Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of Oberstown Children Detention Campus

Name of provider:	Oberstown Children Detention Campus
Type of inspection:	Announced
Date of inspection:	10-12 November 2025
Centre ID:	OSV - 0004225
Fieldwork ID	MON-0048493

About the service

Profile

Oberstown children Detention Campus provides safe and secure care and education to young people between 10 and 18 years who have been committed to custody after conviction for criminal offences or remanded to custody while awaiting trial or sentence. Their aim is to support young people to improve decision making capacity, move away from offending behaviour and prepare them to return to their community following their release from detention.

Accommodation

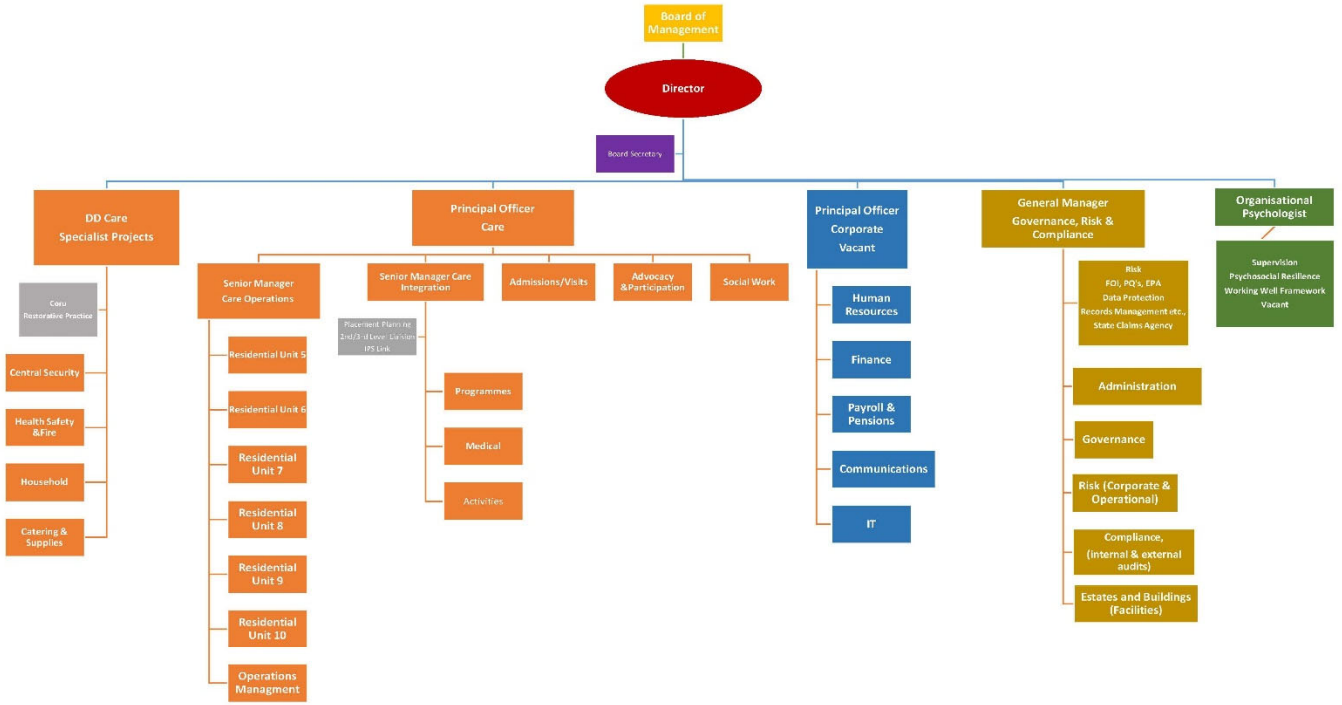
The Oberstown Children Detention Campus is located in a rural setting in north Dublin. It comprises six residential units for children, and school building, outdoor and indoor recreational facilities, and a reception/administration block which contains medical and dental facilities and facilities for young people to meet their visitors and other professionals involved in their care. The design and layout provided adequate private and communal facilities for the young people both in terms of indoor and outdoor space. The campus had external security fencing.

Management

Oberstown Children Detention Campus is managed by a Board of Management who were appointed by, and report to, the Minister for Children, Disability and Equality. The Board of Management has direct governance of the Oberstown Children Detention Campus in accordance with policy guidelines laid down by the Minister for Children, Disability and Equality, through the Irish Youth Justice Service (IYJS), in accordance with the Children Act, 2001, as amended. The Director is responsible for the day-to-day operation of the campus as well as acting in loco parentis to each child in custody. Each unit within the campus is managed by a unit manager. The organisational chart in Figure 1 describes the current management and team structure and is based on information provided by the Oberstown Children Detention Campus prior to the inspection.

The information outlined above was submitted to HIQA by Oberstown Children Detention Campus.

Figure 1: Organisational Chart



How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this service. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- speak with young people to find out their experience of the service
- talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to young people who are placed in Oberstown
- observe practice and daily life to see if it reflects what people tell us
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

The Oberstown Children Detention Campus Children's Rights Policy Framework contains the 'rules' against which the service is inspected by HIQA.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the rules under two dimensions:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and Safety of the service:

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A list of all rules and dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
10/11/2025	09:30 -17.30	Rachel Kane Sheila Hynes Caroline Browne Nicola Rossiter	Lead Inspector Support Inspector Support Inspector Support Inspector
11/11/2025	09:00-19:00	Rachel Kane Caroline Browne Nicola Rossiter	Lead Inspector Support Inspector Support Inspector
11/11/2025	11:00-21:00	Sheila Hynes	Support Inspector
12/11/2025	09:00-17:30	Rachel Kane Caroline Browne Nicola Rossiter	Lead Inspector Support Inspector Support Inspector
12/11/2025	09:30-17:30	Sheila Hynes	Support Inspector

Number of young people on the date of inspection:	41

What young people told us and what inspectors observed

This inspection was carried out over three days and involved four inspectors. At the time of the inspection, there were 41 young people placed in Oberstown Childrens Detention Campus (Oberstown). The inspection found that Oberstown provided a safe and secure environment for the young people detained there. Each young person lived in one of six residential units and had their own bedroom. Each unit has a central living space, kitchen and dining room. There were three multi-purpose rooms with access to television and video games as well as equipment such as pool tables and table tennis tables in each unit. Each unit also had an outdoor space where young people could play sports such as basketball and football.

Inspectors spent time in each of the residential units, observed interactions between young people and staff and met with 31 professionals. Inspectors observed young people engaging in evening activities, a placement planning meeting (PPM) and a young people's meeting. Inspectors had the opportunity to meet with 29 of the young people resident. In addition, surveys, which asked young people about their experience in Oberstown, were sent to all the young people prior to the inspection. The questions in the survey focused on young people's experience of restrictive practices, participation and consultation and their rights. Thirty seven young people completed the surveys.

Inspectors met with young people during their lunch breaks, after school and while they were participating in evening activities. In general, young people were positive about the care they received. Ninety two percent (34) of young people that completed the surveys said that they were given support and information when they first arrived in Oberstown. Overall young spoke positively about the staff. Young people described staff as friendly, kind and "sound". One example of support provided by staff was described by a young person who said; "staff explain it easier instead of in a more difficult way".

Observations of interactions between staff and young people were seen to be positive and respectful. Staff were skilled and knowledgeable practitioners who supported and guided young people demonstrating that they knew them well and understood their triggers and their coping strategies. Staff showed kindness to young people and inspectors observed staff showing care to young people who needed support. Staff effectively used humour in many of their interactions along with gentle reminders and prompts when young people required direction.

Young people spoke to inspectors about the activities that they participated in during the evenings. They told inspectors about some of their favourite activities such as art, woodwork and football. Ninety seven percent (36) of young people who completed surveys said that they were involved in activities or hobbies in

Oberstown. The young people described to inspectors how being involved in activities and going to school kept them busy, they enjoyed the routine and how it stopped them from becoming bored. Young people enjoyed school. Some of the comments young people made about school and activities included;
"I like school here, I'm hoping to do my leaving cert while I'm here"
"art is my favourite, find it relaxing"
"feels like a long school day"
"I enjoy school, keeps me busy because I'd get bored otherwise".

The majority of the young people enjoyed their routines, some of the comments young people made included;
"you know what to expect in here"
" I feel safe here"
"we're kept busy, there's loads to do here"
"doing a bit of painting and getting paid for it".

Overall, young people told inspectors that their rights were respected and that they were involved in decision making. Most of the young people who inspectors spoke with said that they attended their Placement Planning Meetings (PPMs) and were involved in decisions that were made about their care in Oberstown. Young people also told inspectors about the positive feedback they got from staff in the PPMs. One young person said "it's nice to hear the positive things they (staff) say about you".

