Oranga Tamariki Residence Visit

(OPCAT monitoring under COVID-19 Alert Level 4)

Te Maioha o Parekarangi Youth Justice Residence

Virtual visit date: s 9(2)(a) OIA 2020

Report date: 18 June 2020

MANAAKITIA Ā TĀTOU TAMARIKI
Children's Commissioner

Context

This brief report describes the information collected during the virtual monitoring 'visit' undertaken by the Office of the Childrens Commissioner (OCC), to a secure residence, during the COVID – 19 epidemic. This visit was undertaken by s 9(2)(a) OIA [redacted] from the Office of the Children's Commissioner.

The first New Zealand case of this virus was reported on 28 February 2020. The government subsequently announced four alert levels designed to reduce the spread of COVID-19, with increased restrictions on travel, work and services at each level[1]. On 23 March 2020, the Prime Minister announced New Zealand was moving to level three immediately and to level four within 48 hours. Level four, commonly described as a 'lockdown', was to extend for at least four weeks. This decision had particular implications for children and young people in secure residences.

Under the lockdown, almost everyone has been confined to their homes almost all the time. The exceptions have been essential workers who can leave their homes to go to work and essential travel which is limited to visits to the supermarket or pharmacy, and exercise close to home. Everyone except for essential workers has been required to stay inside their personal 'bubble' which consists of the people who make up their individual household.

For most people, opportunities for face-to-face contact with people outside their bubble have been extremely limited. For children and young people living in a secure residence, the residence as a whole, or their unit within the residence, has become their bubble.

Purpose of this monitoring visit

The purpose of this visit was to fulfil the international monitoring mandate of the Office of the Children's Commissioner, to monitor the safety and wellbeing of children and young people detained in secure locked facilities during this period of lockdown. Visits to places of detention are particularly important in situations where civil liberties have been severely restricted because of serious health risks.

The Children's Commissioner is a National Preventive Mechanism (NPM) under the Crimes of Torture Act (1989)[2]. The role of OCC is to visit youth justice and care and protection residences to examine the conditions and treatment of children and young people, identify any improvements required or problems needing to be addressed, and make recommendations aimed at strengthening protections, improving treatment and conditions, and preventing ill treatment.

This visit was undertaken for the specific purpose of monitoring the safety and wellbeing of children and young people living in secure residences, and ensuring their rights were being upheld.

Given the virtual nature of these visits and the significant pressures on residence staff at this time, our primary focus was on interviewing children and young people and understanding their experience of the lock down environment. In contrast to our usual practice, we did not interview the full range of Oranga Tamariki staff and stakeholders. For this reason, no ratings have been given.

[1] See https://covid19.govt.nz/assets/resources/tables/COVID-19-alert-levels-summary.pdf

[2] This Act contains New Zealand's practical mechanisms under the United Nations Convention Against Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment (OPCAT). https://www.occ.org.nz/our-work/monitoring/monitoring-work/why-we-monitor/

Our monitoring approach

In response to the level four announcement, OCC developed areas of inquiry specifically relating to COVID-19 using the domains for OPCAT monitoring[3]. An infographic on how we monitored during this time can be found in Appendix One.

This work was informed by advice provided to NPMs by local and international organisations[4]. Relevant advice for places of detention, provided by the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, is attached as Appendix Two.

Questions for children and young people, residence managers and health workers were developed against each OPCAT area of inquiry. We then designed a series of virtual monitoring engagements to offer children and young people the opportunity to talk about their experiences in secure residences.

We were particularly interested in children and young people's:

- understanding of and reaction to pandemic plans
- access to health care and hygiene equipment
- contact with staff, whānau and other people who are important to them
- access to activities and programmes, and
- understanding of plans for any transitions in and out of residence.

We also wanted to hear from residence managers about how practice is developing in the new lockdown environment, emerging challenges and strategies to address these.

