Oranga Tamariki Residence Visit

(OPCAT monitoring under COVID-19 Alert Level 4)

Epuni Care and Protection Residence

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

Report date: 11 June 2020

MANAAKITIA Ā TĀTOU TAMARIKI
Children's Commissioner

Context

This brief report describes the information collected during the first 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 and s 9(2)(a) OIA 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, which are places of detention. The purpose of each visit is 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, although it is our usual practice to do so.

Our visit to Epuni was our first 'virtual' monitoring visit and was undertaken in the week following lockdown.

[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]. 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 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 Epuni 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 enquiry then describes what we heard from various sources – the residence manager, a member of the health team and children and young people. To provide context, each area of enquiry begins with the information provided by the residence manager 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. To preserve the confidentiality of the small number of children and young people interviewed ([redacted] out of a total of nine in residence) we have not used direct quotes.

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 Epuni Care and Protection Residence

Epuni care and protection residence is a 10 bed secure residence in Lower Hutt, Wellington.

At the time of our visit, there were nine children and young people placed in the residence. Their ages ranged from 12 to 16. Epuni was the first residence 'visited' and this is the first report of our virtual monitoring activities under Covid-19 Alert Level 4.

Prior to our visit, the residence had experienced a period of high staff turnover. They were having difficulty filling a number of vacancies including team leader clinical practice (TLCP), team leader operations (TLO), programme coordinator and care team positions. The residence manager told us since lockdown most of these positions had been filled or were in the final stages of recruitment.

At the time of our visit, children and young people were split into two units, one consisting of five and the other of four children and young people. The units had already been split before the level four restrictions were imposed. These two units are now being used to increase 'social distancing'[5] by creating two bubbles. This means staff and young people from each unit do not mix with each other.

We explored the possibility of using audio/visual link or video calling. Due recent but incomplete work to upgrade the digital platform it was only possible to interview children and young people over the phone. Prior to these interviews, staff shared a video and a letter, from our monitoring team, with the children and young people. We introduced ourselves, explained what we do and what we were interested in hearing about. A copy of our letter to children and young people is attached as Appendix Two.

Initially s9(2)(a) OIA withdrew. Staff approached them on subsequent days and the young people concerned confirmed that they did not want to be interviewed. A total of s9(2)(a) OIA young people participated in the interviews.

When we spoke with each young person we sought their verbal consent and checked they understood the purpose and the confidential nature of the interview before proceeding.

Areas of enquiry

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:

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

a) Pandemic plans

The residence manager told us he has appointed a COVID coordinator. The purpose of this role is to ensure there is clarity about what is required and staff understand what they need to do. The COVID coordinator collates up-to-date information for staff to use on site and share with their whānau at home. This information reinforces messages about staff staying home if they are sick or someone in their bubble is unwell.

We heard that Epuni is maintaining two of its units as separate bubbles. Staff are dedicated to each bubble and do not work across them. Children and young people spend their time during the day, either in the common areas or in recreation spaces outside. In the evenings they spend time in their bedrooms.

The residence manager told us isolation units have been set up in vacant areas at the end of each of the two units. At the time of our visit these spaces had been used only once. We understand from the residence manager that the secure unit will not be used for isolation purposes unless a child or young person has a confirmed or suspected case of Covid-19 and they pose a serious risk to themselves or others due to their behaviour.

We heard that Epuni has implemented infection control practices designed to minimise the risk of COVID-19 entering and/or spreading within the residence. These practices are described in more detail under Section C.

What we heard from children and young people

Children and young people we spoke with were aware of COVID-19. They understood it is a virus and said staff had told them about how it spreads.

They had some understanding of different alert levels, including Alert Level 4, and the resulting restrictions.

b) Voice of children and young people

At the time of our visit, VOYCE Whakarongomai were due to start weekly phone calls to check on the wellbeing of children and young people at Epuni.

We spoke with the residence manager the following week and heard VOYCE Whakarongomai, the independent advocacy service for children and young people, is phoning in each day, between 1 and 3 pm, to make contact with any children and young people interested in talking with them.

