



Report of Oberstown Children Detention Campus

Name of provider:	Oberstown Children Detention Campus
Type of inspection:	Announced
Date of inspection:	16 – 18 July 2019
Centre ID:	OSV - 004225
Fieldwork ID	MON-0027284

Profile

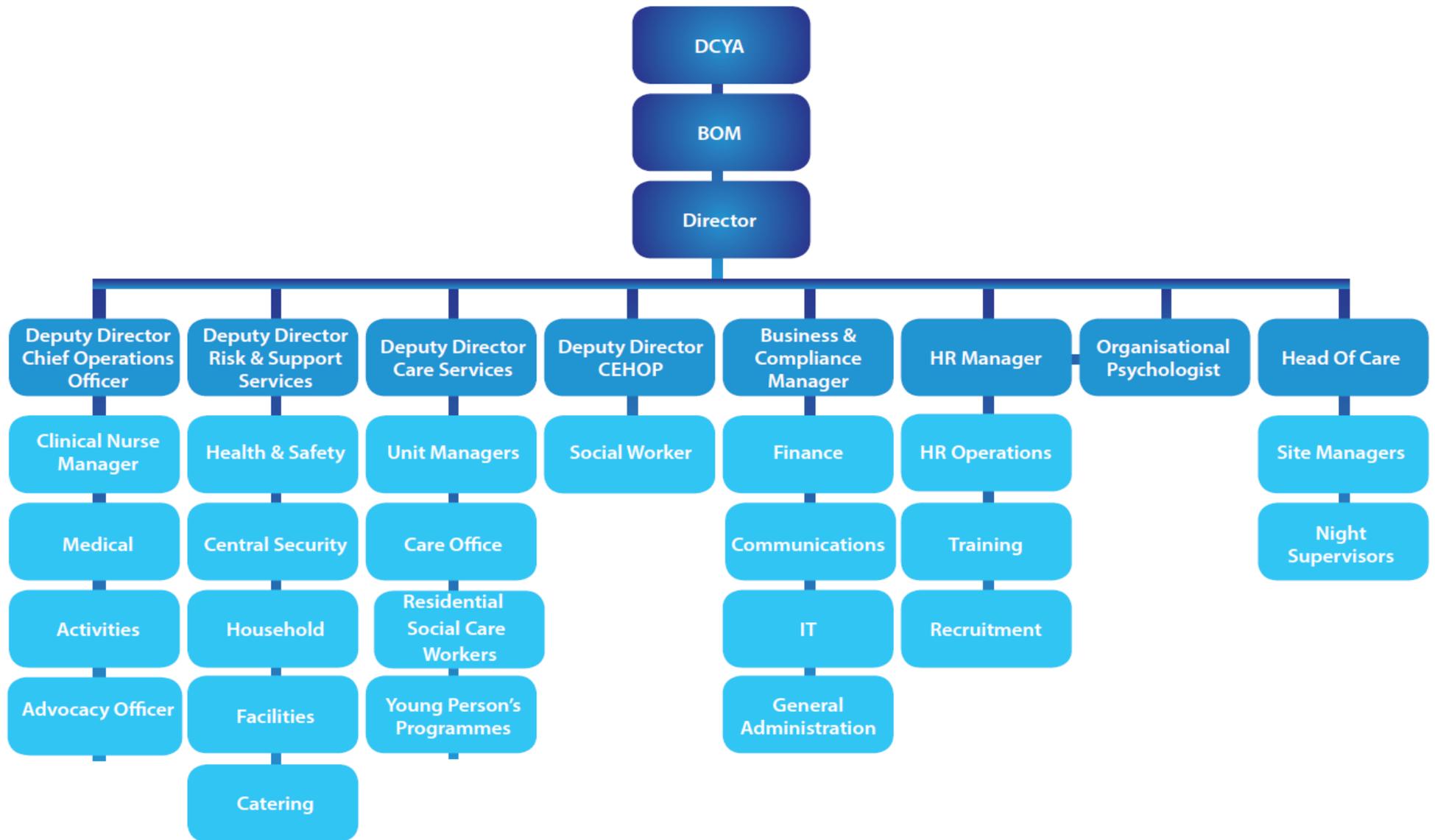
Oberstown children Detention Campus provides safe and secure care and education to children between 10 and 18 years who have been committed to custody after conviction for criminal offences or remanded to custody while awaiting trial or sentence. Their aim is to support children to improve decision making 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 nine 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 children to meet their visitors and other professionals involved in their care. The design and layout provided adequate private and communal facilities for the children both in terms of indoor and outdoor space. The campus had external security fencing.

Management

Oberstown Children Detention Campus is managed by the Board of Management who were appointed by, and report to, the Minister for Children and Youth Affairs. 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 and Youth Affairs through the Irish Youth Justice Service (IYJS) in accordance with the Children Act, 2001, as amended. The Director was responsible for the day-to-day operation of campus as well as acting in Loco Parentis to each child in custody. Each unit within the campus was 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 following the inspection.



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 children 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 children who live 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.

