Barnardos Residence Visit

(OPCAT monitoring under COVID-19 Alert Level 4)

Te Poutama Ārahi Rangatahi Virtual Visit

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

Report date: 18 June, 2020

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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 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 staff and stakeholders. For this reason, no ratings have been given, although it is our usual practice to do so.

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[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 children and young people could immediately inform practice, we provided the residence manager with verbal feedback.

Structure of this report

This report starts with a brief description of Te Poutama Ārahi Rangatahi 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 (three out of a total of five in residence) we have not used direct quotes.

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[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).

The final section describes issues that came up during our monitoring visit along with our actions in response.

About Te Poutama Ārahi Rangatahi Residence

Te Poutama Ārahi Rangatahi residence is a 10 bed secure residence in Christchurch. It provides specialist residential therapeutic programme for youth who engage in s 9(2)(a) OIA The residence is managed and operated by Barnardos, a national non-government organisation approved to deliver care services under section 396 of the Oranga Tamariki Act 1989.

At the time of our visit, there were five young people, aged between 14 and 17 placed in the residence. All the young people reside within one unit. We spoke with three of the young people over Zoom video conferencing software.

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

The residence had an existing pandemic policy available for use which helped with preparing for, and responding to, COVID-19. This was supported by regular contact from the Barnardos regional and national offices. Staff understood the plan well, and were able to live onsite in campervans if necessary. The residence therapy unit could be used as the isolation unit if required, it has its own bathroom and outdoor courtyard. Although there were no specific programmes about COVID-19, staff regularly informed young people about what was happening, they posted information posters around the residence and young people watched the news with staff.

b) Voices of children and young people

What we heard from young people

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.

Some of the young people were concerned about their elderly family members getting sick during this pandemic, as they understood older people were more likely to be affected.

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At the time of our visit, an advocate from VOYCE Whakarongo Mai was calling the residence daily to speak with the young people on the phone. We heard that the grievance panel were in contact with the young people via phone too.

What we heard from 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. They felt confident completing a form if they had any issues or concerns. Young people also told us they would rather talk to staff about any issues than complete a form.

c) Personal hygiene, cleaning and health

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

- The cleaner being contracted for an extra day per week
- Adjusting cleaning routines to ensure ongoing cleaning throughout the day
- The chef/housekeeper hours increased to allow for more general cleaning duties
- Talking with children and young people about washing their hands regularly.

Hand sanitiser is available and is distributed by staff. There were sufficient cleaning products in the offices and around the residence.

What we heard from young people

The young people we spoke with were aware of the importance of maintaining personal hygiene by washing hands regularly before and after any activities. Young people have their own ensuite bathrooms and can access their own personal cleaning products and hand towels.

Young people have access to both the nurse and doctor if required. The nurse visits monthly and recently facilitated the flu vaccination for all young people prior to lockdown. The doctor is available when necessary. The Residence Manager said the health team are available by phone as well as during their regular face-to-face visits. The nurse told us they routinely use personal protective equipment (PPE) to reduce the risk of bringing COVID-19 into the residence. PPE was also made available to all staff members. However, the Residence Manager had some concerns about limited further access to additional PPE resources, should that be required.

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d) Contact with whānau and significant others

The residence is well advanced in using technology to engage with whānau and other professionals with both phone and video calls being a longstanding option for young people. The residence social workers have been checking in with whānau at least once a week during the pandemic.

What we heard from young people

Young people we spoke with said they could communicate with people on their contact list, by phone, and by video call if they wanted to. The hardest thing for young people is not being able to visit whānau, or have whānau visit them, as this happens almost every month for most young people.

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

e) Activities and programmes

The Residence Manager decided to end all outings and community programmes on the Thursday before Alert Level 3 was initially announced. On this day, all young people were taken shopping to ensure they had the things they required during lockdown, such as clothes, DVDs, and games. The residence is focussed on community integration, and every day before the lockdown the young people were out in the community. We heard that not being able to go into the community was difficult for both staff and young people. During our visit, school was back, to the delight of the young people, with the teacher coming onsite to teach. Some of the regular onsite activities and programmes the young people were able to access in Alert Level 4 lockdown included:

- Activities around the residence such as walking, using the bike track and playing in the music room.
- Te Poutama Ārahi Rangatahi Olympics which involved young people playing a range of sports and activities with a competition element added.