Following the development of our questions we worked with residences to adapt our engagement processes to best suit the needs of children and young people using the available communication equipment. As well as talking with children and young people, we also interviewed the residence manager and a member of the health team to understand their systems, practices and planning around COVID-19.

To ensure the experiences of young people could immediately inform practice, we provided the Residence Manager with verbal feedback two days after our visit ended.

Structure of this report

This report starts with a brief description of Te Maioha o Parekarangi youth justice residence, the number of young people living there and the circumstances surrounding our visit.

The next section lists our areas of inquiry then describes what we heard from various sources – the residence manager, a member of the health team and young people. To provide context, each area of inquiry begins with the information provided by the leadership team and a member of the health team about operational changes and the rationale for decisions made under lockdown. This is followed with descriptions of what we heard from young people. The final section describes issues that came up during our monitoring visit along with our actions in response.

[3] https://www.occ.org.nz/our-work/monitoring/monitoring-work/why-we-monitor/

[4] These include, among others, the New Zealand Human Rights Commission in their role as the Central NPM for New Zealand, the United Nations Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (SPT), and the Association for the Prevention of Torture (APT).

About Te Maioha o Parekarangi Residence

Te Maioha o Parekarangi (Te Maioha) is a youth justice residence, located on the outskirts of Rotorua in Kapanga. The residence sits within a rural area on Parekarangi Trust land. The residence has 30 beds, spread across three units.

At the time of our visit, Te Maioha had 21 young people. They were split into two units, with one unit made free to allow for an isolation unit. The three units were being used to increase 'physical distancing' by creating two bubbles. This means staff and young people from each unit were not mixing with each other.

Interviews were conducted through video conferencing software, Zoom, which was accessible through one device in the residence. Because of this we were only able to conduct one interview at a time.

We spoke with [redacted] young people and two staff members across the units.

Areas of inquiry

Our interviews with young people and staff focused on eight areas:

a) Pandemic plans
b) Voices of children and young people
c) Personal hygiene, cleaning and health
d) Contact with whānau and significant others
e) Activities and programmes
f) Staffing and staff relationships with children and young people
g) Responsiveness to mokopuna Māori
h) Transitions in and out of the residences

The information gathered under each of these areas was as follows:

a) Pandemic plans

The Residence Manager was meeting with other Residence Managers around the country every weekday, to discuss and share ideas about managing the care of young people and staff during this time. We were told this communication and joint planning had been very helpful during the lockdown.

The Residence Manager told us they have a very good working relationship with the Te Maioha health team. The residence followed advice from the health team, who based their approach on Ministry of Health guidelines, along with a pre-existing pandemic plan they were able to bring to the residence and implement accordingly. In the running of the residence they looked at implementing the concept of bubbles within bubbles. We heard the health team worked on educating staff about the virus and safe practices. The health team and management communicated with staff that preventing the pandemic was everyone's responsibility.

An isolation space was initially set up within the secure unit, but this was quickly transferred to the free unit, once its young people moved to other units. Young people entering the residence would first go to the isolation unit and remain there for 14 days as per the health team's plan. Staff volunteered to work in this unit and were kept strictly isolated from other staff and young people. Staff in the isolation unit had access to full personal protective equipment (PPE) and use of disposable cutlery and crockery. After their shift, staff from the isolation unit were housed in a motel to avoid contact with others outside the residence.

There has been good co-operation with Police who provide a COVID-19 pre-screen on young people being admitted to the residence. Police have also been helpful with escorting young people to the residence. We also heard that information and communication from Oranga Tamariki National Office had been helpful in planning for the lockdown.

What we heard from young people

Young people had various levels of understanding about the Coronavirus. They understood why the residence was in lockdown and how this had impacted them. They were generally not concerned about themselves and were more concerned about the impact of the virus on their whānau.

"I don't know anything but all I know is it's making us not have visitors and is making us a bit sad because we can't have visits and keep in contact and families can't travel around to see us. Bit low on that one."