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

1. Capacity and capability of the service:

This section describes the leadership and management of the service 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 service are trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

This inspection focused specifically on leadership, governance and management arrangements in place for the use of restrictive procedures and the delivery of offending behavior programmes.

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.

This inspection focused specifically on the quality and safety of day to day practice, and children's experience of the use of restrictive procedures and the supports in place for children to break cycles of offending behavior.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1. Definitions of single separation and restrictive practices can be seen in Appendix 2.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
16/07/19	10:00hrs to 17:00hrs	Erin Byrne Tom Flanagan Jane McCarroll Bronagh Gibson	Inspector Inspector Inspector Regional Manager
17/07/19	08:00hrs to 16:30hrs	Erin Byrne Tom Flanagan Jane McCarroll Bronagh Gibson	Inspector Inspector Inspector Regional Manager
18/07/19	08:00hrs to 16:30hrs	Erin Byrne Tom Flanagan Jane McCarroll Bronagh Gibson	Inspector Inspector Inspector Regional Manager

Number of children on the date of inspection:	39
---	----

Views of children who use the service

Young people told inspectors that they felt safe in Oberstown. They said that the staff and unit managers treated them fairly and they were well looked after. Young people told inspectors that when issues arose or incidents occurred for them, staff provided them with the support to try to avoid periods of single separation or restraint. Young people said that they would often get three or four chances or prompts to take some time away and staff would support and encourage them to do so. All young people who spoke with inspectors spoke highly of the staff team and the supports they received from them. Some examples of what young people said included:

"I feel Safe"

"Staff are the best staff you can get"

"They're alright up here"

"I feel safe here"

"Staff are on the ball"

"Staff problem solve and this is good".

When referring to periods of single separation, young people told inspectors that they saw this as an opportunity to "calm down" when something was bothering them. They explained that staff members would complete problem solving exercises with them to try to help them learn from situations and avoid repeating them. Young people told inspectors that during periods of separation, they were allowed to maintain contact with their families by phone and visits.

Young people said that when they were involved in a physical restraint, they still felt well looked after. They told inspectors that staff members talked to them about anger management and helped them to see how their behaviour could be different. A number of young people who met with inspectors said that they also had the opportunity to complete some therapeutic work with psychologists who work as part of the Assessment Consultation and Therapy Service (ACTS) in Oberstown. Young people understood that this work was to try to help them to manage their behaviour and emotions better and they said that it had helped them.

Young people told inspectors that they had been provided with opportunities during their time in Oberstown that they had not experienced previously in their lives, and they felt that they would benefit from these opportunities after their release from detention.

When asked if there were things they would change in Oberstown, two young people who had spent some time on remand prior to their committal, told inspectors that the remand units were "like being in a run-down home" compared with the newer units on campus. The newer units on campus were used predominantly for young people who

were placed there on detention orders, while young people on remand were mainly resident in older buildings. Young people explained that there were fewer opportunities for engaging in activities when you are on remand in Oberstown and therefore had more time to think, which they found very difficult. Young people said that they would upgrade the remand units to include better television channels, more activities and or opportunities, to be the same as other units on campus. In addition, one young person said that they would welcome more practical skills subjects in school or trade skill learning opportunities such as maintenance, landscaping or carpentry.

Young people could get involved in a range of activities in Oberstown. They spoke about the opportunities they had been given to learn new skills which would benefit them in their future.

Young people told inspectors that the circumstances and their actions which they believed had resulted in their placement in Oberstown, were being addressed with supports from staff and managers. All young people who spoke with inspectors were aware of the programmes available to them to help address their offending behaviour. All except one young person who was recently admitted, had participated in a number of programmes on offer. Young people told inspectors that offending behaviour programmes they participated in had helped them. They said "I know what I'm doing and I know I have choices" and, "they were really good and they helped me to think about making decisions and choices".

Young people were well aware of their right to complain and told inspectors that they felt issues they had raised relating to restrictive procedures, management of incidents, use of restraint and single separation were listened to.

Capacity and capability

Oberstown was committed to the reduction of restrictive practices and the delivery of needs and evidence based offending behaviour programmes to young people. There was a cultural shift led by the board and senior managers in the service, which had begun to challenge previous practice and promoted a less restrictive living environment for young people, while maintaining the level of security required to detain them. Since the last inspection, a strategic approach was adopted to ensure offending behaviour programmes formed an integral part of service delivery on a consistent basis, and although this work was on-going, significant progress had been made.

Oberstown Children Detention Campus is governed by a board of management which met regularly and received monthly reports on the operations of the campus from the director. Reports provided to inspectors showed that the board received information

and data on restrictive procedures, such as incidences of single separation by number and duration, physical interventions and the use of handcuffs. There was a system in place to notify the board of serious incidents, many of which included restrictive practices. The director was held to account by the board and there was a system in place to monitor and track the implementation of all required actions at an operational level. This tracking system also applied to other action plans throughout their implementation, including those for example, from reviews of the service and HIQA inspection reports.

