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Response

of the Swedish Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Sweden

from 18 to 29 January 2021

The Government of Sweden has requested the publication of this response. The CPT's report on the 2021 visit to Sweden is set out in document CPT/Inf (2021) 20.

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Ministry of Justice
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The Swedish Government's response to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Sweden from 18 to 29 January 2021

Sweden's response to the Covid-19 pandemic in places of deprivation of liberty

7. The CPT would welcome the Swedish authorities' further observations on this subject. Further, the Committee would like to be informed about the Covid-19 vaccination programme for staff and persons held in places of deprivation of liberty in Sweden.

The overall strategy to combat covid-19 in Sweden is to minimise mortality and morbidity in the entire population and to minimise other negative consequences for individuals and the society as a whole[1]. To achieve these goals, medical and non-medical measures and communication efforts are used. Sweden's approach to combat covid-19 aims to slow down the spread of the virus so as not to overwhelm the healthcare system and to protect the most vulnerable groups in society. The work is based on the Communicable Diseases Act (2004:168), which entails a legal obligation for the individual not to spread disease, and other legal frameworks for the protection of public health, e.g. the Swedish Public Order Act (1993:1617). The Government has also adopted a temporary act to prevent the spread of covid-19 (2021:4).

The Swedish public health work is based on a strong tradition of voluntary measures with an emphasis on individual responsibility. Therefore, in the management of the pandemic, a combination of legally binding rules and recommendations is applied. Contact tracing, testing, hygiene and protective measures and physical distancing are used and adapted as the pandemic goes through different phases. Developments are carefully monitored in order to implement the right measures at the right time.

The Swedish crisis preparedness is based on three principles - the principle of responsibility, the principle of equality and the principle of proximity. These principles in sum means that the regular responsibilities of different actors, such as the regions and the national authorities, also apply during civilian crises. Consequently, the regions have the primary responsibility for the organisation, planning and follow-up of the healthcare system in their area of responsibility also during the covid-19-pandemic.

[1] See also the letter of 30 April 2020 from Sweden to the CPT.

The previously mentioned temporary act to prevent the spread of covid-19 entered into force on 10 January 2021 and is in effect until no later than the 31 May 2022. The legislation is intended to give the Government the authority to adopt more binding communicable disease control measures than was previously possible. The act allows accurate measures, adapted to the conditions of different settings, and aims at not unnecessarily hinder activities that can be conducted in an infection-safe manner. According to the act the Government and designated authorities can decide on infection control measures in a more well-balanced way, for example in gyms, sports facilities, libraries, museums, shopping centres and public transports. The act not only makes it possible to limit visitor numbers and change opening hours to prevent crowding, but also enables the Government to limit people's use of public spaces. All these measures aim at reducing spread of covid-19 in society, which is crucial also in order to prevent the spread of disease in closed institutions. The act also gives the Swedish Public Health Agency the right to issue regulations and recommendations to further prevent the spread of covid-19. For healthcare under the auspices of the regions and municipalities, the regulations of the Swedish National Board of Health and Welfare also apply.

Contact tracing, testing and vaccinations have also been a central part of the Swedish covid-19 strategy. In March 2020 the Government declared that the state would cover all "extraordinary measures and additional costs" within the healthcare system linked to the covid-19-virus. Significant resources have thus been allocated to municipalities and regions for additional costs that covid-19 has entailed in order to mitigate the consequences caused by the pandemic. The regions have also been allocated large resources to be able to carry out large-scale testing and infection tracing as well as vaccinations.

It follows from different regulations, guidelines and instructions, from e.g. the National Board of Health and Welfare and the Swedish Work Environment Authority, that authorities, closed institutions and establishments responsible for persons deprived of their liberty, should have routines in place for the prevention of covid-19-infection and perform risk assessments. The Swedish Police Authority, the Swedish Prison and Probation Service (SPPS) as well as the regions have continuously followed and implemented them accordingly. The authorities and regions have adapted the implementation measures to the specific situation at the

authority and therefore they vary to some extent. A brief overview of some of the measures are presented as follows.

Testing

With respect to the concern regarding the lack of testing of both detained persons and personnel, the Swedish Government would like to further explain the Swedish approach to this matter and how it is reflected in some of the closed institutions.

Early detection of an ongoing covid-19-infection is and has been an important part of the Swedish systematic infection control work in order to reduce the spread of infection. Sweden has independent administrative authorities, and it follows from the Communicable Diseases Act that the Public Health Agency is responsible for coordinating communicable disease prevention at the national level and must take the initiatives required to maintain effective communicable disease control. As previously mentioned the regions have the main responsibility for testing. According to the Health and Medical Services Act (2017: 30) and the Communicable Diseases Act, the regions are responsible for healthcare, as well as for sampling and analysis of generally dangerous and socially dangerous diseases. During 2020 and 2021 the Government has decided on several government assignments to the Public Health Agency in connection with the covid-19 pandemic i.a. to develop a national strategy to increase sampling for covid-19. One of the primary purposes of the strategy was to ensure that the need for sampling for covid-19 was addressed in healthcare, social care and institutional housing. Institutional housing refers to institutions where people live together, for example in the prison service, forensic psychiatry or the Swedish Migration Agency's accommodations.

To support the regions, the Public Health Agency was also commissioned by the Government to ensure flows for large-scale testing. The Government also signed an agreement on testing with Sweden's Municipalities and Regions (SKR) where it was agreed that the state would bear the costs for testing while the regions would carry out testing and infection tracing based on the Public Health Agency's recommendations. To ensure sufficient funds, the Government set aside a total of SEK 9.8 billion in 2020 and more then SEK 12,05 billion in 2021

In the initial phase of the pandemic, the SPPS had an inadequate supply of tests, just like the rest of society, but at present the supply of test materials is good. Through "Instructions for testing, infectious disease prevention and contact tracing – Covid-19", last updated on 27 September 2021, the SPPS has instructions on the cases in which the inmates shall be tested.

On 7 December 2020, the Public Health Agency published a guide on antigen tests to be carried out by healthcare personnel. After initiating a procurement procedure, healthcare companies in December 2020 began to be engaged to screen staff in prisons, remand prisons and probation offices where there were indications of a spread of a disease. On 19 April 2021, guidance regarding self-tests was issued by the Public Health Agency. The SPPS thereafter in May 2021 purchased self-tests (antigen tests that are carried out and interpreted by the person him- or herself). These tests are now used to screen all staff and to screen clients. Use of the tests is voluntary. Personnel at the SPPS shall stay at home in the event of symptoms.

The Police Authority has not carried out covid-19 testing of persons deprived of their liberty. If a person deprived of liberty has shown symptoms of covid-19, the person has been referred to the open healthcare system to provide or carry out testing.

The Police Authority has generally not offered covid-19 tests of personnel but referred them to the open healthcare. Exceptions have been made for certain groups, for example personnel stationed abroad.

As elsewhere, the healthcare regions are responsible for carrying out PCR tests, antigen tests and contact tracing regarding detainees at the Migration Agency's detention centres. Detainees at the Migration Agency's centres have been given priority for testing throughout the pandemic. In the beginning some regions helped testing the detention staff but as the pandemic progressed and the healthcare was overburdened, the staff were referred to the open healthcare.

Personal Protective Equipment

With respect to the concern regarding the lack of personal protective equipment (PPE) among staff working in close contact with inmates, the Swedish Government would like to further explain the Swedish approach to this matter and how it is reflected in some of the closed institutions.

In the spring of 2020 provisions aimed at limiting physical contact between people and to protect persons who are particularly vulnerable to infection were introduced. In addition to the general advice aiming at everyone in society the Public Health Agency also provided special general advice to, inter alia, the Swedish National Board of Institutional Care, SPPS and the Migration Agency in order to avoid the spread of covid-19. The recommendations included routines for how the institutions could prevent the spread of infection, activities regarding risk assessments as well as instructions on how personnel and residents could prevent the spread of infection.

The recommendations emphasized, in accordance with Swedish legislation, the employer's responsibility to systematically investigate and prevent work environment risks so that employees can work safely. The employer is inter alia obliged to identify the risks in different work steps and how they can be counteracted, for example by changing working methods or through personal protective equipment. Protective measures, such as personal protective equipment, should thus be based on the assessed risk in the current situation, and it is the head of operations that is obliged to ensure that personal protective equipment exist and is sufficient. The protective equipment can consist of for example goggles, visors, protective coats or mouth protection and respiratory protection. It should however be noted that personal protective equipment, such as masks, face shields and aprons were in limited supply in Sweden during the beginning of the pandemic. As the supply increased gradually all personnel within the institutions were recommended to wear personal protective equipment.

In 2020, there were no recommendations from the Public Health Agency that masks should be used in Swedish society to reduce the spread of infection. When the Public Health Agency in January 2021 subsequently issued recommendations regarding the use of masks, the SPPS' instructions were revised in this respect and, as of 27 January 2021, the staff close to the clients were instructed to use masks in certain situations, e.g., when social distancing was not possible.

For police officers, adequate protective equipment such as protective mask 90, visors, respiratory protection and tightly fitting glasses are available. The police regions have actively worked to provide detainee guards with intended protective equipment and regional information and training initiatives have

been implemented to minimize the risk of the spread of infection in the detention facilities. The Police Authority assesses that the decided measures have been relevant and known within the authority.

The Migration Agency's detention staff received recommendations, instruction videos and training on how to use respiratory protection, visors, aprons and gloves. Both alcohol-based hand disinfectants and surface disinfection were and are available at all premises. All detention centres have had access to protection equipment. The detention centres have received assistance and equipment from other units within the Agency. The Swedish Civil Contingencies Agency helped providing protective mask 90 when there was a shortage of common respiratory protection masks.

Vaccination
With respect to the request regarding information about the Swedish covid-19 vaccination program, the Swedish Government would like to further explain the Swedish vaccination strategy and how it is reflected in some of the closed institutions.

The regions are responsible for the vaccinations in Sweden, sometimes in cooperation with the government agencies. The distribution of vaccines in Sweden begun in December 2020.

Sweden offers vaccine, free of charge, to Swedish citizens and to people who have lived or resided in Sweden for a longer period of time. People seeking asylum or who are in Sweden without a permit are also offered free vaccination. The vaccinations are voluntary. As of 26 January 2022, 83,4 per cent of the population (12 years or older) have received 2 doses of vaccine against covid-19 and 43.4 per cent of the population (12 years or older) have received 3 doses of vaccine.

The principle followed when deciding the order of priority, based on recommendations from the Public Health Agency, was that those with the greatest need for protection received the vaccine first. Elderly individuals living in care homes, healthcare workers working with risk groups and adults living with someone in a risk group was offered vaccinations during the initial phase. In the second phase, other individuals aged 70 or older, adults who live with functional impairments as well as medical care professionals were vaccinated. In the third phase, other adults in the risk group were

vaccinated. Thereafter, everyone else was offered a vaccine in the fourth phase of vaccine distribution. This order of priority was also applied to staff and persons held in places of deprivation of liberty in Sweden and people in other closed institutions. In some regions, people who are deprived of their liberty are considered a prioritized group.

In so called LVM- homes, which treat individuals with serious problems of abuse of alcohol, controlled drugs and/or prescription drugs, an estimated 40 per cent of the clients have received two vaccine doses since their arrival at the institution. In special residential homes for young people an estimated 10 per cent of the clients have been vaccinated with two doses. The proportion varies greatly between homes depending on the target group's age and the cooperation with the region. The interest and motivation to get vaccinated also varies and often requires a lot of information and dialogue. Several communications efforts as well as strategic dialogues with the regions are ongoing to fulfil the Swedish National Board of Institutional Care's vaccination goal.

In January 2021, SPPS began to develop a vaccination plan for clients in prisons and remand prisons, with the objective to vaccinating inmates at the same pace as the rest of the population. After collaboration with the ones who were allocated vaccines, i.e. the Swedish Association of Local Authorities and Regions, the Swedish Civil Contingencies Agency and the 21 healthcare regions, a detailed plan was carried out.

The responsibility for who shall be vaccinated and at what time rests with the healthcare regions as they are the ones who received an allocation of vaccine. There have been differences between the 21 healthcare regions regarding when inmates at the SPPS have been prioritised for vaccination. Some healthcare regions have chosen to include the SPPS's clients in the third vaccination phase, as considered to be in a particularly vulnerable situation. The different approach between the regions has also affected the vaccination scheme at the different operating units. At some operating units, clients were vaccinated in the order oldest and sickest first and then the rest of the client population. At other operating units, everyone was vaccinated at the same time. However, in general clients at the SPPS have been vaccinated according to the phases that were prioritised in society at large.

The SPPS's personnel who work close to the clients and healthcare personnel are not covered by the SPPS's vaccination plan, but instead have been referred to the national vaccination plan[2].

Continued and future pandemic-response

With respect to the concerns regarding certain aspects of the management of covid-19 pandemic in closed institutions, the Swedish Government would like to account for some of the initiatives taken by the Government to continue and improve the readiness for the ongoing and possible future pandemics.

Since the covid-19 pandemic has continued to be a major challenge in Sweden as well as globally, the Swedish Government proposed major initiatives in the Budget Bill for 2022 to deal with the covid-19 pandemic, which the Swedish Parliament approved. Among other things, additional funding for vaccines and vaccinations, large-scale contact tracing and testing, as well as strengthening the capacity of public authorities that have key tasks in the management of the pandemic have been introduced. These initiatives will be reflected in closed institutions.

Furthermore, in order to analyse the measures taken to deal with the outbreak of the virus of covid-19 the Government has tasked a national commission to evaluate the measures taken by the Government, the relevant administrative authorities, the regions and the municipalities to limit the spread of the virus. The mission includes to evaluate how the crisis organization within the Government Offices, the administrative authorities, regions and municipalities has functioned during the pandemic, how the principle of responsibility and the geographical area responsibility have worked during the crisis as well as submit proposals for action. The final report will be presented to the Government no later than on 28 February 2022.

The Government has also appointed a special investigator that shall review the Communicable Diseases Act and analyse the need for new provisions for future pandemics. The investigator shall inter alia also investigate issues on

[2] Regarding vaccinations at special residential homes for young people, see the response under paragraph 92.

disease carrier allowance and infection control measures for certain groups in social services as well as in compulsory psychiatric and forensic care.

Police Establishments

10. The Committee recommends that the Swedish authorities remind all police officers that they should use no more force than is strictly necessary when carrying out an apprehension and, in particular, that whenever they deem it essential to handcuff a person at the time of apprehension or during the period of custody, the handcuffs should under no circumstances be excessively tight and should be applied only for as long as is strictly necessary.

The Swedish Police Authority have a training concept for police conflict management (Polkon). Polkon covers the training areas of basic tactics, service weapons (gun), conflict management with communication and with self-defence and some aspects of emergency medical care. This forms the Swedish Police's fundamental capability for police conflict management.

Police conflict management is part of the basic police training programme and of continuing professional education for all police officers. General principles of law, including the principle of proportionality, are integrated into both police methods and the training concept. Polkon, as part of the basic police training programme, extends across several terms and covers approximately 300 hours. Continuing professional education in the area of conflict management covers a total of 48 hours per year for all police officers involved in frontline activities. Continuing training regarding physical techniques and methods includes specific techniques and methods for putting on handcuffs. Handcuffs are used primarily on individuals who are prone to violence or likely to flee and they reduce the risk of injury to both the police officer and the person put in handcuffs.

12. The Committee calls upon the Swedish authorities to implement its long-standing recommendation that the possibility to delay the exercise of the right of notification of custody be more closely defined and made subject to appropriate safeguards, such as those enumerated above.

The CPT also reiterates its recommendation that detained persons be provided with feedback on whether it has been possible to notify a close relative or other person of the fact of their detention; this is still not systematically the case at present. Further, the relevant legislation and/or regulations should be completed so as to oblige the police to

record in writing whether or not notification of custody has been performed in each individual case, with the indication of the exact time of notification and the identity of the person who has been contacted. A waiver of the right to notify a relative or a third party should be systematically signed by the person deprived of his/her liberty if he/she does not wish to exercise that right.

A person who is deprived of his or her liberty has a statutory right[3] to have one of their closest relatives or someone else who is particularly close to them notified of the deprivation of their liberty as soon as possible. The leader of the preliminary investigation can decide to postpone a notification only if this is necessary to not significantly impede the investigation of the matter. Information on whether a relative or other close person has been notified of a deprivation of liberty or if such notification has not taken place or has been postponed must always be recorded in the preliminary investigation report[4]. There is a general obligation to record time and place in the report for measures taken in connection with the investigation[5].