The majority of young people believed that staff listened to their opinions and that their views were included in decision making. Eighty six percent (32) of young people who returned surveys said that staff were good at listening to what they have to say. In response to the question, "are your views included in decision-making?", 73% (27) of young people who returned surveys said that their views were included in decision making and 16% (6) of them wrote "50/50" in answer to this question.

Young people were aware of their rights and knew who they could talk to if they were not happy with aspects of their care or if they were worried about something. Ninety two percent (34) of young people who completed the surveys and the majority of young people who spoke with inspectors said that they knew how to make a complaint. Young people described the young people's meetings as an opportunity to address group issues and talk about what works well and what needs to change e.g. movies they wanted or games on the playstation. The vast majority of young people reported that their rights relating to religion and cultural beliefs were respected.

Through the surveys and meetings with young people inspectors sought their views, as well as insight into their experiences of the use of restrictive practices in Oberstown. The majority of young people who responded in surveys and who spoke with inspectors had experienced some type of restrictive practice. Some of the comments they made in relation to their experience of physical interventions[1] included;
"good as I needed help with my mental health, depression"
"it made me angry"
"I was in a fight and staff separated me"
"it was alright, they didn't hurt me or anything".

Some of the comments that young people made about their experience of single separation[2] included;
"it's not bad"
"I don't like spending too much time in my room"
"bad knowing you can't get out until you sort it out"
"I love separation I get to sleep all day"
"very boring and lonely but you get out the next day".

A group of six young people who met with inspectors said that they had experienced single separation due to a variety of reasons including a shortage of staff. In addition, five young people told inspectors that there were times when they could not leave their bedrooms because there was not enough staff. Young people expressed a mix of understanding and frustration on this matter. During this inspection, it was found that there had been 10 occasions, in the 12 months prior to this inspection, where young people had to be locked in their bedrooms for periods of time due to staffing shortages. Inspectors were informed by the director of Oberstown that on occasion this practice was necessary due to "critically low staffing levels", this is discussed in more detail in the relevant section of this report.

During the last inspection in June 2024 young people raised a concern to inspectors, that at times they were unable to leave their bedrooms until later in the morning at weekends, as there was not adequate staffing scheduled during weekend mornings. While action had been taken to address this issue since the last inspection, this remained an issue for a number of young people. Young people told inspectors that there were times when they could not leave their bedrooms until 11

[1] Physical intervention is defined as "a last resort physical emergency response to an individual in crisis displaying risk behaviour posing an imminent or immediate risk of harm to self or others. Physical interventions include disengagements and or restrictive holding skills that are reasonable and proportionate to the level of risk behaviour presented".

[2] Single separation: This is when a young person is separated from his or her peers to a room for as short a period of time as is necessary, due to one or both of the following reasons: where a young person is likely to cause significant harm to him or herself or others; where a young person is likely to cause significant damage to property that would compromise security and impact on the safety of others.

or 12 noon at the weekends. There were mixed views reported by young people as to the reason for this including, inadequate numbers of staff, general practice in their unit and for reasons unknown to some young people. In response to the question, "is there anything that would make your time here better?", three young people identified getting out of their room earlier at the weekend.

Another area that young people identified for improvement in the service was meal times. Overall, the young people told inspectors that while they were happy with the quality of the food, some young people told inspectors that they did not think that the meal times suited them. The young people were provided with their dinner at midday but some of the young people said that they felt this time was too early for such a heavy meal. The young people said that the evening meal was then dropped to the units at 3.30/4pm but they were often not hungry for another meal at this time and so did not eat this food. Young people said that they could make themselves an alternative meal but it was typically food like "burgers, goujons, chips", one young person stated "the kind of food that just makes you fat". The advocacy officer in the service was aware that some of the young people had these views about meal times and explained that there was ongoing work to try address these issues with young people.

Inspectors spoke with eight parents and three social workers in order to get their views and experience of the service. In general, the feedback from parents and social workers was positive about the care their young people received in Oberstown. They described to inspectors how their young people were developing with the support from the staff. They said;

"they did good work with my son"
"I am grateful for how well he is being cared for"
"staff are amazing"
"staff do a very good job, they're warm and welcoming"
"supported to make right choices".

Parents and social workers were complimentary about how the service provided young people with opportunities such as through education, preparing for work and through the variety of extra-curricular activities that they were encouraged and supported to engage in. Some parents and social workers also spoke positively about the therapeutic supports that young people were engaged with.

Overall, parents and social workers said children knew how to make a complaint, raise concerns and they felt their young people were safe in Oberstown. In the main, parents and social workers did not express any concerns in relation to the use of restrictive practices to inspectors, however, one parent expressed concerns

in relation to how one incident involving their child was managed and they told inspectors that they were planning to discuss this with the staff.

Overall, parents and social workers were satisfied with the level of contact they received from staff and the contact they had with their children. One parent told inspectors that she was not updated on a regular basis by staff.

Similarly to reports by young people, some parents talked to inspectors about their frustrations with staffing shortages at times. For example, one parent explained that their child had told them that he had to stay in a multi-purpose room for longer than he wanted due to staffing shortages. Another parent told inspectors that sometimes when they ring staff do not answer because they are short staffed and that visits could be held up due to inadequate staffing levels.

The next two sections of this report present the findings of this inspection on how the service was managed and governed and how this impacted on the quality and safety of the service provided to young people placed there.

Capacity and capability

The Oberstown Children's Rights Policy Framework (2020) sets out the 12 rules or standards by which the performance of Oberstown Children's Detention Campus (Oberstown) is measured. This inspection focused on five of the 12 rules and found the provider to be compliant with rule 7 participation and rule 12 authority to suspend the rules, substantially compliant with rule 8 positive behaviour and not compliant with rule 7 restrictive practice and rule 10 staffing, governance and management.

HIQA last inspected Oberstown in June 2024, when, of the eight rules inspected, four rules were compliant, two rules were substantially compliant and two rules were not compliant. Areas for improvement included ensuring sufficient staff numbers to meet the needs of young people at all times, improvements in the oversight and use of restrictive practices and further improvements to the performance management element of staff supervision, record keeping and training. This inspection found that some progress had been made in all areas, but further improvements were required. This inspection found that, overall the provider was delivering a good quality, child-centred and safe service to young people. As well as facing ongoing staffing challenges, there has been persistent high occupancy levels on the campus and a number of young people who presented with complex needs requiring increased levels of staffing and supports. Despite the provider's efforts to address the staffing challenges, there had been

times in the 12 months prior to the inspection that inadequate staffing required the use of restrictive practices to ensure the safety of the campus was maintained.

Oberstown had a management and governance system in place with clear lines of authority and accountability. The board of management provided oversight and strategic direction to the service and supported the director and senior management team to deliver the business plan for 2025. Since the 2024 HIQA inspection, there had been changes made to the senior management structure in the organisation which inspectors were told had improved management capacity within the service. At the time of this inspection, there was one vacancy on the senior management team. Some of the tasks associated with this vacant role had been reassigned to other senior managers on an interim basis. There was good ongoing oversight and monitoring of campus operations by the senior management team. There was a robust system of communication which supported reporting and accountability across the service. However, similar to the findings on the previous two HIQA inspections, this inspection found that the quality of records on the provider's case management system (CMS) was inconsistent and required improvement.

In the 12 months prior to this inspection, there were 10 dates on which staffing levels were critically low resulting in single separation being implemented for multiple young people. This issue was found in the previous two HIQA inspections in 2023 and 2024. Due to concerns that this inappropriate use of single separation would continue as a result of ongoing staffing challenges, HIQA sought assurances on the plans to address this risk, in the form of an urgent compliance plan from the provider. The provider submitted their response as required outlining a number of actions to address this issue. The provider outlined a recruitment plan to increase staffing levels and a contingency plan to prevent staffing levels from falling below those required. However, the response also clearly indicated a probability that ongoing staffing challenges may result in the requirement to restrict the movement of young people to ensure the safety of the campus, during periods of "critically low staffing levels".

It is of note that the provider had made concerted efforts to address the ongoing staffing challenges over the last 12 months, despite these efforts, the risk posed by a shortage of staff in an environment of ever increasing demand on the service remained high. At the time of the inspection there was no formal workforce plan in place, despite this being a stated business plan objective for Oberstown in 2025. However, significant workforce planning had occurred throughout the year and some progress had been made. Despite efforts ongoing, significant challenges remained in ensuring that there were sufficient staffing levels at all times. In light of this, and indeed generally the ongoing recruitment challenges across the social

care sector, it is crucial that Oberstown develops a strategic workforce plan as a priority.

In addition to staffing challenges, pressure to increase bed capacity due to the ongoing societal demands for additional places in the children detention campus, was a risk that was added to the organisations risk register in September 2025. The director and the chair of the board told inspectors that they were engaging in ongoing discussions with the Department of Children, Disability and Equality to manage and respond to this demand.