There was a well-articulated statement of purpose and function in place for Oberstown which was approved by the board and director. It identified the requirement to provide offending behaviour programmes and described the innately restrictive nature of the campus, in that it is a place of detention. The statement included the vision for the campus which was to ensure children deprived of their liberty are supported to lead meaningful lives. It was evident throughout this inspection that the governance arrangements in place were striving to meet this statement and vision, through strategic planning and continuously challenging and improving the quality and safety of care delivered to young people.

In line with its stated purpose and function, the campus provided a secure environment. The premises were secured externally by perimeter fencing, locked gates and closed circuit television (CCTV), which were controlled centrally. There were similar restrictive features within the campus grounds which restricted the movement of young people to areas they were permitted to be. Six residential units were in operation at the time of this inspection. Each unit had the capacity to be as open internally as possible, or to further restrict young peoples' movement through locking internal doors or corridors. Young people were locked in their bedrooms at night for safety reasons. In accordance with the statement of purpose and function, there were opportunities for young people to gain greater freedom of movement within and outside of the campus for reasons such as family contact, leisure, training programmes and work experience. While young people were constantly supervised on-site, there were incentives in place for them to progress to levels of trust where restrictions placed on their movement around the campus could be reduced, and young people told inspectors they had experienced these reductions.

The campus had a strategy which extended to 2020. This included a vision for the service and its main objectives over a three year period. Specific to the focus of this inspection, there were objectives related to governance, the use of restrictive procedures and the delivery of offending behaviour programmes. The chairperson of the board was satisfied that although improvements were incremental and on-going, there was a good rate of progress in relation to these objectives. The chairperson said that the board took its role very seriously in overseeing the implementation of the strategy, particularly in relation to targets set regarding the use of restrictive

procedures and this was evident in meeting minutes.

The chairperson explained that past events on campus had increased the board's focus on ensuring governance arrangements were in place for the appropriate use of single separation, but that this focus was now widening to ensure all restrictive procedures were being reported to the same level, and subjected to the same level of scrutiny. It was apparent in this inspection, that there was a need to reduce restrictive practices, and that this was a primary focus of care interventions at an operational level. The commitment of the senior management team and the board's oversight and interrogation of data and information provided to date on these aspects of practice, was contributing to the progress being made.

Good leadership and governance arrangements are required to bring about sustainable positive cultural change in any organisation and it was evident throughout this inspection that leadership was shown in relation to promoting the appropriate use of and a reduction in restrictive procedures. There was an increased recognition of the opportunity for the service to support young people to break cycles of offending behaviour. Campus managers and the chairperson of the board commented that this cultural change had come about through challenges to practice, which included constant and vigorous interrogation of data in relation to the number and type of incidents involving restrictive procedures and the context within which these incidents happened. It was evident that the stabilisation of the campus had allowed for an increased focus on the care of young people, which included how day to day care was planned and delivered.

In addition, the board of Oberstown had issued a statement on restrictive procedures at the end of 2017 which set out its expectations in this regard. It stated that outside of the requirement of the campus to restrict the liberty of young people placed there, other restrictions on their freedom or rights were to be applied in exceptional circumstances, as a last resort and in line with policy and procedure. It was apparent throughout the inspection that managers and staff were endeavouring to meet these expectations on a daily basis, through creating opportunities for young people to live within a less restrictive environment when safe to do so, and to ensure restrictive procedures were applied only in response to risk. Assurance reports were provided to the board that the use of restrictive procedures was always in the best interest of the young people concerned and this promoted increasingly transparent decision-making about these serious interventions.

The service had a defined management structure in place within which there were clear lines of reporting and accountability. Within this structure, the director reported to the chairperson of the board, and senior managers reported to the director. Residential care staff were held to account by their unit managers. Changes to the organisational structure, including dedicated unit managers and site managers, had brought about

necessary improvements in relation to decision-making and overall day to day management of the service. Managers were clear about their individual roles and responsibilities and who they were accountable to. Accountability for practice and responsibility for improving practice where opportunities to do so arose, was at the forefront for managers who met with inspectors. As a result, there were good examples of improvements to practice, and a noticeable enthusiasm for more.

There were five specific young people's programmes being delivered on campus aimed at reducing offending behaviour and ensuring young people's time spent in Oberstown was effective at achieving best outcomes for them. Young people's programme delivery was coordinated by a young person's programme manager. This was a newly established dedicated post for promoting and improving the provision of such programmes. The young person's programme manager reported to a deputy director and was responsible for the evaluation and review of programme delivery, as well as research and identification of additional programmes to meet specific and changing needs of young people placed in Oberstown. This was happening at the time of the inspection.

At an operational level, there were improved reporting arrangements in place on the use of restrictive procedures and the delivery of offending behaviour programmes. These arrangements were supported by the introduction of an electronic case management system from which data and information could be stored and drawn. While this system remained under development and improvement, it increased accessibility of information and data for relevant staff across the campus and oversight of practice. This system would further improve managerial oversight when planned developments were completed. There was a system in place to notify the director and deputy directors on a daily basis of incidents of single separation at a specific time. This reporting mechanism acted as a practice safeguard and as a reminder to staff of the seriousness of this procedure, and that its use was being constantly monitored.