"The staff they will have a community meeting and tell us what's going on cause we want to know what's going on out there. Staff are good at sharing information."

b) Voices of children and young people

We were told by the Residence Manager that VOYCE Whakarongo Mai had made contact with the residence the week prior to our visit. They had been in phone contact with some of the young people who had chosen to engage.

What we heard from young people

Young people gave a mixed response when asked about Whaia Te Maramatanga (WTM). Some know about it and have used it. Others knew about it but did not use it and some felt it was just a 'snitch form'. The young people all understood how the process worked and that it could be used as a way of advocating for something, raising concerns or making a suggestion.

Young people had access to VOYCE Whakarongo Mai through phone calls. Some young people had spoken to VOYCE Whakarongo Mai and asked them to advocate on their behalf while others were aware of this service but declined to have a conversation.

During our monitoring visit we asked young people about their concerns during the Alert Level 4 lockdown. The overwhelming response was in relation to their family's wellbeing. The young people were concerned about the impact the virus and the lockdown were having on them.

"If you want to complain or suggestion. Not had to use it." (WTM)

"My biggest concern is the worry for my family outside the residence. I know I'm alright, I'm safe. I just worry about my family. s 9(2)(a) OIA *s."*

"I spoke with VOYCE last week about not having a social worker. They are following that up for me."

c) Personal hygiene, cleaning and health

The health team have been continuing to educate staff and give reminders about handwashing. Staff had a hand washing station set up for the beginning and end of each shift. There are ongoing difficulties with providing ready access to soap dispensers in the units and staff were supplying young people with soap via the kitchen. In the past, the many attempts to provide soap dispensers have met with difficulty as they have quickly been targeted and damaged.

The isolation unit was used for any young people who presented with symptoms and were awaiting test results, as well as those who were new admissions to the residence. Young people who had been in the isolation unit when they were a new admission were very aware of the hygiene requirements. They talked about lots of handwashing, keeping distance and washing down all surfaces they came in contact with.

What we heard from young people

Young people told us staff were encouraging more hygiene. They talked about having distance between each other and staff. The young people told us they had plenty of access to soap and hand sanitiser and were encouraged to use it.

Young people said the nurse came in to the units every day to see how they are doing, and they could ask questions.

The young people told us they had observed more cleaning happening in their unit by the cleaners. Staff also cleaned areas of the unit at the end of the shift. The cleaners came in every morning and evening.

"There is hand sanitiser, staff they wear masks and gloves. They wear them most of the time. Makes them look like ducks."

"Hand sanitiser you know. You know always wash hands. Lots of access to soap and hand sanitiser."

"Just got to keep washing my hands and all that."

About staff in isolation unit : *"They do give us everything we need, we have a big thing of hand sanitiser, wipes, masks and that. So basically, we were told when we came into isolation that anything that we come into contact with we have to clean. We wipe down and clean everything, constantly washing our hands."*

d) Contact with whānau and significant others

Residence management have ensured that young people can continue to make phone calls with their whānau. Staff have been encouraged to facilitate this through the existing phone system.

What we heard from young people

A common theme we heard from young people was concern for their whānau during the lockdown. Some young people were happy with the type and amount of contact they had, while some were wanting to have more. We were told by young people that they were aware whānau were not able to visit them during the lockdown and the reasons for this. For some this lack of physical contact was a concern and the ability to connect via video was suggested by some young people as something they would like. The young people said the amount of contact time they had, via phone calls, was the same as before lockdown and was generally in the evenings.

Young people told us they are in contact with their social workers, but the amount of contact varied. Some young people initiated this contact, while others waited for the social worker to make the contact.