In 2019, the Swedish Police Authority introduced a national digital custody suite register (DAF, "Digitalt ärendesystem av frihetsberövade"). The documentation, which is done digitally in the DAF-system, indicates whether the person who is deprived of liberty has requested to notify a close person of the detention or not, the name of the person he or she wishes to notify of the detention, the date and time when the notification took place and the name of staff who performed the task.

The DAF-system enables digital records on persons that are detained in accordance with the Code of Judicial Procedure (1942:740). Work is also underway to digitize the supervision carried out in police detention centres. The aim of the system is to contribute to increased legal certainty and uniformity for detained persons, as well as easier and more efficient handling of incidents that occur in the Swedish Police Authority's detention centres.

As indicated by the CPT report, there are issues regarding the practical application of existing rules. The findings of the CPT, indicate that there is a need to investigate the issue to what extent there is a systematic problem of

[3] Chapter 24, Section 21a of the Code of Judicial Procedure (1942:740).

[4] Section 20 of the Preliminary Investigations Ordinance (1947:948).

[5] Ibid.

delay. The Police Authority has initiated development work to address this issue.

13. The Committee again calls upon the Swedish authorities to take effective steps to ensure that the right of all detained persons to have access to a lawyer is fully effective as from the very outset of deprivation of liberty.

In addition, a record should be maintained of any request by a person deprived of his/her liberty by the police to see a lawyer and whether such a request was granted. A waiver of the right to legal assistance should be systematically signed by the person if he/she does not wish to exercise his/her right to access to a lawyer.

A suspect, regardless of whether he or she is deprived of his or her liberty, has the right to request a *public defence counsel* as soon as he or she is notified of the suspicion of a crime, i.e. before an interview is held about the matter It is also important to underline that a suspect always has the right to a *private defence counsel* regardless of the court's decision of appointing a public defence counsel[6]. As of 1 September 2020, there is a formalized system of readiness among the courts to appoint public defence counsels also on evenings and weekends. In other words, the question of the right to defence counsel comes up at a very early stage and should also be handled promptly in practice.

A suspected person that is deprived of his or her liberty has, in principle, an unconditional right to meet with his or her defence counsel in private[7]. This right applies from the very outset of deprivation of liberty. Persons detained by the police are informed of their rights at the outset of deprivation in police custody, including the right to appoint a defence counsel and the right to a *public* defence counsel under certain conditions[8]. The written information, "Information for suspects and those deprived of liberty", which shall be given to all persons deprived of their liberty, except for persons taken into custody for strong influence of alcohol or other intoxicants, states that "You are entitled to appoint a defence counsel on your own. In certain cases you are also entitled to get a public defence counsel if you request this

[6] Chapter 21, Section 3 of the Code of Judicial Procedure (1942:740).

[7] Chapter 21, Section 9 of the Code of Judicial Procedure (1942:740).

[8] Section 12 of the Preliminary Investigations Ordinance (1947:948).

or if it is assessed that you require one." The information also states "If you have questions based on this information, please contact the Police or your public defence counsel."

The digital reporting system (DAF) for detained persons enables documentation on whether or not information on rights, and thereby information regarding the right to a lawyer, has been given in each individual case.

In view of the findings of the report of the CPT, the Police Authority is reviewing the possibility of internally clarifying the application of the right of legal representation and possible activities to achieve higher efficiency regarding this issue.

14. The CPT reiterates its long-standing recommendation that the right of persons deprived of their liberty by the police to have access to a doctor be made the subject of a specific legal provision. Pending the adoption of such a provision, clear instructions should be issued to all police officers that they should never filter requests for medical assistance by persons in their custody.

According to the fifth chapter of the Detention Act (2010:611), the Police Authority has a statutory obligation to ensure detainees' access to adequate healthcare during detention in police custody, not least with regard to access to doctors if necessary. The normalization principle, which is a guiding principle in Swedish public administration, stipulates that persons deprived of their liberty should be offered healthcare on similar terms as other citizens[9].

The Police Authority ensures that persons deprived of their liberty are given access to adequate health and medical care in accordance with current regulations and on the basis of the principle of normality. The police's preconditions for fully being able to meet the requirements regarding early access to doctor vary e.g. depending on the size of the establishments (many establishments are small and can hold only a small number of persons deprived of their liberty), the geographic location, the opportunities for collaboration with healthcare regions and the Swedish Prison and Probation Service, as well as the opportunities to sign agreements with private actors

[9] For further information on the Swedish healthcare system, see the answer to paragraph 49.

on medical services. The routines for the practical handling of access to doctor and healthcare etc., are regulated in the Police Authority's custody manual.

During 2019-2021, the Police Authority has carried out a development project which, among other things, aims to ensure adequate healthcare in police custody. The project has helped to illustrate possible areas of development to achieve a correct and uniform handling of detainees' access to healthcare in police custody. Continued development work is in progress. One area of development is common national procurement requirements regarding access to healthcare services, which can be used in procurement processes.

15. The Committee recommends that the written information sheets (in an appropriate language) be systematically given to all persons apprehended by the police, including to Swedish speakers.

According to the Preliminary Investigations Ordinance (1947:948), a person who has been arrested or remanded in custody must, without delay, be given written information about his or her procedural rights.

The routines for the practical handling of the right to receive written information are regulated in the Police Authority's custody manual. Information on rights should be systematically given to all persons apprehended by the police.

However, in light of the information and recommendations of the CPT regarding the detainees' right to written information, the Police Authority has begun to investigate the possibility of improving the system support in the digital reporting system for detained persons (DAF). This to ensure that written information about detention is provided to the detainee.

16. Regarding insufficient heating in the cells; in fact, a few of the detained persons interviewed by the delegation in police detention facilities complained that they had felt cold (especially at night). The CPT invites the Swedish authorities to look into this issue.

Temperature deviations in cells are checked and remedied if necessary, for example after complaints from detainees. Any temperature deviations are also checked and remedied in connection with the recurring inspections of

detention facilities carried out by the Police Authority. During new construction and rebuilding, underfloor heating is installed in the cells, which allows for room temperature to be regulated individually.

17. The Committee wishes to stress that, whenever it is deemed necessary to place a detained person under video surveillance, his/her privacy should be preserved when he/she is using a toilet, for example by pixelating the image of the toilet area. **The CPT recommends that steps be taken accordingly at Malmö Police Department.**

The pilot project with video surveillance in storage rooms (electronic surveillance as a complement to physical supervision) and trials of self-monitoring systems in detention centres has temporarily been stopped pending further evaluation. Integrity issues are a central part of the evaluation and the CPT's views on opportunities to further protect personal privacy in connection with surveillance in cells will be taken into account in the further evaluation of the project.

Establishments for foreign nationals deprived of their liberty under aliens legislation

22. The Committee recommends that the Swedish authorities take steps at Åstorp and Ljungbyhed Detention Centres (and, as applicable, in other detention centres) to increase detained foreign nationals' daily entitlement to outdoor exercise in the light of the above remarks. More generally, the CPT wishes to stress once again that the regime for persons deprived of their liberty pursuant to aliens legislation should reflect the nature of their deprivation of liberty, with limited restrictions in place and a varied offer of activities. The longer the period for which persons are held, the more developed should be the activities which are offered to them. **The Committee recommends that further efforts be made to develop the offer of activities for foreign nationals who spend prolonged periods at Åstorp and Ljungbyhed Detention Centres (and, as applicable, in other detention centres). In particular, they should be offered some work and education/vocational training, preferably allowing them to acquire skills that may prepare them for reintegration in their countries of origin upon return.**

The Migration Agency's Deputy Director General has examined detention activities taking into account the new regional organization of the Agency. During February and March 2021 the Migration Agency carried out an internal survey on several issues regarding detention. Outdoor exercise was one of them. The report on the result showed that the detainees have access to at least one hour daily outdoor exercise, but mostly more than that. The conclusion was that a fixed time for outdoor exercise should not be introduced since this could limit the possibilities for longer outdoor stays. The report also contained recommendations on organized activities as follows: Planned activities should be announced and visible for the detainees one week in advance. Guidelines should be drawn up on what time a day the various activities are available.

23. The CPT calls upon the Swedish authorities to take measures to improve significantly the provision of health care to foreign nationals detained at Åstorp and Ljungbyhed Detention Centres (and, as applicable, in other detention centres), paying due attention to medical confidentiality. Urgent steps should be taken to increase the times of presence of a nurse in both establishments and to improve

access to general practitioners and specialists (including dentists). Further, steps should be taken to ensure that someone competent to provide first aid (which should include being trained in the application of cardiopulmonary resuscitation (CPR) and the use of defibrillators) is always present at both detention centres whenever the nurse is absent (including at night). The Committee also reiterates its recommendation that all newly arrived detained foreign nationals benefit from a comprehensive medical screening (including screening for transmissible diseases and for signs of mental disorders) by a doctor or a fully qualified nurse reporting to a doctor as soon as possible after their admission.

The Swedish healthcare system is highly decentralized and based on the healthcare regions' responsibility (for further information on the healthcare system, see the response under paragraph 49). The regions provide and finance emergency healthcare and essential treatment of illnesses to foreign nationals. The regions also provide medical screening. They get financial compensation from the state budget for providing these services to foreign nationals.

All detainees have access to the region's healthcare 24 hours a day whenever needed, and medical staff is present at all the detention facilities several days a week. In Märsta which is the largest detention centre, there are almost two full-time nurses present at the detention facility, and in Gävle, Flen and Åstorp which are smaller, there is one full-time nurse. Furthermore, in Gothenburg there is a nurse present 80 per cent and in Ljungbyhed 60 per cent of a full-time employment. In Märsta, there is always a doctor present 16 hours a week.

Upon arrival all detainees undergo a medical screening during which the detainee is asked about e.g. his/her health status, if he/she is using medication, existence of earlier medical examination, if he/she wants or needs contact with the healthcare or have a scheduled appointment. All the information is documented by the staff at the detention centres and information is also given about the rights to medical care and how the detainees can get in contact with medical care.

Apart from the regular presence of medical staff, staff employed at the detention centres are trained in first aid and the use of early warning of

suicidal tendencies as well as techniques to cope with such situations. All detention staff working close to the detainees also undergo training in the use of defibrillators. The facilities are supervised 24 hours a day.

It has to be underlined that Swedish detention facilities are small. The smallest detention centre has around 60 beds and the largest around 170 beds. In total the Swedish migration detention facilities has approximately 500 beds.

The right of medical assistance is prescribed by Swedish law in the Aliens Act (2005:716) and the Act (2008:344) on Health Care for Asylum Seekers and Others. Information about asylum-seekers is protected by confidentiality according to the Public Access to Information and Secrecy Act (2009:400), which means that the information cannot be disclosed.

After the CPT's visit in 2015 and in response to the Committee's comments on medical confidentiality a new routine was introduced by the Migration Agency. As explained during the Committee's visit in January 2021, the routine means that the detainee reports the need to see medical staff and the reason for the need. This is reported via a mailbox that is emptied by the medical staff without the detention staff being informed about the reason for the visit. In connection with transports to healthcare providers outside the centre or in case of emergency need for healthcare it is however in practice often inevitable that the detention staff becomes aware of the reason behind the need for healthcare.

24. The Committee recommends that steps be taken to ensure adequate access to psychiatric care and psychological assistance for foreign nationals at Åstorp and Ljungbyhed Detention Centres (and, as applicable, in other detention centres).

As for psychiatric care, it is the healthcare regions that make decisions based on individual needs. However, some of the detention facilities offers psychological assistance. The detention centre in Märsta has a psychologist on site three days a week for meetings with the detainees. The detention centre in Gävle can offer meetings with a psychologist on site.

26. The CPT reiterates its recommendation that the relevant legislation be amended so as to ensure that all persons held under aliens legislation (wherever they are detained) have an effective right

of access to a lawyer as from the very outset of their deprivation of liberty and at all stages of the proceedings.

The right to a free legal counsel is specified in Chapter 18, Section 1 of the Aliens Act (2005:716). In the Government's Bill on Implementation of the Return Directive[10], the Government stated that the right to public counsel according to the Aliens Act is more extensive than the right to legal aid under the EU acquis, i.e. the Asylum Procedure Directive. Free legal aid, or representation in the form of an appointment of a public counsel, is granted third-country nationals who are subjects of detention. The category excluded from free legal assistance in this context is third-country nationals who has received an individual return decision and has not been detained for at least 72 hours. Children in detention are always granted free legal aid.

27. The Committee recommends that the legal framework and the practice of placement of detained foreign nationals in isolation be reviewed in the light of the above remarks and, furthermore, be brought into conformity with the standards set out by the CPT in document CPT/Inf (2011) 28-part2.44. The comments and recommendations made by the Committee in paragraphs 50 and 51 below are applicable *mutatis mutandis*.

The rules on how a detainee shall be treated are laid down in Chapter 11, Section 1 of the Aliens Act (2005:716). The Swedish Migration Agency's detention centres have been designed, as far as possible, to offer an environment that is similar to the Agency's open reception services. The detainees can move freely within the buildings and have the opportunity of outdoor exercise each day. Some detention facilities have special separate facilities for women and children. Detainees are given the possibility to receive visitors and to have contacts with people outside the centre, unless the visit or contact in a particular case would impede activities within the centre.

A detainee may be kept separated from other detainees if the person composes a serious danger to him/herself or others or if it is necessary for the security of the premises for some other reason. The decision to keep a detainee separated is made by the Migration Agency and must be reconsidered as often as there is reason to do so, but at least every third day.

[10] The Government's Bill on Implementation of the Return Directive[10] (prop. 2011/12:60, p. 67-69).

A detainee who is kept isolated because he/she poses a danger to him/herself must be examined by a doctor as soon as possible.

The isolation facilities within detention centres have been upgraded to withstand a higher degree of aggressive behaviour. All new detention centres will be built using this new standard. The standard includes hardened surfaces in walls, floor and ceiling and upgraded materials in windows and doors. Along with building improvements, the Migration Agency's staff has received a higher degree of experience and training to handle disruptive and aggressive detainees. Internal quality control within the Migration Agency shows that the majority of detainees placed in solitary confinement stays within the detention centres instead of being transferred to prisons or remand centres. It also shows that the number of detainees placed within prisons and remand centres has decreased during some periods despite an increase in number of beds in detention centres and an increase in occupancy levels.

28. The Committee calls upon the Swedish authorities put an end to the practice of placing persons detained under aliens legislation in prisons.

The Aliens Act (2005:716) Chapter 10, Section 20 states that the Migration Agency may under certain circumstances decide that a detainee held in one of the Agency's detention centres shall be placed in prison, a remand prison or a police custody suite. A special placement can be decided to uphold order and security in the detention premises, as the Migration Agency does not have the capacity to handle persons who cause serious security disturbances and poses a threat to him/herself or others. A decision on special placement can be appealed to a migration court. A placing in the premises of the Swedish Prison and Probation Service (SPPS) may also be ordered to enable a foreigner to be transported through the country. The foreigner may then spend the night there temporarily before being moved on to detention premises or an airport. Moreover, persons who are being expelled on account of a criminal offence and who are being held in detention pending expulsion are, as a rule, held in the premises of the SPPS. Persons who are placed in a prison, a remand prison or a police custody suite must be kept separate from the other persons being held there. Children may never be placed in a prison, a remand prison or a police custody suite.

In order to meet the special needs and circumstances for foreigners being held in detention under the Aliens Act, a special division has been set up at the SPPS. The detainees in this special division enjoy more freedom regarding visits, contacts outside the premises and social life.

As general information on rules for detention of foreign nationals, it should be noted that the Government has allocated funds for an independent inquiry on the rules for detention under the Aliens Act. The inquiry is expected to be set up during the first six months of 2022.

Prisons

30. The CPT recommends that further efforts be made by the Swedish authorities to combat prison overcrowding, including making wider use of measures alternative to remand in custody (such as electronically surveyed house arrest, obligation to report and travel bans). Further, the Committee would like to receive updated information about the draft amendments to the CJP referred to above.