There was a suite of policies and procedures in place for the campus. This however, must be considered within the context of a new policy framework which was being finalised for implementation alongside 'rules', by the board. The chairperson of the board explained that once agreed and approved by the Minister for Children and Youth Affairs, these 'rules' would replace current national standards and criteria for children detention schools.

At the time of the inspection, there was a suite of policies and procedures in place for the use of restrictive procedures which applied specifically to single separation, the use of handcuffs, court escorts, procedure for supporting young people presenting with self-harm behaviours and or suicidal ideation/behaviours, anti-bullying, care, complaints policy, dignity and privacy, health and well-being, medication management, information management and supervision. While there was also a behaviour management policy

and procedure in place since 2012 this referenced a specific model of physical intervention no longer in use in the service and needed to be reviewed and updated. In addition, there was a clear procedure outlining requirements for placement planning meetings and a child safeguarding statement. On review, policies and procedures in place were found by inspectors to promote appropriate and proportionate use of specified restrictive procedures based on the management of risk, within a tight framework for authorisation and approval.

As cited above, the board of Oberstown had issued a statement on restrictive procedures at the end of 2017. This statement included a definition of a restrictive practice, circumstances and limitations for their use and a brief description of when and who was permitted to implement these practices. However, this board statement was not developed into an operational policy for the campus on the use of, and approach to, all restrictive practices.

There were clear and effective lines of accountability throughout the campus and managers and staff were clear about who held them to account. Members of the senior management team described how they were held to account by the director and also the systems they had in place to hold their direct reports to account. These arrangements included providing reports on available data related to incidents which involved restrictive procedures. Managers explained that there was an expectation not only that reductions would occur, but that when restrictive procedures were used, they would be in line with national and local policy and procedure and national standards. To support these arrangements there were systems in place to ensure where required, that each incident was reviewed from different perspectives including, but not exclusively, practice, health and safety, medical and child protection perspectives. Data provided to inspectors showed that this attention to restrictive procedures had brought about reductions, in for example the number of single separations. It was clear that a strategic approach was currently being taken to ensure these reductions in numbers were not just sustained, but that the duration of single separations would also reduce. This was a welcome finding.

Although lines of accountability were clear, the system in place to hold staff and managers to account through the provision of staff supervision remained ineffective, in that supervision was not delivered consistently across the campus. While inspectors found that practice issues were identified and managed through performance improvement planning, supervision as it was currently operating could not provide assurances on everyday practice. Deficits related to staff supervision were identified in two previous inspection reports for the campus but, actions to address them had not been adequately progressed.

The inadequacies of supervision and the unsuitability of the current model were identified by the director prior to this inspection. As a result, there had been an

investment in the development of a coaching ethos to replace the supervision approach on campus. The director told inspectors that managers had engaged in and completed a bespoke leadership and development course, to support the implementation of this coaching model of support. This model was in the process of being introduced.

Effective information systems are key to recording, collecting and analysing accurate and dependable data and information to inform service delivery, ensure policy and procedure is being followed, and to identify trends in practice for improvement. The campus had electronic (case management system (CMS)) and paper-based information systems in place, and although there were significant improvements since the introduction of the CMS, the information systems in use were not currently as effective as they could be. Although there was a facility within the electronic system to record information related to offending behaviour programmes, this phase of the system was under development and was not operating at the time of the inspection. In the interim, written reports were generated on the review and evaluation of each programme following delivery.

Reports on the use of specific restrictive procedures were provided to the director, the board and publicly on the Oberstown website. These reports contributed to trending and monitoring practice. However, inspectors found the quality of records being relied upon to provide this data and information varied. The process for gathering and validating data and information held in an electronic and paper format was inefficient. Unit managers identified that staff reports on incidents involving restrictive practices held on the CMS lacked detail and did not provide an accurate or full picture of an incident. This was evident in records reviewed by inspectors. As a result, unit managers had their own process for validating information and data being provided at senior management and board level. This process included talking with staff, gleaning information during handovers, clarifying information with deputy directors, accessing information from multiple records held by different managers, such as the date and times of authorisations, and drawing on their own observations of specific incidents. While inspectors did not find any evidence to call into question the accuracy of previous reports to the board or the director, findings of the inspection highlighted a need to improve the quality of record-keeping and the effectiveness of information systems, in providing accessible, good quality and dependable data and information.

A sample of reports generated in relation to various restrictive procedures on campus were reviewed by inspectors, and while there was a marked improvement in campus records since the last inspection, more was required. For example, a paper-based log on the request, removal and return of handcuffs was not always well maintained and although gaps in signatures were noted in quality audits, they continued to exist. Post inspection, the director provided assurances to inspectors that there was a safe and effective process in place for the maintenance and tracking of all sets of handcuffs and other equipment on campus.

Oberstown had an effective risk management system in place which ensured appropriate controls were in place to manage risks identified. Risk registers were maintained at operational and board level and risks were monitored and reviewed regularly. Risks were presented and discussed at a sub-committee of the board, which was attended by campus managers on request. Managers who met with inspectors were aware of their role in the identification, reporting and management of risk. They said that they had sight of the risk register and that they were discussed at senior manager level. The risk register reviewed by inspectors included physical restraint of young people, meeting legislative, national policy and standards requirements, and meeting strategic objectives. Risks such as staff recruitment and retention were also identified however, at the time of inspection inspectors found that there was adequate staffing on campus to meet the needs of the young people placed there at that time.

