



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation and Monitoring
of Social Care Services

Guidance on the assessment of the use of Restrictive Practices for Oberstown Children Detention Campus

Version 1.0 — May 2026

Safer Better Care

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Section 1 – Introduction

The Health Information and Quality Authority (HIQA) monitors 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 guidance will be used by inspectors alongside the assessment-judgment framework, a tool developed by HIQA to assess compliance with rules, regulations and standards. It can also assist the Director and staff of Oberstown Children Detention Campus to self-assess their own service against the rules and implement continuous improvements. This guidance should be applied in conjunction with Oberstown Children Detention Campus Children's Rights Policy Framework (2020).

Aim of a targeted inspection

The aim of this targeted inspection is to improve the quality of life and safety for young people placed in Oberstown. Oberstown provides care and education for young people referred by the courts on detention or remand orders. By virtue of the nature of placement in detention, young people experience restrictions to their freedom. This programme will focus on the provider's use of other restrictive practices other than the restrictions of liberty as set out by virtue of a court order. The objective is to drive quality improvement within Oberstown, so that the provider only uses restrictive practices (within the context of an already restricted placement) when absolutely necessary for the safety of the individual young person or others within the campus.

Oberstown Children Detention Campus should consistently uphold young people's fundamental human rights, hear the voices of young people and ultimately ensure that young people live in an environment in which restraints are employed minimally for the shortest period of time and only when absolutely necessary for their safety or the safety of others, and restrictive practices in place address specific assessed risks.

Providers of children's services play an important role in supporting young people's right to autonomy while also safeguarding their health and safety. This balance can be particularly challenging within a secure environment. While there are circumstances where the use of restrictive practices may be unavoidable to ensure a child's safety or the safety of others, restrictive practices — including physical, environmental, chemical and mechanical restraint — are an infringement of a young person's fundamental rights to personal liberty and bodily integrity. In recognising this, services should at all times seek to reduce or eliminate their use.

Staff should use this guidance to assess the use of restrictive practices in their

service with a view to reducing or eliminating their use, in so far as possible. In cases where restrictive practices are assessed as being necessary, this document will provide guidance on ensuring the safety and wellbeing of young people who are subjected to restraint as well as any and all restrictive practices.

Scope

Targeted inspections carried out by HIQA aims to assess compliance and promote quality improvement in a specific aspect of care — in this instance, restrictive practices. This inspection programme focuses on assessing physical and environmental restraints as well as other forms of restrictive practices. Other forms of restrictive practice may include social, psychosocial or 'rights' restraints such as limiting a child's access to areas to prepare food, limiting their access to education during a period of single separation[♦] or controlling their access to communication with their friends and families.

This targeted inspection programme aims to focus the attention of the provider on certain critical aspects of care and service delivery. Because of this, young people living in Oberstown should experience care that is child-centred, promotes their rights, ensures that their privacy and dignity are respected, and safeguards them against all forms of abuse.

When reading this guidance, providers should also be mindful of other relevant legislation relating to the service they are providing. This includes legislation which ensures that people are treated equally, have access to advocacy and also where the health and safety of staff is concerned.

What is restrictive practice?

While there is no definition of a restrictive practice within the Children's Rights Policy Framework, the document broadly identifies a definition as being 'Practices that interfere with the rights of young people...' and goes on to identify that restrictive practices may be physical or environmental in nature. A review of literature conducted by HIQA, in preparation for a programme of inspections focused on restrictive practices in secure care placements for children, found that definitions vary in the literature and between jurisdictions but almost all included how restrictive practices restrict freedom of movement and include physical, mechanical, chemical restraint and single separation. Further information on the findings of this literature review are provided below.

A young person can experience restrictions through many forms. They may look to limit a young person's choices or preferences, (for example, access to certain foods

[♦] Single separation is a brief seclusion of a child for their own safety and the safety of others.

or attendance at religious services), sometimes referred to as 'rights restraints'. A young person can also experience restrictions through inaction, when the care and support they require to take part in normal daily activities are not being met within a reasonable time frame.

Article 37(c) of The United Nations Convention on the Rights of the Child states 'Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age'.

National Policy

There is a National Policy on Single Separation Use in Secure Accommodation for Children: Special Care and Oberstown (2016). In addition, Oberstown Children Detention Campus has its own policy and procedures on restrictive practices in place which includes but is not limited to:

- Children's Rights Policy Framework
- Closed-circuit television (CCTV) policy
- Risk Management Policy
- Safety procedure young person room search
- Single separation Procedure
- Use of handcuffs and or mechanical restraints on a young person under the care of Oberstown procedure
- Conducting environmental searches and Level 1 to Level 4 personal searches procedure
- Conducting night observations and checks of young people procedure
- Urinalysis procedure
- Conducting AA Level 5 search specific searches to remove item(s) of high risk concealed on the young person procedure
- Implementation of an Individual Recovery Programme procedure
- Physical restraint procedure.