A court may permit a request for remand only if the purpose of detention cannot be satisfied by a less intrusive measure, i.e. a travel ban, notification obligation or surveillance. When it nevertheless is necessary to hold someone on remand, it is important to keep the detention as short as possible and not to impose other restrictions than those necessary. Furthermore, a court is obligated to give written reasons for its decision that a suspect is to be held on remand. This obligation also applies to the court's permission for the prosecutor to impose restrictions on the suspect. Both the decision to detain and the decision on restrictions are open to appeal. An appeal is not subject to any time limits.

The Government has employed strong efforts in the area of pre-trail detention and restrictions for remand prisoners and has proposed several legislative amendments. The Government submitted the bill *More efficient handling of pre-trial detentions and less isolation* (prop. 2019/20:129) to the Swedish parliament in March 2020. As a result, as of 1 July 2021 the following applies.

- The court must now determine not only if restrictions may be imposed, but also what type of restrictions the prosecutor may impose on the suspect. Consequently, the prosecutor is required to explain to the court the need for each specific restriction. This helps to ensure that no other restrictions are imposed than those necessary in the specific case. Only when it is both necessary and proportionate, the court may give permission to impose restrictions.

- The prosecutor must now also present a time plan for the preliminary investigation to the court. This should have a steering effect on prosecutors and will help courts to monitor the progress of the

preliminary investigation to make sure that it is not unduly delayed.

- Suspects under the age of 18 who are held on remand now have a right to meaningful contact with another person for at least four hours every day. This means that they no longer will be isolated under conditions amounting to solitary confinement.

- The courts are permitted, to a greater extent than before, to hold a main hearing and a detention hearing at the same time. This will result in shorter detention periods.

- Furthermore, a time limit of nine months for adults and three months for suspects under the age of 18, is set for remand imprisonment before prosecution. Initially, the Government proposed to the Parliament that the time limit for adults should be six months. However, during the consideration of the Government's bill, the Parliament's Committee on Justice proposed nine months instead. Consequently, the nine-month time limit was enacted into law.

The time limits may be exceeded only when there are exceptional reasons, for example if the penalty value is very high and the crime is especially difficult to investigate. The time limits create an incentive for law enforcement agencies to plan and use their resources in the best way possible. It is reasonable to assume that when the time limit is approaching, prosecutors and police will make vigorous efforts to conclude the investigation within the time limits. The amendment will also contribute to a better overview for suspects of their situation, as they in most cases will be able to rely on the time limits to know when they at the latest will be released or prosecuted.

Furthermore, additional legislative amendments have entered into force from 1 January 2022 following the Swedish Parliament's approval of the Government Bill: *Increased possibilities to use early documented interrogations* (prop. 2020/21:209).

Some general background to the principles of Swedish procedural law is beneficial to better understand these amendments.

The Swedish courts' review of a case is based on the principles of *oral proceedings, immediateness and concentration.* This means that a case is generally decided at a concentrated oral hearing (main hearing) where the parties present all their evidence and arguments in a cohesive process. The court may base its decision only on this material. Thereby, interrogations documented during the preliminary investigation are normally not allowed as evidence. However, there are exceptions to the rule. These exceptions apply to, for example, documented interrogations of young children. During recent years the number of large and complex criminal cases has increased. Such cases are often proceeded by extensive and time-consuming preliminary investigations. Prolonged investigations are problematic for several reasons. Of particular relevance is that prolonged investigations many times lead to equally prolonged periods of pre-trail detention and restrictions. The legislative amendments from 1 January 2022 seek to alleviate the situation by increasing the possibilities to use interrogations at the main hearing that have been documented during the preliminary investigation. This will contribute to shorter time on remand due to a diminished need to protect evidence by imposing restrictions on the suspect.

The information given under this recommendation is also a response to the recommendation in paragraph 32.

31. The CPT was also informed about efforts being made to expand the prison estate, including the reopening of a previously closed prison, converting another prison that had been used for staff training purposes and, in the longer term, construction of new prisons in Kalmar, Trelleborg and Västerås. The objective was to have 2.000 additional prison places by 2029. **The Committee would like to be informed about the implementation of these plans.**

To manage a situation of overcrowding the Swedish Prison and Probation Service (SPPS) in 2019 started converting standard single cells into temporary double occupancy cells. About 700 cells in the prison estate have been, or will shortly be, converted into temporary double occupancy cells. The use of temporary double occupancy cells is not meant to be a new standard, they will be converted back to single cells when the population so admits. The plan is to start that process around 2024.

The use of temporary double occupancy cells has been a necessary action while awaiting new housing buildings to be erected. To cope with a large expansion of the prison estate, it will be necessary to both expand existing prisons and build a few new ones. During 2021, nearly 200 accommodations have been added to five existing lower security prisons through the construction of slightly simpler residential buildings meant to be in use for 10-15 years. Within the next few years, 2022-2023, another 370-400 accommodations are to be added in the same way, but this time in a number of prisons of medium security, and in one or two prisons of high security. At the same time, a previously closed medium security prison in the northern region of Sweden is under reconstruction and will be reopened in 2022 for 87 inmates. The possibility of reopening another previously closed lower security prison in the same area, for 90-100 inmates, is currently being investigated. Both are considered time-limited necessities in use for around 10-15 years.

The long-term goal of constructing another 2 500 permanent single cell accommodations in the prisons and another 900 permanent single cell accommodations in the remand prisons will be achieved by expanding the capacity in around 20 existing prisons and in some existing remand prisons. Together with the major property owner, the SPPS has developed a standard building to be multiplied and used as residential building in all the above-mentioned capacity projects. Those buildings will of course be supplemented with workshops, training facilities etc.

In addition, the SPPS plans to build three completely new prisons, all of them with a capacity of around 300-400 accommodations, and somewhere between 5-10 new remand prisons. Two of the new prisons will be placed in Kalmar (2026) and Trelleborg (2027), the location of the third one (2028) remains to be decided. In the case of remand prisons, it is to some extent a matter of dismantling some existing ones and replacing them. New remand prisons are planned in Helsingborg (2024), Kristianstad (2024), Gävle (2025), Halmstad (2025), Västerås (2025) and in Kalmar (2026). There are ongoing plans for more remand prison, or the possibilities to expand existing remand prisons, in both the Stockholm and Gothenburg regions, the North and the south regions.

If everything goes as planned, all will be achieved in 2028.

32. The CPT requests to be provided, in the Swedish authorities' response to this report, with an update on the adoption of the aforementioned legislative amendments.

More generally, the Committee again calls upon the Swedish authorities to take decisive steps to ensure that restrictions on remand prisoners are only imposed in exceptional circumstances which are strictly limited to the actual requirements of the case and last no longer than is absolutely necessary. Further, fully individualised reasons why restrictions have been imposed should always be recorded in writing and open to legal challenge.

Reference is made to the answer under paragraph 30.

33. The Committee recommends that the management of Helsingborg Remand Prison delivers to custodial staff the clear message that any use of excessive force and any verbal abuse vis-à-vis prisoners (as well as any other form of disrespectful or provocative behaviour) will not be tolerated.

The management at the remand prison in Helsingborg works continuously with core value issues in various forums, through daily talks with staff at morning meetings, in the training of new employees and in a more structured manner at workplace meetings. The criticism directed at the remand prison is naturally taken seriously, and therefore gives rise to increased focus on the subject of human rights and personal treatment, as well as extra training efforts regarding the handling of restraints during transport.

36. The CPT recommends that the Swedish authorities take steps to ensure that outdoor exercise facilities in all remand prisons are less oppressive in design (e.g. allowing a horizontal view) and, as far as possible, located at ground level.

The conditions for placing exercise yards on the ground level are largely similar to those that applied at the feedback reporting in 2015. However, since 2015, the Swedish Prison and Probation Service (SPPS) has undertaken an in-depth investigation of remand prisons that show that Sweden's level of restriction use places very high demands on the design of the premises. In recent years the SPPS, in various projects where there has been access to

land and reasonable transport distances to other authorities in the chain of justice, has examined placements of remand prions adjacent to prisons. This does not generally apply to the dense urban environment, which often surrounds remand prisons and occasionally can lead to sight limitations to protect the privacy of detainees or reduce the risk of collusion.

The exercise yards at the remand prisons that are centrally located are for security reasons often placed on the roof. Consequently, the possibilities of viewing the surroundings are limited even if there are windows or screens.

In on-going and upcoming construction projects, the ambition is that one shall have a sight line from the exercise yards so that the horizon and sky are visible. The ambition in the projects is also to obtain a more varied and less oppressive and institutional environment. For the exercise yards, this means that they will be designed differently in terms of colour, shape and surface material and that a variation for the inmates thereby is achieved. Projects are also under way with the aim of rebuilding exercise yards in existing remand prisons, such as those at the remand prison in Helsingborg.

40. The Committee reiterates its call upon the Swedish authorities to radically improve the offer of activities for remand prisoners. The aim should be to ensure that <u>all</u> such prisoners are able to spend at least 8 hours per day outside their cells, engaged in purposeful activities of a varied nature: work, preferably with vocational value; education; sport, recreation/association.

The conditions for offering group activities in remand prisons
The possibilities of offering group activities at today's remand prisons are limited, especially since many detainees are imposed restrictions and therefore in general are not permitted to be with other inmates in group settings.

To create significantly better conditions in terms of breaking isolation and possibilities for group activities, extensive alterations of the premises are often required. In addition, increased staff resources are required since measures to break isolation for inmates with restrictions generally require activities together with correctional staff. For several years the Government has provided extra funding for the Swedish Prison and Probation Service

(SPPS) to, among other things, strengthen the work of the Service to reduce isolation in remand prisons.

Furthermore, it is a challenge to arrange occupation in the form of work for all persons detained. Conditions for working operations vary widely between different remand prisons as it is associated with difficulties to find occupation suitable in a remand prison environment. The challenges include the security aspects, the uncertainty about the duration of the detention period and the availability of premises that are suited for the work.

The SPPS is taking action to improve the remand prison operations in the longer term. However, the predominant cause of isolation of detainees is the danger of collusion. Hence, to achieve a dramatic change in the use of restrictions, the external actions that can be taken to reduce the time that the danger of collusion exists are of major significance. This is therefore taken into account in the planning and building of new remand prisons. To provide the SPPS room for manoeuvre for different kinds of developments in the future, plans are being made for both new remand prison solutions in cities and co-location of some operations at prisons. Currently, the SPPS is conducting around eighteen remand prison projects in various phases throughout Sweden. Ten of these projects are located at prisons, of which five are of a more temporary nature, and seven pertain to placement within cities.

The Swedish Prison and Probation Service's work for measures to break isolation
The starting point is that the SPPS shall work to the furthest possible extent to break the isolation of detainees and offer qualitative human interaction. To this end, operational analyses are done at every remand prison. The goal is to optimize the use of resources, in relation to the unit's mission, of both premises and human resources. The remand prisons try to the extent possible to offer other isolation-breaking efforts to clients who are not placed at group activity sections. Notable examples of such efforts include sitting together, staff-led activities of various kinds or visits from actors from the volunteer sector. In the SPPS Regulations and General Guidelines on Remand Prisons (KVFS 2011:2) FARK Remand Prison, the SPPS has added a general guideline on Chapter 2, Section 5 of the Detention Act (2010:611). It states, inter alia, that if a detainee cannot participate in group activities, conditions for isolation-breaking measures must be investigated. The internal

regulatory code has also been clarified through the creation of the SPPS Handbook on Group Activities and Isolation in Remand Prisons (2018:13).

In addition, the isolation-breaking measures of restriction groups and sitting together have been defined[11]. Restriction groups are intended for clients with restrictions and take place in the presence of correctional staff, while both detainees with and without restrictions can be subject to sitting together. On 6 March 2018, after consultations with the Swedish Prosecution Authority, the Director of Prisons and Remand Prisons approved the SPPS Instructions for Sitting Together and Restriction Groups (2018:1). This governing document regulates how the remand prisons shall identify suitable clients for sitting together and restriction groups.

The SPPS's regional place coordinator has updated information on the premises and the regional and national place situation. The coordinator actively works to move clients between Sweden's remand prisons, among other things with the aim of making it possible for detainees without restrictions to be present in group settings. However, considering the security and investigation aspects that must be taken into account in connection with relocations in combination with the situation that overcrowding has caused, it is at present not possible to offer all clients without restrictions placement at remand prisons with group activity sections. Despite an active placement effort for group settings, detainees without restrictions are, due to lack of accommodation, still placed at remand prisons where conditions do not exist for group settings to the extent strived for.

The most crucial impediment for group activities is physical and practical limitations in the premises. The number of detention places with access to suitable group activity spaces does not meet the need, especially not when capacity utilisation is very high. The consequence is that time in group settings cannot be realised to the desired extent. In 2018, two so-called group activity remand prisons opened, one in Berga (Helsingborg) and one in Salberga (Sala), where clients can be offered time in group settings to a high extent. Against this background, despite the very strained capacity utilisation situation, the SPPS was able to generally maintain the level of isolation-breaking measures in 2020 even with marginally better figures in

[11] Definitions of restriction groups and sitting *together - SPPS's Instructions for Sitting Together and Restriction Groups (*2018:1).

relation to the previous years. This was achieved despite a large percentage increase in the number of clients over the previous years and the infectious disease prevention measures linked to the pandemic.

42. The CPT recommends that steps be taken to improve inmates' access to doctors (both general practitioners and specialists including dentists) in the prisons visited, in the light of the above remarks; in particular, there should be a doctor specifically appointed to be in charge of the health-care service in each prison. The Committee also reiterates its recommendation that someone qualified to provide first aid (which should include being trained in the application of cardiopulmonary resuscitation (CPR) and the use of automated external defibrillators) is always present, including at night, in the prisons visited (and, as applicable, in all the other penitentiary establishments); preferably this person should be a nurse.

General information on healthcare within the Swedish Prison and Probation Service
Inmates within the Swedish Prison and Probation Service (SPPS) have the same basic rights to physical and mental healthcare as all other citizens in society. An important premise regarding healthcare of inmates is found in the "normalization principle" (see the Government bill, prop. 1982/83:85). This principle was established in the 1974 correctional care reform and favour equality for all citizens (see also the response under paragraph 49). It states, among other things, that social and healthcare needs of inmates should be addressed by the authorities in the society that provide these services, i.e, the general responsibility of the authorities in the society regarding social support and healthcare also apply to inmates within the SPPS. However, inmates have limited freedom of movement and the SPPS has to ensure that the inmates' medical needs are met. The SPPS has no statutory obligation to conduct health and medical care under its own direction. Transporting all inmates to healthcare centres or hospitals for health exams or assessments at the primary care level would, however, be very resource-intensive and significantly compromise security. Therefore, the SPPS provides outpatient healthcare on primary care level. The Agency's Director General serves as the formal healthcare provider[12], and nurses, physicians, psychologists, physiotherapists and occupational therapists are employed by the SPPS. The healthcare service within the SPPS is subject to

[12] This follows from the SPPS's Rules of Procedure.

the same regulations as other healthcare in Sweden. This means that the Health and Medical Services Act (2017:30) and the Patient Safety Act (2010:659) are applicable. Each remand prison and prison have a general practitioner who is in charge of the inmates' primary healthcare needs.

According to the current healthcare guarantee, citizens shall be able to be assessed by a physician or other licensed healthcare personnel within no more than three days. The SPPS fulfils the healthcare guarantee with access to assessment by licensed healthcare personnel within three days. Inmates in SPPS remand prisons and prisons accordingly have the same access to general practitioners as the rest of the population. More specifically, the SPPS has healthcare services corresponding to primary care (outpatient health and medical care) on site at all remand prisons and prisons. Remand prisons and prisons have access to a nurse during office hours (in most cases Monday to Friday, at a few remand prisons also daytime hours on weekends). The SPPS also has physicians (specialists in general medicine and psychiatry) available by phone during office hours, and physically on site for assessments and consultations once or a few times a week. If an inmate presents with medical issues outside office hours, the public healthcare information service is contacted, to help determine if the inmate shall be transported to hospital (public healthcare) or if the matter can be treated by the healthcare staff on site the next day. In the event of acute conditions, emergency medical care (ambulance) is contacted directly. The SPPS also has contracts with on-call physicians that can be called to the prison/remand prison to make assessments. To conclude, in the event of illness, an inmate is cared for in accordance with the directions from a physician, and when necessary, the public healthcare system is engaged[13].

All correctional staff who work close to the clients receive a full-day training in emergency medicine within the framework of their basic training. All personnel are also trained in cardiopulmonary resuscitation with a defibrillator (CPR-D). Emergency medicine and CPR-D training is repeated annually on site. Summer substitutes receive an abridged version of training in emergency medicine by the nurses in the SPPS's healthcare service and are educated and trained in CPR-D by a local instructor.

