



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation and Monitoring
of Social Care Services

Assessment-judgment Framework
for Restrictive Practice targeted
inspection programme
*Oberstown Children Detention
Campus*

Version 1.0 — May 2026

Safer Better Care

Table of Contents

Section 1 — Introduction 3

Section 2 — Judgment on Compliance 4

Section 3 — Assessment-judgment Framework 6

 Capacity and Capability dimension..... 6

 Quality and Safety dimension.....10

Revision history13

Section 1 — Introduction

The Health Information and Quality Authority (HIQA) monitors and inspects the safety and quality of services provided by Oberstown Children Detention Campus (Oberstown) under section 185 and section 186 of the Children Act, 2001, as amended by Criminal Justice Act 2006.

This assessment-judgment framework is specifically designed for use in the targeted inspection programme for restrictive practices in Oberstown Children Detention Campus. It sets out rules and lines of enquiry that can form part of an assessment of compliance and should be applied in conjunction with the Oberstown Children Detention Campus Children's Rights Policy Framework (2020).

The premise underpinning targeted inspections carried out by HIQA is to promote quality improvement in a specific aspect of care — in this instance, restrictive practices. The purpose of the assessment-judgment framework is to support inspectors in gathering evidence when inspecting Oberstown Children Detention Campus. It is also intended to support the provider and staff to review their own service. This assessment and judgment framework sets out the lines of enquiry to be explored by inspectors in order to assess performance against the rules being monitored.

Section 2 — Judgment on Compliance

Once an inspector has gathered and reviewed evidence from Oberstown Children Detention Campus, they will make a judgment on how the service performed under each of the inspected rules. The following judgment descriptors will be used:

Compliant	A judgment of compliant means the service is meeting or exceeding the rule and is delivering a high-quality service which is responsive to the needs of children.
Substantially compliant	A judgment of substantially compliant means the service is mostly compliant with the rule but some additional action is required to be fully compliant. However, the service is one that protects children.
Not compliant	A judgment of not compliant means the service has not complied with a rule and that considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk-rated red (high risk) and the inspector will identify the date by which the provider must comply. Where the non-compliance does not pose a significant risk to the safety, health and welfare of children using the service, it is risk-rated orange (moderate risk) and the provider must take action within a reasonable time frame to come into compliance.

Once a judgment on compliance is made, inspectors will review the risk to children of the non-compliance or substantial compliance. Inspectors will report on this risk as:

- Red there is high risk associated with the non-compliance¹
- Orange: there is moderate risk associated with the non-compliance
- Yellow: there is low risk associated with the non-compliance
- Green: there is no risk.

¹ Where a non-compliant judgment presents an immediate risk to the safety, health or welfare of children using the service, the inspector may issue an urgent compliance plan on the day of inspection.

The assessment-judgment framework for the targeted restrictive practices inspection programme should be applied in conjunction with the:

- Children Act, 2001 (as amended)
- Oberstown Children Detention Campus Children's Rights Framework (2020)
- Guidance on the assessment of the use of Restrictive Practices for Oberstown Children Detention Campus (May 2026)
- HIQA's monitoring approach policy, procedures and guidance.

This assessment-judgment framework is organised into two sections, called dimensions, and the relevant rules under these two dimensions are set out under the themes of:

1. Capacity and Capability
2. Quality and Safety.

Section 3 — Assessment-judgment Framework

Capacity and Capability

This section focuses on the overall delivery of the service and how the provider is assured that a quality, safe and effective service is provided to children. It includes how the service provider:

- is assured that there are effective governance structures and oversight in place
- has arrangements in place for clear accountability, decision-making, risk management and performance assurance, which is underpinned by effective communication among staff — this includes how responsibility and accountability for service provision is integrated at all levels of the service
- plans, manages and organises its workforce to ensure enough staff are available at the right time with the right skills and expertise to meet the service's needs.
- effectively manages resources to deliver the service.