Inspectors reviewed the services strategic plan (2022-2026), which set out the goals for the service over this period. There was good progress on many of the actions, however, there were some delays. A comprehensive review of the Oberstown Children's Rights Policy Framework had been completed and the updated framework was expected to be finalised by the end of 2025.

The provider maintained accountability to its stakeholders, including parents and the public, by ensuring key information was easily accessible on its website.

Overall, practice supervision delivered by the organisation psychologist was being delivered on a consistent basis and in line with policy. Inspectors reviewed a sample of group supervision and individual supervision records and found that these were of good quality and relevant topics for reflection were discussed.

The performance management system in place required improvement. However, progress had been made since the last inspection as a template had been developed for maintaining records of performance management through one to one meetings between staff and their line managers. Inspectors reviewed a sample of these records and found that overall the majority of these records required improvement as they lacked sufficient details on what was discussed and better quality records were required to ensure that issues were clearly outlined and actions monitored for implementation.

While improvements had been made in staff attending mandatory training since the last inspection, challenges with having adequate numbers of staff available to free people up for training impacted on this element of the service also. The majority of eligible staff were registered with CORU[3] or they were in the process of registration.

While rule six safeguarding, was not specifically examined as part of this year's inspection in Oberstown, during the course of the inspection some concerns requiring improvement in relation to child safeguarding practices were identified,

[3] CORU is an organisation that regulates health and social care professionals

including, a delay in reporting an allegation of abuse to Tusla as required and overdue An Garda Síochána (police) vetting renewals for a small number of staff.

Overall, risks were managed effectively in Oberstown. The provider had a policy for risk management in place and maintained a risk register. Staffing challenges and pressure to increase capacity were key risks for Oberstown at the time of the inspection. Despite the concerted efforts being made to address the staffing challenges, the risk of being unable to provide sufficient staff to units remained high on the service risk register.

Similarly to the previous inspections of the service, Rule 12, Authority to suspend the rules was included for examination during this inspection. Rule 12 states that in exceptional emergency circumstances, the director may limit the effect of the rules to the extent that it is necessary to deal with that emergency. There had been no suspension of the rules in the last 12 months. The director informed inspectors that the option to suspend the rules was considered on one occasion in the month prior to inspection due to the admission of three young people with complex needs within a short space of time however, this was not ultimately necessary. There are clear procedures in place in the event of an emergency requiring the suspension of the rules.

Rule 10: Staffing, Management and Governance

This inspection found that Oberstown had a management and governance system in place with clear lines of authority and accountability. The service was governed by a board of management appointed by the Minister for Children, Disability and Equality and operated in line with legislative requirements. The director had overall responsibility for the service and reported to the chairperson of the board of management.

Since the previous inspection, there had been changes made to the senior management structure in the organisation. The director was supported in his role by the principal officer for care and a deputy director. There were also two senior managers, with responsibility for care operations and care integration. In addition, there was a senior manager with responsibility for risk, governance and compliance, a senior human resources manager and an organisational psychologist in post. The senior management team informed inspectors that the new senior management structure was working well with the size and scope of responsibilities for senior management now being more manageable. The position of principal officer for corporate services had been vacant since April 2025 and attempts to fill this position had been unsuccessful at the time of the inspection.

At times throughout the 12 months prior to this inspection, there were insufficient staffing levels requiring the use of single separation to maintain the safety of the campus. This happened on a total of 10 dates impacting multiple young people. While the staff on each occasion made attempts to end these incidents of single separation as quickly as possible and reduce the impact on young people, it is of concern that restrictive practices continue to be imposed on young people, as a consequence of inadequate staffing resources, similar findings of which were reported on the previous two inspections of the campus. Following the inspection, the service director stated that the use of single separation on these occasions was due to "critically low staffing levels" and that this "meant that usual safeguards such as relational supervision and back-up response were not safely achievable without materially increasing risk of harm to young people, staff or compromising security/order on the campus".

HIQA issued an urgent compliance plan to the provider in relation to these concerns and seeking details of actions to be taken to address this critical risk in the service. The provider submitted a plan which outlined actions to increase staffing and contingency plans, in the event that residential unit staff numbers fell below the minimum requirements, were detailed. Plans to increase oversight and monitoring of incidences of single separation occurring as a result of low staffing levels and the introduction of new mechanisms to monitor trends in relation to staffing levels and the use of single separation, were also detailed within the provider's response. However, the service provider also clearly indicated a probability that ongoing staffing challenges may result in continued imposition of restrictive practices on young people, during periods of "critically low staffing levels".

With the campus operating at nearly full capacity and six units occupied for much of 2025, there were occasions when staffing levels were critically low with the provider being reliant on existing staff working overtime to fill gaps on the roster. Information provided during the inspection showed that as of the 30 of September 2025, there were 116 residential unit based staff employed in the service, however, only 85 of these were available to work due to a variety of long term leave such as, sick leave, assault and injury leave, parental leave and career break leave. The service also had 17 social care workers who were not based in residential units but who directly supported young people, available to work. In addition, at the time of the inspection, five day supervising officers had commenced work on the campus. These staff members are also involved in the care of young people.

The risk of insufficient staff was on the organisational risk register and actions had been taken to try and address the staffing challenges. The provider had a rolling recruitment campaign for residential social care workers. The provider developed a new day supervising officer (DSO) role, intended to expand on the discipline of staff members employed in the campus and had recently employed a number of relief

staff. The provider had recruited 34 new staff in the 12 months prior to the inspection. It is of note, that information provided to inspectors identified that 18 staff resigned and eight staff retired in the same period.

Workforce planning required improvement to ensure a strategic response was in place to address ongoing significant challenges. While a formal workforce plan has not yet been completed as outlined in the business plan for 2025, workforce planning had progressed in the last 12 months.

Key developments included;

- a review of organisation need in relation to succession planning,
- a review of organisational requirements as they relate to the changing need and profile of young people accommodated in the service,
- the commencement of a pilot work-based programme for social care workers
- the creation of a trainee site manager role.

The service is licenced for a maximum occupancy level of 46 young people (40 males and six females). At the time of the inspection, there was one girl and 40 boys detained in Oberstown. The young people lived in the six units on the campus. Inspectors were informed about pressure to increase capacity as a result of ongoing demand from the court services. Staff and managers at all levels were clear that increasing capacity in the service would negatively impact the quality of care the young people receive. This risk was added to the risk register in recent months. Both the Chair of the board of management and the director of the service told inspectors that they were working with the Department of Children, Disability and Equality, to ensure the safety and security of the campus was maintained while also exploring all options to meet the increased demand for places of detention for children.

The provider maintained accountability to its stakeholders, including parents and the public, by ensuring key information was easily accessible on its website including; published annual reports, strategy statement and the most recent HIQA inspection reports. In addition, Oberstown provided monthly statistical information on its website which included data on occupancy levels and incidents of single separation and physical restraints.

The quality of record keeping on young people's files required improvement. Inspectors found that record keeping did not consistently reflect the good quality work being carried out by staff with the young people. Managers informed inspectors that efforts had been made to drive improvements in this area and over 50 staff completed training in report writing in 2024. The service may benefit from a more extensive roll out of this training to further improve report writing. While there were some good quality records in relation to key working and positive

behaviour support plans (PBSP), referred to by Oberstown as behaviour support plans (BSPs), overall, the quality of records on the CMS was inconsistent and required improvement. Some of the records contained minimal information, in addition, there were some errors in records, for example, accuracy of recorded times in reports detailing the use of single separation. Poor quality records limits the capacity for effective management oversight of young people's care, as well as the option for young people themselves to access a full, clear record of their time in Oberstown, should they wish to review same.

Inspectors reviewed the services strategic plan (2022-2026), which set out the goals for the service over this period. Ongoing implementation of the strategic plan was managed through a business plan for 2025 which detailed actions to be completed under each of the strategic goals and included actions required following the 2024 HIQA inspection of the service. There was good progress on many of the actions, for example, the procedure on single separation had been reviewed and updated as stated in the compliance plan. However, there were some actions that, while complete, had been significantly delayed.

A review of the progress made at the time of this inspection indicated that there were some actions from the compliance plan from the last inspection which had been significantly delayed beyond the timeframe identified for implementation. For example; the implementation of a physical restraint procedure was delayed by eight months. In addition, as previously referenced, the completion of a formal work force plan in 2025 had not progressed as planned. The 2025 business plan indicated that this was the responsibility of the new principal officer for corporate services recruited in late 2024, however, the person who took up this post left in April 2025 and this task had not been completed as the post remained vacant since their departure.