Oberstown Children's Rights Policy Framework

The Oberstown Children's Rights Policy Framework consists of 12 rules which set out a high-level statement or standard by which the performance of Oberstown will be measured. For each rule there is an individually approved campus policy which details how each rule is to be implemented in practice.¹

¹ Available on: <https://www.oberstown.com/clipart/PDF/CRPF-001-Childrens-Rights-Policy-Framework.pdf>

Section 2 — Review of literature

In preparation for inspections focused on restrictive practices, a comprehensive analysis of literature published on restrictive practices used in secure care placements (special care units and detention centres) was undertaken. The literature review also reports a comparative analysis of legislative and policy frameworks on restrictive practices used in special care units, and detention centres across the following jurisdictions: Australia (New South Wales), England, Northern Ireland, Scotland, Wales, and New Zealand.

The aim of this review was to identify definitions for restrictive practices in secure care settings for children and to identify what is considered good practice in the use and management of restrictive practices in secure settings for children. Definitions vary in the literature and between jurisdictions but almost all included how restrictive practices restrict freedom of movement and include physical, mechanical, chemical restraint and single separation. With regards to their use, the commonalities between jurisdictions are that restrictive practices should only be used as a last resort, be the least restrictive option and used for the shortest time possible. In justifying their use, the review of literature found that there are very limited reasons in legislation and national frameworks. Those which are cited include preventing harm and damage to property, to remove dangerous and or illegal objects and to prevent absconding.

Literature clearly outlines the key principle, which should be considered in reaching the decision to apply restrictive practices in the care of children, that the risk of harm, of damage, or of escape must outweigh the consequences of applying restrictive practices to a child. It must be recognised that the consequences of the use of restrictive practices are very serious and are both short and long term. They include physical consequences, such as risk of injury or death, psychological consequences, such as short- and long-term mental injuries and illnesses; and social consequences, such as difficulty reintegrating into society and negative effects on education. The fact that these restrictive practices are often ineffective and counter-therapeutic must also be taken into consideration. It is imperative that the use of restrictive practices on children must only be considered when all other options have been exhausted and, when they are implemented, then the duration of their use must be as short as possible.

The review of literature identified risks relating to other factors which may influence the decision to implement and or continue the use of restrictive practices. Overcrowding, underfunding and poor staff-to-child ratios increased the use of restrictive practices; therefore, centres that care for children must be appropriately staffed and staff should be trained appropriately. Restrictive practices should not be punitive, and they should not be used for compliance or to control annoying behaviour. Pain should never be inflicted on children.

It is imperative, in ensuring safe use of restrictive practices, that centres are adequately funded and staffed. Staff should be sufficiently trained and have adequate opportunities during the course of their work to build positive, trusting and supportive relationships with children. The use of restrictive practices should be viewed as a treatment failure and preventing their use should be a priority for those involved in the care of children. The review of literature identifies the importance of ensuring that where restrictive practices must be used, the best interests of the child should be paramount. Children should be educated and kept informed of the use of restrictive practices long before they are applied. The child should be supported throughout and after the application of a restrictive practice. If and when they are applied, children should be supported by appropriate healthcare professionals. Staff implementing a restrictive practice should record a detailed account of each instance of restrictive practice used, on each individual child's file. These records should include all measures taken prior to the use of the restrictive practices and why they were ineffective, a justification for the use of the restrictive practice and detail all outcomes.

The literature review defines and describes different types of mechanical holds and distraction techniques, environmental restrictions, chemical restrictions, separation and strip-searching. The literature also presents how these restrictions were used in practice and where children were held in single separation. A clear commonality is that any sort of restriction must be justified, reasonable and proportionate and for the shortest amount of time. It must only be carried out as a last resort and not as a first response to behaviours of concern.

It is recognised across jurisdictions that staff skills are enhanced by providing training to handle incidents effectively and safely, and by working in accordance with legislation, policy and procedures. Practitioners must have access to training, supervision and support that will assist them in working in a way that is rights-based, person-centred and trauma-informed. In addition, there is a move towards organisations enlisting policy which sets out their commitment to reducing the use of any restrictive practices and ensuring all practitioners are aware of the policy and understand its intended impact on their practice.