What we heard from young people

It has been difficult for some young people who were involved in community sport as this had been put on hold due to the lockdown.

The young people we spoke with were upset that the community outings had stopped.

f) Staffing and staff relationships with children and young people

The residence has undergone some staffing changes with the Residence Manager seconded elsewhere and the current manager in her acting role for only two months before the Alert Level

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4 lockdown occured. The Residence Manager has had her acting position in residence temporarily extended due to the lockdown.

The residence currently has a large pool of casual staff to call upon if required, to increase staffing numbers. The Residence Manager was trying to keep staff numbers on the floor to a minimum, to allow for social distancing, while still working effectively in the residence space. The Residence Manager had to adjust work spaces, to adhere to the social distancing rules.

What we heard from young people

The feedback provided by young people was positive regarding staff relationships. They were able to identify staff they can trust and speak with if they have any issues.

Staff have helped to ensure routines have stayed the same (as much as possible) for the young people. One young person spoke highly of the residence social worker who assisted them with budgeting advice**.**

g) Responsiveness to mokopuna Māori

The residence has recently seen the retirement of a long serving Kaihautū who retired earlier than planned due to the lockdown. We were pleased to hear this position has been filled with another staff member taking on this role. Some of the tikanga in place have significantly changed due to the Alert Level 4 lockdown, this includes:

- No hongi during a whakatau or pōwhiri.
- The removal of the bowl of water used for wairua healing.

What we heard from young people

Young people told us there were some Māori and cultural programmes currently available every Saturday at the residence. These include learning new waiata, haka, cultural history and te reo Māori.

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

h) Transitions in and out of the residence

During the lockdown period there have been no young people coming in or out of the residence. The Residence Manager halted the transition of a young person from Te Puna Wai ō Tuhinapo youth justice residence as she did not want to transition them without whānau involvement. This transition will be reactivated, once the lockdown is lifted.

What we heard from young people

The young people told us COVID-19 hasn't affected any of their transitions. Because of this, they were not worried about their plans.

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Follow-up actions

This section outlines issues identified during our monitoring visit - what we did and what happened in response. We followed up on one mental health concern for an individual young person and were satisfied with the residence's response.

Access to mental health services

The Residence Manager told us they were finding it increasingly hard to access acute mental health services for young people in care, and were often needing to refer young people multiple times. We have encouraged Barnardos to contact Oranga Tamariki to help expedite this process and ensure young people in residential care are receiving the right level of support. We will continue to monitor progress in this area.

Managing information about the pandemic

Young people seemed particularly concerned about elderly members of their family contracting COVID-19. While the residence staff have done a great job of keeping young people informed and up to date with information, there is also a need to maintain balance, so that young people do not become overwhelmed and anxious. We spoke with the Residence Manager about this and they acknowledged the difficulty in balancing information provision with preventing anxiety. She undertook that staff would work to do this.

Monitoring on-going progress

In the second half of 2020, we will re-schedule a full OPCAT monitoring visit to the Te Poutama Ārahi Rangatahi residence. Our full face to face visit will include further followup, in relation to the actions identified above.

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Appendix One

OPCAT 'virtual' monitoring under COVID-19 Alert Level 4

secure residences

What we did

- Undertook 'virtual' monitoring visits to 4 secure care and protection residences and 4 secure youth justice residences
- Interviewed 63 children and young people
- Interviewed 10 residence managers and team leaders
- Interviewed 8 health staff

Pre-visit engagement

- Liaised with national office and residence managers to plan the visits
- Created short videos for children and young people, introducing ourselves and explaining our processes
- Provided written information sheets for children and young people

What we asked children and young people about

- Understanding of, and reaction to, pandemic plans
- Access to healthcare and hygiene equipment
- Contact with staff, whānau, and significant others
- Access to activities and programmes
- Understanding of plans for transitions in and out of residence

Interview processes

- Each residence had different technological capabilities
- Some interviews undertaken via video, others via phone
- Sought verbal consent from children and young people
- Made sure children and young people had a private space to talk

After the visits

- Provided oral and written feedback to each residence manager
- Provided brief formal monitoring reports
- Followed up children and young people's concerns and requests

Highlights

- Ability to connect with children and young people despite lockdown
- Ability to advocate for children and young people during this period
- Ability to learn what worked and where to make changes
- Support and advice, from residence managers and national office staff, in the development of these processes

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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

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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 publi 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

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* 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.[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.

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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.

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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;

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(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.

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