[13] Chapter 9, Section 1 of the Act on Imprisonment (2010:610) and Chapter 5, Section 1 of the Detention Act (2010:611).

General information on dental care

Dental care is not part of the general healthcare system in Sweden. This means, an inmate must – just like everyone else - pay for all dental care him- or herself. An inmate who needs basic dental care will be provided such care if it is appropriate and also reasonable in relation to the efficiency of the sentence enforcement [14]. Furthermore, an inmate who needs emergency dental care shall be provided such care if he or she has been granted the prison permission to dispose over his or her funds within the SPPS to cover the dental care costs[15]. More specifically, the general guidelines state the following. Emergency dental care refers to the remedy of pain caused by tooth decay, a lost filling, trauma or acute infection from a tooth, the jaw, a dental implant or the oral mucous membrane. Basic dental care refers to measures that promote the inmate's dental health.

Access to dental care in the remand prisons visited by the CPT

In relation to the report on reduced access to dentists, all remand prisons visited by the CPT in the Southern Region (Trelleborg, Ystad and Helsingborg) emphasize that the pandemic was the main cause of prolonged waiting times for appointments with a dentist. Below is a summary of the feedback from the remand prisons visited.

Trelleborg Remand Prison and Ystad Remand Prison:

Trelleborg Remand Prison and Ystad Remand Prison share dentists with Fosie Prison which is situated in Malmö. The dentists prioritise appointments based on how urgent it is that someone is treated. The dentists are experienced and competent in correctional care and from what is known there are no concerns with queues or the like (the detainees are summoned when time is available). Under normal circumstances the dentists visit the Ystad and Trelleborg operational areas once a week.

Due to the covid-19 pandemic, Fosie Prison has had limited receptions, which is why the access to dental care during the CPT-visit was slightly more limited than normally. For acute cases and during the period that Fosie Prison was closed, public dental care services in Trelleborg were used. Public dental care services were completely closed periodically and had dentists laid off, which also negatively impacted access to dentists. During a couple of

[14] Chapter 1, Section 16, Paragraph 2 of FARK Prison.

[15] Chapter 1, Section 16, Paragraph 1 of the SPPS Regulations and General Guidelines on Prisons (KVFS 2011:1), FARK Prison.

weeks when the pandemic was at its worst, at Fosie Prison it was deemed inappropriate for the dentist to also visit Ystad and Trelleborg. Some queuing to be able to see the dentist therefore arose. On a few occasions, the dentist was sick (or absent for another reason). No complaints from detainees have been received during the period in question.

Helsingborg Remand Prison:
The remand prison has had an agreement with the public healthcare services to take care of clients' emergency dental needs. During the pandemic, the public dental service closed almost all of its operating units and were only open for the most urgent patients, which is why the waiting times at the remand prison increased. This caused the remand prison to also seek out to private dentists to take care of emergency dental care. When restrictions were subsequently reduced, there was a pent-up need to see a dentist, which created longer queues. Altogether, it was sometimes problematic to keep the waiting times down during the pandemic but the remand prison was doing its best to prioritise the clients with the greatest need. To prevent this problem in the future, the Helsingborg operational area is considering building its own dental clinic for clients as a part of the new construction of the Berga Remand Prison.

43. The delegation also noted that, as previously, prisoners had to make a written request to see a health-care professional (explaining the reasons for the request) to the (non-medical) custodial staff, and medication (including psychotropic drugs) continued to be distributed by the medically untrained custodial officers. Both practices – incompatible with the principle of medical confidentiality – have been criticized many times in the past. **The CPT recommends that they finally be discontinued.**

All inmates have the possibility to request contact with the healthcare service at the Swedish Prison and Probation Service (SPPS) in a confidential manner[16]. The request is written on the form "*Request for healthcare contact*" and is placed in a sealed envelope by the inmate. After that it is placed in a box on the ward by the correctional staff and then collected by the nurses. The envelope shall be stamped the day it is placed in the box. The nurse notes the date on the envelope and, when she or he has received the request, in the medical file. The reason for the request is documented alongside a

[16] Section 2.1 of the SPPS's Directions for Health and Medical Care (2019:13).

preliminary assessment by the nurse and a description of applicable action taken (i.e a written response, an appointment with the nurse/doctor/other licensed professional, that the client has been notified of the appointment, etc). After a check, all visited operating facilities has confirmed to the head office of SPPS that they follow this routine.

Provision of medication

The SPPS does not provide inpatient healthcare treatment. The healthcare services are comparable with primary care, and most inmates are obliged to manage their medication on their own. The nurse and/or physician in charge assess whether or not the inmate has the cognitive ability to manage the medication on their own and if not, the nurse will provide the inmate the medication. The nurse can delegate this task to correctional officers with special training (not all correctional staff, see below). Certain remand prisons and prisons within the SPPS do not allow inmates to keep medication in their rooms, due to security reasons. A nurse is responsible for the medications being correctly prepared according to the doctor's prescription. If the inmate cannot keep the medication in his or her room, the medication is kept on the ward and handed to the inmate by custodial officers. Medication is administered in a medical dispenser or in pre-packed multi-dose pouches in order to be easily and securely dispensed.

In case the inmate cannot keep his or her medication in the room due to security reasons, the correctional assistant director in charge of the ward is responsible for ensuring that procedures are in place for the collection of medication from the SPPS healthcare clinic. If needed, the correctional assistant director in charge of the ward appoints correctional officers who after delegation from the nurse can provide medication. The correctional assistant director in charge is responsible for ensuring that these officers receive adequate training from the nurse at the healthcare service. The training is to be repeated once a year[17].

In summary, medication is administered and prepared by nurses and distributed by nurses or correctional officers with special training and a written delegation from a nurse. If an inmate, due to security reasons, is not allowed to keep the medication in his/her room, the medication will be

[17] The regime for provisioning of mediation is described in the handbook "Health and Medical Care in the SPPS – Handbook for Correctional Officers" (2012:11).

prepared and administered by medical staff but handed to the inmate by correctional staff.

44. The CPT again calls upon the Swedish authorities to take effective steps to ensure that a comprehensive medical screening (comprising the screening for transmissible diseases such as tuberculosis and – on a voluntary basis – HIV and hepatitis) of newly arrived prisoners is carried out systematically within 24 hours from arrival.

All inmates within the Swedish Prison and Probation Service (SPPS) are offered an initial health exam by a licensed nurse as soon as possible and no later than the next weekday after arrival. If the inmate is transferred from one unit to another within the authority, a follow-up examination will be performed within seven days[18].

The visit by the CPT was conducted in the middle of a pandemic with extensive spread of infection in our society. To reduce the spread of the virus and protect the clients, healthcare services were restricted to the most necessary. The highest priority was the initial health exam, medical emergencies and preparation and provision of prescribed medication, while preventive measures such as screening for public diseases and testing for hepatitis and HIV had to wait until a calmer phase of the pandemic. Instead, it was a temporary priority for the nurses to test all inmates with symptoms of covid-19 and to conduct contact tracing.

In September 2021 a majority of all initial health exams were carried out within 24 hours after arrival.

45. The CPT once again calls upon the Swedish authorities to amend the relevant legislation and review the existing procedures in order to ensure that whenever injuries are recorded which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the report is immediately and systematically brought to the attention of the competent authorities (e.g. the prosecutor), regardless of the wishes of the prisoner. The results of the examination should also be made available to the prisoner concerned and his or her lawyer; the health-care professional should advise the prisoner concerned that the

[18] The SPPS's Directions for Health and Medical Care (2019:13).

writing of such a report falls within the framework of a system for preventing ill-treatment and that the automatic forwarding of the report does not substitute for the lodging of a complaint in proper form.

The Committee also wishes to recall that any record drawn up after such an examination should contain:

(i) an account of statements made by the person which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment or inter-prisoner violence);

(ii) a full account of objective medical findings based on a thorough examination;

(iii) the doctor's observations in the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.

The record should also contain the results of additional examinations performed, detailed conclusions of any specialised consultations and an account of treatment given for injuries and of any further procedures conducted.

The recording of the medical examination in cases of traumatic injuries should be made on a special form provided for this purpose, with "body charts" for marking traumatic injuries that will be kept in the medical file of the prisoner.

In addition to this, all injuries should be photographed in detail and the photographs kept, together with the "body charts" for marking traumatic injuries, in the prisoner's individual medical file. This should take place in addition to the recording of injuries in the special trauma register.

Anyone who is detained or serving a sentence at a prison shall undergo an initial health exam by a nurse. All healthcare personnel at the SPPS operate under strict patient confidentiality. Inmates are asked about their healthcare needs and can report allegations of ill-treatment. The Swedish Prison and

Probation Service's (SPPS) Directions for Health and Medical Care (2019:13) state that a nurse shall inspect the inmate's skin for any injuries (new or old) and for needle marks. Any injuries are described and documented in the medical file. There is an option of taking photos (which requires the inmate's consent) and/or marking injuries on a body chart. The nurse assesses if a doctor needs to be consulted and/or if the injuries are such that the inmate should be admitted to a hospital. Injuries are treated according to the doctor's recommendation, which are documented in the medical files. The inmate has the right to take part of his or her medical files.

In general, the patient confidentiality does not permit healthcare professionals to reveal information from a patient. However, if there is reason to believe a serious crime has been committed (minimum sentence one year in prison), the healthcare professionals have the option of contacting the police authority even without the consent of the patient[19].

If an inmate reports that the injuries arose in connection with the treatment or handling by the authorities during arrest or in custody, an incident report is written (based on a suspected violation against the inmate) and filed in the SPPS's official incident reporting system (ISAP). This report is assessed by the chief manager and based on the content of the report, necessary actions are taken. The inmate has the possibility of filing a formal complaint to the police. If the incident report provides an indication of a crime having been committed on the SPPS's premises (such as a serious violation against the inmate), a police report is filed.

46. The CPT recommends that steps be taken to improve access to psychiatric care and psychological assistance for prisoners; in particular, regular visits by a psychiatrist and access to psychological assistance should be ensured at Trelleborg and Ystad Remand Prisons. Similar measures should be taken, if and as required, in all other prisons in Sweden.

Inmates in remand prisons and prisons have the same access to healthcare as the rest of the population. The public care guarantee entails the following:

[19] Chapter 10, Section 23 of the Public Access to Information and Secrecy Act (2009:400).

"You shall receive contact with, for example, a healthcare centre the same day that you seek care. This contact can take place, for example, by a phone call, an appointment or a video call.

You shall receive a medical assessment by a physician or other licensed healthcare professional in primary care within no more than three days. It is the healthcare staff that you first have contact with that determines if the medical assessment shall be made by a doctor or, for example, by a nurse, psychotherapist or physiotherapist. The medical assessment can be done at a physical appointment or, for example, through a video call.

You shall receive a time for an initial appointment at a specialist clinic within 90 days if you have received a referral for it. You can seek care at some specialist clinics without a referral from a doctor. Then, the same time limit applies. Sometimes the specialist clinic can instead choose to refer you to another care clinic.

You shall receive time for treatment within 90 days counted from when the doctor together with you decided on the treatment."

The client normally seeks care from a psychiatrist or psychologist him- or herself through the prison's or remand prison's healthcare service with a special form, just like all other healthcare contact. Besides an application by the inmate him- or herself, the need for a psychologist or psychiatrist can also be noted by ward staff who raise the issue with the nurse, who in turn calls the inmate for an assessment talk.

At all remand prisons and prisons, there is a general practitioner who handles healthcare matters that fall within primary care. All remand prisons and most prisons can provide access to specialists in psychiatry (either directly on site or by the inmate being moved to another unit). In Swedish healthcare, primary care (general practitioners) forms the first line of psychiatry. Psychiatrists are involved if the condition of the patient's needs is deemed to be within the scope of specialist psychiatry's efforts. This is also the case within the Swedish Prison and Probation Service (SPPS). If the inmate's needs cannot be met within the scope of the general practitioner and/or the psychiatrist on site, the inmate is referred to external healthcare. Access to care within the SPPS follows the care guarantee that applies for residents of Sweden.

Access to psychologists currently varies somewhat between the different prisons and remand prisons, but work is under way on a new organisation regarding psychologists within the SPPS. The new organisation means that active work shall be done for a more even resource distribution and accessibility based on needs in the entire country.

47. The CPT reiterates its recommendation that the Swedish authorities develop and implement a comprehensive policy for the provision of assistance to prisoners with substance use problems (as part of a wider national strategy) including harm reduction measures.

The Swedish Government's overall goal is a society free from narcotics and doping, reduced medical and social injuries caused by alcohol and reduced tobacco use. To that end the Government has adopted a strategy for alcohol, narcotics, doping and tobacco policy (ANDT), which is to govern the preventive work. The first strategy extended between 2011 and 2015 and the second strategy between 2016 and 2020.

The Public Health Agency has the primary responsibility to implement the ANDT strategy. The Swedish Prison and Probation Service (SPPS), along with other authorities, has been assigned the task of participating in the national coordination within the ANDT area and in the follow-up of the ANDT strategy. The SPPS is also a member of the national council for ANDT established in 2008. At present, work is under way in the Government Offices to prepare an ANDT strategy for the years 2022-2025. Every year SPPS adopts an action plan for client-oriented efforts within the ANDT area and reports the efforts caried out in the area to the Public Health Agency.

Treatment of substance dependence in Sweden constitutes a joint responsibility for public healthcare and the social services. The healthcare services are responsible for conditions that require pharmacological treatment and hospital care. The social services are responsible for non-medical measures, including therapeutic programmes, housing and social support. The healthcare regions and thereby the healthcare services only have responsibility for the treatment of symptoms of acute abstinence and psychiatric complications to the substance use.

The SPPS does not dispose of the issue of substitution therapy. However, the SPPS's doctors can provide several different preparations, and can in

consultation with and at the initiative of external care providers ensure that the clients receive substitution therapy against opiate dependence. At present there is one unit in the southern region that is registered with the Health and Social Care Inspectorate (IVO) as a unit that conducts substitution therapy for opiate dependence and can thereby initiate such treatment.

Nearly three out of five inmates are deemed to have problems with some form of substance abuse prior to incarceration. The problems are somewhat more common among men than women. Besides the health risks, use of narcotics and other health-hazardous goods also affect behaviour, thereby increasing the risk of threats and violence. The SPPS therefore has a zero vision when it comes to drugs and shall be able to offer the inmates a supportive environment without an impending risk of relapse.

All efforts to prevent relapse into crime or substance abuse are handled through investigators for the client's enforcement plan, which among other things has risk assessment instruments[20] as an aid for this. Relapse prevention measures can, for example, be evidence-based treatment programmes that are directed at substance abuse and dependence and psycho-educational programmes (socio-educational programmes). In 2020, 6, 369 clients that belonged to the target group for treatment programmes completed a prison enforcement. Of them, 26 per cent participated in a treatment programme and 20 per cent completed the treatment. Women both participated in and completed treatment programmes to a lesser extent than men. Treatment programmes are conducted in various areas that can generally be divided into general crime, violent crime, violence in close relationships, sexual crime and substance abuse.

The SPPS currently offers two treatment programmes with a cognitive behavioural therapy orientation specifically for criminal perpetrators with substance abuse problems. The NSAP (National Substance Abuse Program) developed by correctional care services in Canada, and PRISM (Programme for reducing individual substance misuse), developed in England. NSAP is a group-based programme available in a longer version (High Intensity) with 87 sessions, and a shorter version with 27 sessions of three hours (Medium Intensity). PRISM is an individual treatment that covers 21 sessions of one and a half hours. Motivational interviews (MI) and preventative measures for

[20] Examples of such instruments are RBM-B (Risk, Need, and Responsivity) with AUDIT/DUDIT (the Alcohol Use Disorder Identification Test/ the Drug Use Identification Test).

relapse are offered within the SPPS as supplemental efforts. PRISM is aimed at drug- and/or alcohol-abusing clients whose crime has a clear connection to the substance abuse and gives the participants the opportunity to choose their own goals: being drug free or reducing the abuse.