The best practice themes and subthemes identified in the literature reflects the importance of workforce training and post-restrictive practice protocols. The themes 'supporting the child' and 'oversight' reflect post-restrictive protocols where records of the use of restrictive practices are required, education must continue and the best interests of the child is paramount. The international literature review demonstrated the impact of restrictive practices on children, which include physical, psychological, social and emotional harm, loss of trust, and feelings of punishment. The literature discussed the ineffectiveness of restrictive practices, how they are counter productive and counter therapeutic.

When is it appropriate to use restrictive practices?

The provider should strive to deliver care in the least restrictive environment. However, in practice, there is an acknowledgement that this may not always be possible. The use of restrictive practices is warranted when there is a real and substantial risk to a young person and this risk cannot be addressed by non-restrictive means.

Some common examples of this may include:

- Locking the door to a kitchen area where a young person may be assessed as being at risk of injury from scalding or accessing harmful implements or weapons.
- Limited contact between young people and a peer(s) where this poses an identified risk.
- Physically holding a young person back to prevent them causing harm to themselves or another person.

In each of the above examples, a restrictive practice is used to prevent more serious harm occurring. Providers should not be overly risk-averse. Providers should undertake a full risk assessment to identify where they can mitigate risks while still supporting young people to live in the least restrictive environment.

Providers should offer young people the same opportunities as their peers in the community to take developmentally appropriate risks, whenever possible to do so.

Governance, Leadership and Management

Proper governance arrangements are essential in ensuring that restrictive practices are implemented according to relevant legislation and that they adhere to the general principles of the United Nations Convention on the Rights of the Child (UNCRC).

The general principles help to interpret all the other articles and play a fundamental role in realising all the rights in the Convention for all children.

They are:

1. Non-discrimination (Article 2) — all the rights guaranteed by the UNCRC must be available to all children without discrimination of any kind.
2. Best interest of the child (Article 3) — The best interests of the child must be a primary consideration in all actions concerning children.

3. Right to life survival and development (Article 6) — Every child has the right to life, survival and development.
4. Right to be heard (Article 12) — the child's view must be considered and taken into account in all matters affecting them.

Providers must not only be concerned with ensuring the appropriate use of restrictive practices in their services, they should adopt a leadership role in promoting a least restrictive environment and implement a strategy that seeks to continually reduce or eliminate the use of restrictive practices.

Restrictive practices — general principles and guidance for consideration

The following principles are informed by regulations, the Children's Rights Policy Framework and the National Policy on Single Separation Use in Secure Accommodation for Children: Special Care and Oberstown (November 2016).

Restrictive practices should only be used when absolutely necessary, as they are an infringement of a child's constitutional right to liberty and bodily integrity and their rights under UNCRC and so:

1. Providers should, in so far as is practicable, seek to reduce or eliminate the use of restrictive practices.
2. Where restrictive practices are assessed as necessary, they should be implemented, where possible, in consultation with the young person, recognising their right to be heard and involved in decisions affecting them.
3. Assessments should identify any physical, medical, psychological, emotional, social and environmental issues which may be contributing to the use of restrictive practices, ensuring underlying causes are understood and addressed.
4. Any restrictive practice should be proportionate to the identified risk(s) and aligned to the least restrictive principle.
5. Restrictive practices should be subject to ongoing review to determine whether they remain necessary and should be removed as quickly as possible when no longer required. Reviews should also be used as an opportunity to trial less restrictive alternatives or reduced duration.
6. The provider should:
 - be aware of the use of restrictive practices in their units,

- be assured that they are used in compliance with the rules and national policy,
 - have a senior manager or a committee in place whose goal it is to reduce and or to eliminate the use of restrictive practices.
7. Staff should have access to appropriate training on restrictive practices, including prevention and alternatives, and be supported in getting to know each young person's needs and preferences.
 8. The provider should collect and analyse data on the use of restrictive practices in order to identify patterns or trends to support oversight and continuous improvement.

Policy

Oberstown Children's Detention Campus is required to have a policy in place on the use of restrictive practices. The provider is required to review this policy. These policies should be in line with national policy on the use of single separation in secure accommodation and make reference to other relevant legislation, regulations or enactments. Policies should clearly guide staff on the prevention, appropriate use and management of restrictive practices so that they inform the quality and safety of care and promote autonomy and the rights of young people.

This should include:

- A commitment to promoting the least restrictive environment.
- The process for assessing the use of restrictive practices.
- Monitoring, recording and reviewing the use of restrictive practices.
- Guidance on what to do if it is necessary to use a restrictive practice in an unplanned or emergency situation.
- The governance arrangements for monitoring and auditing the use of restrictive practices that supports continuous improvement.

