

# Oranga Tamariki Residence Visit

(OPCAT monitoring under COVID-19 Alert Level 4)

## Puketai Care and Protection Residence

Virtual visit date: s9(2)(a) OIA 2020

Report date: 17 June 2020



MANAAKITIA Ā TĀTOU TAMARIKI

Children's  
Commissioner

Released under the Official Information Act 1982

## 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] and [REDACTED] from OCC.

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<sup>1</sup>. 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)<sup>2</sup>. 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 lockdown 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.

---

<sup>1</sup> See <https://covid19.govt.nz/assets/resources/tables/COVID-19-alert-levels-summary.pdf>

<sup>2</sup> 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<sup>3</sup>. This work was informed by advice provided to NPMs by local and international organisations<sup>4</sup>. 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 One.

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 children and young people could immediately inform practice we provided the Residence Manager with verbal feedback the day after our visit ended.

## Structure of this report

This report starts with a brief description of Puketai care and protection residence, the number of children and 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, the Team Leader Operations, a member of the health team and children 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 children and young people. The final section describes issues that came up during our monitoring visit along with our actions in response.

---

<sup>3</sup> <https://www.occ.org.nz/our-work/monitoring/monitoring-work/why-we-monitor/>

<sup>4</sup> 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 Puketai Care and Protection Residence

Puketai care and protection residence is an eight-bed residence located in Andersons Bay, Dunedin. It sits within a residential housing area and shares a boundary with a local primary school. Puketai has no fences surrounding its facilities. At the time of our visit, there were eight children and young people aged between 9 and 17 placed there.

Prior to New Zealand moving into lockdown, the Residence Manager had been overseas, so was required to go into quarantine for 14 days upon return. During this time the Team Leader Operations was acting Residence Manager and undertook planning and preparations for the lockdown. We spoke to both the Residence Manager and the Team Leader Operations during this monitoring visit. The children and young people and staff were all in one bubble.

Due to the complex nature and age range of the children and young people in Puketai, it was decided that a group video call with all eight children and young people in the classroom would be the best way to initially engage and introduce ourselves. During this call we described the role of OCC and what we wanted to talk to them about. We also played some games to energise children and young people and help them feel more comfortable talking to us. The group video call was followed by phone calls to individual children and young people.

Puketai did not have the available technology to allow for individual video calls, however this did not appear to stop us connecting with the children and young people. Interviews were offered to all eight children and young people and we spoke with four.

### Areas of inquiry

Our interviews with children and 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**

Planning for the pandemic began early, before the announcement of Alert Levels 3 and 4. Considerations were made regarding staffing levels and rosters, access to personal protective equipment (PPE) and hygiene products, and what was important for the children and young people to know and understand.

Staff told us there has been good communication between Oranga Tamariki National Office as well as internally with the residence leadership team, and health and education staff. This has helped staff to feel supported and has enabled the residence to run safely.

We were told that the initial plan, in the event of a child or young person showing symptoms of the virus, was that they would remain in their bedroom while awaiting test results. However, this was problematic due to the use of shared bathroom facilities. We understand management has decided that instead they would use the on-site flat to isolate a child or young person if required. We were also told that if a child or young person struggled or refused to remain isolated in the flat, then the residence may look to using the secure unit as a safer option. However, this was not to be used as a punishment.

**What we heard from children and young people**

Children and young people knew about the pandemic and understood what being in lockdown meant. They regularly watched the news with staff. We heard from children and young people they were worried about their whānau getting sick and worried about not being able to see them.

*"It's really sad. I mean it's making us kids here feel real depressed. And we can't see our families. It's a real tough time, we can't see our families, we can't go anywhere. It's just boring."*

*"We watch it [the news] practically every day and every night. When the lockdown began I started feeling depressed and wanted to run back home."*

**b) Voices of children and young people**

We heard the VOYCE Whakarongo Mai advocate is in contact with the children and young people daily. The Residence Manager told us there has been more contact with external agencies since the lockdown happened, which has been positive.

### **What we heard from children and young people**

We heard from children and young people that most knew about, and were still completing, Whaia Te Maramatanga forms when needed. However, one young person understood there were to be no grievances during lockdown. This was discussed with management who confirmed this was not the case. The Team Leader Operations (TLO) undertook to explain this to the children and young people.

We heard from a young person there had been some bullying between children and young people in the residence regarding COVID-19. This was distressing for the young person involved and was brought to the attention of residence management. They told us they would speak about this to the young person, as well as to the other children and young people.

*"Well coz they [VOYCE] listen to us, and you know we use our mouths and we say what we wanna say and we just feel like we're heard and wanted."*

*"They're [other children and young people] saying Mum is gonna get the Corona virus and that they hope that she does so I have no one to live with."*

### **c) Personal hygiene, cleaning and health**

We were told by the leadership team that children and young people have been educated around proper handwashing. Both staff and young people found this beneficial. Professional cleaners have also been coming to the residence every day.

The nurse is not in the Puketai bubble, so is unable to physically connect with children and young people. However, she is available for consults by phone and has been arranging prescriptions off-site.

We were told that the child and adolescent mental health services have been offering to connect with the children and young people under their care via phone, however only one young person is continuing with regular counselling. Other children and young people have declined phone calls. We were told staff would continue to make sure children and young people knew and understood this option was available to them.

### **What we heard from children and young people**

Children and young people told us they have access to soap, towels and hand sanitiser. Most we spoke to knew what would happen if someone got sick.