There were opportunities for learning from incidents, accidents and assaults and to improve the safety and quality of the service as a result. Incidents, accidents and assaults were reviewed daily by representatives of different teams across the campus, such as health and safety, child protection, care and medical. There was also a mechanism in place to review incidents with the staff members involved in order to identify what worked well and what could be improved. In addition, there was a critical incident management system in place which ensured risks were responded to in line with their level of severity. Together, these approaches for responding to and learning from incidents and other events had brought about changes to policy and procedures and regularly informed training needs or training priorities for staff.

There was a concerted effort by Oberstown to continuously improve the quality and delivery of available offending behaviour programmes to young people. An evaluation of offending behaviour programmes delivered in 2018 was completed by the young person's programme manager in January 2019. This review report identified a significant increase in participation of young people in such programmes and found that their delivery was successful and worthwhile. It recommended an expansion of programmes being delivered and the need to identify a tool for the effective assessment of young people's progress whilst on campus. Inspectors found that the recommendations of this review had been accepted by senior managers and were at varying stages of implementation at the time of this inspection.

The main resource of any service is its staff and Oberstown was committed to supporting and training its staff to ensure the campus was managed well, and that care was provided by a skilled staff team. There had been an investment in training for managers, and for the delivery of offending behaviour programmes since the previous inspection of the campus, both of which had strengthened service delivery. Training related to the management of behaviour that challenges and child protection were regularly available on campus, and on-going support was in place for the operation of

the new electronic case management system. It was also evident that when specific training was required as a result of learning from incidents this was provided. For example, a training requirement for carrying out searches of young people and removing contraband was identified and provided. Campus policies and procedures were available electronically to staff.

Standard 1: Purpose and function

The centre has a written statement of purpose and function which accurately describes what it sets out to do for young people, the manner in which care is provided, and how this relates to the overall service provided for young people as a whole. The statement takes account of relevant legislation and policies of the Irish Youth Justice Service and other agencies, where relevant; and best practice in the care of young people.

There was an approved written statement of purpose and function which adequately described the service and included the restrictive nature of the campus. The statement included a vision for the campus to ensure children deprived of their liberty were supported to lead meaningful lives. The statement of purpose and function clearly identified the requirement to provide programmes aimed at reducing offending behaviour.

Judgment: Compliant

Standard 6: Staffing and management

Staff in the school shall be organised and managed in a manner designed to deliver the best possible care and protection for young people in an effective manner.

The service had competent and qualified managers in place that showed leadership in the delivery of the service. There were improved governance arrangements in place at board and operational level. Appropriate risk management systems were in place. Critical incident management systems were effective. Improvements were evident in the analysis of data and responses to complaints and child protection concerns.

However, while a less restrictive environment was being promoted on campus, further reductions in the use of restrictive practices were required. The chairperson of the board of management of Oberstown told inspectors that the board's focus had now widened from a focus on high level interventions, such as single separation, to ensuring all restrictive procedures were being reported to the same level, and subjected to the same level of scrutiny but, further improvements were required in this regard.

There were improvements to the information systems on campus and further developments were planned. Although there was continuing support to staff in the use of the information systems in place, records held on these systems were not always of good quality, and the processes in place to validate information and data was inefficient.

Staffing was adequate at the time of inspection. However, the rate of progress on

actions to address deficits in staff supervision was not sufficient to provide assurances on everyday practices in the service. The provision of staff supervision remained inadequate, despite this having been highlighted in inspections of the service since 2017. While the service provider identified actions to address deficits in the provision of supervision, the action required were not sufficiently progressed.

While there was a statement by the board in relation to the use of restrictive practices, this was not developed into an operational policy which applied to all restrictive procedures. The behaviour management policy and procedures which informed practice on the use of physical interventions had not been reviewed or updated since 2012, and referenced a specific model of physical intervention no longer in use in the service. The policy did not accurately reflect improved behaviour management practices in operation within the service at the time of inspection, and as a result, could not act as a guide to current practice.

Incident reports maintained on young people's files were not always of good quality, particularly those produced by staff directly involved in incidents, and managerial systems to oversee these reports had not resulted in consistently better-quality recording practices. Furthermore, the system in place to record requests, removal and return of handcuffs was not always accurately maintained.

It is for these reasons that the service was found to be in moderate non-compliance with this standard.

Judgement: Non-Compliant Moderate

Quality and safety

Young people in Oberstown were provided with a good standard of care and it was evident that there were improvements to the quality of their lives on campus, through the opportunities made available to them. Their individual needs were taken into account in their day-to-day care and staff were supported to provide this care within an approved model and planning process. However, poor quality records did not always show how young people rights and best interests were consistently promoted as required when restrictive practices were used.

Young people and their families were supported to participate in the development of plans for the duration of the placement and this increased the potential for better outcomes. Young people were provided with opportunities to learn and develop skills which they would benefit from on their release, and they were encouraged through appropriate incentives, to engage with these programmes.