In addition, within the SPPS, there is the Våga Välja (Dare to Choose) programme, which is a skills-based, cognitive programme. The participants get to develop personal, concrete, detailed and realistic plans to be able to handle their personal situations. The plans are primarily intended to prevent relapse, but also to be able to manage it if it should occur. Research shows that the most successful form for changing substance abuse behaviour in the long run is achieved by providing follow-up. Follow-up is ensured by participation in maintenance meetings within Dare to Choose. This programme is also aimed at drug- and/or alcohol-abusing clients whose crime has a clear connection to the substance abuse.

The SPPS's healthcare services inform new inmates about hepatitis and HIV. All detainees are offered vaccinations and testing for hepatitis and HIV. The same applies when inmates are placed in prison.

The SPPS offers specific education for employees who work at treatment wards, outreach workers at remand prisons and probation officers with the task of working with clients who have problems of substance abuse and dependence. Moreover, there is a course in drug- and narcotics knowledge for the employees. The nurses who work within the SPPS provide a course in "Correctional care medicine", which includes training in substance abuse. In procurement processes, both psychiatrists and general practitioners obtain higher scores if they have experience of dependence care.

In 2021, the SPPS's security division initiated work on a narcotics strategy with the aim of streamlining and concretising the SPPS's preventive measures directed at narcotics and substance abuse. The overall goals of the strategy are to develop and make the existing tools more effective, to prosecute and prevent continued crime, to create a safe workplace and living environment for all parties and to ensure that it will not be possible to handle narcotics within the SPPS's premises.

Due to the covid-19 pandemic, supplementary distance treatment-program has been developed sooner than planned. IT-technology has been used to conduct treatment programmes from the probation offices, which seems to

have worked well, at least as far as can be assessed to-date. Programme manager training was also held digitally.

The number of times narcotics were found in prisons and remand prisons decreased in 2020. The supply of narcotics is deemed to still be at a low and declining level. The SPPS now has good possibilities to search and detect most of the traditionally narcotics-classed drugs. A total of 43 out of 45 prisons participated in the national drug screening in 2020. Around 21 per cent of the inmates who were admitted there at the time were included in the testing. Of the 937 analyses done, the results showed a very low occurrence of the illegal substances that were included in the analysis.

48. The CPT recommends that the existing arrangements for urine testing at Ystad Remand Prison (and, as applicable, in all prisons in Sweden) be reviewed; other means could and should be found to reconcile the legitimate aim of combating the use of prohibited substances with the inherent dignity of the persons concerned. Every reasonable effort should be made to minimize embarrassment; prisoners who are undergoing a urine tests should not normally be required to remove all their clothes at the same time, e.g., a person should be allowed to remove clothing above the waist and redress before removing further clothing.

Pursuant to Chapter 8, Section 6 of the Act on Imprisonment (2010:610) and Chapter 4, Section 5 of the Detention Act (2010:610), an inmate is, unless otherwise motivated by medical or similar reasons, obliged to upon request provide urine, exhalation, saliva, sweat, blood or hair samples for testing that he or she is not under the influence of alcohol or another intoxicant, any such item as referred to in Section 1 of the Prohibition of Certain Doping Preparations Act (1991:1969) or any such product as covered by the Prohibition of Certain Goods Dangerous to Health Act (1999:42).

The SPPS' security handbook includes detailed information on how to perform urine testing in remand prisons and prisons aiming at avoiding manipulation of the sample while at the same time respecting the dignity of the inmate. For example it states that the testing shall take place without insight and without the possibility for other clients to act or seek contact with the client providing the sample. It also states that the client shall take

off all clothes and be offered a bath robe (or the like) while waiting to leave the urine sample. The bath robe shall always be taken off completely when the client leaves the urine sample to ensure that the sample is not manipulated. To secure that the sample is not manipulated an item of clothing that conceals relevant parts of the body should not be used. The SPPS does not consider it possible to carry out the drug tests in another way as there is otherwise an elevated risk that the urine samples are manipulated.[21]

49. The CPT requests the Swedish authorities to transmit to the Committee, in their response to this report, a detailed action plan (comprising precise tasks, agencies responsible, deadlines and financial allocations) for the provision of health care in prison. This will require putting in place genuine co-ordination, at both the senior and the operational levels, between the Ministries of Justice and Health and Social Affairs and developing specific protocols for the provision of primary and specialist health care in prisons, reflecting particular health-care needs of the prisoner population.

Decentralised healthcare system

The Swedish healthcare system is decentralised, which means that responsibility lies with the regions and municipalities. Every region and municipality are thus responsible for managing and prioritising its own healthcare resources. As a result, the type of healthcare services available

[21] Section 9.2.7 of the SPPS security handbook states the following:

Urine testing in remand prisons and prisons

The following procedure is that applies for urine testing, but in selected parts can also be applied to other testing methods.

- If possible, two staff members shall participate during the testing process.

- Only if there is no access to two staff members of the same gender as the person being tested may the testing be done without any other staff member participating.

- A man may never carry out or witness a urine test taken on a woman.

- A urine test on a man may only be carried out or witnessed by a woman if it is necessary. It is not necessary if there are male staff members available at the operating unit.

- The client shall be informed to follow with to leave a urine sample. Clients who say that they have no intention of providing a urine sample shall be informed of the consequences of the decision.

- The testing shall take place without insight and without the possibility for other clients to act or seek contact with the client providing the sample.

- A check and search shall be done before the testing with the aim of ensuring that objects or other impermissible items are not taken with into the room where the testing will take place.

- The client shall be under supervision during the entire testing process. The testing process means the time from when the client is asked to provide a urine sample until the sample collection is complete. /../

may vary to some extent. The decentralisation and organisation of healthcare is regulated by the Health and Medical Service Act (2017:39).

There are 21 regions and 290 municipalities in Sweden. The regions are in charge of primary, specialist and psychiatric healthcare, while the municipalities are responsible for elderly care, care for people with physical and mental disabilities, rehabilitation services, school healthcare, home care and social care. The Government is only responsible for regulation, i.e. establishing principles and guidelines, and supervision. The government agencies therefore have no formal obligation to provide healthcare or social care.

All healthcare services for inmates and aliens are thus the primary responsibility of the regions and the municipalities. The National Board of Health and Welfare (Socialstyrelsen) is a government agency under the Ministry of Health and Social Affairs that compiles information and develops standards to ensure good health, social welfare and high-quality health and social care for the whole population. The Health and Social Care Inspectorate (IVO) is another government agency under the Ministry of Health and Social Affairs. The agency is responsible for the supervision of healthcare and social care, healthcare and social care staff, social services and also the care of persons with certain function impairments[22]. The authority is also responsible for certain permit applications. It also monitors healthcare activities and professionals to ensure that they comply with applicable laws and regulations.

Primary care, specialized care and referrals

The basic health and medical care is generally referred to as primary care. Primary care in Sweden is handled mainly through local health centres (vårdcentraler) which are comprised of general medical practitioners offering medical examinations, care and treatment of most non-urgent and not life-threatening conditions and illnesses. However, if necessary, your doctor will refer you to another medical specialist such as a surgeon or orthopaedic. In addition, health and medical care is offered by specialist nurses, physiotherapists, occupational therapists and dentists. Health centres are

[22] In accordance with the Patient Safety Act (2010:659), the Social Services Act (2001:453) and the Act concerning Support and Service for Persons with Certain Functions Impairments (1993:387).

open weekdays during the day for advice and visits and some are open in the evening. Some facilities accept drop-in visits for minor injuries.

Specialised care is care that requires more specialised medical measures than what is available through primary care. You do not need to have referral from the primary care before you contact the specialist care. However, the absence of a referral from your doctor may result in higher costs and longer waiting time.

Principles governing healthcare to the entire population, including inmates

The entire population in Sweden has equal access to healthcare service, according to the Health and Medical Service Act (2017:30).

Ethical principles governing priorities in healthcare

According to a resolution by the Swedish Parliament in 1997 (prop. 1996/97:60), priorities in healthcare – both in clinical activities and in political decisions on resource allocation – must be based on an ethical platform that consists of three basic principles:

1 All people have equal value and the same right regardless of personal characteristics and functions in society (the principle of human value).

2 The resources should be invested in the areas where the needs are the greatest (the principle of needs and solidarity).

3 When choosing between different activities or measures, a reasonable relationship between costs and effect, measured in health and quality of life, should be sought (the cost-effectiveness principle).

The principles are ranked so that the principle of human value takes precedence over the principle of need and solidarity, which in turn precedes the cost-effectiveness principle. This means, e.g. that serious illnesses take precedence over milder ones, even if the most difficult conditions cost significantly much more.

The normalization principle

The normalization principle is the starting point for the division of responsibilities between the Swedish Prison and Probation Service (SPPS) and the general healthcare in Sweden. The principle emphasizes i.a. that the social and medical help an inmate needs should be provided by the bodies in

society that provide such assistance to all citizens. All healthcare services for inmates and aliens are thus the primary responsibility of the regional councils and the municipalities. The SPPS has no statutory obligation to provide health and medical care. The role of the prison service is limited to providing assistance.

The social services in Sweden must satisfy all citizens based on their individual needs, even those who are at the same time probation clients. The normalization principle thus means that inmates in the SPPS have the same right to society's support and help as other citizens, not more, nor less.

Swedish healthcare system faces several challenges

Lack of access and long waiting times

Long waiting times and lack of accessibility to healthcare has been a major challenge in Sweden for many years. Swedish law stipulates that patients should wait no more than 90 days to see a specialist or to undergo surgery. Yet many patients wait longer. However, waiting times vary across Sweden's 21 counties. One critical reason to the long waiting times is a shortage of nurses and available doctors in some areas.

In 2020, Sweden, along with the rest of the world, was hit by the coronavirus. The pandemic has unfortunately further prolonged the waiting times.

Skills shortage

A prerequisite for achieving access to good and safe care, with high patient safety, is to have competent healthcare staff. Sweden has relatively high numbers of doctors and nurses, but problems persist with recruiting staff, particularly in rural areas. According to Statistics Sweden (Statistiska centralbyrån), there is a shortage of many educational groups represented in healthcare. The Labour Market Tendency Survey 2020 shows a large shortage of recently graduated district nurses, nurse practitioners and diagnostic radiology nurses.

Sweden also struggles with a general shortage of physicians in primary care, especially in more remote locations. Only 15 per cent of doctors are general practitioners, restricting timely access to primary care.

Initiatives taken by the Swedish Government to improve accessibility to healthcare

Shorter waiting times

The Swedish Government has taken several initiatives to promote and support the regional councils to improve accessibility to healthcare and to shorten waiting times. The Government annually allocates more than SEK 3 billion to the regional councils for this purpose.

The first care guarantee was introduced in Sweden already in 1992. In 2010, the guarantee was legislated in the Health and Medical Service Act (2017:30). In 2019, the Government strengthened the requirements for the primary care to offer patients care. Today, the statutory requirement is referred to as 0-3-90-90, which means that a patient should be able to get in contact with the primary care the same day as the patient reaches out (0); a medical assessment should be made within three days (3) in the primary care; if needed, a first medical examination in specialized care should be done within 90 days (90); and treatment should start within another 90 days (90).

In August 2020, the Government appointed a delegation whose task is to act for increased accessibility in healthcare, with a focus on shorter waiting times. The delegation will present its final report in May 2022.

The Government has also taken several initiatives to strengthen accessibility to emergency care, cancer care, maternity care, psychiatric care and suicide prevention. An important focus area is to strengthen primary care and to improve working conditions for primary care providers, with special priority given to the provision of primary care in rural areas. One aim with this reform is to increase the accessibility to primary care and thereby also creating spare capacity in the specialized care, thus enabling more patients to receive care on time.

Investing in healthcare professionals

The Swedish Government has taken several measures to counteract the shortage of skills. In 2019, the Government established a National Health Competence Council to advice on coordination, and to analyse and streamline the supply of skilled staff. The Government is also investing SEK 1 billion per year to improve conditions for healthcare staff. Moreover, for

2022 and 2023 the Government has allocated SEK 2 billion for a staff initiative in healthcare.

Sweden, as well as many other countries, face challenges with the supply of nurses and midwifes. The Government is therefore investing SEK 400 million per year to give nurses paid specialist training (SEK 500 million per year 2020-2022 and SEK 600 million for 2023). To increase the attractiveness of specialist nurse training, and to enhance development and career opportunities, the Government is also investing SEK 100 million per year in career positions for specialist nurses.

In addition to the initiatives above, the Government has decided on a state grant to promote a sustainable working environment for staff in healthcare and elderly care. The state grant makes it possible for regions and municipalities to finance projects aimed at improving the working environment. For 2021, a total of SEK 300 million is allocated for this purpose. For 2022 and onwards, a total of SEK 1 billion is estimated to be allocated.

Investing in mental health

During the period 2015–2021, the Government has more than doubled the funds allocated to initiatives in the area of mental health and suicide prevention, from SEK 1 billion in 2015 to approximately SEK 2.2 billion a year during the period 2021–2022. In 2021, SEK 1.7 billion of these funds are allocated through an agreement between the state and the Swedish Association of Local Authorities and Regions (SALAR) in the area of mental health and suicide prevention. Most of the funds are directed to initiatives in municipalities and regions to promote mental health, prevent mental illness and suicide and to strengthen the conditions for accessible, knowledge-based, equal and effective healthcare and social care. Prevention and promotion measures are prioritized in the agreement. Furthermore, the Government's funds that are directed to mental health initiatives will remain at a high level even during 2023 and 2024 and 2,2 billion SEK per year shall be allocated to initiatives in this area.

The Government has furthermore commissioned the Public Health Agency and the National Board of Health and Welfare, in close collaboration with 24 other authorities i.a. the SPPS, the Swedish Police Authority and the Swedish Migration Agency, to submit a proposal for a new strategy in the

area of mental health and suicide prevention. The aim of the strategy is to secure a good an equal mental health status in the whole population, to increase promoting and preventing measures in all sectors and in all levels of society and to secure a good equal and accessible healthcare as well as social services based on population and individual needs. The mission will be reported in September 2023.

As stated above, the SPPS has no statutory obligation to conduct healthcare but has nonetheless chosen, as a form of assistance to the responsible principals (regions and municipalities), to conduct some health and medical care. The SPPS has initiated a review of how and if healthcare should continue to be conducted within the SPPS, and what further efforts are needed to be coordinated with the responsible principals.

All nurses within the SPPS attend a four-week training together with other employees in the SPPS. The training includes, among other things, the SPPS mission and organization, recidivism prevention- and security work.

50. Conditions in the observation cells (some of which were fitted with a bed to which a 5-point leather fixation belt could be attached) were found to be generally adequate in the prisons visited. Having said that, concerning the very concept of observation cells and the procedure of placement in them, **reference is made to the comments and recommendation in paragraph 27 above, which apply mutatis mutandis also to prisons**.

Reference is made to the answers under paragraph 51.

51. The CPT reiterates its recommendation that the Swedish authorities takes steps, including if required of legislative nature, to review the role of health-care staff in the context of placement of prisoners in observation cells. In so doing regard should be had to the European Prison Rules (in particular rule 43.2) and the comments made by the committee in its 21st general report.

Seclusion never takes place on the initiative of the healthcare services, but rather is a correctional care measure. As confirmed by the CPT, isolation of a client may not be used as a disciplinary measure against the client. Placement of a client in an isolation cell is done to separate the client from an on-going situation, which may be violence against staff or inmates, self-harm or vandalism etc. The use of isolation is deemed to be necessary to

interrupt an on-going activity and reduce the risk that the incident escalates or that the inmate causes him- or herself or the surroundings more harm. In accordance with applicable regulations, the time in isolation shall be limited.

More specifically, the conditions for seclusion of inmates are thoroughly regulated in Chapter 6 of the Act on Imprisonment (2010:610). There it is stated that inmates may temporarily be secluded from each other if it is necessary to maintain order or security. An inmate may also be temporarily kept secluded from other inmates under certain situations of a serious nature. For example, seclusion may occur if it is necessary because the inmate is violent or intoxicated or is a danger to his or her own security or life or health or if there is a risk that the inmate escapes or gets help from the outside in an attempt to break him or her out of the prison.

For remand prisons, the conditions for seclusion derives from Chapter 2 of the Detention Act (2010:611). An inmate shall be given the opportunity to spend time together with other inmates during daytime hours unless it is necessary for security reasons to keep the inmate secluded from other inmates or it is necessary to conduct an intimate body search. The same applies if the inmate is placed in a location other than in a remand prison and the local conditions do not permit group activities.