The was effective oversight and monitoring of the service by the board of management. The board of management provided oversight and strategic direction to the service and supported the director and senior management team to deliver the business plan. A review of a sample of minutes from the board of management meetings found that there was extensive oversight of the operations of Oberstown as well as on strategy implementation and progress. The minutes of the board meetings were of good quality and showed that actions and decisions were clearly identified and recorded. The board received detailed statistical data on restrictive practices and child protection concerns. There was evidence of discussion by the board on data and reports provided, and good level of oversight by the board of campus risks.

There were a number of committees that supported the management team. These included a governance committee, performance committee, audit and risk

committee, strategy committee, sustainability committee, people and culture committee and a young people's committee. Minutes from these committee meetings were reviewed and discussed by the board. These committees performed important functions in progressing the strategy, business plan and in the overall provision of a safe and effective service.

There was effective oversight and monitoring of campus operations by the senior management team who meet on a weekly basis. These meetings also examined progress on actions from the business plan. A review of minutes from these meetings showed they were of good quality, with clear recording of areas for discussion, agreed actions, the person responsible for the action and timeframes recorded. This promoted accountability at senior management level.

There was a well-established system of communication which supported reporting and accountability across the service. Oberstown had a schedule of routine meetings which included weekly senior management team, care managers, multi-disciplinary team[4] (MDT), operational managers team and staff team meetings. In addition, there were a number of daily handover and planning meetings at operational level between the unit managers and site managers, as well as between school staff, unit staff and activities staff. Inspectors observed a number of these meetings and reviewed a sample of minutes and found that they were well structured and focused on the specific areas of responsibility.

In 2024, Oberstown rolled out a dual approach to supervision with the separation of supervision from line management. Practice supervision is delivered in group format by the organisational psychologist. New staff initially attend individual supervision before joining group supervision. The 2024 inspection found that the model was at the early stages of implementation so the effectiveness of it could not be fully assessed. This inspection found that overall, practice supervision was being delivered on a consistent basis, in line with the organisation's supervision policy and was an effective support mechanism for staff. The feedback in focus groups between care staff, managers and inspectors, in relation to group practice supervision, was mixed, with some in each group finding it a good support and others saying that they felt that at times it could be a negative space.

The organisations psychologist had completed an internal review of the new supervision model in June 2025 which found that overall, the model was operating as intended. The review highlighted that there had been an overall improvement in attendance at supervision from 66% attendance rate in 2024 to an 81% attendance

[4] Multi-disciplinary team: involve a range of health and social care professionals from different professions, such as psychology, psychiatry, medical, therapeutic and social care, with different areas of expertise, working together to ensure an integrated approach to care.

rate in 2025. The review indicated that there was strong satisfaction with supervision with staff rating it as purposeful, safe and relevant. The review also made several recommendations to further progress the supervision model. For example, the review highlighted the need to strengthen the systems to ensure that themes raised in supervision are effectively reviewed, acted upon and communicated back to staff. Following the review the senior management team had begun to make plans to address identified areas for improvement. Other recommendations included ensuring staff have protected time to attend supervision.

Inspectors reviewed a sample of group and individual supervision records and found that these were of good quality and relevant topics for reflection were explored and discussed. One to one informal supervision with the organisational psychologist was available to staff if they wished but this was not mandatory and staff could avail of this on an ad hoc basis if they felt they required it. In addition, some staff said that they received informal supervision from their line manager on an ad hoc basis.

The performance management system required improvement, in particular in the absence of traditional mandatory individual supervision for staff working in a social care service. There was no formal performance management system in place at the time of the inspection. This was part of the business plan for 2025, however, as this had been assigned to the corporate lead who left the service earlier in the year, this action has been delayed. Despite this, some progress on performance management has been made since the last inspection, a workshop on performance management was delivered to managers in March 2025 and a template was developed for recording performance management one to ones. Inspectors reviewed a sample of these records. While the template included topics such as management, development, support and organisation for discussion, overall the majority of the records contained minimal information and lacked details on what was discussed so it was difficult to assess the quality of performance management. Inspectors noted that there was limited space on the template and the records were hand written. The responsibility for developing the performance management framework was recently allocated to another manager for completion. Where more serious practice issues occurred, there was a specific process in place.

Improvements had been made in staff maintaining up-to-date mandatory training since the last inspection, but challenges with having adequate numbers of staff available to free people up for training impacted on this element of the service also. An alert system for when training is due to expire had been developed since the last inspection. However, staff and managers informed inspectors that due to the ongoing staffing challenges, at times training had to be cancelled and re-scheduled. Fifteen staff members were overdue refresher training in the provider's approved

behaviour management approach. The service had achieved improvements in the provision of training in Children First. At the time of the inspection in 2024, the completion rate for Children First training was at 69%. The data submitted in advance of this inspection indicated that 81% of staff had up-to-date Children First Training. The majority of staff had completed Children First for mandated persons training and the completion rate for this was at 89%.

Oversight and monitoring in relation to child safeguarding required improvement. While Rule 8 safeguarding was not assessed as part of this inspection, inspectors reviewed allegations that were made against staff members. In the previous 12 months, there were three allegations made against staff members that met the threshold for reporting to Tusla. Overall, these allegations were managed well and young people's safety was prioritised. However, inspectors found that a child protection concern that was raised during a multi-disciplinary meeting in July 2025 had not been reported at the time of the inspection. This was raised with the DLP who subsequently reported the concern to Tusla. At the time of the inspection Garda vetting renewals for four staff members were overdue since July and August 2025. This was escalated to the director of the service during the inspection who took immediate steps to address this.

Oberstown management took a proactive approach to supporting social care staff with their CORU registration and made significant progress in this area. The majority of the 166 eligible staff were registered with CORU, 19% of staff had applications still in process and 2% of staff who were new were being supported with their applications.

The Oberstown Children's Rights Policy Framework provided the overall policy approach to the management and care of the young people in Oberstown. This was supported by a suite of guidelines and procedures which supported staff in their daily work to ensure consistent good practice across all staff teams on the campus. The majority of procedures had been reviewed and updated as required. At the time of the inspection the Children's Rights Policy Framework was nearing the final stages of being updated following a comprehensive review. The provider had reached out to stakeholders for feedback on the updated framework and they were in the process of finalising it based on this feedback. The updated Children's Rights Policy framework was expected to be finalised by the end of 2025.

Risks were effectively identified with appropriate controls and review mechanisms in place. Oberstown had a policy for risk management in place. The provider maintained a risk register that was reviewed every two months by the senior management team who identified and discussed risks to be included on the risk register. The board of management also had oversight of the risk register as it was brought to the board of management meetings on a quarterly basis for review. At

the time of the inspection, there were 15 risks on the risk register which covered areas including governance, operations, child welfare, organisation and people. Each risk had a rating, a risk owner, list of controls in place and actions required with identified timeframes for completion of actions or review of risks.

Staffing challenges and pressure to increase capacity were key risks for Oberstown at the time of the inspection. In relation to the ongoing staffing challenges both the director and the chair of the board informed inspectors that they were doing everything they could to try to increase staffing levels. Despite these efforts, the risk of being unable to provide sufficient staff to units remained high on the risk register. In relation to the risk of increasing bed capacity due to the ongoing demand from the court services, as previously outlined, the director and the chair of the board were engaging in ongoing discussions with the Department of Children, Disability and Equality to manage and respond to this strategically into the future.

There were occasions throughout the last 12 months when staffing levels were critically low despite the provider's ongoing efforts to tackle this issue. The provider did not have a formal workforce plan in place despite staffing being one of the highest risks for the organisation. Issues with the quality of young people's records remained inconsistent and required further improvement. While progress had been made in relation to staff supervision, there was further work to be done to fully establish a formal employee performance management system. For these reasons the provider was found to be not compliant with rule 10.

Judgment: Not compliant

Rule 12: Authority to Suspend the Rules

In exceptional emergency circumstances, the director may limit the effect of the rules to the extent that it is necessary to deal with that emergency. There had been no suspension of the rules in the last 12 months. There were clear procedures in place in the event of an emergency requiring the suspension of the rules.

Judgment: Compliant

Quality and safety

Overall there was good quality care provided to the young people in Oberstown. The safety of young people was prioritised and staff provided a caring and supportive environment for young people to learn and develop their potential. Promoting young people's rights and participation in decision making were central

to the approach implemented by staff in the service. However, as a result of critically low levels of staffing, restrictive practices were imposed on young people who were at times restricted to their rooms on single separation, breaching national policy and best practice principles in the use of single separation.

As outlined above while efforts had been made to reduce the use of restrictive practices in the last 12 months, further improvements were required to ensure the use of restrictive practices, specifically single separation, was for reasons outlined in national policy, as a last resort, for the shortest duration possible and only employed in response to risks posed by a young person's behaviour. As previously referenced, this issue was escalated following the inspection and an accepted compliance plan was submitted by the provider outlining the urgent steps to be taken.