Planning each young person's placement was a priority in Oberstown and each young person placed there had a placement plan. These plans ensured that the young person's time spent on the campus was as beneficial and effective as possible. There was a multi-disciplinary approach to placement planning which included therapeutic, medical, social work, educational and care input. The assessment of young people's needs began at the point of referral and inspectors observed staff requesting specific information to plan not just the admission, but to get an initial picture of the young person's needs and areas of risk. Young people's own priorities in relation to their care were explored through an assigned keyworker and unit staff. The system for reviewing and progressing young people's placement plans was working well and included the young people. Young people's attendance at planning meetings ensured they were actively involved in their own care and could take responsibility for meeting their own needs where possible.

The model of care in Oberstown included working with young people on their offending behaviour, with a view to interrupting cycles of this behaviour. Young people's needs with regard to their offending behaviour were adequately assessed in the context of their overall life circumstances and the factors which influenced their behaviour, and which potentially lead to their admission to Oberstown. These included environmental, social, familial, educational and medical factors. Interventions were prioritised based on each young person's needs, and the actions required were included in their individual placement plan. The needs of young people on release from Oberstown were also considered, to endeavour to address potential factors which may influence their likelihood of re-offending or being re-admitted. There was a strong link between risks associated with the onward placement or potential homelessness of some young people and the potential to re-offend, and the social worker for Oberstown, under the guidance of the Director, was reporting these risks to Tusla, where appropriate.

There was a significant improvement in the range and frequency of evidence-based offending behaviour programmes for young people since the last inspection and it was encouraging to see that the engagement of young people in these programmes was expected and encouraged. For example, if a young person wanted to gain work experience on the campus, their engagement in offending behaviour programmes on offer may be considered in assessing their suitability for certain types of work.

Young people were supported to take part in offending behaviour programmes and where they did not have the capacity or were not suitable to attend group programmes, one was tailored to meet their individual needs. It was also evident that these programmes had become embedded in the way of life on campus, and this was a significant improvement since the last inspection. Some young people expressed a reluctance to attend certain programmes however their continued engagement was actively and consciously promoted by campus staff. Despite this progress, further

improvements were required as there was still a need to introduce programmes which targeted young people's tendencies towards specific types of offending behaviour. The actual offences committed by young people were not considered in the current assessment process and as a result, they did not inform the programmes being delivered. The variation in offences for which children were placed in Oberstown required an extended suite of programmes, to ensure there were restorative or rehabilitative intervention options in place to support all young people.

The use of restrictive procedures, although reduced, remained significant in Oberstown. However, the commitment to promote the least restrictive living environment for young people was evident in the everyday opportunities provided to them. They could earn increased levels of trust which would allow them greater opportunities for work experience, for example in the on campus kitchen. Some also had the opportunity to attend training in the community. Activities on- and off-site were available. Young people who met with inspectors were aware of these opportunities and some had availed of them.

Restrictive procedures which involve high risk interventions such as physical restraint or the use of single separation are not uncommon in places of detention for young people, and their seriousness cannot be underestimated. This inspection found that while these procedures were in use, there was a concerted effort to reduce their number and duration. There was also a raised consciousness in staff to ensure the rights of young people who experienced restrictive procedures were promoted. Children who met with inspectors were satisfied that their right to, for example, food and fresh air were promoted when they were on single separation. They were also satisfied that they were provided with opportunities to resolve issues or challenges with the support of staff. They were well able to describe the use of verbal de-escalation techniques as the most frequent intervention in challenging situations.

The governance arrangements in place to ensure practice in relation to restrictive procedures was both rights- and risk-based were evident in day to day practice, but incident records were not sufficient on their own to support effective monitoring of adherence to procedure and policy. Post inspection, the director provided inspectors with a document describing in detail the procedure for investigating incidents of physical interventions with young people. However, incident reports written by staff directly involved in an incident and retained on a child's file, did not always accurately or fully record each event and so there was a potential risk that all restrictive practices were not being identified and reported as such.

Although incident report templates prompted staff to record specific details, sections of reports reviewed by inspectors were not completed in many cases. For example, reports did not always provide written evidence of precipitating factors leading to an incident, efforts by staff to de-escalate or prevent incidents, or approval for extension

to periods of single separation. They did record 'yes' or 'no' and named the manager who was contacted in line with policy, but details of direction given, times of authorisation and any discussion or agreed interventions were not routinely recorded.

Interventions by staff in an attempt to end a period of separation were not always recorded and the circumstances under which young people were re-integrated with their peers were not clearly recorded in all cases. Managers explained that incident reports had to be read in conjunction with other records, such as young people's daily logs along with verbal reports from staff to gain full oversight of the use of some restrictive procedures. Unit managers were confident that when the electronic case management system was fully embedded, and staff were confident and familiar with this system, that record-keeping would improve. They told inspectors about their daily efforts to ensure the accuracy of incident reports, but issues remained.