"I catch up with them heaps. s 9(2)(a) OIA *Be choice to get video calls in aye."*

"Still have contact but they just can't come and see us, it's just on the phone. They have kept the time, the same basically."

e) Activities and programmes

The Alert Level 3 and 4 lockdown created restrictions on who could enter and work within Te Maioha residence. As part of these restrictions, any external providers, like education, were unable to physically interact or provide programmes on site. We were told staff planned and provided the education component of the day programme. Some of the staff who had an education background helped facilitate this. The staff at Te Maioha kept the same routines the young people were used to. Specific activities had to be changed to accommodate the need for keeping units in their bubbles and therefore inter-unit or larger activities could not occur.

What we heard from young people

Young people told us that during the lockdown period they had not noticed any significant changes to their daily routines. There was frustration from some young people becuase they were unable to continue their external programmes, like the agricultural programme, but this was understood in the context of the COVID-19 lockdown. The young people told us about a range of activities they were involved in including: gym, rugby, kapa haka, chess, ping pong, watching movies, basketball, volleyball, dodgeball, drawing and cards.

"our staff stood up to be teachers, teach us YP's."

"There is a staff that comes in, comes in and teaches us for a bit then goes. Sometimes using the classroom."

f) Staffing and staff relationships with children and young people

During the Alert Level 4 lockdown, staff have been allocated to specific units. The staff and young people remain within these specific units to keep each unit isolated.

What we heard from young people

Young people told us they had not noticed any difference in the staffing, except there were more staff working within each unit. The young people said they liked more staff as it allowed more one-on-one connections.

We were told young people had staff members they could talk to if they had an issue or wanted to find things out. Some of the young people stated they recognised and appreciated the increased efforts staff had to put into their work. One young person told us that during his time in the isolation unit, he found the staff great and this helped to keep him positive and active.

"They have done a awesome job by stepping up, I'll give it up for them for stepping up."

"Yeah we got like nearly 10 staff on the floor now. It's been choice for our sports games. It's been all good, they are there to help us and stuff, more one-on-one too."

g) Responsiveness to mokopuna Māori

Management told us the staff had organised an inter-unit kapa haka competition for the young people.

What we heard from young people

Young people told us the education providers delivered a Māori programme in the classroom. As these providers were not entering the units during the lockdown period the programmes had ceased. We were told by young people that staff had taken up some of these activities. For example, learning waiata, practicing their pepeha and the kapa haka competition. They said this was occurring every day in their unit. The kapa haka competition was through video and several young people commented on how they enjoyed it.

"We been doing it everyday cause we got a comp with the other unit. We gotta do a video for a haka comp."

"Yeah brother it's mean as, the boys are in class at the moment learning some new waiata, karakia and some songs."

h) Transitions in and out of the residence

Neither management nor young people mentioned any delays in relation to accessing court appearances during the COVID-19 lockdown period.

Young people were confused about who was supporting them when they had been transferred to District Court, and whether this was the role of their site social worker or Probation. However, they did say that the Case Leader at the residence was helpful.

The residence manager and case leader confirmed that this was an issue that needed resolution.

What we heard from young people

We had a mixed response from young people, in relation to knowing what their transition plans were.

Some of this appeared to be because the young person did not understand the court process, only that another court date was approaching. None of the young people we spoke with talked about experiencing delays in transitions out of the residence, due to the COVID-19 lockdown.

"Will talk about transition in a month or so. Case leader is all good."

Follow-up actions

This section outlines issues identified during our monitoring visit - what we did and what happened in response. We followed up on three key areas:

Communication about COVID-19

We heard there was information given to young people about COVID-19 and the restrictions it placed on them and the residence. There were, however, differing levels of understanding between young people about the impact of the virus. The Residence Manager said they would follow up with staff in units to help increase young peoples' understanding.

Health and hygiene

We heard it has proven very difficult to have a soap dispenser in or outside the bathrooms and that before the COVID-19 pandemic many attempts had been made to create a model that is strong enough to survive the residence environment. There is still a need to provide consistent access to handwashing and something to dry hands with, that doesn't require touching multiple doors to get to. This is especially important during a pandemic. We encourage the Residence Manager to continue to seek a design that matches the residence's requirements.