Dimensions: 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.
Line of enquiry	<ol style="list-style-type: none"> 1. Is there a clearly defined management structure that identifies the lines of authority and accountability, specific roles, and details responsibilities for monitoring and oversight of the use of restrictive practices? 2. Does the provider have clear policies, procedures and guidance in place with regard to restrictive practices, safeguarding and risk management which are in line with legislation and national policies? 3. Have staff members been provided with a copy of relevant guidance, rules and standards of practice relevant to the application of restrictive practices? 4. Are there clear organisational strategies and objectives which promote and continuously strives for a culture of openness whereby care, support and the environment is minimally restrictive? 5. Does the provider have systems in place to ensure that restrictive practices are accurately recorded, monitored and regularly reviewed with the aim of reducing or eliminating their use? 6. Are there adequate arrangements in place for the governance, oversight, monitoring and review of trends in the use of restrictive practices? For example, a human rights committee and or multidisciplinary teams with responsibility for reviewing and reducing restrictive practices. 7. Has the provider ensured that all strip searches conducted in the service are in line with a clear procedure that takes into account young people’s relevant circumstances and needs; for example, previous trauma, gender and cultural sensitivities? 8. Has the provider ensured that the risk management policy is effectively implemented in relation to restrictive practices? 9. Does the provider ensure that where safeguarding concerns arise due to the use of restrictive practices, that these are appropriately managed in line with the campus’s safeguarding policy?

	<p>10. Is the campus staffed by a sufficient number of suitable, experienced and qualified staff, having regard to the number and needs of the young people detained there?</p> <p>11. Do staff members have access to appropriate training, including refresher training, related to the use of restrictive practices?</p> <p>12. Are staff provided with an appropriate level of professional supervision and support which promotes safe application of restrictive practices in accordance with campus policy and procedures?</p> <p>13. Are there effective arrangements in place to facilitate persons working in the campus to raise concerns about the quality and safety of restrictive practices used within the service generally and or specifically to individual young people detained in the campus?</p>
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Dimensions: Capacity and Capability	
Rule 12	<p>Authority to Suspend the Rules</p> <p>In exceptional, emergency circumstances,² the Director may limit the effect of these Rules to the extent that it is necessary to deal with that emergency.</p> <p>Note: <i>This rule will be an option for inclusion by inspectors, if required.</i></p>
Line of enquiry	<ol style="list-style-type: none"> 1. Where the Director used their power to suspend the Rule(s) and policies, was it only where there was a basis for believing that the circumstances reach the threshold of exceptional, emergency circumstances, as defined in this Policy? 2. Has a suspension of these Rules only been applied as a last resort, for the shortest length of time and to the extent reasonably necessary to respond to the exceptional or emergency situation and to return the campus to a state of safe operation? 3. In circumstances where the Rules were suspended, did the Director, management and staff fulfil their responsibility to take steps to end the exceptional, emergency situation as soon as was reasonably practicable in the circumstances? 4. Where the circumstances requiring a suspension of the rules necessitated the application of restrictive practices, was there: <ul style="list-style-type: none"> ▪ Appropriate communication with young people throughout and following the period of suspension? ▪ Adequate consideration of the impact on young people? ▪ Appropriate records of their individual experience recorded on each young person’s care file? ▪ Effective supports and interventions provided to young people to fully understand the rationale for the decision, as relevant to any impact on their care?

² ‘Exceptional, emergency circumstances’ are defined in the Children’s Rights Policy Framework 2020, as an incident or situation which poses a serious threat to the safety of young people or staff, or to the security of the campus as a whole, which requires an immediate response, and which is not covered by normal policies and or procedures on campus.

Quality and Safety dimension

The Quality and Safety dimension relates to standards that govern how services should interact with young people and ensures their safety. The focus of this section is about the lived experience of young people using the service.

