13 March 2013
Yvonne and Peer Christensen, foster family, Tønder Municipality, 3 April 2013
Børnecenter Døgn, residential institution, Esbjerg Municipality, 4 April 2013
Bagsværd Observationshjem, assessment and treatment centre, 7 May 2013
Døgncenteret I Aarhus, children's home and family institution, 15 May 2013
Den sikrede institution Kompasset in Brønderslev, secure institution, 2 October 2013
Tagkærgaard, Misbrugsbehandling for drenge (abuse treatment for boys), Kolding Municipality, 22 October 2013
Bjerget, Misbrugsbehandling for piger (abuse treatment for girls), Faabord-Midtfyn Municipality, 23 October 2013
Den Socialpædagogiske Døninstitution Sønderbro, secure institution, 30 January 2014
Familieinstitutionen Skovvænge, 11 March 2014
Den sikrede døgninstitution Koglen (secure residential institution) 27 March 2014
Fonden Ulvskov, 29 April 2014
Fonden Bryggergården, 30 April 2014
Kanonen, 27 May 2014

4.9. Elementary schools (primary and lower secondary schools, private independent schools, continuation schools, boarding schools)

4.10. Day-care facilities for children

4.11. Asylum centres

Brovst Asylcenter, 1 October 2013

Asylcenteret Kongelunden, 26 February 2013

4.12. Other categories of institutions

Kofoedsminde (special institution for the mentally retarded), 14-15 March 2013

Behandlingscenter Hammer Bakker (treatment centre), 17 September 2013

DSI Springbrættet, 28 October 2013

Slusen, detoxification centre under Springbrættet (see above), 29 October 2013

Vesterled in Horsens (treatment facility for the socially vulnerable), 12 November 2013

Misbrugsinstitution Højløkke Behandlingscenter in Korning (rehab centre), 13 November 2013

Misbrugsinstitution Toftehuset Bo- og Behandlingstilbud (rehab centre), 9 December 2013

Misbrugsinstitution Sydgården (rehab centre), 10 December 2013

Misbrugsinstitution Behandlingscenter Stien (rehab centre), 11 December 2013

4.13. Accessibility for the physically disabled

Rigshospitalet (Copenhagen University Hospital), 22 May 2013

Accessibility in connection with municipal election, Næstved Municipality, Herlufsholm Hallen, 19 November 2013

Accessibility in connection with municipal election, Guldborgsund Municipality, Lindeskovskolen, 19 November 2013

Accessibility at road lay-bys, 12 June 2014

Rosborg Gymnasium (upper secondary school), 13 June 2014