Using Zoom as a way for young people to communicate with whānau

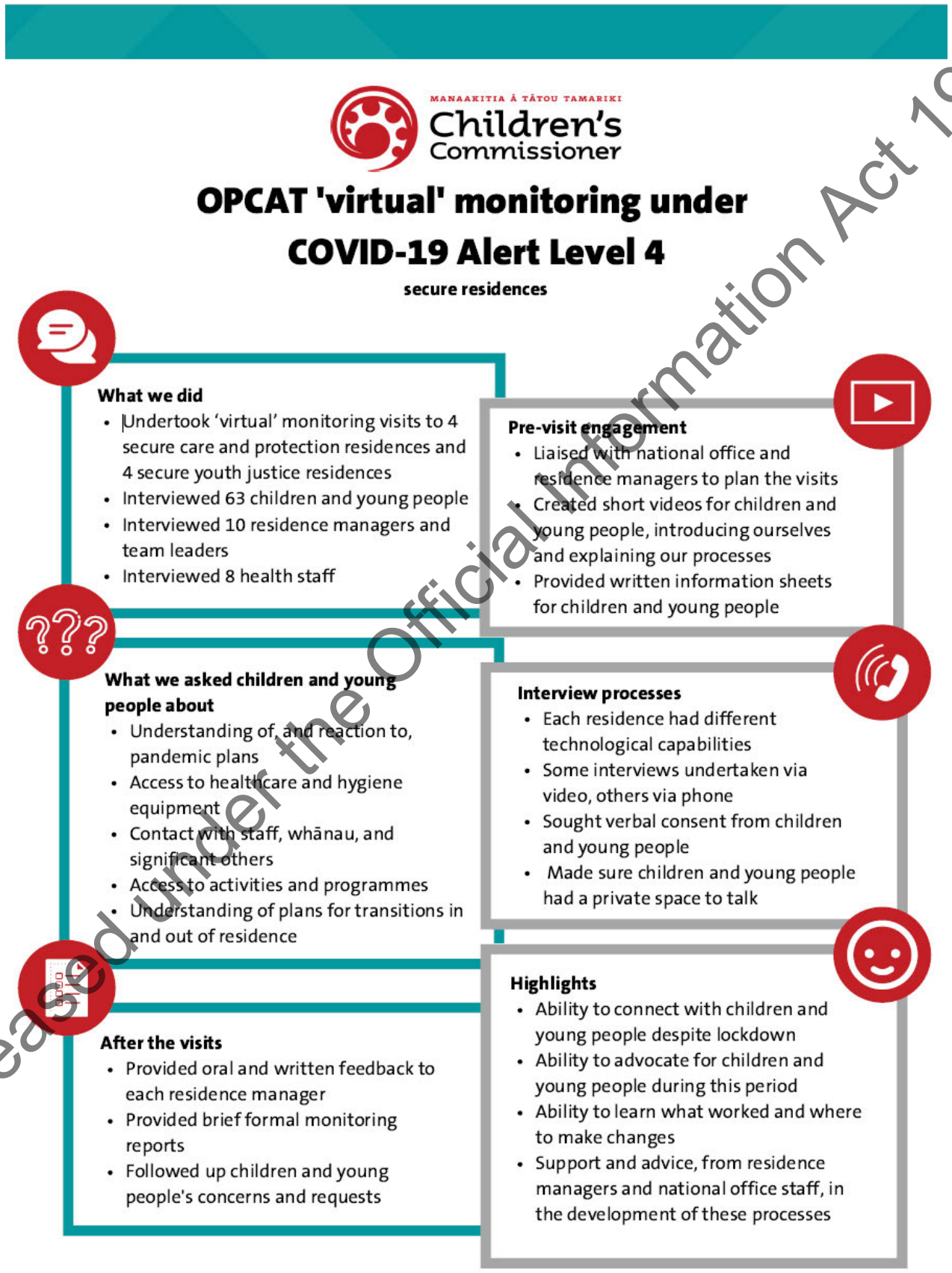
The residence has been unable to utilise Zoom for young people and their whānau due to limitations with the technnologies available. We would like to see the ability to communicate via a video platform investigated, to increase on going post-covid options for young people to engage with whānau.