The Regulations and General guidelines on Remand Prisons (FARK Remand Prison)[23] further explain security reasons motivating seclusion. Examples of such reasons are a risk of escape, the inmate is violent or intoxicated, an unsuitable client constellation has arisen that cannot be resolved through relocation, threats of violence or vandalism.

For both prisons and remand prisons a decision for seclusion shall be reconsidered as often as there is reason do so but at least every 10 days.

According to the Act on Imprisonment an inmate, who is kept secluded from other inmates because he or she acts violently or is a danger to his or her own security or to life or health, shall be examined by a doctor as soon as possible. According to the Handbook and Management System for Health and Medical Care within the SPPS (2020:1), the doctor's task in this situation is to assess if the inmate has a need for medical care. In the exam, a decision

[23] Chapter 2 of the Detention Act in FARK Remand Prison.

shall also be made as to whether the seclusion is damaging to or can be feared to damage the inmate. An inmate who for other reasons is kept secluded from other inmates shall be examined by a doctor if necessary, considering the inmate's state of health, although at least once a month. An exam can also be carried out by a nurse and in that case more often. Even if no signs of illness come forth in the exam, this note shall be entered in the medical records since it is a medical assessment. Moreover, the handbook refers to article 43.2 and 43.3 of the European prison rules, which state that a physician or a licensed nurse who reports to a physician shall be especially attentive to the state of health of inmates kept in isolation.

The Detention Act has no regulations on medical exams on seclusion, but it follows from the Handbook on Group Activities and Isolation in Remand Prisons [2018:13] that the Act on Imprisonment in this regard shall apply mutatis mutandis.

51. Regarding the use of fixation in prisons, the CPT wishes to stress once again that, in principle, restraint beds should not be used in a non-medical setting. The Committee also reiterates its remarks on this subject made in paragraph 91 of the report on its 2015 visit.

The conditions for restraint of inmates are thoroughly regulated in Chapter 8 of the Act on Imprisonment (2010:610) and Chapter 4 of the Detention Act (2010:611). It is, inter alia, stated that an inmate may be placed in restraints if he or she behaves violently, and it is absolutely necessary considering the inmate's own or somebody else's security, life or health. In such cases, the inmate shall be examined by a doctor as soon as possible. The use of restraints is always reconsidered in the individual case and shall be preceded by an assessment of whether the measure is necessary and proportionate.

Pursuant to the Imprisonment Ordinance (2010:2010) and the Detention Ordinance (2010:2011), the use of restraints shall be documented. The documentation must state the reasons for the measure, the nature of the restraint, when the inmate was restrained, when the restraints were removed and when the inmate was examined by a doctor. The Regulations and General Guidelines on Prison and Remand Prison[24] state that an inmate

[24] Chapter 8, Section 12 of FARK Prison and Chapter 4, Section 11 of FARK Remand Prison.

placed in restraints because he or she behaves violently shall be kept under careful observation as long as the measure is applied.

Moreover, the Swedish Prison and Probation Service's (SPPS) Directions for Health and Medical Care (2019:1) and the Handbook and Management System for Health and Medical Care within the SPPS (2020:1) contain more detailed instructions on medical assessments in cases of restraint. Healthcare services shall be informed if and when an inmate has been placed in a belt due to violent behaviour. A doctor's assessment shall be made as soon as possible. This assessment includes determining if the inmate needs psychiatric or other medical care and if there is a mental disorder or physical illness behind the violent behaviour. If this is the case, the correctional director concerned shall be informed. If there is a serious mental disorder behind the behaviour, the belted inmate shall be transferred to psychiatric care. If care according to the Psychiatric Care Act (1991:1129) is necessary or the inmate is in need of another healthcare contact, this shall be arranged promptly, and the inmate shall be transported to a hospital. The doctor's assessment includes deciding if the belted inmate needs to be assessed by a doctor or nurse again and when this should take place. While awaiting a doctor's assessment, a nurse can serve as a support function for the SPPS's decision makers by recommending necessary measures in the individual case. In this support function, the nurse shall, when necessary, consult the doctor who was responsible for the assessment in the case at hand.

Even though the conditions are thoroughly regulated, the findings of the CPT, being recurrent, together with a decision on the subject by the Swedish Parliamentary Ombudsman on 19 May 2021 (ref. no 279-2018), could indicate that some of the elements of restraints need to be further addressed. The issue is being considered within the Government Offices.

52. As for inmates' possibilities to maintain contact with the outside world, **reference is made to the comments and recommendation in paragraph 32 concerning restrictions.**

Prisoners not subjected to restrictions had generally adequate possibility to receive visits (even though visits had been stopped for some time due to the covid-19 pandemic and had only restarted recently), make telephone calls and write and receive letters. Further, as a means to compensate for the lack of visits during the aforementioned ban, prisoners with small children were

given access to video meetings (using VoIP); **the CPT welcomes this and invites the Swedish authorities to extend this possibility to all other inmates (especially those whose relatives and friends live far away) and to make it permanent (not just during the pandemic).**

Further, the Committee reiterates its long-standing recommendation that the Swedish authorities adopt precise legal provisions concerning the visiting entitlement for prisoners (to ensure that all prisoners, irrespective of their legal status and category, are entitled to least an hour of visiting time per week.

Information on video calls

On 12 May 2020, the Head of the Prisons and Remand Prisons Division decided to offer inmates video calls with children as a compensatory measure during the limitations that existed for visits and parole, related to the covid-19 pandemic. The target group for video calls was inmates who are granted permission to call within or outside the INTIK[25] system to a closely related child and inmates under the age of 18 who are granted permission to call within or outside the INTIK system to a close relative. The purpose of the decision was, primarily from a children's perspective, to mitigate the consequences of the temporary limitation that existed concerning visits and parole. Based on the positive outcome from this temporary measure, the Head of the Prisons and Remand Prisons Division on 30 March 2021 decided to introduce an order on permanent use of video calls with children in remand prisons and prisons, mainly based on children's perspective. The decision entered in to force on 1 October 2021.

Furthermore, work is under way to enable inmates with speech or hearing impairments to communicate via video calls.

However, being able to have video calls is not an unconditional right in these cases; a review must be done in each individual case, considering the prison's procedures and the access to staff and equipment for such communication. Another aspect to consider in this regard is that videocalls are resource intensive. The calls need to be monitored by staff being present in the room to protect the equipment, to ensure that the calls are not made to a person other than the one the permit covers and to ensure that the call is conducted

[25] Intagnas telefoni i Kriminalvården, INTIK, stands for the system for inmates' telephony within the SPPS. Inmates can also be granted to call their relatives via the SPPS's telephone system for free.

in a good way for the child. At present it is therefore not deemed possible to expand the target group to, for example, encompass clients with relatives abroad, clients who have relatives with a long travel distance or severely ill relatives. The possibility to expand the target group will, however, be investigated further within the SPPS in the near future.

Information on visits

According to the Act on Imprisonment[26] and the Act on Detention[27] an inmate may receive visits to the extent that they can appropriately take place. A visit may, however, be denied if it can put security at risk in a way that cannot be remedied through controls. The Act on Imprisonment also states that visits can be denied if it can work counter to the inmate's reintegration to society or if it can otherwise be of harm for the inmate or somebody else.

Relevant in this regard is also the preparatory work to the Act on Imprisonment[28]. Here it is apparent that the legislator wanted to create a provision that expresses a far-reaching right to visits, with few denial grounds that are to be applied restrictively, but also make room for consideration of other aspects of significance. For example, it is explained that the regulation is based on the view that an inmate's right to contact with the surrounding world through visits is of major significance both to reduce the isolation and to facilitate his or her possibility of making or keeping contact with relatives and other individuals outside the prison. As regards the expression "can appropriately take place" it is stated that it refers to practical preconditions for the visit, such as those considering the prison's procedures and its access to staff and visitation rooms. While considering if a visit can appropriately take place, it is important that a child's need to see a parent should be taken into account if it is consistent with the best interests of the child. Furthermore it is declared that the SPPS can deny visits that can put the security in the prison at risk or otherwise have a negative influence on the inmate's reintegration to society. The grounds for denial should be applied restrictively and strong humanitarian reasons speak against denying an inmate visits from a close relative. The SPPS shall strive to counteract any risks by controlling the visits or the visitor.

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[26] The Act on Imprisonment (2010:610) Chapter 7, Section 1.

[27] The Act on Detention (2010:611) Chapter 3, Section 1.

[28] The Government bill 2009/10:135 p. 143.

In addition, the Regulations and General Guidelines on Prison and Remand Prison[29] instruct that visits by close relatives shall be prioritised in the allocation of times for visits. Furthermore, pursuant to the guidelines, visits by children should be prioritised in the allocation of times for visits in visitation apartments at a prison. In addition, visits to inmates in prison who have a long sentence and cannot be granted parole shall be prioritised.

The overall assessment by the SPPS is that the regime for visits works well. However, there are inevitably some practical issues that affect the possibilities to receive visits. In order for visits to take place in a way that is secure and positive for the inmate, the visitor and staff access to both human resources and visiting rooms is required. Furthermore, the circumstance that inmates sometimes are placed at a prison far away from relatives means that the demand for longer visiting hours becomes greater with the consequence that these visits, based on resource allocation aspects, cannot take place as often. In addition, the inmates' obligations to participate in e.g., working operations, treatment and studies limit possibilities to receive visits during weekdays.

53. The CPT hopes that as soon as the epidemiological situation permits the previous general rule of allowing visits to take place under open arrangements (without a separation) will be reinstated, and closed visits will again become an exception only applied in individual cases where there is a clear security concern.

The Swedish Prison and Probation Service (SPPS) continuously follows inter alia the Swedish Public Health Agency's recommendations and the spread of infection in society.

During the pandemic the SPPS has issued numerous instructions regarding inter alia visiting activities. As of February 9, 2022, all restrictions on visits have been removed.

54. The Committee reiterates its recommendation that the Swedish authorities seek ways to ensure that prisoners have access to a telephone without disproportionate restrictions and delays.

[29] Chapter 7, Section 1 FARK Prison and Chapter 3, Section 1 FARK Remand Prison.

The Swedish Prison and Probation Service's (SPPS) possibility of monitoring inmates' calls is regulated and limited by law. The possibilities of monitoring calls are also limited further by resource reasons. This applies both to monitoring in real time and afterwards.

Pursuant to the Act on Imprisonment[30] and the Detention Act[31], an inmate may be in connection with another person through electronic communication to the extent appropriate. However, such communication may be denied if it can put security at risk in a way that cannot be remedied through monitoring. According to the Act on Imprisonment, communication may also be denied for an inmate if it can counteract the inmate's reintegration to society or can otherwise be of harm to the inmate or somebody else.

Furthermore, the Regulations and General Guidelines on Prison[32] state that the person an inmate wants to communicate electronically with shall be asked if he or she consents to the contact taking place. In connection with this, the person shall be informed that he or she, if consent is provided, may be registered in the SPPS' data systems and that the SPPS may investigate if he or she is convicted or suspected of crime and also may obtain information on his or her personal circumstances.

Before an application for a phone permit for an inmate in prison can be reviewed, consent from the person the inmate wants contact with is normally needed. Once consent has been received, the SPPS makes an assessment of whether or not the visit or contact should be approved. When it concerns inmates in remand prisons, the legislation looks somewhat different, in so far that one cannot obtain consent upon applications from inmates in remand prisons.

How long the review of the right to electronic communication takes depends on both staff resources and the postal service, as well as how many applications are submitted at a given time. The SPPS always strives for the

[30] The Act on Imprisonment (2010:610) Chapter 7 Section 4.

[31] The Act on Detention (2010:611) Chapter 3, Section 4.

[32] Chapter 7, Section 26, Paragraph 1 FARK Prison.

application to be reviewed as soon as possible and that the inmate shall receive a decision promptly[33].

Digital solutions for clients are a priority, which is stressed in the SPPS's digitalisation strategy of 2019. There is on-going work in this area, including the possibility to submit an application electronically.

Furthermore, the SPPS, through an assignment led by the head office[34], has taken a number of measures to improve the inmates' access to the surrounding world through phone calls. One of these measures is reduced charges for calls[35]. Another part of the assignment was to provide improved possibilities for clients to be able to call mobile phones. The SPPS noticed an increased need for this since relatives of clients - like the rest of the society - increasingly shifted to mobile phone subscriptions and had changed the instructions accordingly[36]. Another part in expanding the possibilities for phone calls is that the SPPS is working to find technical solutions to be able to grant calls to a mobile phone to a greater extent without having to comprise the security requirements that exist.

55. The CPT reiterates its recommendation that the Swedish authorities ensure that prisoners are able to make written internal complaints at any moment and place them in a locked complaints box (to which only the establishment's Director and/or designated deputy has the key) located in each accommodation unit. All written

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[33] The SPPS's Handbook on Visits and Electronic Communication (2014:3) states that "Since the possibility of visits and electronic communication is an important issue for the inmate and his or her close relatives it is important that the handling of such matters takes place without delay."

[34] The assignment was initiated by the chief legal officer.

[35] In 2017 the charges for calls were changed so that it became the same call cost for domestic calls regardless of whether the call was made on a land line or mobile phone. In accordance with a precautionary principle, despite the increasing cost that it would entail for the SPPS, the SPPS chosed to keep the call charges for calls to fixed telephony (SEK 0.35/minute), but also to reduce the cost for calls to mobile phones from the earlier SEK 2.30/minute to SEK 0.35/minute. For international calls, a tariff was adopted that means that clients pay the same cost per minute that the SPPS pays the phone provider, with a surcharge of SEK 0.35/minute for system costs etc.

[36] The SPPS's Handbook on Visits and Electronic Communication (2014:3) was revised in February 2019 so that it now states: "When an inmate wants to call an IP phone (security class 2-3) or a mobile phone (security class 1-3), the SPPS must assess the risk that the inmate mismanages the permit and the risk that the call recipient would participate in this misconduct. A risk assessment must, as mentioned above, be made both based on the risks around the inmate and the person the inmate wants contact with. The relationship between them must also be taken into account. Normally, the risks around a permit are greater the higher the prison's security class. In prisons of security class 1, where inmates with a need for a high degree of supervision and control are placed, permits for mobile phone calls should only be granted in exceptional cases, e.g., if there is reason to have special confidence in the person the inmate wants contact with. This may be the case if the contact, for example, pertains to a person in a position of trust or an authority representative. In prisons of security class 2, there is also reason for caution when it concerns granting permits for IP and mobile phone calls since inmates in prisons of security class 2 can also have a high risk of relapse into crime and misconduct. If the contact concerns a close relative, there may still be reason in some cases to grant the contact based on the proportionality principle. An assessment must, however, always be made based on the risks in the individual case. In prisons of security class 3, there should rarely be reason to deny a permit solely on the grounds that it involves IP or mobile phone calls."

complaints should be registered centrally within a prison before being allocated to a particular service for consideration. In all cases, internal complaints should be processed expeditiously (with any delays duly justified in writing) and prisoners should be informed within clearly defined time periods of the action taken to address their concerns or of the reasons for considering the complaint not justified. In addition, statistics on the types of internal complaints made should be kept as an indicator to the management of areas of discontent within the prison.

All inmates have the possibility to submit written complaints at any time both to managers at the local level at the respective operating unit and at a central level at the head office, which also takes pace to a relatively large extent. Written complaints are registered in the client administration system or the agency's register[37]. Responses are given to the inmate in either oral or written form in accordance with the requirements stipulated in the Administrative Procedure Act (2017:900)[38]. The regulations and General Guidelines in Prison and Remand Prison (FARK Prison and FARK Remand Prison) also state that if an inmate wants to speak with a representative for the management of the remand prison, an opportunity for this shall be provided as soon as it can conveniently be arranged.

[37] Kriminalvårdsregistret (KVR) is the official register at the Prison and Probation Service.

[38] This is done with protection of the inmate's anonymity.

Psychiatric establishments

62. In the Committee's opinion, mixed gender wards in forensic hospitals should be equipped with a women-only day room for female patients who wish to avoid interactions with male patients. **The CPT recommends that the Swedish authorities take measures to address this issue.**

The Swedish healthcare system, including care given under the Compulsory Mental Care Act (1991:1128) [LPT] and the Forensic Care Act (1991:1129) [LRV] is primarily the responsibility for the Swedish regions which gives the regions a great deal of freedom of action regarding issues relating to healthcare (see the response under paragraph 49). The organisation of the forensic hospitals including questions of accommodation is thus primarily a question for the regions. To stimulate development in the area of mental health and suicide prevention, the Swedish Government annually enters into agreements with the Swedish Association of Local Authorities and Regions (SALAR), an organisation which represents the Swedish regions and municipalities. The purpose of the agreements is to improve the Swedish regions and municipalities work in the area of mental health. For 2022 a total of 1,7 million SEK is allocated through the agreement which includes efforts to develop and strengthen the inpatient mental healthcare, including the compulsory mental healthcare and forensic care, for patients of all ages. The grants allocated to the regions through the agreement can for example be used to improve the accommodation conditions for female patients at the forensic hospitals.