This includes how young people:

- make choices and are actively involved in shaping the services they receive
- are empowered to exercise their rights, achieve their personal goals, hopes, and aspirations
- receive effective person-centred care and support, during their time in Oberstown
- are able to live in a safe, comfortable environment
- are protected from any harm or abuse and
- are provided with information and support to keep themselves safe.

Dimensions: Quality and Safety	
Rule 9	Restrictive Practice
	Practices that interfere with the rights of young people shall only be used with approval and in exceptional circumstances.
Line of enquiry	<ol style="list-style-type: none"> 1. Are young people’s rights fully protected during the use of restrictive practices? 2. Is each young person’s right to live in the least restrictive environment respected and actively promoted, in so far as is practicable, by the service provider and staff? 3. Are restrictive practices only used following a full risk assessment, having consideration of the young person’s needs? 4. Does the provider ensure that assessments outline and consider the following: <ul style="list-style-type: none"> ▪ The specific circumstances where the restraint and or restrictive practice is being considered? ▪ The identified risk is not being caused by a failure to meet the young person’s basic needs and or fundamental rights. For example, their access to meaningful activities, contact with family or social engagement? ▪ The rights and dignity of the young person are taken into

	<p>account? Alternative, less-restrictive measures are considered which would address the risk?</p> <ul style="list-style-type: none">▪ The psychological and physiological risks in using the restrictive practice?▪ The proposed restrictive practice is proportionate to the identified risk?▪ There is evidence to support the efficacy of the restrictive practice in addressing the identified risk to the young person?▪ There is adequate consideration given to a young person's individual history, circumstances and potential impact of restrictive practices?▪ The young person, their parent, guardian, staff and or advocates where appropriate, are involved in the decision-making process?▪ The proposed restrictive practice is the least restrictive option for the shortest possible duration? <p>5. Is an individualised approach taken to responding to the risk posed by the young person, in line with the overall approach to positive behaviour on campus, and in line with the young person's Individual Safety Plan?</p> <p>6. Are there effective systems in place to authorise, monitor and review the use of restrictive practices?</p> <p>7. Have all restrictive practices, experienced by each individual young person, been identified, appropriately assessed with campus policy and managed appropriately, including those that limit a young person's choices or preferences, referred to as 'rights restraints'?</p> <p>8. If restrictive practices are unavoidable, does the campus management ensure they are used in a manner that protects young people's privacy and dignity? For example in relation to their personal living space?</p> <p>9. Is information given to a young person on admission about the use of restrictive practices, and managing high-level risks on campus?</p> <p>10. Are there effective systems in place which ensure that children are informed about the use of restrictive practices, and seek their experience of restrictive practices? Where young people's views or opinions on a restrictive practice indicates disagreement and or differs from that of the staff team, are there adequate</p>
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	<p>arrangements in place for meaningful consideration of young people's views?</p> <ol style="list-style-type: none">11. If restrictive practices are assessed as necessary for one young person, does the staff and managers ensure that this does not impact on the experience of others?12. Are there effective mechanisms in place which ensure that restrictive practices are not coercive and are not implemented for the purpose of forcing compliance?13. Has the provider reported child protection and welfare concerns arising from the inappropriate use of restrictive practices?14. Do staff demonstrate an awareness of the potential significant impact of restrictive practices on young people, including the potential impact on developing trusting relationships with staff?15. Are there effective mechanisms in place which ensure that a young person is monitored, and or clinically evaluated during restrictive practices — including a period of single separation and or a physical restraint?16. Are there adequate arrangements in place which ensure that all staff understand the significance of use of mechanical restraints for any purpose within the campus and are there effective controls on their use in place?17. Are there appropriate mechanisms in place for the approval of administration, monitoring and review of any use of chemical restraint including the use of PRN medicines (medicines only taken as the need arises) (if relevant)18. Has the provider ensured that where closed circuit television (CCTV) systems are used, they do not intrude on children's privacy?19. Is there is a policy in place on the use of CCTV that is informed by relevant legislation20. Have staff ensured that children understand the purpose of CCTV?
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Revision history

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