We also followed up on individual circumstances that were raised by young people. These were responded to by the residence management at the time.

Monitoring on-going progress

OCC will schedule a full face to face OPCAT monitoring visit to Te Maioha in the next financial year. This will include further follow up, in relation to the issues described above.

Appendix One



Appendix Two

30/4/2020

United Nations CAT/OP/10

Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Distr.: General

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Original: English

Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Advice of the Subcommittee to States parties and national preventive mechanisms relating to the coronavirus disease (COVID-19) pandemic*

I. Introduction

1. Within the space of a few short weeks, coronavirus disease (COVID-19) has had a profound impact on daily life, with many impositions of severe restrictions upon personal movement and personal freedoms, aimed at enabling the authorities to better combat the pandemic through public health emergency measures.

2. Persons deprived of their liberty comprise a particularly vulnerable group, owing to the nature of the restrictions that are already placed upon them and their limited capacity to take precautionary measures. Within prisons and other detention settings, many of which are severely overcrowded and insanitary, there are also increasingly acute problems.

3. In several countries measures taken to combat the pandemic in places of deprivation of liberty have already led to disturbances both inside and outside of detention facilities and to the loss of life. Against this background, it is essential that State authorities take full account of all the rights of persons deprived of liberty and their families, as well as of all staff and personnel working in detention facilities, including health-care staff, when taking measures to combat the pandemic.

4. Measures taken to help address the risk to detainees and to staff in places of detention should reflect the approaches set out in the present advice, and in particular the principles of "do no harm" and "equivalence of care". It is also important that there be transparent communication to all persons deprived of liberty, their families and the media concerning the measures being taken and the reasons for them.

* Adopted by the Subcommittee on 25 March 2020, pursuant to article 11 (b) of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

5. The prohibition of torture and other cruel, inhuman or degrading treatment or punishment cannot be derogated from, even during exceptional circumstances and emergencies that threaten the life of the nation.[5] The Subcommittee has already issued guidance confirming that formal places of quarantine fall within the mandate of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT/OP/9). It inexorably follows that all other places from which persons are prevented from leaving for similar purposes fall within the scope of the mandate of the Optional Protocol and thus within the sphere of oversight of both the Subcommittee and of the national preventive mechanisms established within the framework of the Optional Protocol.

6. Numerous national preventive mechanisms have asked the Subcommittee for further advice regarding their response to this situation. Naturally, as autonomous bodies, national preventive mechanisms are free to determine how best to respond to the challenges posed by the pandemic within their respective jurisdictions. The Subcommittee remains available to respond to any specific request for guidance that it may be asked to give. The Subcommittee is aware that a number of valuable statements have already been issued by various global and regional organizations, which it commends to the consideration of States parties and national preventive mechanisms.[6] The purpose of the present advice is also to offer general guidance within the framework of the Optional Protocol for all those responsible for, and undertaking preventive visits to, places of deprivation of liberty.

7. The Subcommittee would emphasize that while the manner in which preventive visiting is conducted will almost certainly be affected by necessary measures taken in the interests of public health, this does not mean that preventive visiting should cease. On the contrary, the potential exposure to the risk of ill-treatment faced by those in places of detention may be heightened as a consequence of such public health measures taken. The Subcommittee considers that national preventive mechanisms should continue to undertake visits of a preventive nature, respecting necessary limitations on the manner in which their visits are undertaken. It is particularly important at this time that national preventive mechanisms ensure that effective measures are taken to reduce the possibility of detainees suffering forms of inhuman and degrading treatment as a result of the very real pressures that detention systems and those responsible for them now face.