Furthermore, the Swedish Government will inform SALAR, the Health and Social Care Inspectorate, the National Board of Health and Welfare and other relevant authorities of the CPT's findings and recommendations in this matter.

63. The CPT recommends that the Swedish authorities provide the North Stockholm Psychiatric Clinic with a designated appropriately secure outdoor area for involuntary patients.

As regards the responsibilities of the regions and the agreement between the Swedish Government and the Swedish Association of Local Authorities and Regions (SALAR), reference is made to the previous response under paragraph 62.

The Swedish Government acknowledges the right for every patient, including patients in involuntary care, to daily spend time outdoors unless the patient's medical condition militates against it. On 1 July 2020 certain legal amendments entered into force that give all involuntary patients under the age of 18 the right to daily outdoor stay at least one hour every day[39]. On 21 May 2021 the Government also tasked a national inquiry to review certain issues in accordance with the LPT and LRV as well as to analyse the need for changes and clarifications of the regulations. The task of the inquiry includes to assess whether regulations should be introduced that also ensure patients over the age of 18 the right to daily outdoor stay[40]. The assignment will be reported to the Government Offices (the Ministry of Health and Social Affairs) no later than on 1 July 2022.

The Swedish Government will furthermore inform SALAR, the Health and Social Care Inspectorate, the National Board of Health and Welfare and other relevant authorities of the CPT's findings and recommendations in this matter.

66. The CPT recommends that the Swedish authorities take steps to ensure that the aforementioned precepts are effectively followed in practice as regards patients receiving anti-androgen treatment in all psychiatric establishments.

The Swedish Government wishes to underline that one of the basic principles of the Swedish healthcare legislation is that all patients should be allowed to participate and exercise influence over the healthcare they receive and that healthcare is to be given solely on a voluntary basis, in accordance with the Health and Medical Services Act (2017:30) and the Patients Act (2014:821). According to the introductory provision in the Compulsory Mental Care Act (1991:1128) [LPT] which also applies to forensic psychiatric care according to the Forensic Care Act (1991:1129) [LRV] the regulations in the Health and Medical Services Act and the Patient Act apply to all psychiatric care. This means that the patient should always be given healthcare that is of good quality and that the patient's need for continuity and security in care must be met. Also, the obligations of the care staff and the requirement of science and proven experience in the Patient Safety Act

[39] The Government Bill, Improvements for children in compulsory psychiatric care (prop. 2019/20:84).

[40] The Government Offices of Sweden, Review of certain issues concerning compulsory psychiatric care and forensic psychiatric care (dir. 2021:36).

(2010: 659) are applicable to compulsory care. The patient should always receive information about treatment options and the possibility of obtaining a new medical assessment, and the patient's free and informed consent should always be obtained prior to the commencement of any treatment. Consent can be given in writing, orally or by the patient showing in another way that he or she consents to the measure in question. The patient's consent may be withdrawn at any time and the patient should always be fully informed of all the potential effects and side-effects of the treatment, as well as the consequences of refusal to undergo such treatment. No patient should at any time be put under pressure to accept or undergo treatment.

As stated above the general provisions in the Health and Medical Services Act and the Patient Safety Act entail an obligation for the medical staff to, as far as possible, design and implement all healthcare in consultation with the patient. This is a fundamental principle even regarding such care that is given through LPT and LRV. Even though LPT and LRV should be seen as exceptional laws in healthcare, as it in some respects deviates from the Health and Medical Services Acts (2017:30) fundamental principle of self-determination and integrity, this principle is so fundamental that medication and other treatment even during care according to LPT and LRV must be carried out in agreement with the patient. The starting point is thus that the consultation with and the consent from the patient is required, even in the case of psychiatric compulsory care and forensic care. Consultations should also take place with the patient's relatives unless this is deemed inappropriate. Care with support from LPT or LRV thus does not mean that the patients automatically will be treated against their will.

According to LPT and LRV the patient may however, if necessary and following the chief physician's decision, be given treatment without consent. In such case, the treatment must be adapted to what is required to achieve the purpose of compulsory care, i.e. to enable the patient to participate voluntarily in necessary care and receive the support the patient needs. The restrictions on the patient's freedom and influence over the healthcare that they receive should not in any way be more extensive than necessary.

The provisions on medical records are found in the Patient Data Act (2008: 355) and the National Board of Health and Welfare's regulations and general guidelines on record keeping and processing of personal data in healthcare (HSLF-FS 2016:40). According to the Patient Data Act, a

patient's medical record must contain the information needed for good and safe care of the patient including essential information on measures taken and planned. For patients who are cared for with the support of LPT and LRV, it is of outmost importance that the various coercive measures taken are carefully noted. Special rules therefore apply in addition to those provisions contained in the Patient Data Act according to the Ordinance (1991:1472) on Compulsory Psychiatric Care and Forensic Psychiatric Care. According to the regulation it is the chief physician's responsibility to maintain specific documentation of patients that are being cared for according to LPT and LRV. The documentation shall contain information on decisions and various coercive measures as well as information on consultations with the patient and his or her relatives in accordance with LPT and LRV (i.a. treatment against the patients will).

With regard to the compulsory mental healthcare under LPT and LRV all patients also have the right to leave complaints about the mental healthcare to the caregiver, to the Patient Board and to the Health and Social Care Inspectorate (IVO). IVO also has the national assignment to supervise the inpatient mental healthcare, including the compulsory mental healthcare, for patients of all ages. On 10 June 2021 the Swedish Government tasked IVO to strengthen and develop supervision and follow-up of compulsory psychiatric care and forensic psychiatric care. The Government assignment shall ensure that the authority can conduct a strategic, efficient and uniform supervision. The mission includes for example improving reporting, registers and data access so that the authority better can follow up the care providers' use of coercive measures. IVO shall also take efforts to ensure appropriate and regular supervision within compulsory care with regard to both legal certainty and care content. Furthermore, IVO shall work to increase the patient's access to information about the care's purpose and content, his or her rights and opportunities to make complaints. The task will be reported to the Government Offices (the Ministry of Health and Social Affairs) no later than on 31 March 2025.

The Swedish Government will furthermore inform the Swedish Association of Local Authorities and Regions, the Health and Social Care Inspectorate, the National Board of Health and Welfare and other relevant authorities of the CPT's findings and recommendations in this matter.

67. The CPT calls upon the Swedish authorities to take steps, without any further delay, to ensure that patients' free and informed written consent is always sought before resorting to ECT (and that this be reflected in the relevant documentation).

See the previous response under paragraph 66.

69. Regarding the Covid-19 pandemic and the response to it of the hospitals visited, the delegation was extremely concerned to find that, unlike in the other hospitals visited, the ward-based staff at *Karsudden forensic hospital* did not wear any personal protective equipment (PPE), reportedly due to an absence of any regional recommendations to do so.
In the Committee's opinion, not wearing proper PPE, i.e. at least a surgical mask, in a closed health-care environment during the Covid-19 pandemic, is placing patients at potentially serious risk of harm to their health, or even death. Social distancing might not always be ensured in psychiatric hospitals and psychiatric patients might not always be able to fully understand the risks of Covid-19 and to protect themselves, so it is entirely the duty of the authorities and, more directly, of the hospital staff, to take all possible measures to protect the health of the patients in their care.
The Committee also regrets to note that despite the fact that hospital staff are key vectors of infection, almost nothing was being done, to a differing degree in every hospital visited, to minimise the risk – there was no testing of patients upon admission or returning from home leave, no regular testing of the staff and no testing of contact cases when a patient or a staff member had tested positive. **In this regard, reference is made to the remarks and request made in paragraph 7 above.**

Reference is made to the answer under paragraph 7.

71. The CPT reiterates the recommendation that the Swedish authorities take measures, without further delay, to ensure that decisions regarding the application of means of restraint (or its continuation) are taken only after the doctor has personally seen and examined the patient; relevant legislation should be amended, if necessary.

The regulations regarding certain coercive measures are stated in Sections 19-24 in the Compulsory Mental Care Act (1991:1128) [LPT] and in Section

8 in the Forensic Care Act (1991:1129) [LRV]. According to the regulations it is the chief medical doctor who decides on any coercive measures regarding mechanical restraint or seclusion, or its continuation This assignment can also, during certain circumstances, be delegated to an experienced physician with specialist competence. Mechanical restraint may only be used if there is an immediate risk that the patient may harm him/herself and only briefly and in the presence of healthcare personnel (LPT, Section 19). If there are extraordinary reasons the time can be prolonged. For patients under the age of 18, mechanical restraint may only be used if there is an immediate risk of serious harm and it is clear that no other measures are sufficient (Section 19a). Such a decision is limited to one hour and can only be prolonged one hour at a time and healthcare staff must be present during the restraint.

The legislation is supplemented by the National Board of Health and Welfares Regulations and General Guidelines on Compulsory Psychiatric Care and Forensic Psychiatric Care (SOSFS 2008:18) and the National Board of Health and Welfare's regulations amending the Regulations and General Guidelines (SOSFS 2008:18) on Psychiatric Compulsory Care and Forensic Psychiatric Care (HSLF-FS 2021:36) in which certain amendments have been made regarding the decisions on certain means of restraint or its continuation. According to the regulations and general guidelines the decision-making doctor must examine the patient before a decision is made on restraint for longer than four hours or a seclusion-episode longer than eight hours (for patients under the age of 18 the examination must be carried out after one hour/two hours). The provision is intended to ensure a legally sound assessment before a decision, or the extension of a decision, of a coercive measure is made. It should be seen as a minimum requirement and the main rule is that the decision-making doctor conducts a personal examination of the patient before, or as soon as possible after, an initial decision has been made. It is thus the decision-making doctor who is ultimately responsible to secure and fulfil that the legal conditions regarding a coercive measure are met. The decision-making doctor therefore needs, in connection with the decision, to form his or her own opinion about the patient's condition and ensure that the assessment is reflected in the decision. This means that in principle, a personal assessment of the patient prior to any decision or its continuation is needed. The Government has assigned the Swedish Health and Social Care Inspectorate (IVO) to strengthen and develop supervision and follow-up of compulsory psychiatric

care and forensic psychiatric care (see the response under paragraph 66). The Swedish Government will closely follow this issue and is prepared to take further action if necessary.

Furthermore, the Swedish Government will inform the Swedish Association of Local Authorities and Regions, IVO, the National Board of Health and Welfare and other relevant authorities of the CPT's findings and recommendations in this matter.

73. At the aforementioned establishment (i.e. *Karsudden forensic hospital*), the delegation had some concerns regarding the design of the seclusion suites, namely the vestibule between the two seclusion rooms, where staff would normally sit during the seclusion of a patient, which, in addition to a window into a seclusion room itself, also had a large (almost floor to ceiling, approximately 40 cm wide) window into the sanitary annexe, giving the staff a totally unrestricted view of a secluded patient using the shower or toilet. In the Committee's view, such an arrangement unnecessarily challenges patients' privacy and dignity. The view into such a sanitary annexe should normally be obscured, e.g. by covering the window with a blind or a curtain which the staff could exceptionally open, when required, based on an individual assessment of the patient's risk of self-harm or other damage. **The CPT recommends that the Swedish authorities take measures to address this issue.**

See the previous response under paragraph 62 regarding the Swedish healthcare system and the agreement with the Swedish Association of Local Authorities and Regions (SALAR) as well as the previous response under paragraph 66 regarding the government assignment to the Swedish Health and Social Care Inspectorate (IVO). The Swedish Government will furthermore inform SALAR, IVO, the National Board of Health and Welfare and other relevant authorities of CPT's findings and recommendations in this matter.

75. At *North Stockholm Psychiatric Clinic*, the delegation noted that voluntarily hospitalised patients were not required to sign a form on admission attesting to their voluntary status. In the Committee's view, all voluntary patients should be required to sign such a form upon admission. This form should expressly state that voluntary patients are free to leave the establishment and to refuse treatment that they do not wish to take or participate in. Further,

patients who are not able to give their valid consent to their hospitalisation should be assessed in order to establish whether they fulfil the criteria for involuntary admission. **The CPT recommends that the Swedish authorities take steps to ensure that these precepts are respected in all the psychiatric hospitals of the country.**

See the previous response under paragraph 66. With reference to the applicable legislation the Swedish Government does not deem it necessary to introduce a form that voluntary patients should be signing upon admission. However, the Swedish Government will closely follow this question ahead. The Swedish Government will furthermore inform the Swedish Association of Local Authorities and Regions, the Health and Social Care Inspectorate, the National Board of Health and Welfare and other relevant authorities of the CPT's findings and recommendations in this matter.

77. The CPT once again calls upon the Swedish authorities to introduce at all psychiatric establishments in Sweden, without further delay, a procedure whereby patients' free and informed consent to treatment is actively sought and every patient capable of discernment is given the opportunity to refuse treatment or any other medical intervention. The relevant legislation should be amended so as to stipulate the fundamental principle of free and informed consent to treatment, as well as to clearly and strictly define the exceptional circumstances that may cause any derogation from this principle.

See the previous response under paragraph 66. With reference to the applicable legislation the Swedish Government does not deem it necessary to amend the current legislation in this matter. However, the Swedish Government will closely follow this question ahead. The Swedish Government will furthermore inform the Swedish Association of Local Authorities and Regions, the Health and Social Care Inspectorate, the National Board of Health and Welfare and other relevant authorities of the CPT's findings and recommendations in this matter.

77. The relevant legislation should also be amended so as to:
- require an external psychiatric opinion, entailing examination of the clinical records (including the proposed written treatment plan) and consultation with the patient, with the relevant psychiatrist and clinical staff involved, in any case where a patient does not agree with

the treatment proposed by the hospital's doctors. The contested treatment(s) should then only be applied in the case of a written concurring external psychiatric opinion;
- provide patients with the possibility to appeal against a proposed treatment to an independent outside authority and to receive the respective decision within an appropriately short timescale.
It should further be ensured that the patient's consent or refusal to treatment is in any case recorded prior to its commencement.

See the previous response under paragraph 66 regarding the possibilities to get a second opinion, documentation of the patient's consent or refusal to treatment and the responsibilities of the Health and Social Care Inspectorate (IVO).

As stated in the response under paragraph 62 the Swedish Government has appointed a public inquiry to review certain issues regarding the Compulsory Mental Care Act (1991:1128) [LPT] and the Forensic Care Act (1991:1129) [LRV] as well as to analyse the need for changes and clarifications of the regulations.[41] The inquiry will also consider introducing provisions with the effect that currently non-appealable coercive measures can be appealed to a general administrative court. This includes medical treatment against the patients will. The inquiry shall analyse all issues in the assignment on the basis of fundamental freedoms and rights according to the Swedish Constitution, the European Convention for the Protection of Human Rights and Fundamental Freedoms as well as the Convention on the Rights of the Child. The inquiry shall also take into account the views expressed by international bodies that review compliance of human rights conventions, including the UN Committee on the Rights of the Child, the UN Committee Against Torture and the CPT. The assignment will be reported to the Government Offices (the Ministry of Health and Social Affairs) no later than on 1 July 2022. The Swedish Government will furthermore inform the Swedish Association of Local Authorities and Regions, IVO, the National Board of Health and Welfare and other relevant authorities of the CPT's findings and recommendations in this matter.

78. The Committee recommends that the Swedish authorities review the total ban on visits to patients in psychiatric hospitals, instituted in

[41] The Government Offices of Sweden, Review of certain issues concerning compulsory psychiatric care and forensic psychiatric care (dir. 2021:36).

response to the Covid-19 pandemic, and take steps to ensure that patients can receive such visits in safe conditions, respectful of requirements for physical distancing and with the deployment of PPE as indicated.