The procedure on the use of single separation required improvement to ensure that it accurately reflected best practice principle in the application of restrictive practices. The option, needed for some young people to engage in restorative conversations following a period of reflection or reengagement in normal routines, was not adequately recognised. Improvements had been made with regard to the procedure for authorising the use of single separation as well as oversight of its use by managers.

Improvements were needed to ensure consistent good quality recording of all restrictive practices. Reports on the use of restricted practices were inconsistent, the lack of detail in some records meant that it was not clear if restrictive practices were only used as a response to immediate risk or as a last resort.

There were clear oversight systems in place for the effective monitoring of restrictive practices. The oversight and monitoring system included; CCTV reviews following physical interventions, incident audits and incident, accident and assault meetings and restrictive practice group meetings. These mechanisms tracked data and trends in relation to incidents and effectively identified where improvements could be made. However, there was no clear system in place to track if the recommendations arising from reviews and audits were implemented.

Young people were supported to understand norms of good behaviour through key working sessions. There were a number of incentives and supports to motivate young people to sustain good behaviours such as the ratings system, opportunities for permitted absence and work and training opportunities. Each young person had an individualised Behaviour Support Plan (BSP) which set out the approach to be taken when their behaviour was not in line with the rules. However, improvements were required in the updating of BSPs in a timely manner following incidents and in the consistent recording of the most up-to-date rating levels on the CMS.

Young people's right to participate in decision making was promoted at all levels, including, individual, residential unit and campus level. Young people received information about the outside world and were supported to communicate with family, friends and outside organisations where appropriate. Young people's participation at unit level was promoted and they were encouraged to attend young people's meetings to have their say. The young people were also supported to participate in decision making at an organisational level through the campus council forum.

The provider ensured that young people had access to legal advice and could have confidential communication with their legal representative either face to face or through phone calls. Where children required an interpreter this was facilitated.

Young people had access to an internal and external advocacy officer. The internal advocacy officer was well known to young people and she was a strong advocate in protecting and promoting the rights of young people. An external advocacy service and the ombudsman for children's office visited the campus regularly.

There was good oversight and management of complaints made by young people. The records of complaints were clear and included details on the nature of the complaint, the actions taken, the outcome and whether there was any follow up required. Albeit, one complaint record, which indicated that the young person was unsatisfied with the outcome, did not record the action taken to support them to address their dissatisfaction.

Rule 7: Participation

Young people's right to participate in decision making took place at all levels, including, individual, residential unit and campus level. Overall, young people's right to be heard was reflected in their files. Young people attended their placement planning meetings and were encouraged and supported to engage fully in these. Records of placement planning meetings indicated that many young people engaged positively in these meetings and were able to contribute to decisions being made about their care. Inspectors reviewed meeting minutes where one young person read out their report themselves at their placement planning meeting. In general, records showed that young people also contributed to their behaviour support plans.

Oberstown were continually striving to improve participation for young people. As part of the business plan for 2025 an action plan emanating from the participation strategy was developed and a steering group had been put in place to oversee this project. At the time of inspection the plan had been finalised and presented to the

board of management committee for young people, the unit managers and the school staff. Additionally, the provider recently carried out interviews for a participation officer, while this campaign was unsuccessful, there were plans in place to advertise for this post again. It is hoped that this role will further support young people to participate in decision making at all levels in Oberstown.

Young people were provided with information on Oberstown when they first arrived. They are provided with a leaflet and booklet which explains the rules, the model of care, routines, supports and services available to young people. These documents are presented in a young person friendly format. There was also evidence in young people's care records of key workers explaining to young people how Oberstown operates when they first arrived.

Young people received information about the outside world and were supported to communicate with family, friends and outside organisations where appropriate. Young people had access to unit phones, visits with family were facilitated as well as, professionals such as social workers and Guardians Ad Litem[5]. Where children required an interpreter this was facilitated. The provider ensured that young people had access to legal advice and could have confidential communication with their legal representative either face to face or through phone calls.

There was an effective advocacy system in place which promoted and protected young people's rights. The young people had access to an advocacy officer on campus. The role of the advocacy officer was well established and known to all young people. In addition, an independent advocacy service, Empowering People In Care (EPIC) and the ombudsman for children's office visited the campus regularly. The culture of reporting concerns, seeking support and advocating for themselves if and when issues or dissatisfaction arose was embedded across the campus.

Young people had access to a responsive complaints system. The advocacy officer in the service had responsibility for taking complaints from young people and recording these. The young people who spoke with inspectors said that they knew how to make a complaint and could speak with the advocacy officer. Some young people told inspectors that they were provided with a copy of the rules and other information about expected behaviours, advocacy and complaints procedures when they first arrived.

There was good oversight of all complaints. They were recorded, managed and investigated in a timely manner, in line with policy and procedure. There were nine complaints made by young people to the advocacy officer in the 12 months prior to the inspection. The records of complaints were clear and included details on the

[5] An individual appointed by the court to represent the best interests of a minor child in legal proceedings

nature of the complaint, the actions taken, the outcome and whether there was any follow up required. The records also stated whether or not the young person was satisfied with the outcome. However, one complaint record which indicated that the young person was unsatisfied with the outcome did not record details of how they were supported to address their dissatisfaction for example, information on how they could appeal the outcome of their compliant. The advocacy officer also tracked grievances brought to their attention, either by staff on young people's behalf or by young people themselves.

Young people's participation at unit level was promoted and they were encouraged to attend young people's meetings to have their say. Topics such as the physical environment, care, group dynamics, what was working well and what improvements could be made were recorded as having been discussed in the meeting minutes reviewed by inspectors.

At organisational level, Oberstown have a campus council for young people which is a formal structure with elected representatives from each of the residential units. The campus council meets regularly during the year to discuss matters of interest to the young people. There were 10 campus council meetings held in the 12 months prior to the inspection. Inspectors reviewed a sample of these meeting minutes and found that they were well attended by up to ten young people. At these meetings topics such as care, education, participation, positive behaviour, and restrictive practices were discussed. These meetings gave young people the opportunity to have their voices heard in relation to key decisions being made at senior management and board of management level in the running of the campus. The young people in the council have contributed to the review of the children's rights policy framework and a number of procedures that impact on young people. Four young people engaged in a 'walk in my shoes' workshop with the board of management and the advocacy officer reported that the young people said that they felt really listened to by the board of management as a result of this exercise. Furthermore, recently the young people in the council worked on a booklet intended for young people being sent from court to Oberstown, to give them information and reassurance before they arrive on campus.

During the HIQA inspection in 2024 young people raised a concern about the system used to show films in their rooms in the evening. The system in place enabled one film to be played throughout the bedrooms within each unit, meaning all young people had to watch the same thing. In 2025, in response to young people's concerns the service installed a new system in the units which allowed young people to watch individual films and television in their bedrooms. Some young people told inspectors that there was a limited selection of films to download, the advocacy officer was aware of their issues with this and explained that there are still some adjustments needed to the new system.

Judgment: Compliant

Rule 8: Positive Behaviour

Young people were supported to understand norms of good behaviour through one to one work and a programme of key working sessions delivered by staff and key workers. There were a number of incentives and supports to motivate young people to sustain good behaviours such as the ratings system, opportunities for permitted absence and work and training opportunities. The restorative and relationship based approach used by staff as well as participation in programmes and activities promoted positive behaviour. Each young person had an individualised BSP which set out the approach to be taken when their behaviour was not in line with the rules and norms. Improvements were required in the updating of BSPs in a timely manner following incidents and in the consistent recording of the most up-to-date rating levels on the CMS.

In order to promote the safety and protection of young people and others, a zero tolerance approach to violence was maintained. Staff were committed to promoting a safe culture and environment for young people. An individualised approach was taken to responding to young people in line with each young person's individual plan. Inspectors reviewed of a sample of care records which demonstrated that all young people had a behavioural support plan in place. The majority of plans were of good quality, were individualised and tailored to meet the young person's needs and risks. Overall the BSPs contained clear directions and steps to help to de-escalate young people, however, some were more detailed than others. The majority of the plans evidenced inclusion and participation of the young person. Overall, BSPs were regularly reviewed although the frequency of the reviews varied with intervals generally ranging from fortnightly to monthly. Some BSPs were not updated in a timely manner following incidents. For example, one BSP was not updated to reflect the potential need for the use of mechanical restraints after handcuffs were used on a young person and were subsequently authorised to be used on two separate occasions should they be required. Another BSP was not updated with relevant information until seven days after learnings from an incident were identified.