What we heard from children and young people

Whaia Te Maramatanga is the formal process for providing feedback, offering suggestions and making complaints. Young people we spoke with were aware of this process and had no particular concerns about the way it was working.

c) Personal hygiene, cleaning and health

The residence manager told us that there had been a number of changes to personal hygiene, cleaning and health procedures in response to the pandemic. These included:

- Adjusting cleaning routines to ensure ongoing cleaning throughout the day.
- Encouraging children and young people to clean their unit twice a day.
- Talking with children and young people about washing their hands.
- Having single points of entry/exit into each unit and ensuring that all hands are sanitised before entry.

The residence health team told us they are able to carry out testing for COVID-19 and have results available within 24 hours. They said they had already done this for one young person who was admitted during the lock-down period and placed in isolation until they tested negative.

We heard about the designated spaces used to isolate any children and young people suspected of having COVID-19. These spaces will continue to be used if there are any new admissions during the lockdown period.

The residence manager told us they were keeping in contact with their suppliers of soap and cleaning equipment to ensure the residence has sufficient stock.

A member of the health team said they are continuing to visit the residence twice a week. They told us they routinely use personal protective equipment (PPE) to reduce the risk of bringing COVID-19 into the residence. The residence manager said the health team are available by phone as well as during their regular face-to-face visits. On one recent occasion, the residence phoned a member of the health team seeking a face-to-face consultation. The health worker was on site within half an hour.

The residence manager said the usual multi-agency team (MAT) meetings were continuing via phone. We also heard mental health providers were continuing to keep in contact with children and young people by phoning in. The residence manager told us maintaining such contact with professionals such as mental health providers was helpful but in his view, phone contact was not as effective as face to face consultation.

What we heard from children and young people

Children and young people had different understandings about how they would be cared for if they became unwell. One young person told us they would be cared for in their room. Another said they would need to go the secure unit. This same young person was unsure what would happen if the secure unit was already in use.

Children and young people said soap was available in the bathrooms to wash their hands. They had no concerns about soap running out. They also said they could access the bathroom whenever they needed to. We heard hand sanitiser was available in each unit.

Young people we spoke with understood new procedures, such as increased hand washing and cleaning the unit twice a day, were designed to keep them healthy.

Children and young people told us the nurse visits the units regularly. They said they feel comfortable talking with the health team.

d) Contact with whānau and significant others

The residence manager told us a cellphone is now available for children and young people in in each unit. The cellphones can be taken to private spaces so children and young people can text or make calls to whānau during this period of lockdown. The residence manager said uptake of cellphones for this purpose has been variable.

Children and young people's voices

Children and young people we spoke with said they could communicate with people on their contact list, by phone, if they wanted to. We heard from one young person who had been in contact with his prospective caregiver and another who had phone calls with their mentor.

The children and young people we spoke with were clear they had enough contact opportunities.

e) Activities and programmes

At the time of our visit, school holidays had been brought forward, so school was not operating. The residence manager told us that Central Regional Health School (CRHS) had provided educational activities for children and young people but their engagement with these was limited. CRHS had also made laptops and iPads available for students to use.

The residence manager told us staff were continuing to work with children and young people on their whakapapa books. We heard that in the absence of some sports activities, children and young people were being offered regular walks around the residence grounds. Daily off-site walks were also being offered by staff.

Due to COVID-19 restrictions the residence pool was closed, however the gym was able to be used by children and young people, one unit at at time. The residence manager said the gym was cleaned after each use.

Children and young people's voices

Young people we spoke with told us they wanted more fitness activities. We heard they were spending most of their time on gaming consoles.

One young person said they missed having opportunities to play sports with those in the other unit.

f) Staffing and staff relationships with children and young people

The residence manager told us a cohort of new staff was finishing their induction and ready to work with children and young people. These staff were intially focused on establishing relationships with all the children and young people in the residence.

The residence manager also told us he actively supports staff, across the residence, to develop new ways of delivering activities and programmes in the lockdown environment.

Children and young people's voices

Young people told us there were staff they could talk to if they were worried about anything.