The provisions regarding visit restrictions in certain compulsory care are stipulated in the Act (1996: 981) on visit restrictions in certain compulsory care. According to the law, which includes care according to the Compulsory Mental Care Act (1991:1128) [LPT] and the Forensic Care Act (1991:1129) [LRV], the principal of the care institution or healthcare institution may decide on general visiting hours. Visiting hours must be determined so that they provide satisfactory opportunities for visits without interfering with the care given. The head of the institution may decide on extended visiting hours, if appropriate, even at other times.

If, with regard to the conduct of care, the risk of transmission of infection or the protection of individual care recipients' personal integrity, restrictions on general visiting hours are necessary, the head of the institution may in special cases decide on visit restrictions. Such a decision may be general or refer to visits by a specific person or persons and may be appealed to a general administrative court.

According to the above-mentioned legislation it is thus possible, under certain circumstances, to decide on visit restrictions i.a. due to the risk of transmission of infection. During the covid-19 pandemic such visit restrictions have temporarily been applied at most of the psychiatric hospitals, in order to protect the patients and the staff from infection. All bans have since then been lifted as the spread of the virus has increased drastically in Sweden and most individuals are now vaccinated. The Swedish Government would, however, like to point out that there has never been a national ban on visits to patients in psychiatric hospitals, instituted in response to the covid-19 pandemic. Visiting restrictions are, according to the above-mentioned law, a responsibility for the regions/hospitals.

The Swedish Government will inform the Swedish Association of Local Authorities and Regions, the Health and Social Care Inspectorate, the National Board of Health and Welfare and other relevant authorities of the CPT's findings and recommendations in this matter.

79. At *Sala forensic hospital*, the delegation met a patient who was legally considered as a remand prisoner and was subjected to restrictions, due to which he was reportedly not allowed to participate in any activities or use the telephone (except for contacting his lawyer), the gym, the library or the computer room; he was also required to wear a green prison uniform. The Committee reiterates its view expressed in the report on the 2015 visit that such an approach vis-à-vis persons with severe mental disorders (necessitating a period of hospitalisation and treatment) is discriminatory, potentially humiliating and highly likely to be detrimental to their mental health and treatment prospects; **the imposition of such restrictions on such patients should be avoided and decisions restricting access to activities with therapeutic benefits in hospitals, should be individually decided upon and clinically based.**

Provisions regarding forensic psychiatric care are regulated in the Act (1991:1129) on Forensic Psychiatric Care. The law applies to individuals whom inter alia are arrested, detained or is admitted to or is to be transferred to a penitentiary and whom are in need of care for a serious psychiatric disorder. If a person is arrested or detained due to suspicion of a crime the detainee may - if there is a risk that he or she will remove evidence or otherwise impede the investigation - be subject to restrictions on his or her right to contact with the outside world[42]. This includes restrictions on the right to be placed together with other inmates, to participate in activities with others, to follow what is happening in the outside world, to hold magazines and newspapers, to receive visits, to be in contact with others through electronic communication as well as to send and receive shipments. A question of restrictions shall be tried by the head of the investigation or the prosecutor and be reconsidered as often as there is reason to do so. Since 2015, the Government has employed strong efforts in the area of pre-trial detention and restrictions for remand prisoners (see the response under paragraph 30).

At the constitutional level, there are no rules that explicitly regulate the detainee's right to wear his or her own clothes. The Swedish Prison and Probation Service's detention regulations and general advice on detention however states that an inmate must be provided with bed linen, towels and basic items for personal hygiene and, if the inmate so wishes, clothes and

[42] See Chapter 6 in the Detention Act (2010:611).

shoes. The equipment may be restricted if necessary to prevent inmates from seriously injuring themselves and the inmate is normally not allowed to store more clothing than is needed between two laundry changes. Thus prison clothing is not mandatory and all detainees have the right to wear their own clothes if they wishes unless it poses a security risk.

The Swedish Government will inform relevant authorities of the CPT's findings and recommendations in this matter.

80. In the Committee's view, involuntary placement in a psychiatric establishment should cease as soon as it is no longer required by the patient's mental state. **The CPT would like to be informed about the measures being taken to transition this group of patients from all psychiatric hospitals in the country to appropriate care structures in the community.**

The Act (2017: 612) on Collaboration in Discharge from Inpatient Health Care entered into force on 1 January 2018 and for patients in units for psychiatric care within a region's inpatient healthcare on 1 January 2019. The aim of the law is to strengthen cooperation between the social services, the municipally funded healthcare or the region-funded outpatient care for individuals in need of further healthcare and support after discharge from inpatient care. The purpose of the law is also to discharge the individual as soon as the doctor in inpatient care has assessed the individual ready for discharge. The effect of these legal amendments is increased coordination regarding the patients' needs, partly due to increased collaboration between care providers, better coordination procedures when a patient receives a so-called coordinated individual plan (SIP) and certain payment responsibilities between the regions and the municipalities. The law is applicable regarding care according to the Compulsory Mental Care Act (1991:1128) [LPT] and the Forensic Care Act (1991:1129) [LRV].

In 2017, the Swedish Agency for Health and Care Analysis was commissioned by the Government to monitor the implementation of the law with a special focus on the regions and municipalities' development work on the discharge process and the effects of the legislation for the care givers and for the patients. The assignment was finalized on 1 April 2020. The report states that the law has created a pressure for change in municipalities and regions through the national regional and local development work and that patients

in somatic care are discharged faster from hospitals since the law was introduced in 2018. Furthermore, the report concludes that the collaboration has improved between municipalities and regions and that the law has contributed to improve the transfer of information, especially between primary care and the municipalities. However, the report also concludes that certain challenges remain. This applies, for example, to difficulties concerning the planning process, coordinated individual planning, permanent care contact and estimated time of discharge. The agency therefore sees a need for continued development work, on both national, regional and local levels.

Many of the challenges highlighted in the report are common for patients who are discharged from the somatic care as well as patients from the general psychiatric care. There are, however, also special challenges for patients in psychiatric care, such as shortage on adapted and suitable housing and shortcomings in the transition between closed and open psychiatric care. Another challenge is that collaboration is more complex in this area due to the involvement of many different actors also outside the healthcare and social care. The agency's view is that the development work has not come as far for psychiatric care as for somatic care. One explanation for this is that the transitional provisions for psychiatric care applied until 1 January 2019.

The effects of the law for patients in forensic psychiatry are, based on what the agency has noted, still limited. This is, according to the agency, in part due to the fact that the forms of collaboration are already regulated in LRV and that there are largely routines in place for collaboration within municipalities and regions. The agency also states that the law gives the municipalities small financial incentives to speed up the process of e.g. providing accommodation for patients who are transferred or discharged from inpatient forensic psychiatric care, which is often the main obstacle to transfer or discharge a patient from the closed forensic psychiatric care. The law is furthermore not applicable in relation to discharge from the open forensic psychiatry. However, the agency's interviews show that many patients have continued contacts with the general psychiatric care and interventions from the municipality and that it therefore may be a need for increased coordination in this area.

Against this background, the agency sees a need for further studies to shed light on the effects of the law for patients discharged from psychiatric

inpatient care and forensic psychiatric care. Given this, the Swedish Government has tasked the National Board of Health and Welfare to increase knowledge of the care provided for persons who have reached the age of 18 according to the LPT and the LRV. The assignment includes analysing the care chain for patients in psychiatric and forensic care. Particular emphasis is to be placed on how collaboration works and can be developed to promote good care and social services for individuals who, after discharge from inpatient care, need contributions from the social services, the municipally funded healthcare or the regionally funded outpatient care. The results of the assignment shall form the basis for any further development initiatives in the area and is part of the Government's work to develop psychiatric care and strengthen legal certainty for those who are cared for with the support of coercive legislation. The National Board of Health and Welfare will report to the Government Offices (the Ministry of Health and Social Affairs) no later than on 1 August 2023.

Homes for young persons

85. The CPT recommends that the Swedish authorities regularly deliver a clear message to staff in the homes for young persons that all forms of ill-treatment, including verbal abuse, are not acceptable and will be punished accordingly.

The Swedish National Board of Institutional Care (SiS) has and will continue to work systematically in order to prevent physical and verbal ill-treatment from occurring in the special residential homes for young people. In June 2021, the Director General decided to establish a coordination group to identify deficiencies in the quality of the authority's operations. Several competences from different parts of the organization are included in the group to work pro-actively to prevent serious deficiencies, such as ill-treatment, from occurring.

Raising staffs' knowledge in human rights, ethics and core values can prevent future cases of ill-treatment. To that end, SiS decided on an action plan for its work with human rights between 2020 and 2021. The goals of the action plan were: to increase the staff's knowledge about human rights, increase young persons' and clients' knowledge in human rights, to incorporate a human rights perspective in managing, management and follow-ups, and to develop methods of working based on human rights. Activities for staff included education in human rights, ethics and the core values of public servants. The education started with the training of managers, new employees, and staff responsible for topics concerning ethics. In addition, in October 2021, SiS launched a digital education that gives staff training in human rights, ethics and values for treatment. Furthermore, a human rights perspective has been incorporated in the existing education offered to the staff, such as training in using coercive measures provided by certain acts, e.g. according to the Care of Young Persons Act (1990:52) and the Secure Youth Care Act (1998:603).

Besides the preventive work, certain safeguards are in place. A suspected misconduct by an employee is normally reported to SiS's Disciplinary Board by a supervisor. Such misconduct can concern ill-treatment by staff. After a report is filed, an investigation is conducted upon which the Disciplinary Board bases its decision. Depending on the content of the report, the suspected staff member can be subject to temporarily measures during the

investigation such as redeployment or work on leave. The Disciplinary Board decides on dismissal of staff, termination of contract, notice of legal action, suspension and disciplinary sanctions such as warning and deduction of wage. The central guidelines from the Board are currently being updated in order to give more guidance on the actions that should be taken before a suspected case of misconduct reaches the Board. Besides this, SiS has guidelines covering cases when a staff member is suspected of committing a crime or behaving inappropriately towards a client or a young person. Examples of measures that are taken into consideration are reporting the matter to the police and separating the staff member from the client or the young person.

SiS has informed the Government Offices that it will continue to deliver a clear message to its staff that all forms of ill-treatment is unacceptable and that appropriate measures will be taken if ill-treatment occurs.

91. The CPT recommends that all young persons, including those re-admitted after an escape, are given a comprehensive medical examination by a health-care professional as soon as possible, and no later than 24 hours after their admission; the examination procedure should include screening for transmissible diseases.

Further, all juveniles accommodated in homes for young persons should be included in the national immunisation programme and an individual vaccination plan should be set up for each juvenile upon admission.

For children that are placed in a special residential home for care, the Social Welfare Committee should act so that children receive the health and medical care that they need. The Committee has the ultimate responsibility to ensure that children and young persons are able to access health and medical examinations and receive interventions and treatments that are needed. When the child or young person is in need of an intervention from the social services and the health and medical sector, the municipality should establish an individual plan. Such a plan requires the consent of the child or young person. In addition, when a young person is placed outside their home the municipality responsible for the young person should enter an agreement with the region council concerning the care of the young person.

Every regional council in Sweden is responsible for providing health and medical care to its inhabitants and to others in case of emergency.

When a young person is placed outside their home, the responsible Social Welfare Committee should inform the region that a health examination should be performed, unless it is not necessary. The health examination is not necessarily performed upon admission to the Swedish National Board of Institutional Care (SiS) but instead when the care outside the young person's own home begins. Currently very few young persons at SiS have undergone such health examinations. Further, SiS cannot refer a young person to the region for a health examination on the basis that the individual has been admitted to SiS.

The Social Welfare Committee can also decide on an examination performed by a medical doctor during the investigation leading up to a decision that the young person should be cared for under the Care of Young Persons Act (1990:52). Although such examination can be performed, it is not associated with an admission to SiS and is not to replace the health examination mentioned above.

According to the School Act (2010:800), SiS is responsible for the medical health of students admitted to a SiS school. The healthcare given includes, health interviews, vaccinations, assessment interviews and health examinations. Upon admission a nurse at the special residential home will conduct the individual health interview. The purpose of the interview is to promote good health and prevent ill health or sickness as well as identifying the need of health check-ups and healthcare interventions. In addition, a psychologist will perform an initial assessment interview. The psychologist assesses the young person's mental status and measures to enable the young person to assimilate to treatment.

Additionally, a suicide screening is carried out within 24 hours on all individuals admitted to SiS. Routine drug screenings are not done. But if there is a reason for screening the young person is required to leave a sample for drug screening upon arrival to the special residential home, unless there are medical reasons against it.

In 2020, the Government gave the National Board of Health and Welfare a mission to improve access to good health and medical care, dental care and uninterrupted schooling for children and young persons that are placed

outside their home. According to the mission, the National Board is to consult with SiS. During the consultations, SiS has put forward issues concerning the lack of cooperation between the municipalities, regions, and SiS that affect the health and medical care of young persons admitted to SiS. In addition, SiS is also reviewing its health and medical care organisation. In the review SiS will determine the care that should be offered to all young persons admitted to SiS. The CPT's recommendations will be considered in the mentioned review.

Moreover, in October 2021 the Government appointed an inquiry to review and propose measures for how the quality of care can increase when children and young people are placed for example in special residential homes (dir.2021:84). The inquiry will report its findings on 10 April 2023 at the latest.

Children are offered protection against diseases through the national vaccination program set by the Public Health Agency. This includes all young persons at SiS. Young persons that have not been vaccinated according to the national vaccination program are offered supplementary vaccine. Vaccines can either be given at SiS or by an outside healthcare provider.

Healthcare or medical personnel working at a special residential home that becomes aware that young person has a transmittable disease that is dangerous to the public according to the Communicable Diseases Act (2004:168) is obliged to report the issue to SiS unless there is no risk of transmission. However, SiS does not screen for such diseases when a young person is admitted. Further, current regulation does not permit SiS to perform compulsory screening for such diseases.

92. Regarding the Covid-19 pandemic and the response to it of the Homes visited, the delegation was very concerned to note that staff working in close contact with detained young persons did not wear any personal protective equipment (PPE) at Bärby Home, and at Sundbo Home they only wore face shields which, according to the WHO, do not provide equivalent protection against infection. There was also no Covid-19 testing of young persons upon admission, no regular testing of the staff, and no testing of contact cases when a young person or a staff member tested positive. **In this regard,**

reference is made to the remarks and request made in paragraph 7 above.

The Swedish National Board of Institutional Care (SiS) follows the recommendations of the Public Health Agency and other national and regional regulations and recommendations that are enforced at any given time. When national recommendations have been changed, SiS has adjusted its central recommendations regarding measures to prevent the spread of covid-19, such as the use of face masks.

According to the Swedish vaccination policy, no priority per se is given to persons held in prisons and other places of detention, nor to staff working in such establishments (see also the answer under paragraph 7). The regions are responsible for giving the vaccine. Every SiS special residential home cooperates with the concerned region to facilitate the vaccination of admitted persons. On a regional level SiS has asked for its admitted individuals and staff to be given priority in receiving vaccination. In certain regions this request has been approved and SiS's staff and admitted individuals have been given priority in receiving the vaccination. But the majority receive vaccination according to the national plan.

As for testing, each special residential home cooperates with local healthcare providers to test admitted individuals that show symptoms of covid-19 following national guidelines. SiS cannot legally enforce mandatory testing of admitted individual or staff. Staff is expected to follow the national and regional guidelines to prevent the spread of covid-19.

98. The CPT considers that a strip-search is a very invasive and potentially degrading measure and should only occur when absolutely necessary and based on justifiable risk. When carrying out such a search, every reasonable effort should be made to minimise embarrassment and maintain as much dignity as possible; detained persons who are searched should not normally be required to remove all their clothes at the same time, e.g. a person should be allowed to remove clothing above the waist and put the clothes back on before removing further clothing. **The CPT recommends amending the current practice used in homes for young persons when carrying out strip-searches to bring it into line with the precepts set out above.**

Proportionality and all considerations given the circumstances must be observed during a strip- or frisk-search. The individual can also ask a certain

staff member to perform the search to minimize the embarrassment and maintain as much dignity as possible. According to the Care of Young Persons Act and Secure Youth Care Act (1990:52), young persons will be offered a follow-up conversation after any searches to talk about the performed measure. The Swedish National Board of Institutional Care's (SiS) legal guidelines state that frisk-search and especially strip-search are unpleasant experiences and must be performed with utmost consideration for the individual's integrity.

The SiS has informed the Government Offices that it will consider the CPT's recommendations in this regard in its upcoming review of SiS's legal guidelines.