Although there was a drive towards reducing the need for restrictive procedures in Oberstown and there were notable improvements, more was required to ensure that all incidents of restrictive practice were recognised as such, subjected to the same level of scrutiny as others, and contributed to the overall picture of the use of restrictive procedures on campus. Inspectors found that these issues remained since the last inspection. Written accounts by staff of incidents which were reviewed by inspectors, showed that restrictive procedures were sometimes described in the body of a report on a wider incident, such as 'walking' a young person to their room - but there was no record if staff physically held the young person while walking them. Other examples included 'holding' a young person on a couch or "staff intervened to remove a young person" but the details of the physical intervention were not recorded. This lack of detail within reports did not ensure managers reviewing reports were notified of all incidents of physical intervention, and did not fully support gathering of accurate data for monitoring, oversight, analysis and trending.

The mechanisms in place for responding to risk related to behaviour that challenged were good. Where risks, actual or potential, to health and safety were reported these were promptly assessed and responded to. Children's health needs were examined routinely when they were involved in incidents and their wellbeing checked as a matter of procedure when a young person was involved for example, in a physical restraint.

Medical personnel attended daily incident accident and assault (IAA) meetings and provided updates on any required interventions from their service, as well as receiving information in relation to incidents involving physical restraints which required follow up by medical personnel. Inspectors found examples of detailed and comprehensive medical reports following incidents of physical intervention where young people and or staff members required medical treatment for injuries. These medical reports were routinely examined as part of the overall reviews of an incident and where necessary child protection concerns or complaints by young people were referred on directly by

the medical team.

Young people who requested medical intervention during or immediately after an incident received a prompt and appropriate response. Young people's health needs were also assessed on admission to Oberstown by the medical team and on an on-going basis. This team were actively involved in plans developed for young people including raising health concerns which may for example, raise risks related to physically restraining a young person.

There was a system in place to manage complaints by young people which distinguished clearly between complaints, expressions of dissatisfaction and child protection concerns. Following critical incidents the designated liaison person on campus and the advocacy officer were promptly notified where actual or potential concerns arose. Young people were well aware of their right to complain and told inspectors that they felt their issues related to restrictive practices, management of incidents, use of restraint and single separation were listened to and managed. While complaints by children were well managed, records of complaints needed improvement as they did not record the outcome of the complaint (as in founded or unfounded), and did not record if the young person was satisfied or not with the outcome.

Inspectors found examples of safeguarding practice, where staff practice was challenged and effectively addressed by managers. There was a focus on learning and support for staff where risks related to practice were identified. Young people knew who the manager of their unit was and were clear on their role. Unit and site managers were available to staff and young people for support when required, and they were clear when a risk or issue about staff practice arose, that they required referring on to the appropriate personnel. Inspectors found that the systems in place brought transparency to practice in Oberstown, and although there were examples of practice which fell outside campus policy and were being addressed, the opportunities for unsafe practice to go unidentified and unmanaged were few.

There was an increased focus and improved governance arrangements in place within Oberstown to ensure those young people's rights were upheld and promoted in all aspects of their care. A new post of advocacy officer had been introduced and was filled. This development had much improved the transparency and speed with which young people's concerns and or issues with regard to their care were managed. When incidents occurred which required young people to be separated from their peers, inspectors found that this additional avenue of recourse for young people to express their views and or dissatisfaction, was welcomed and effective.

Young people's right to education was recognised as a critical factor in their current and future lives during their time in Oberstown. Inspectors found that education was given due consideration during periods of single separation, where young people were not in

a position to attend school. Staff members made conscious efforts to resolve issues which continued into a second day early in the morning before school hours, so as not to interfere with young people's attendance at school. Where this was not possible, school work was available to young people to complete. Incidents which occurred in school resulting in young people being sent back to their units were addressed promptly by residential care staff, with the view to ensuring a speedy return to education where possible.

Standard 4: Children's rights

Young people receive care in a manner which safeguards their rights and actively promotes their welfare. The practices of the centre should promote the additional rights afforded to young people living away from home.

Young people were cared for in a manner which safeguarded their rights. Young people said that they were treated fairly and were given every opportunity to resolve issues or challenges as they arose. Young people played an active role in the placement planning process were supported to develop their understanding of risk taking behaviours which lead to their admission to Oberstown. Young people knew how to make a complaint and told inspectors that they felt listened to when issues arose for them. The campus was actively promoting a least restrictive living environment for young people within the obvious confines of providing a place of detention.

Judgment: Compliant

Standard 2: Care of young people

Young people are cared for by staff to whom they can relate effectively. Day-to-day care is of good quality and provided in a way which takes account of their needs without discrimination. The quality of care provided will be equivalent to that which would be expected of a good parent/guardian. Young people are rewarded for the achievement of acceptable behaviour and measures of control must be expressly designed to help and not punish the young people.

Young people received a good standard of day to day care in Oberstown, but written accounts of their care during incidents involving restrictive practices needed to improve. Approved restrictive practices were found to be designed to support young people and young people themselves reported that staff and managers were fair and supportive.

Progress had been made since the previous inspection to ensure that the use of restrictive procedures was reducing and when used, that they were proportionate. This continued to progress at the time of this inspection. However, written accounts of incidents involving the use of restrictive practices remained inadequate, and as such, details on the use of all restrictive procedures was not routinely gathered or analysed for improving the quality of the service.