One young person talked about their positive relationship with a staff member who had left. They were in the process of building relationships with new staff.

We also heard the lack of normal activities, combined with situations where children and young people had to spend long periods with the same people, contributed to tensions amongst young people in the residence.

g) Responsiveness to mokopuna Māori

The residence manager told us the residence has been successful in recruiting Māori staff and those skilled in delivering Māori programmes. He said the new intake of staff are currently being inducted into their roles and will be supported share their ideas, cultural knowledge and skills with childen and young people as well as with staff.

Children and young people's voices

Children and young people told us there were no Māori programmes currently available at the residence.

We heard about the use of karakia each morning and before each meal.

h) Transitions in and out of the residence

We heard from the residence manager, a member of the health team and young people that the lockdown had impacted on at least two plans to transition out of residence. In each case, the requirements of Alert Level 4 resulted in providers deferring the transition. The residence manager told us he was working on ways to keep these young people connected with carers and friends from school during this lockdown period.

The residence manager also told us case leaders are continuing to plan for transition as part of MAT meetings.

Children and young people's voices

One young person told us that despite having a disrupted transition plan, they were in regular phone contact with their prospective carer.

This young person was frustrated about having worked hard toward a transition that had been deferred.

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 areas:

Sourcing Personal Protective Equipment (PPE)

The residence manager told us the residence proactively sourced hand sanitiser and PPE rather than waiting for Oranga Tamariki national office to provide it. We were advised by Oranga Tamariki national office that all decisions about access to PPE were based on information provided to Oranga Tamariki by the Ministry of Health.

We understand that specialised training is recommended for staff using PPE. The residence manager told us he has contacted the health team to arrange training, in the use of PPE, for all staff. Staff will also receive training about responding appropriately to the needs of children and young people who are being cared for in isolation.

Communication about isolation procedures

While we heard a plan was in place to care for children and young people who were unwell, those we spoke to did not seem sure what it was. The residence manager advised us that staff have discussed isolation procedures with children and young people and will continue to do so to help them understand what is required and why.

We also heard from the health team that staff will need guidance about situations where isolation is necessary. We were informed by the residence manager, and a member of the health team, that they are continuing to work together to ensure appropriate isolation procedures are in place.

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 said they were applying 'positive pressure' on community based care providers to keep transition plans moving as New Zealand moves out of Alert Level Four. As soon as New Zealand moves to Level Two, we will check in with the residence manager and the young person whose transition has been delayed, to ensure the transition is being actively progressed.

Monitoring on-going progress

As soon as New Zealand shifts to Level Two, we will re-schedule a full OPCAT monitoring visit to the Epuni care and protection residence. This visit, previously planned for late March, could not go ahead because of the move to Level Four. Our full OPCAT monitoring visit will include further followup in relation to the issues described above.

Appendix One

30/4/2020

United Nations CAT/OP/10

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

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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.[6] 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.[7] 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

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

[7] 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.

Appendix Two : Letter to children and young people at Epuni

Kia ora

The Office of the Children's Commissioner was planning to visit Epuni. We can't come in person but we would like to talk with you over the phone.

Who we are

Our names are s 9(2)(a) OIA, and s 9(2)(a) OIA We work at the Office of the Children's Commissioner.

Who is the Children's Commissioner?

In Aotearoa we have a person who speaks up for all children and young people. That person is the Children's Commissioner and his name is Judge Andrew Becroft. He is completely independent.

Why we visit

We want to talk with you, the young people who are at Epuni, about what is happening for you at the moment.

Some of the things we want to find out about are:

- What's it like being at Epuni at the moment?
- What has been the effect of Covid-19 for you and other people?
- Do you feel safe in residence both in terms of your health and in other ways?

We also know that people that usually visit are not allowed to visit at the moment. We would like to find out what's happening to help these people stay in contact with you.

What we do

After we talk with you we talk with the residence manager and then we write a report about what it is like to live at Epuni. The report goes to Oranga Tamariki National Office so that they know what is important for you.

We are looking forward to talking with you!

Ngā mihi

s 9(2)(a) OIA **and** s 9(2)(a) OIA