There was evidence of a holistic and collaborative approach to supporting young people to maintain and develop positive behaviour. There was a well-established multi-disciplinary approach to care on campus with weekly multi-disciplinary team (MDT) meetings taking place. The Assessment Consultation and Therapy Service team (ACTS) provided speech and language, social work, addiction counselling and psychology services for young people. Alongside the ACTS team, the local area's Forensic Child and Adolescent Mental Health Services (FCAMHS) worked onsite to provide psychiatric and nursing services to young people.

Inspectors spoke with members of the ACTS team who described how staff often came to them for advice on young people's presenting behaviours. The ACTs team work with the staff to identify young people's needs when they first come to Oberstown and they support staff with devising BSPs for young people with complex needs. The ACTs team also provide therapeutic support to young people during their time in Oberstown which contributes to supporting positive behaviour. There was good consultation with young people, their families, and professionals on how best to support the young person's behaviour that challenged. Young people were supported by staff to deal with any challenges or concerns arising through respectful and caring interactions. It was evident that staff held young people in a positive regard and were thoughtful in how they could best support them.

The social care team worked collaboratively with the MDT to provide young people with the right support to best meet their needs. Where young people had difficulties or challenges, these were discussed by staff with the MDT and advice was given to unit managers on approaches to take and possible interventions required.

Positive relationships were promoted between staff and young people in the delivery of the service's framework for care. Inspectors reviewed key working records for young people which overall were of good quality and showed that key working sessions took place regularly with young people and during these sessions, the rules and expectations of the campus were explained to young people. Incidents, where young people engaged in behaviours that challenged, were discussed with young people and a restorative approach was used to encourage young people to engage more positively. Young people were also supported to engage in education and training programmes and a variety of extra-curricular activities which promoted positive behaviour. In addition, the service implemented a consistent behaviour management approach across the campus.

There was a ratings system in place, which is a behaviour management approach with the main objectives of increasing a young person's quality of life and decreasing the frequency and severity of behaviour that challenges. When young people had achieved the highest rating they were put on a behaviour contract which included privileges, such as; work experience on campus, later bed times and more pocket money. The records showed that in general staff discussed rating levels with young people explaining why they were at a certain level, but inspectors found that young people's rating levels were not consistently being recorded on their records in the CMS. Other incentives to promote positive behaviour included opportunities for permitted absence, such as visits home to family and training and work opportunities, as allowed under the Children Act, 2001, Part 10, section 203, were also being utilised under strict conditions, as appropriate.

Judgment: Substantially Compliant

Rule 9: Restrictive Practice

Restrictive practices in use in Oberstown included single separation, physical and mechanical restraints encompassing the use of handcuffs and searches conducted in young people's rooms or on their person. Overall, staff had a good understanding of the principle that restrictive practices should be used as a last resort and for the shortest duration possible. Efforts had been made to reduce the use of restrictive practices and these had been effective, as was evident from the downward trend in the use of single separation and physical restraints. Published data showed a reduction in the number of single separations in 2025 so far from 2024. From January to September 2024 there were 688 single separations and from January to September 2025 there has been 458 single separations. During the same period there was also a reduction in the number of physical interventions carried out which went from 67 in 2024 to 58 in 2025. Managers informed inspectors that there was a focus on staff having restorative conversations with young people which was helping to reduce the use of restrictive practices.

Young people were provided with information on restrictive practices by means of an information leaflet and booklet when they first arrived to Oberstown. Records also showed that staff engaged with young people to explain to them why restrictive practices were required after incidents.

Areas of progress since the last inspection included the implementation of a procedure for the use of physical restraints and the single separation policy had been updated providing mechanisms to increase manager's oversight. The provider also had plans to introduce mechanisms to reduce the impact of restrictive practices on young people such as, the introduction of safety pods[6] to be used while carrying out physical restraints. In addition, staff were undergoing training in the use of soft handcuffs at the time of the inspection. Despite much progress and development of practice as well as oversight in the employment of restrictive practices, improvements were still required in the recording of their use and as previously stated, young people were subject to repeated incidents where restrictive practices were used due to inadequate levels of staff rather than risks posed by their own behaviour. The key risk as it related to the use of restrictive practices in the service was, as outlined above, the need for employing such restrictions due to low levels of staffing. Single separation was used on 10 dates in the 12 months prior to the inspection due to low levels of staffing which is not in line with the National Policy on single separation or with best practice in this area. In response to the urgent compliance plan issued to the provider following the inspection, the director stated that these instances of single separation were "driven not by staffing convenience

[6] A safety pod is a specially designed bean bag that is deep and firm and is intended to provide safe and therapeutic means of supporting children in a caring and dignified manner during times of distress and risk.

but by an acute inability to safely supervise and manage normal regimes and practices due to critically low levels of staffing". The director stated that "critically low staffing levels meant that usual safeguards such as relational supervision and back-up responses were not safely achievable without increasing the risk of harm to young people, staff or compromising security and order on the campus".

The use of single separation due to low levels of staffing was a finding from the previous two HIQA inspections. While the availability of adequate numbers of qualified and skilled staff is an ongoing national issue, this issue within the detention campus has remained unresolved since 2023 and infringement on young people's rights, as they relate to the inappropriate application of single separation, continues to be considered a necessity at times within the service. In the absence of a formal strategic workforce plan and continued infringement of young people's rights, HIQA sought assurances which would ensure that children's rights are protected in the management of staffing resources in the service. The provider submitted a compliance plan detailing actions put in place to address the ongoing staffing challenges in an effort to prevent single separation being used due to low levels of staff. In addition, actions to ensure adequate monitoring and recording of instances, where the incorrect use of restrictive practices is considered necessary and therefore authorised by senior managers due to what the provider has categorised as 'extenuating circumstances', were implemented urgently.

A finding from the inspection in 2024 was that there were times when young people could not leave their bedrooms on weekend mornings due to staffing shortages. While some improvement had been made in relation to managing this issue, further work was required. Some young people told inspectors that they were unable to leave their bedrooms on weekend mornings, due to staffing shortages. In addition, this issue had been raised with senior managers by young people through a council meeting in August 2025 and an internal audit was conducted as a result. This audit found that young people were frequently declined permission to get up, including 13 occasions in the month of August, with low staffing cited as the reasons. This review also noted that the section for recording if the young person asked to get up and was declined was not filled in most days and also noted that there was no data available for some units for five dates reviewed.

Appropriate actions were identified to address recommendations from the finding of this review including, updating the CMS so that the time that young people got up and where they went has to be recorded. Inspectors found that further improvements were needed in consistent and accurate recording in relation to this matter to enable effective oversight. Furthermore, these instances of use of restrictive practices at weekends, were not recorded as such within the organisations published data on the use of single separation, meaning data

published as well as that provided to the board, on the use of restrictive practices, in the service were not always reflective of young people's lived experience.

Records of incidents of restrictive practices reviewed by inspectors showed that overall, staff were responsive to risk and interventions were proportionate. The quality of records of the use of restrictive practices, while improved in some cases required attention to ensure accurate, clear records of incidents. For example, in records of three out of nine physical interventions sampled by inspectors, sufficient details were not recorded on the attempts made to de-escalate the young person, therefore it was not possible to assess if the physical interventions were appropriately employed as a last resort. In addition, the quality of dynamic risk assessments carried out in relation to the implementation of restrictive practices was inconsistent. Four out of 19 single separation records sampled by inspectors had errors in them. For example, one record had two different times for the separation ending, with four hours in the difference of the times. Another record had two different start times for the separation with over two hours in the difference between the two times recorded. The records did not show if managers had identified these mistakes and followed up with staff for clarification.

Staff who inspectors spoke with demonstrated appropriate knowledge and understanding of the policy and procedure for single separation, however, improvements were required to practice. The procedure for the use of single separation had been updated since the last HIQA inspection, including specific requirements for authorising the continuation of a period of single separation by a manager. The procedure now stipulated that a unit or site manager must meet with a young person following a period of four hours on separation, this provided for increased manager oversight. The procedure also outlined the criteria for ending single separation and this included the requirement for a young person to engage in communication with staff around their behaviour. The inclusion of this criteria for ending separation requires review to ensure that the needs of all young people are effectively considered. The option, needed for some young people, to engage in restorative conversations following a period of reflection or reengagement was not adequately recognised.

Inspectors raised concerns to managers that this criteria could potentially mean that staff would not end single separation even if the young person's behaviour no longer posed a risk to anyone, as staff may believe they need to wait until the young person discusses the incident first. The managers told inspectors that this was not the case as managers had better oversight of single separation since the implementation of the new procedure and would instruct staff to end it as soon as the young person's behaviour no longer posed a threat to safety. In response, inspectors reviewed a sample of 19 incidents of single separation and found three separate incidences of single separations where records indicated that young

people's behaviour no longer posed a risk but they remained on single separation. Two of these records indicated that this was due to the young people needing to engage in a restorative conversation with staff. The reason for the young person remaining on single separation in the third record was not clear. In addition, there were three records where single separation continued into the next day despite the young person's behaviour no longer appearing to pose a risk.