II. Measures to be taken by authorities concerning all places of deprivation of liberty, including detention facilities, immigration detention centres, closed refugee camps, psychiatric hospitals and other medical settings

8. It is axiomatic that the State is responsible for the health care of those whom it holds in custody, and that it has a duty of care to its staff and personnel working in detention facilities, including health-care staff. As set out in rule 24 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.

9. Given the heightened risk of contagion among those in custodial and other detention settings, the Subcommittee urges all States to:

(a) Conduct urgent assessments to identify those individuals most at risk within the detained populations, taking account of all particular vulnerable groups;

(b) Reduce prison populations and other detention populations, wherever possible, by implementing schemes of early, provisional or temporary release for those detainees for whom it is safe to do so, taking full account of the non-custodial

[5] See article 2 (2) of the Convention against Torture and articles 4 and 7 of the International Covenant on Civil and Political Rights.

[6] See, for example, World Health Organization, "Preparedness, prevention and control of COVID-19 in prisons and other places of detention: interim guidance", 15 March 2020; and European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, "Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (COVID-19) pandemic", CPT/Inf(2020)13, 20 March 2020. Available at https://rm.coe.int/16809cfa4b.

measures indicated, as provided for in the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules);

(c) Place particular emphasis on places of detention where occupancy exceeds the official capacity, and where the official capacity is based on a calculation of square metreage per person that does not permit social distancing in accordance with the standard guidance given to the general population as a whole;

(d) Review all cases of pretrial detention in order to determine whether it is strictly necessary in the light of the prevailing public health emergency and to extend the use of bail for all but the most serious of cases;

(e) Review the use of immigration detention centres and closed refugee camps with a view to reducing their populations to the lowest possible level;

(f) Consider that release from detention should be subject to screening in order to ensure that appropriate measures are put in place for those who are either positive for COVID-19 virus or are particularly vulnerable to infection;

(g) Ensure that any restrictions on existing regimes are minimized, proportionate to the nature of the health emergency, and in accordance with law;

(h) Ensure that the existing complaints mechanisms remain functioning and effective;

(i) Respect the minimum requirements for daily outdoor exercise, while also taking account of the measures necessary to tackle the current pandemic;

(j) Ensure that sufficient facilities and supplies are provided free of charge to all who remain in detention, in order to allow detainees the same level of personal hygiene as is to be followed by the population as a whole;

(k) Provide sufficient compensatory alternative methods, where visiting regimes are restricted for health-related reasons, for detainees to maintain contact with families and the outside world, including telephone, Internet and email, video communication and other appropriate electronic means. Such methods of contact should be both facilitated and encouraged, as well as frequent and provided free of charge;

(l) Enable family members or relatives to continue to provide food and other supplies for the detainees, in accordance with local practices and with due respect for necessary protective measures;

(m) Accommodate those who are a greatest risk within the remaining detained populations in ways that reflect that enhanced risk, while fully respecting their rights within the detention setting;

(n) Prevent the use of medical isolation taking the form of disciplinary solitary confinement; medical isolation must be on the basis of an independent medical evaluation, proportionate, limited in time and subject to procedural safeguards;

(o) Provide medical care to detainees who are in need of it, outside of the detention facility, whenever possible;

(p) Ensure that fundamental safeguards against ill-treatment, including the right of access to independent medical advice, the right to legal assistance and the right to ensure that third parties are notified of detention, remain available and operable, restrictions on access notwithstanding;

(q) Ensure that all detainees and staff receive reliable, accurate and up-to-date information concerning all measures being taken, their duration and the reasons for them;

(r) Ensure that appropriate measures are taken to protect the health of staff and personnel working in detention facilities, including health-care staff, and that they are properly equipped and supported while undertaking their duties;

(s) Make available appropriate psychological support to all detainees and staff who are affected by these measures;

(t) Ensure that, if applicable, all the above considerations are taken into account with regard to patients who are involuntarily admitted to psychiatric hospitals.