Assessment

The decision to use restrictive practices should be appropriately assessed and subject to ongoing review. Carrying out a comprehensive assessment of a young person's health and social care needs is a key requirement to ensure that care is appropriate and safe. Assessments should be multidisciplinary and may include psychological, cognitive, psychiatric, psycho-social and educational assessments.

In the context of the use of restrictive practices, an assessment should gather information on what current practices in relation to the young people's care could be considered restrictive. Providers should adopt a questioning attitude to any restrictive practices that are in place. This will ensure that practices that have become routine or that are institutional in nature will be reconsidered in terms of their necessity and proportionality. Over time, young people's needs and requirements for support change; therefore, ongoing assessment and review are essential to ensure that a young person is receiving good care and that the service continues to be the appropriate placement for the young person.

Monitoring, Recording and Review

Quality reviews should be carried out on care practices that include the use of restrictive practices. Data collection, analysis and trending should be undertaken. Individual use of restrictive practices should be closely monitored, recorded and regularly reviewed. Reviews must consider whether the use of a restrictive practice was appropriate and continues to be valid.

They should also be seen as an opportunity to reduce or eliminate the use of restrictive practices and to trial alternatives. Outcomes of reviews should be made available throughout the provider's organisation in order to share learning and promote improvements.

Emergency or unplanned use of restrictive practices

While every effort should be made to assess a young person's needs prior to the use of a restrictive practice, this may not always be possible. In cases of an emergency or crisis, it may become necessary to restrain a young person or to prevent them from accessing certain areas in Oberstown in order to ensure their safety or the safety of others. In such circumstances, providers should ensure that staff have sufficient guidance and supervision in using unplanned restrictive practices. This should include providing training appropriate to the needs of young people and having a policy on the use of restrictive practices that gives clear guidance on what is acceptable in crisis or emergency situations.

Section 3 — Guidance on rules related to 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.

Dimension: 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.

What a service striving for quality improvement looks like:

Good governance ensures that there are effective and transparent management systems in place that provide assurances to the Minister for Children, Disability and Equality, the Board of Management and relevant stakeholders on the appropriate and safe use of restrictive practices in the service. A well-governed service is accountable for the use of restrictive practices, learns from its successes and mistakes and always works in line with best practice and within its legislative framework. The governance and management systems in place assure the delivery of high-quality, child-centred care. Learning and innovation is supported and a culture of openness, fairness and transparency that empowers the young people and promotes the least restrictive environment is fostered.

The Board of Management ensures that the application of restrictive practices throughout Oberstown is managed in line with all statutory responsibilities, and national and campus policy. The Board supports the Director to carry out their duties and holds them to account. The Director has a clear understanding of and vision for the service, and fosters a culture that promotes a rights-based approach to restrictive practices and care delivered to young people, while ensuring the security and safety of the campus. The Director oversees use of restrictive practices effectively and ensures that young people receive a good quality and safe service.

The governance and management systems in place assure the delivery of high-quality, person-centred care, supports learning and innovation, and promotes an open, fair and transparent culture that empowers the young people using the service. Overall, accountability for the delivery of the safe implementation of restrictive practices is clearly defined, and there are clear lines of accountability at individual and team and organisational levels so that all staff working in the service are aware of their responsibilities to ensure the safe use of restrictive practices. Staff are provided with the rules and clear information, policies, procedures and guidance with regard to restrictive practices, safeguarding and risk management which are in line with legislation. Written policies and procedures detail the use of all restrictive practices and approaches taken. These policies are adopted and implemented and they are reflected in practice; they are kept under review and where necessary updated in accordance with best practice.

Managers and staff adopt a leadership role in promoting a least restrictive environment and implement strategies and objectives which strives for a culture of openness that seek to continually reduce or eliminate the use of restrictive practices. The provider and managers within the service keep themselves informed of new models and or approaches and best practice in the use of restrictive practice, as well as successful reduction strategies, and these are implemented in the service.

The provider has governance arrangements in place which constantly monitors the use of restrictive practices and risk management and promotes the protection of children's' rights. Records on the use of restrictive practices are completed accurately by staff and reviewed by managers. Data on restrictive practices is collected on a regular basis, both at individual and service level. This information provides senior management with an overview of the use of restrictive practices and helps develop measures to reduce their use. Providers have an established group or committee (for instance, multidisciplinary team review, a human rights committee or a restraint committee) that is responsible for reducing or eliminating the use of restrictive practices.