There were improvements in the recording of information relating to children's rights while they were subject to periods of separation, however, the issue of absent details remained in a small number of records in the sample reviewed by inspectors. Generally, young people's right to have access to fresh air, food, drinks and snacks and the use of multi-purpose rooms was promoted and facilitated by staff during the separation periods, all within timeframes required by policy. However, inspectors found three examples of records of single separation which did not indicate that the young person had been provided with a fresh air break as required.

There were good oversight systems in place for the effective monitoring of restrictive practices. There were clear steps for oversight by unit managers, site managers and deputy directors. Inspectors found that these oversights and authorisations were in place and in line with policies and procedures for the most part, in cases reviewed.

The oversight and monitoring system in place included CCTV reviews following physical interventions, incident audits and incident, accident and assault meetings and restrictive practice group meetings. These mechanisms tracked data and trends in relation to incidents and overall effectively identified where improvements could be made. However, there was no clear system in place to track if the recommendations were implemented. For example, findings from audits of incidents identified that the language in relation to physical interventions was vague in some records, however, it was unclear if recommendations made to address this had been implemented. A manager informed inspectors that they were in the process of restructuring how they track the recommendations from the various different types of reviews carried out and that the aim is to centralise the recommendations into one report, which should make tracking them easier.

Opportunities for staff to reflect and identify learnings themselves following incidents were provided through debriefings that took place as soon as possible after incidents. The quality of these debriefs varied, while some identified opportunities for improvement, some records were vague and the section to record opportunities for improvement was blank. Another structure in place for staff to reflect and identify learnings from incidents was the After Incident Review (AIR). AIRs could be facilitated following a medium level but serious incident or following

a major critical incident. One AIR had taken place in the 12 months prior to the inspection and one was due to take place. Inspectors reviewed the AIR that had taken place and found that it was good quality as it identified what worked well in the management of the incident and also identified what could have been done differently. Increased use of AIRs would improve opportunities for post incident reflection and learning for staff working directly with young people.

While there was a focus on reducing the use of restrictive practices and working restoratively with young people, significant improvements were still required in relation to the use of restrictive practices. Insufficient staffing levels have resulted in the inappropriate use of single separation and improvements are required in the recording of restrictive practices in order to demonstrate that they are carried out in line with policies and procedure and to ensure effective management oversight. It is for these reasons that the provider was found to be not compliant with rule 9.

Judgment: Not compliant

Appendix 1 - List of rules considered under each dimension

Rules:	Judgment
Capacity and Capability	
Rule 10 – Staffing, Management and Governance: The care of young people shall be provided by a suitable number of appropriately qualified staff of various grades, and effective and transparent management and governance shall be in place to deliver public accountability.	Not Compliant
Rule 12 – Authority to Suspend Rules: In exceptional, emergency circumstances, the Director may limit the effect of these Rules to the extent that it is necessary to deal with that emergency.	Compliant
Quality and Safety	
Rule 7 - Participation: Young people shall be supported to access information and effective complaints mechanisms, and have their voices heard and participate in decisions made about them.	Compliant
Rule 8 – Positive Behaviour: Young people shall be supported to understand and demonstrate norms of good behaviour that ensure long-term positive outcomes.	Substantially Compliant
Rule 9 – Restrictive Practice: Practices that interfere with the rights of young people shall only be used with approval and in exceptional circumstances.	Not Compliant

Compliance Plan

This Compliance Plan has been completed by the Provider and the Authority has not made any amendments to the returned Compliance Plan.

Compliance Plan ID:	MON-0048493
Provider's response to Inspection Report No:	MON-0048493
Centre Type:	Oberstown Children Detention Campus
Date of inspection:	10-12 of November 2025
Date of response:	18 of March 2026

These requirements set out the actions that should be taken to meet the Oberstown Children's Rights Policy Framework.

It outlines which rules the provider must take action on to comply. The provider must consider the overall rule when responding and not just the individual non-compliances as outlined in the report.

The provider is required to set out what action they have taken or intend to take to comply with the rule in order to bring the campus back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Capacity and Capability

Rule 10 - Staffing, Management and Governance	**Judgment: Not Compliant**

Outline how you are going to come into compliance with Rule 10: Workforce stabilisation to prevent restrictive practices due to low staffing

Develop and Implement a Workforce Plan (covering recruitment, retention,availability, skill mix, training release capacity, and contingency staffing) aligned to occupancy trends and the profile/needs of young people; this will be ongoing and completed by year end 2026.

Aims (what we're trying to achieve in 2026)

- Improve workforce availability, particularly for Residential Social Childcare Worker (RSCWs), in a very competitive market and within CORU requirements.
- Reduce reliance on overtime where we reasonably can, while keeping the service safe.
- Improve recruitment and retention by strengthening the Social Care pipeline and supports for staff.
- Improve supervision and staff support by increasing management capacity.
- Strengthen compliance, especially mandatory training and Garda vetting (Rule 10).
- Reduce industrial relations risk through ongoing engagement.

Objectives (what will be delivered in 2026)

- Progress the commissioning of an independent external review of frontline staffing levels and skill mix, in consultation with Fórsa.
- Put practical pipeline measures in place to support Social Care recruitment over time, including:
    - a third-level sponsorship programme;
    - a third-level partnership pathway (supporting third-year placements into relief opportunities);
    - supporting relief workers to move into permanent roles where vacancies arise.
- Broaden recruitment approaches, including looking at alternative grades/roles that can support service delivery.

- Put CORU supports in place for new and existing staff (practical guidance, support with registration steps, and support for continuing professional development).
- Progress the Assistant Unit Manager roles to strengthen supervision and support.
- Strengthen overtime governance.
- Maintain strong controls for Garda vetting compliance.

Long-term strategy (how we mitigate staffing risks beyond 2026)

This 2026 plan is the operational piece, but the overall approach is multi-year:

1. Use evidence to reset the staffing model: complete the external review (first since 2016) and use it to inform staffing levels by unit/shift, skill mix, span of control, relief model, protected training time, and governance alignment (CEHOP[7]® / rights-based care).
2. Build a more predictable supply pipeline: keep recruitment activity running, strengthen third-level partnerships, and use sponsorship and conversion pathways to improve future supply and retention.
3. Plan for non-availability: reflect non-availability in workforce planning and strengthen absence management supports.
4. Manage fatigue risk: keep overtime controls, rest periods, escalation, and monitoring under active review.
5. Improve supervision capacity: reduce spans of control through Assistant Unit Managers (and any further changes arising from the review).
6. Keep compliance front and centre: maintain oversight of Garda vetting and mandatory training, with clear tracking.

Duration

- Workforce Plan (operational): Jan–Dec 2026.
- Workforce strategy (risk mitigation): starts Q1 2026 and continues into *[2027–2029]*, depending on external review outcomes and funding.

Specific Measureable Achievable Relevant and Time bound (SMART) plan detailing progress goals for 2026.

2026 progress goals (SMART but realistic)

Note: Given the limited Social Care graduate pool and the CORU-related constraints, we cannot commit to eliminating the Whole Time Equivalent (WTE) gap in 2026. The focus for 2026 is on putting the right measures in place, tracking progress, and showing that staffing risk is being actively managed.

1) Workforce position (WTE)

- Measure: agree and document the baseline workforce position and keep regular oversight of workforce availability and the WTE gap.

[7] CEHOP - Care, Education, Health, Offending, Planning for the Future

- Timeline: as of Jan 2026, the baseline complement is 90 RSCWs, 12 DSOs and 29 NSOs. Throughout 2026 we will work towards these figures.

2) Recruitment and pipeline measures

- Measure: keep an active recruitment pipeline and progress a set of practical actions that strengthen the Social Care pipeline (as outlined above).
- Timeline: actions progressed during 2026, with regular check-ins through the year.

3) Third-level pathway (placement → relief → permanent)

- Measure: progress third-level engagement and support movement through the pathway where possible.
- Timeline: progressed through 2026.

4) Sponsorship programme

- Measure: progress the sponsorship programme, subject to approvals and available funding.
- Timeline: Jan 2026 for 2025 students, and Sept/Oct 2026 for 2026 students.

5) CORU and CPD supports

- Measure: put CORU supports in place and keep them under review to help staff progress registration requirements and CPD (Continuous Professional Development).
- Timeline: implemented in Q2 2026.

6) Supervision capacity (Assistant Unit Managers)

- Measure: progress the Assistant Unit Manager roles and monitor the impact on supervision capacity.
- Timeline: progressed in Q3 2026.

7) Overtime governance

- Measure: keep overtime governance under review.
- Timeline: maintained through 2026.

