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### **Inspection visit to detention centre of the law enforcement bureau of the North Prefecture**

On 29 April 2019, advisers to the Chancellor of Justice carried out an unannounced inspection visit to the detention centre of the law enforcement bureau of the North Prefecture (hereinafter ‘the detention centre’ or ‘the centre’).

The staff of the detention centre have done a lot to ensure that moving to the new building goes as smoothly as possible. A point worth acknowledging is the staff’s supportive attitude towards persons to be expelled and applicants for international protection (hereinafter ‘residents of the centre’). It is positive that plans have been made to bring computers to the centre as this would enable the residents to examine legislation and websites of government agencies. Plans are to install partitions in washrooms and set up a lockable washroom for a mother and child in the department on the first floor. Strict washing schedules have been made more flexible once again. By agreement with the activity supervisor, all residents in the centre can use the exercise yard containing a basketball field.

In so-called ordinary rooms, 24-hour video surveillance may be applied only if this is unavoidably necessary. A window in the sanitary corner may be opened to observe activities in the room only in justified exceptional cases. A possibility should be seriously considered to create alternative ways for communication with next of kin by means of modern information technology at the centre. The detention centre should have a suitable room (or rooms) for meetings with family and minor children. It would be good if, in the future, the centre finds opportunities to improve the available selection of literature as well as newspapers in foreign languages.

Proper distribution of food at the centre and compliance of food content with requirements should be ensured. Situations should be avoided where staff or residents of the centre participate as interpreters in communication between a patient and a doctor. Psychological counselling must be available for all residents. According to the assessment of the healthcare expert, screening for infectious diseases should be carried out at the first opportunity after a person’s arrival in the centre. Every resident should have an opportunity to privately justify to a doctor/nurse why they need an appointment: this facilitates assessment of the person’s health problem.

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A general practitioner was involved as an expert in the inspection visit.

The inspection visit involved examination of the rooms and documents at the centre and interviews with residents.

### **Video surveillance**

Some of the so-called ordinary rooms in the detention centre use video surveillance. In summaries of inspection visits to police detention centres in [Kärdla](#), [Rapla](#), [Paide](#) and [Kuressaare](#), the Chancellor has emphasised that constant monitoring of a person in a cell with video cameras might not always be appropriate in terms of their privacy. Whether 24-hour video surveillance is absolutely necessary should always be considered. According to information available to the Chancellor, it is technically possible for the detention centre to switch off individual cameras.

Video surveillance should be used according to need. The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) stressed this in the [2017 recommendation to the Netherlands](#) (para. 28) and the [2011 recommendation to Poland](#) (para. 56). The CPT has also noted that use of video surveillance as an intrusive supervisory mechanism must be precisely regulated: inter alia, the regulatory framework must lay down the specific grounds and conditions for applying it (see [the 2015 recommendation to Gibraltar](#)).

### **Privacy in the sanitary corner**

Sanitary corners in rooms in the detention centre have small windows opening on to the corridor and having a cover with a padlock. In the event of a suspicion that something has happened to a person, a staff member of the centre can remove the cover and look into the sanitary corner.

When inspecting police detention facilities, the Chancellor has noted that a detainee may be observed while using the sanitary corner only in the event of a compelling need (e.g. suicide risk) (see the [summary of an inspection visit to short-term detention facilities in Tallinn](#) and an [inspection visit to Jõhvi police detention centre](#)). It must be possible to retrospectively justify this need. A decision to monitor a person in the sanitary corner certainly cannot be made arbitrarily or lightly.

Where the police have a reasonable suspicion that a resident in the centre may harm themselves, a specially designated room must be used to accommodate them if necessary. Naturally, even in that room the sanitary corner may not be monitored automatically: however, if this is done, it must be justified by the need to protect essential values (in particular, life). This decision must be made on a case-by-case basis. The possibility to monitor the hygiene corner in every room is questionable: it is difficult to imagine a situation where the detention centre is filled only with extremely suicidal people – in that case, the place for those people is probably not a detention centre but rather a psychiatric hospital. The healthcare expert involved in the inspection visit also considered the possibility of monitoring the hygiene corner through a window utterly reprehensible due to lack of privacy.

Even if the window of a sanitary corner is covered, different measures (practice, internal rules, and the like) must ensure that a person in a sanitary corner is monitored only in highly exceptional circumstances. People in whose case this might be justified should rather be in a kind of a segregation cell.

## Leisure opportunities

Interviews with residents revealed that they felt the centre was lacking foreign language literature. Departments in the centre have books in several languages but not enough. I ask that possibilities be found to supplement the choice of literature.