Monitoring also allows for trending of the use of restrictive practices, analysis of occurrences and demographics. Monitoring systems assess the proportionality of restraint and or restrictive practice to the presenting risks. These systems also ensures that reviews of practice are conducted with a view to promoting an environment where restrictive practices, including restraints are used minimally and only when absolutely necessary. The use of any physical intervention, other than those approved for use, are subject to prompt review by senior managers. Reviews of such interventions effectively considers all risks and circumstances leading to the use of an unapproved intervention and seeks to ensure that any concerns about practice are managed in line with legislative requirements and best practice.

The provider ensures restraints and single separation are subject to independent review, and safeguards are in place to ensure that there are no unintended consequences. Any use of restrictive practices which is of concern is managed in line with the relevant disciplinary and safeguarding policies if required. The provider ensures that physical restraint is only used if absolutely necessary and if other less restrictive methods have been tried and failed. The provider ensures that breaking the rules or not following instruction is not a reason for the use of restrictive practice (that is to say, forced compliance). The provider ensures that restraint that deliberately inflicts pain or undue suffering cannot be proportionate and should never be used.

Oberstown is adequately staffed by a sufficient number of suitably trained and qualified staff having regard to the needs of young people detained there and to ensure the security and safety of the campus. The provider ensures that no restrictive practices are used due to a lack of resources. In this context, resources relates to financial and staffing resources. At all times, the provider ensures that staffing resources are planned and managed in a way as to ensure that all young people's needs are met in a least restrictive environment. Staff shortages is recognised as a risk and there are adequate contingency arrangements in place, but reduced staffing is not an accepted rationale for the implementation or extension of the use of a restrictive practice. Where staff shortages result in an emergency situation requiring exceptional measures to ensure the safety and security of the campus, any impingement on young people's rights are recognised, recorded and escalated as such.

There is an appropriate induction programme which includes the use of restrictive practices for staff relative to their role. Staff are trained on induction and on a periodic basis in the use of restrictive practices, alternative approaches and in the procedures that apply to their implementation. They receive appropriate training in the use of restrictive practices, including physical restraint and de-escalation techniques which are aimed at reducing the need for the use of restrictive

practices. Staff are also trained in how to implement restrictive practices safely if they are assessed as being required, such as when carrying out a search of a young person or physically restraining a young person.

The use of strip-searches is risk led with a rationale which is clearly recorded. The staff understand that strip-searches impact young people's rights and can be demeaning, dehumanising and create a power imbalance that impacts trusting relationships with staff. All strip-searches conducted should be in line with a clear procedure that takes into account young people's relevant trauma, gender and cultural sensitivities.

Staff are supported to effectively exercise their individual and collective accountability for the use of restrictive practices. The potential detrimental impact of the prolonged or routine use of restrictive practices is recognised. Staff are provided with an appropriate level of professional supervision and support which promotes the safe application of restrictive practices in accordance with policy and procedures. There are effective arrangements in place to facilitate staff to raise concerns and make protected disclosures about the use of restrictive practices or the care provided to young people within the service.

Ongoing training programmes encourage a rights-based approach to the use of restrictive practices where the core human rights principles of fairness, respect, equality, and dignity are promoted. The culture and ethos of the organisation is embodied by staff, who clearly recognise their role as advocates for the young people placed in the campus. Staff facilitate a supportive environment at all times, and they are well equipped with the knowledge and skills to recognise concerns about quality and safety of restrictive practices and are appropriately equipped to raise concerns to protect the young people from harm.

What this means for the young person:

Young people placed in the campus are protected by evidence-based policies, procedures and guidance on the use of restrictive practices. They are confident that those who are caring for them and those who oversee the use of restrictive practices know what they are doing.

Young people and their parents or guardians can be sure that management of the service are committed to providing care which is, as far as practicable, the least restrictive as possible. The young people feel secure knowing the campus Director has sufficient resources to adhere to good practice in the use of restrictive practices and allocates them appropriately to ensure that they receive a quality and safe service. Young people experience a consistent approach to the use of

restrictive practices from staff and benefit from a service that reviews the use of restrictive practices to ensure they are in line with best practice and protect and promote the rights and dignity of young people.

Young people report that staff interact with them in a kind and respectful manner, and staff uphold the young people's core human rights in their application of restrictive practices. When the occasion arises when a young person is dissatisfied relating to restrictive practices, they can raise the issue without fear of reprisal and the issue is dealt with in a professional and timely manner. Young people experience a service where management learns from its successes and mistakes and uses these as opportunities to continually develop and improve.