8) Compliance (Garda vetting and mandatory training)

- Measure: maintain oversight of Garda vetting and mandatory training, with escalation where required. Target for Garda vetting is **100%**; mandatory training target is **70%** in 2026.
- Timeline: maintained through 2026.

SMART plan for implementation of Performance Management at Oberstown

Specific: Identify the need for, the goals associated with and implement a fit for purpose Performance Management initiative at Oberstown campus.

Actions completed and underway under this heading: To date a facilitated session with the Board of Management and the Senior team at Oberstown was completed and the findings have been fed back to the Board in the January meeting. The outcomes of this work have allowed for the following

- A fully fleshed purpose statement of the aim (the why) Performance Management (PM) at Oberstown
- A clear agreed approach to the focus of PM ensuring that the best quality of care is at the heart of what we want to measure and focus on through PM
- A synopsis of the differences and cross overs between PM and Supervision to ensure better alignment and focus of both processes
- An output slide on how PM can support and help develop the campus and the people who work here
- Identifies the need for a high-level champion at Board level (Chairperson) and ownership at the leadership level (Director)

The above elements were presented back to the board and agreed in January. The ongoing responsibility at Board level now rests with the People and Culture committee

Measurable: the metrics for all roles on the campus will need to be developed over the coming months. However, the most important element of this is agreeing the focus of the PM initiative i.e. quality care for the Young People in our care. When subsequently designing the metrics, this will be central to any agreed indicators. Aligning some high-level metrics that we track will be easier with the agreed focus.
For example; if we have as measures 'Works to effectively deescalated situations with Young People and maintains a mature and solution focused approach to conflict' or 'Strives to create an atmosphere of support, comfort and safety in the unit' then direct feedback and measurement of the effectiveness of these goals can then be better reported on, perhaps more importantly it highlights to all employees that these are the goals that matter. Important conversation around these goals can be more easily undertaken by line managers who will be trained to do this.

Achievable: The key element of this, and a question we asked the Board and senior leaders is given that no formal PM system (as opposed to process) or culture of performance exists what is achievable?
There are two elements to this; firstly, this is a positive as it is a green field site to some extent. Secondly, we have to be realistic and approach this with a collaborative, open and phased, learning bias. We *do not want* it to be a tick box exercise that embeds a process only. We want it to fully support our vision and for employees to embrace the approach. Having a greater number of newly qualified and college educated employees helps with this as they are more likely to be open to this change and welcome feedback once it is well delivered.

Realistic: We have developed a high-level project plan, assigned an experienced HR professional with multi-year experience of PM development in a large organisation, we have the full backing of the senior team and the Board and we have the financial resources to start this project in a robust way in 2026. However,

there are headwinds including the following: we do not have access to PMDS (Performance Management Development System), we do not have a Performance Management (PM) system at Oberstown and as mentioned earlier the culture of high performance is not currently widespread on campus. This is why we have identified the training elements and some system development for 2026. The procurements processes for the training elements and the systems elements are underway (progress the Request for Tender) and will be complete by June. This gives us the Autumn to train and prepare the people leaders and significant contributors in the key PM skills as managers. Having a pilot up and running in 2026, while perhaps a stretch goal is one we believe we can go after. Overall, the implementation of an effective PM system that is supportive of culture and which puts the quality of care right into everyday conversations is a multi-year efforts and one the board and senior leaders are committed to.

Time Bound; Realistically, we are starting from a green field site at Oberstown and that brings many opportunities and challenges. We have set an aggressive timeline of end of year for training, system (per employee service), and piloting of the new approach. We are on a learning journey, and we also need to bring the trade union partners with us so engagement will be crucial there also. We have a lot of items completed or underway right now including; engagement with the BOM and leadership team to establish the 'why' of this initiative, identification of champion and leaders of the project, allocation of a project manager, development of high level project plan, communication with staff on the journey ahead, identification of board responsibility for the project People & Culture (P&C) committee, procurement processes underway and scoping of training and system needs as a result.

** The Minister recently announced their intention to increase the licence in Oberstown by 2 young people in March, this may increase by another 2 by Q4 2026. We will aspire to be fully compliant with the Chidrens Rights Policy Framework and the Assessment Judgement Framework, however in being mindful of our statutory obligations under the Children Act 2001 and the Health and Safety at Work Act 2005, this may prove difficult.*

**The revised Children Rights Policy Framework accepted by the Board in December of 2025 cites extenuating circumstances as a potential criteria for the use of restrictive practice.*

Proposed timescale: **These actions will not be completed in their entirety until Q3 2027; although the majority will be completed by year end 2026.**	**Person responsible:** **Damien Hernon**

Rule 9 – Restrictive Practice	Judgment: Not Compliant

Outline how you are going to come into compliance with Rule 9:

Practices that interfere with the rights of young people shall only be used with approval and in exceptional circumstances.

These goals remain a part of our compliance plan, with subtle additions and the core question is answered at the end of this section.

- **Address restrictive practices which occur from a risk associated with the safety and security of the campus due to low staffing levels by:**
- See section on Rule 10 Staffing, Management and Governance above which describes the workforce plan
- Introduce a weekly workforce and rostering planning meeting chaired by Senior Management to review upcoming roster coverage (minimum staffing levels, skill mix, leave forecasts), proactively identify gaps, agree mitigations (redeployment, relief staffing, overtime controls, contingency activation), and document decisions/actions in a tracked roster risk log with named owners and timeframes – end of Q1 2026.

- **Improve the quality and accuracy of restrictive practice recording**
- Unit/Site Managers in conjunction with the Learning & Development Department will implement and complete CMS (Care Management System) training with staff – year end 2026
- Enhance monitoring and oversight by Unit/Site Managers to improve the quality of recording ensuring it accurately reflects behaviour and engagement by end of Q2 2026
- In addition to the recording of weekend morning routines on the CMS, as part of the weekly young person's meeting young people will be explicitly invited to raise concerns or issues related to unit structures and routines, and these will be formally minuted and recorded – end of Q1 2026.

- **Weekend morning routines**

- Enhanced mandatory CMS recording of weekend morning routines: capture the time each young person gets up, where they go, any request to get up, and whether it was declined (with reason and manager review) by end of Q2 2026.
- Weekly review of weekend data by Unit/Site Managers & Advocacy Officer with escalation to Senior Management where patterns emerge – by end of Q2 2026.

- **Review single separation end-criteria to ensure rights-based, needs-sensitive practice**
- Restrictive Practice Group review of single separation end-criteria: the Restrictive Practice Group will formally review the current requirement for "engagement in communication/restorative conversation" as a criterion for ending single separation, to ensure separation ends as soon as risk has reduced and restorative engagement can occur when the young person is ready. The Group will agree and issue updated guidance for managers, including clear decision points and recording requirements, and will monitor implementation through case sampling and oversight reports – end of Q2 2026.

- **Strengthen implementation tracking of recommendations and learning**
- Track and implement recommendations from audits and oversight groups: establish a tracking system to capture all actions arising from incident audits, CPI (Crisis Management Intervention) reviews, restrictive practice forums and governance committees with monthly Senior Management review to verify implementation and close-out only when evidence is provided by end of Q3 2026.
- Restrictive Practice Group will implement a structured recommendation-tracking system to monitor actions arising from reviews, assign owners and timeframes, escalate overdue items, and verify implementation through documented evidence before close-out by end of Q2 2026.
- The newly formed CPI Review Process has developed an inbuilt mechanisms to action and track recommendations through a centralised system including referral for After Incident Review (AIR), which is a new development in 2026.

- **Improve debrief quality**

- As part of weekly IAA (Injury, Accident & Assault) meetings , IAA's will be reviewed for completion of debrief section, with incidents being referred according by end of Q2 2026.
- Quarterly audit of debrief quality with targeted feedback and corrective actions to ensure consistency, accountability and close out across units by end of Q3 2026.

Please outline specifically mechanisms in place to respond to and or escalate risks to children's rights, where due to lack of necessary staffing resources and capacity of the service, you cannot protect their rights.

- We will adhere fully to the relevant policy and procedures which support the use of restrictive practice
- In exceptional, emergency circumstances, the Director may also invoke Rule 12 thus limiting the effect of the rules to the extent that it is necessary to deal with that emergency.

**The revised Children Rights Policy Framework accepted by the Board in December of 2025 cites extenuating circumstances as a potential criteria for the use of restrictive practice.*

** The Minister recently announced their intention to increase the licence in Oberstown by 2 young people in March, this may increase by another 2 by Q4 2026. We will aspire to be fully compliant with the Chidrens Rights Policy Framework and the Assessment Judgement Framework, however in being mindful of our statutory obligations under the Children Act 2001 and the Health and Safety at Work Act 2005, this may prove difficult.*

Proposed timescale:	**Person responsible:**
Year end 2026	**Damien Hernon**