*"I wash my hands quite well. I wash them for like two minutes with soap, I make sure my hands are covered in bubbles."*

*"If a kid got sick they would be isolating in their room for 14 days, if they refuse to isolate they would go down to Secure."*

#### **d) Contact with whānau and significant others**

Puketai have started to use video calling as an option for children and young people to connect with their whānau during the lockdown. We were encouraged to hear this form of communication will continue to be available post lockdown. Children and young people are also able to use the phone and there are no time limits on calls.

##### **Children and young people's voices**

We heard from children and young people that some had enjoyed using video calls with their whānau because they were able to see family members and pets. Many told us they were worried about their whānau contracting COVID-19. They were also concerned about not being able to see their whānau face-to-face during the lockdown, and felt a lack of control over this, which made them angry and upset.

Children and young people told us they were in contact with their site social worker. One young person felt particularly well supported by their social worker around their COVID-19 concerns.

*"No not really [video calling whānau] because it hurts me more. Knowing that they're somewhere else and yet I'm not talking to them face-to-face."*

*"Feels annoying like, I just feel angry and sad and I feel like there should be something that could stop Corona virus so I can see my family."*

*"I am speaking with my counsellor every week on a Friday. That is with a counsellor, so that is really good and we try and stick to our structure and it's really nice."*

#### **e) Activities and programmes**

We heard children and young people are attending school again in two groups - a morning and afternoon session. The teacher is setting the work programme, which the staff help to administer. She is connecting with the students each morning through Zoom.

We heard from residence management there is a new playground children and young people can use. They are also able to continue their one-to-one walks and bike rides around their local community. We understand the move to Level 3 may mean more opportunities for group outings to places like the beach.

### **Children and young people's voices**

Children and young people told us they were keeping occupied by doing arts and crafts, as well individual hobbies such as writing, or making music. One young person raised concerns that some activities, such as PlayStation, are linked to the Behaviour Management System (BMS) levels. We heard that these rewards were harder to access during the lockdown because the stress of not seeing whānau made it difficult for children and young people to maintain their BMS levels. This was raised with management at Puketai who advised they had tried to relax the rules around BMS during lockdown and that staff needed to ensure everyone was able to have a turn if they wanted to.

*"So what I've been doing during this lockdown is just keeping myself occupied, keeping myself busy doing arts - I'm a good singer, drawing, writing, poems, yeah."*

*"I'll tell you why we can't be doing much, it's BMS system and lots of people have been stressed out missing their families and stuff so they've been dropping down the levels and you can't have certain stuff."*

### **f) Staffing and staff relationships with children and young people**

We heard from the leadership team that staffing levels have been good. They considered the needs of staff, including those who were potentially vulnerable and those with vulnerable people in their whānau. We heard from the leadership team that staff have responded well to the lockdown. The TLO has been monitoring staff stress levels and ensuring they have time out when needed.

### **Children and young people's voices**

Most children and young people told us they had staff members they could trust and talk to when needed.

*"Some staff are just exactly the same as they were before the lockdown and some of them are like, 'back off, back off no hugs now'. Some of them have been really quite cautious with us. And some of them don't."*

**g) Responsiveness to mokopuna Māori**

The cultural support worker at Puketai is continuing to work with children and young people through the school, using Zoom. He is also connecting to them, one-on-one, as required. We did not hear any comments about cultural programmes or activities from children and young people.

**h) Transitions in and out of the residence**

Some children and young people's transitions to new placements have been put on hold due to the lockdown. We heard that residence staff are regularly talking to children and young people about their placements. Staff are also ensuring that communication between caregivers and children and young people is continuing.

**Children and young people's voices**

Children and young people told us they felt worried about their placements and when or where they would be going. One young person told us they felt upset and frustrated because they were due to be transitioned out of the residence during the lockdown, and this was now on hold.

*"Don't know anything [about transition], COVID-19 is stopping it"*

*"Sometimes I feel safe like personally I would have preferred to have been discharged before this started because there was talk about me being discharged."*

*"I get a phone call a couple of times a week [from prospective caregiver] so that I get updated about how they are running and what activities they are doing."*

## **Follow-up actions**

This section outlines issues identified during our monitoring visit - what we did and what happened in response. We followed up on two key areas. We also followed up on a number of individual concerns that were raised. These were responded to by residence management.

### **Managing transitions**

We wanted to ensure that children and young people who had their transition plans disrupted were being looked after and supported to transition as soon as possible.

The Residence Manager advised that staff were talking to children and young people regularly to inform them about their placements. They were also receiving updates and phone calls from their prospective caregivers.

### **Mental health support**

Most children and young people told us they were worried, anxious or upset about the pandemic and resulting lockdown. We wanted to ensure this vulnerable group of children and young people were still receiving the same level of mental health support as prior to the lockdown.

The leadership team advised that mental health services were available by telephone, and all but one young person had declined this service. Staff have since reminded children and young people this service is available. The Residence Manager said they would consider other options for mental health support, such as video calling.

### **Monitoring on-going progress**

We will schedule a full face-to-face OPCAT monitoring visit to Puketai in the latter half of 2020.

Released under the Official Information Act 1982



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

Distr.: General

7 April 2020

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.
5. The prohibition of torture and other cruel, inhuman or degrading treatment or punishment cannot be derogated from, even during exceptional circumstances and

---

\* 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.

emergencies that threaten the life of the nation.<sup>5</sup> 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.<sup>6</sup> 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

---

<sup>5</sup> See article 2 (2) of the Convention against Torture and articles 4 and 7 of the International Covenant on Civil and Political Rights.

<sup>6</sup> 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 way 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.

Released under the Official Information Act 1982