Examples of information and or evidence relevant to restrictive practice that will be reviewed and how this will be done:

Through observation:

- Staff practices and interactions with young people
- Any restrictive practices in place

Through communication — inspectors will speak with:

- Young people and their families
- Professionals involved in their care
- Centre staff and managers about their experiences of restrictive practice.

Through a review of documents during or after on-site activity:

- Data.
- Governance arrangements — such as monitoring reports, audits, minutes of meetings, reviews.
- Reports to and by the Board.
- Reports to the Board from the Director.
- Written notifications.
- Accident and incident logs.
- Restrictive practice policy.
- Restrictive practice register.
- Young people's files.
- Young people's questionnaires.
- Minutes of young people's meetings.
- Minutes of staff meetings.
- Records of complaints relating to the focus of the inspection.
- Records of child protection concerns related to the focus of the inspection.

Dimension: Capacity and Capability

Rule 12 - Authority to Suspend the Rules:

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.

What a service striving for quality improvement looks like:

The service ensures that young people are safe at all times and the security of the campus is always maintained. Where an exceptional circumstance arises which poses a serious threat to the safety of young people and or the security of the campus, the Director responds immediately by taking the required action to return the campus to a state of safe operation. The Director suspends the rule(s) and policies of the campus if reasonably necessary which may limit their effectiveness, and only when the threshold for an exceptional, emergency circumstance has been reached.

Where the rule(s) and policies have been suspended, the Director, managers and staff adhere to all relevant legislation relating to the operation of the campus, and every care is taken to safeguard the rights and interests of young people to the fullest extent. Suspension of the rule(s) and policies is only applied as a last resort, for the shortest length of time and to the extent reasonably necessary to respond to the exceptional, emergency situation.

There is good governance of the suspension or limits placed on of the rule(s). There are plans and a risk register in place which set out the procedure and escalation process to be followed in the event of an emergency. These procedures are followed and ensure the suspension is ended as quickly as possible. There are systems in place to promptly notify the Board and other relevant parties of any suspension of the rule(s). The Director is held to account by the Board for the suspension of the rule(s) and there are strong monitoring and oversight systems in place by the Board.

Where the circumstances requiring the suspension of the rules requires that young people are subject to restrictive practices, young people are made aware, in so far as possible and appropriate, of the rationale for the decision. The impact of the

¹ '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.

decision to suspend the rules on individual young people is given appropriate consideration and their individual experiences are observed and recorded accurately. Young people are afforded an opportunity to communicate their experience and provided with appropriate supports throughout and following any period of restriction related to the suspension of the rules. Young people's care records clearly document their reported experience, including unintended consequences impacting on them as a result of a suspension of the rules.

Full, complete and accurate records of the suspension of the rule(s) are kept, which include the rationale for the suspension, authorisations sought and provided, review(s) of the suspension, and decisions made during this period.

There is a risk register system in place which reflects risks in the service and how they are managed, and a plan for circumstances which constitute an emergency. Both are reviewed regularly or as required.

What does this mean for the young person:

Throughout their detainment, young people experience care and treatment which promotes safety, dignity, positive reinforcement and structure. They receive information on admission about the use of restrictive practices, the expectations of them and how certain risks are managed there. They are aware of what constitutes an emergency situation and within reason, how these circumstances will be responded to.

Restrictive practices interfere as little as possible with the rights of the young person and are used proportionately to the risk identified and for the shortest duration of time necessary.

Young people are afforded the opportunity to express their views and have them taken into account in the implementation and review of restrictive practices. Their safety, welfare and dignity is paramount in exceptional, emergency circumstances that require restrictive practice.

Young people who experience restrictive practices as a result of a decision to suspend the rules are afforded with support and care throughout and following any such instance. Young people understand, in so far as possible appropriate to their age, needs, and developmental capacity as well as the level of impact of the decision, why a decision to suspend the rules was made. Young people feel safe and cared for even in circumstances necessitating a suspension of the rules.

Examples of information and or evidence relevant to restrictive practices that will be reviewed and how this will be done:

Through communication — inspectors will speak with:

- Young people and their families,
- Professionals involved in their care,
- Centre staff and managers about their experiences of restrictive practice.

Documentation

- Data.
- Reports to and by the Board.
- Reports to the Board from the Director.
- Written notifications.
- The risk register.
- Written emergency plans.
- Written policies and procedures policies and procedures.
- Records of exceptional, emergency circumstances where the rule(s) and policies have been suspended.
- Young people's records.
- Supplementary policies, procedures and guidelines to support decision-making when the rule(s) are suspended.