III. Measures to be taken by authorities in respect of those in official places of quarantine

10. The Subcommittee has already issued advice on the situation of those held in quarantine (CAT/OP/9). To that advice, the Subcommittee would further add that:

(a) Those individuals who are being temporarily held in quarantine are to be treated at all times as free agents, except for the limitations necessarily placed upon them in accordance with the law and on the basis of scientific evidence for quarantine purposes;

(b) Those being temporarily held in quarantine are not to be viewed or treated as if they were detainees;

(c) Quarantine facilities should be of a sufficient size and have sufficient facilities to permit internal freedom of movement and a range of purposive activities;

(d) Communication with families and friends through appropriate means should be encouraged and facilitated;

(e) Since quarantine facilities are a de facto form of deprivation of liberty, all those so held should be able to benefit from the fundamental safeguards against ill-treatment, including information of the reasons for their being quarantined, the right of access to independent medical advice, the right to legal assistance and the right to ensure that third parties are notified of their being in quarantine, in a manner consonant with their status and situation;

(f) All appropriate measures must be taken to ensure that those who are, or have been, in quarantine do not suffer from any form of marginalization or discrimination, including once they have returned to the community;

(g) Appropriate psychological support should be available for those who need it, both during and after their period of quarantine.

IV. Measures to be taken by national preventive mechanisms

11. National preventive mechanisms should continue exercising their visiting mandate during the COVID-19 pandemic; however, the manner in which they do so must take into account the legitimate restrictions currently imposed on social contact. National preventive mechanisms cannot be completely denied access to official places of detention, including places of quarantine, even if temporary restrictions are permissible in accordance with article 14 (2) of the Optional Protocol.

12. The objective of the Optional Protocol, as set out in article 1, is to establish a system of regular visits, whereas the purpose, as set out in the preamble, is the protection of persons deprived of their liberty against torture and other inhuman or degrading treatment or punishment, this being a non-derogable obligation under international law. In the current context, this suggests that it is incumbent on national preventive mechanisms to devise methods for fulfilling their preventive mandate in relation to places of detention that minimize the need for social contact but that nevertheless offer effective opportunities for preventive engagement.

13. Such measures might include:

(a) Discussing the implementation and operation of the measures outlined in sections II and III above with relevant national authorities;

(b) Increasing the collection and scrutiny of individual and collective data relating to places of detention;

(c) Using electronic forms of communication with those in places of detention;

(d) Establishing national prevention mechanism hotlines within places of detention, and providing secure email access and postal facilities;

(e) Tracking the setting up of new and temporary places of detention;

(f) Enhancing the distribution of information concerning the work of the national preventive mechanism within places of detention, and ensuring there are channels allowing prompt and confidential communication;

(g) Seeking to contact third parties (e.g., families and lawyers) who may be able to provide additional information concerning the situation within places of detention;

(h) Enhancing cooperation with non-governmental organizations and relief organizations working with those deprived of their liberty.

V. Conclusion

14. It is not possible to accurately predict how long the current pandemic will last, or what its full effects will be. What is clear is that it is already having a profound effect on all members of society and will continue to do so for a considerable time to come. The Subcommittee and national preventive mechanisms must be conscious of the "do no harm" principle as they undertake their work. This may mean that national preventive mechanisms should adapt their working methods to meet the situation caused by the pandemic in order to safeguard the public; staff and personnel working in detention facilities, including health-care staff; detainees; and themselves. The overriding criterion must be that of effectiveness in securing the prevention of ill-treatment of those subject to detaining measures. The parameters of prevention have been widened by the extraordinary measures that States have had to take. It is the responsibility of the Subcommittee and of national preventive mechanisms to respond in imaginative and creative ways to the novel challenges they face in the exercise of their mandates related to the Optional Protocol.