Newspapers available freely in Estonia and (some) newspapers understandable by foreigners (e.g. Russian-language *MK-Estonia*, a free city paper in Russian) are seldom brought to the detention centre. If possible, I ask that papers through which residents could keep abreast of events in the outside world be brought to the centre more often.

## Contact with next of kin

Residents of the centre can communicate with next of kin only through the phone available on the premises and through correspondence. More direct and cheaper options are not offered. The Chancellor also drew attention to this in the summary of the [previous inspection visit](#). The CPT has repeatedly recommended that, in order to facilitate communication by (foreign) detainees with their families, modern means of information technology should be adopted (see the CPT's [2019 recommendation to Andorra](#), para. 43; the [2019 recommendation to Norway](#), para. 102; the [2017 recommendation to the Netherlands](#), para. 69; the [2016 recommendation to North Macedonia](#), para. 131; the [2014 recommendation to Denmark](#), para. 82).

I ask that serious consideration be given to creating alternative ways for residents at the detention centre to maintain contact with their next of kin, for instance by means of computers and the relevant communication software.

## Meetings with next of kin

A small room, separated from the corridor with a glass wall, is designated for residents' meetings with next of kin (including children). The room is furnished with a table and chairs and visitors are not separated. At the same time, account should be taken of the need for meetings with family and minor children to take place in a room that is sufficiently spacious, comfortable and child-friendly (in terms of design of the room, toys, etc.)<sup>1</sup> Currently, no visiting room meeting those requirements exists at the detention centre.

## Food

Several residents expressed concern that no hygiene requirements were being observed when distributing food. Inspection reports drawn up by the company providing healthcare services at the centre on how provision of meals is organised<sup>2</sup> indeed reveal that food distributors' protective clothing is inadequate, gloves are not changed often enough, food container lids are placed on the floor, food containers lack markings, etc. According to an assessment by the company providing healthcare services, the food offered does not contain sufficient vitamin D or B7, and nutrient levels are artificially increased by offering more toast and bread. This was also noted by the healthcare expert involved in the inspection visit. On the basis of the menu analysed with the NutriData program, the expert also noted that the calorific value of meals prepared without meat

<sup>1</sup> See e.g. additionally K. Žurakovskaja-Aru. [Lapse õigus vs. võimalus suhelda vangistuses vanemaga – vanglavälisest suhtlemisest ümberpööratuna](#) (The rights of the child vs. an opportunity to remain in contact with a detained parent – a reverse view on communication outside a prison). *Juridica* 2015, No 6, pp 405–417.

<sup>2</sup> 17 May 2019, No 7–4/19/1-1; 28 May 2019, No 7–4/19/2-1; 11 June 2019, No 7–4/19/3-1.

for men in group R3 remained below the recommended average (2300-2700 kcal) on some days of the week.

I ask to ensure that food is distributed properly at the centre and that food content meets the requirements laid down by the [Minister of Social Affairs Regulation](#).

### **Interpreting**

When communicating with a doctor, foreigners at the centre sometimes use the assistance of other foreigners. Outside the centre, a guard has helped a foreigner to communicate with a specialist doctor.

It is understandable that there are not enough interpreters for certain languages and exceptional situations may occur. However, as a rule, it cannot be considered appropriate that staff of the centre participates in communication as an interpreter. Nor should communication with a medical professional be intermediated by another resident. The Chancellor drew attention to this, for instance, in the [summary of the 2018 inspection visit to the Accommodation Centre for Asylum Applicants](#) and the [2015 inspection visit to the detention centre](#). The CPT has also emphasised the need to ensure qualified interpretation in doctor-patient communication (see the [2019 recommendation to Bulgaria](#), para. 33).

It is worth acknowledging that the detention centre offers psychological counselling for foreigners. The psychologist communicates in Estonian, English and Russian. However, psychological counselling via professional interpretation should be accessible for all residents of the centre. The CPT drew attention to this in its [2018 recommendation to Poland](#) (para. 46). This requirement was also underlined by the healthcare expert involved in the inspection visit.

### **Remarks by the healthcare expert**

The expert noted that, as a rule, general medical care at the centre and specialist medical care outside the centre were accessible. However, the expert noted that screening for infectious diseases was carried out within a couple of months after a foreigner's arrival at the centre. According to the expert's assessment, it would be reasonable to carry out primary screening as soon as possible, in order to prevent the risk of infection.

In order to be admitted to a doctor's appointment, residents must notify their wishes in writing. They do not write down the reason for an appointment. Usually, a doctor's appointment is available within five working days. The expert noted that a foreigner should be able to tell a doctor or nurse about their health problem in private. Based on this information, a medical professional can decide whether to refer the patient for an appointment on the same day or within five working days at the latest.

I expect your opinion concerning the recommendations by 20 September 2019 at the latest.

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