Section 4 — Guidance on rules related to Quality and Safety

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
- are provided with information and support to keep themselves safe.

Dimension: 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.

What a service striving for quality improvement looks like:

The service promotes a positive approach in responding to behaviours that challenge. Although detention units by their very nature are secure settings, the provider actively promotes the right of each young person to live in an environment which is least restrictive. The provider encourages active conversations among management, staff and young people which reflect on the use of restrictive practices. The provider recognises that young people's fundamental rights can only be breached in exceptional circumstances.

Young people experience care that promotes their right to safety and wellbeing. If restrictive practices are deemed necessary, they are implemented in a way that does not unduly compromise the dignity and quality of life of the young person.

A restrictive practice is subject to thorough risk assessment and must be a proportionate response to the level of risk posed coupled with the aim of the restraint or restriction. The assessment should consider if the identified risk is not being caused by a failure to meet the young people's basic needs or fundamental

rights. There is adequate consideration given to the young person's individual history circumstances, their individual safety plan and potential impact of restrictive practices. It is only used when there is evidence of risk of harm to young people and or staff or risk to the security of the campus that cannot be addressed by alternative means.

Young people's safety, welfare, privacy and dignity is paramount in circumstances that require restrictive practice. If a restrictive procedure is used, it is the least restrictive procedure approved for the shortest duration of time and this is managed in a dignified manner, in line with campus policy, procedure and national policy. There is evidence to support the efficacy of the restrictive practice in addressing the identified risk to the young person. The young person's parent and or guardian and staff and or advocates where appropriate are involved in the decision-making process.

The psychological and physiological risks in using the restrictive practice are considered as part of ongoing assessment, approval and review. If a restrictive practice is used in an unplanned or emergency situation, it is followed by a review and or de-briefing as soon as possible after the event. The review involves the staff carrying out a piece of individual work with the young person in relation to the restrictive practice. The episode is discussed with a view to understanding what may have contributed to the need to use the restrictive practice in an unplanned way. The review also focuses on the type of restrictive practice that was used and whether it was the least restrictive option for the shortest possible duration and the impact of its use on the young person. Restrictive practices should only be approved when the risk of not imposing a restriction is greater than the risk of using it.

The service encourages regular feedback from young people's relatives, staff and others, and this feedback informs practice and continuous quality improvement in the use of restrictive practices. There are systems in place to ensure that the views of young people with respect to restrictive practices are sought regularly and taken into consideration. This includes occasions where a young person is not satisfied with a restrictive practice. Where restrictive practices are proposed to be used, their rationale is fully explained to the young people. All concerns or complaints related to the use of restrictive practices are fully reviewed by a manager who must be assured that they are safe, proportionate and in line with best practice.

Young people are supported to make decisions and choices about restrictive practices and the management of high-level risk through the provision of accessible information in a format appropriate to their communication needs and preferences and through the provision of advocacy services.

Oversight systems provide assurance that restrictive practices are only used when all other options have been exhausted; that those implemented are the least restrictive option; for the shortest period of time; and that staff are suitably trained to implement such practices. There is a focus on ensuring that any use of restrictive practice is preceded, where practicable, by consultation with the young people, parent and with a multidisciplinary team as appropriate. Any learning arising out of monitoring and reviews is communicated to all relevant staff and used as a means to reflect on practices which may have become routine.

There are mechanisms in place to ensure that there are no restrictive practices in place which are accepted as routine, are coercive and or are implemented for the purpose of forcing compliance. The provider has ensured that the programme of care is therapeutic and trauma informed. The managers, along with multidisciplinary input, reviews all restrictive practices to determine whether they are necessary or whether there are less restrictive alternatives available. The care practices, operational policies and procedures relating to the use of restrictive practices prohibit corporal punishment, deprivation of food or drink, any treatment that would be detrimental to the physical, psychological and emotional wellbeing of a young person, and any treatment that is cruel, inhumane or degrading.

Restrictive practices are not implemented in a blanket fashion in relation to all young people on campus. Furthermore, restrictive practice assessed as being necessary for the protection of one young person's safety or welfare do not impinge on the rights of other young people on the campus. Restrictive practices are informed by a risk assessment which is regularly reviewed to reflect changing risk and safety concerns a young person may present with during their period of detention. The use of restrictive practices does not result in any harm being caused to young people.

There are adequate arrangements in place which ensure that all restrictive practices have been identified, approved and are being managed appropriately by staff. All instances of the use of restrictive practices, including those that limit a young person's choice or preference (rights restraints), the reasons for, the nature and duration of any action taken and sanctions imposed on a young person, are recorded in their individual case record. Authorisation for the use, continuation or repeated use of restrictive practices is secured by staff and details of authorisation is clearly documented. Information is recorded in proportionate detail to enable the legitimacy of the restrictive practice to be assessed. All young people are safeguarded from restrictive practices that unduly infringe on their rights or that are implemented for reason other than safety and welfare.

Each member of staff is committed to providing care which is least restrictive and is aware of the risks involved in using restrictive practices. They have the necessary knowledge and skills to identify underlying causes of behaviour to assist and support a young person to manage their behaviour, so as to avoid the use of

restrictive practices. Staff are conscious of the impact the use of restrictive practices has on young people's rights as well as their physical, psychological and social development and their impact on developing relationships with young people. Staff training on the use of restrictive practices places an emphasis on the importance of staff taking time to talk to the young person about restrictive practices and respond to their views and opinions on them.

Restrictive practices may include single separation, individual recovery programme, and physical intervention, the use of mechanical restraints, chemical restraints and searches conducted in young people's rooms or on their person.

The use of mechanical restraints, such as handcuffs, is appropriately authorised and effectively reported and recorded. Staff understand the significance of the use of mechanical restraint on a young person and there are effective arrangements in place for their review, including managerial oversight, following authorisation of the use of mechanical restraint.

The use of chemical restraint is recognised, reported and recorded appropriately. Appropriate mechanisms are in place for the approval of the administration, monitoring and review of any use of chemical restraint including the use of PRN medicines (medicines only taken when the need arises).

Clinicians are involved in the decision to use single separation as an intervention for a young person. Clinicians are also involved in monitoring, observing, and evaluating the use of single separation and physical restraint. Young people are reviewed by a medical professional following a physical intervention. Emotional support is provided by staff and or a member of a therapeutic team.

There is a policy in place on the use of CCTV that is informed by relevant legislation, and is the least intrusive as possible on young people's privacy. The young people are supported to understand the use and purpose of CCTV.

What does this mean for the young person:

Throughout their detainment, young people experience care and treatment which promotes their rights, autonomy, dignity, privacy, positive reinforcement and structure. Young people only experience restrictive practices in cases where they are necessary to ensure the young person's safety, health and or welfare — while also being mindful of young people's fundamental rights and general principles, as outlined in the UNCRC. They receive information on admission about the use of restrictive practices, and about the expectations about how certain risks are managed there.

Restrictive practices interfere as little as possible with the rights of the young person and are used proportionately to the risk identified and for the shortest duration of time necessary. Young people have an understanding that their safety is a key concern and this includes their wellbeing and psychological safety in the use of restrictive practices.

Young people are afforded the opportunity to express their views and have them taken into account in the implementation and review of restrictive practices. Their safety, welfare and dignity is paramount in circumstances that require the use of a restrictive practice. Where restrictive practices are assessed as being necessary, young people are provided with information on the rationale and possible risks associated with their use. When young people are subjected to a physical restraint, their health and wellbeing is assessed afterward and they have the chance to explore reasons for the action taken as well as to discuss any concerns, or impact of the intervention on them. Young people are fully involved in a debriefing which looks to understand what occurred and prevent its reoccurrence.

Young people are facilitated to raise issues in a supportive environment. Young people's experience of restrictive practices are sought and clearly recorded. Where their views or opinions on the use of restrictive practices indicates disagreement or dissatisfaction, their experience and opinions are considered in a meaningful way with the view to ensuring young people fully understand the rationale for the use of such practices.

Young people report that staff are accessible and supportive. Visitors report that staff are welcoming and treat young people with respect, dignity and kindness.

Examples of information and or evidence relevant to restrictive practice that will be reviewed and how this will be done:

Through observation:

- Staff practices and interactions with young people
- Any restrictive practices in place

Through communication — inspectors will speak with:

- Young people and their families,
- Professionals involved in their care,
- Centre staff and managers about their experiences of restrictive practice.

Through a review of documents during or after on-site activity:

- Data.
- Young people's care record.
- Incident reports
- Young people's one to one / key working records
- The policy on the use of restrictive practices.
- Audits related to the targeted inspection.
- Staff training records on restrictive practice interventions.
- Medicine records related to the targeted inspection.
- Serious incident review meeting minutes and or reports.
- Minutes of management, unit and multidisciplinary team meetings.
- The accident/injury log.
- Complaints log.
- Child protection and welfare report log.
- Risk assessments.
- Health and safety assessments.

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