Critical incidents were routinely reviewed and procedures for review of incidents were embedded in practice. Staff members were clear on the requirements to report incidents, and procedures related to notification and authorisation of single separations were clear to all. However, the recording systems in place were disjointed and the quality of records needed to improve to ensure accurate reporting, and efficiency in data collection and analysis.

Progress in improving quality of incident reports was slow and issues related to recording of relevant and necessary details by staff members involved in incidents remained. Despite having been highlighted in the previous inspection of the service, actions to address gaps in recorded information, for example, times for the start and end of single separations and how young people's rights were promoted during these episodes, had not improved to a satisfactory level.

A key safeguarding measure outlined in the campus policy and guidelines on the use of single separation is the requirement for authorisation of this procedure, but gaps in incident records produced by staff members existed, in that incident reports did not always adequately record details of authorisation as required in all incidences. While signatures authorising extensions to periods of single separation were included on many reports indicating authorisation from managers, dates and times as well as managers' rationale for an extension was not always recorded.

Recording and reporting the use of all physical interventions by staff had not improved sufficiently, despite being a recommendation of the previous two inspections of the service. Poor quality recording of details by staff members directly involved in incidents, limited the ability of the service to effectively monitor practice for adherence to policy and procedure, to ensure children's rights and best interests were consistently promoted, and to ensure accountability for practice. It is for these reasons that the service was found to be in moderate non-compliance with this standard.

Judgment: Non-Compliant Moderate

Standard 10: Dealing with offending behaviour

Individual offending behaviour programmes consistent with young person's assessed needs, are in place. There are mechanisms in place to develop, monitor and evaluate the effectiveness of offending behaviour programmes.

There were programmes in place to address young people's offending behaviour and these were reviewed and evaluated for their effectiveness. Young people's offending behaviour needs were assessed in the context of their overall life circumstances and each child had a plan for addressing offending behaviour as part of their overall placement plan.

However, young people offences or tendencies towards a particular type of criminal offence was not assessed and therefore, did not inform offending behaviour programmes being delivered. This finding represents a required area for further improvement following this inspection. It is for this reason that the service was found to be Substantially Compliant rather than Compliant with this standard.

Judgment: Substantially Compliant

Standard 3 : Child Protection

Young people shall be protected from abuse and there are systems in place to ensure such protection. In particular, staff members are aware of and implement practices, which are designed to safeguard young people in their care.

Improvements in the identification, reporting and management of child protection concerns were evident. A designated liaison person (DLP) was in place and known to all staff and young people. The DLP for child protection was notified promptly where incidents involving child protection concerns occurred, or there was potential for a child protection or welfare concern. Where risks related to practice were identified they were managed appropriately. There was an increased transparency in the management of child protection and welfare concerns. Referrals were made to the Child and Family Agency (Tusla) when required.

Judgment: Compliant

Standard 7: Education

Education is recognised as an important factor in the lives of young people in detention. Each young person has a right to receive an appropriate education, which is actively promoted and supported by those with responsibility for the care of the young person.

Young people's right to education was recognised at all times, including during periods of single separation, when young people were not in a position to attend school. Staff members were conscious not to interrupt a young person's attendance at school if at all possible, and where necessary, education work was available for young people to complete in their unit.

Judgment: Compliant

Standard 8: Health

Health Care is an essential element in the arrangements for the care of young people. Each young person has a right to receive appropriate health care and advice. Healthy lifestyles are promoted.

The health needs of young people were met. When young people were involved in incidents or physical restraints their health needs were routinely assessed and their wellbeing was checked as a matter of procedure. Where injuries occurred there were comprehensive medical assessments and reports provided, and interventions required were clear and provided. Young people received prompt and appropriate responses to requests for medical interventions or supports. Medical personnel on campus contributed to safety planning for young people.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 1: Purpose and Function	Compliant
Standard 6: Management and Staffing	Non-compliant Moderate
Quality and Safety	
Standard 4: Children's Rights	Compliant
Standard 2: Care of young people	Non-compliant Moderate
Standard 10: Dealing with Offending Behaviour	Substantially Compliant
Standard 3: Child Protection	Compliant
Standard 7: Education	Compliant
Standard 8: Health	Compliant

Appendix 2 – Definitions

Single separation
<p>When a young person is separated from his or her peers to a room designated for separation, for as short a period as is necessary, due to one or both of the following reasons:</p> <ul style="list-style-type: none"> ▪ Where a young person is likely to cause significant harm to her/himself 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 (Department of Children and Youth Affairs, National Policy on Single Separation Use, 2016).
Restrictive practice
<p>'Any type of support or practice that limits the rights or freedom of movement of a young person'. (Board of Oberstown Statement on Restrictive practices, October 2017).</p>

Action Plan

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

Action Plan ID:	MON-0027284
Provider's response to Inspection Report No:	MON-0027284
Centre Type:	Oberstown Children Detention Campus
Date of inspection:	16 th -18 th July 2019
Date of response:	11 October 2019

These requirements set out the actions that should be taken to meet the Standards and Criteria for Children Detention Schools.

<p>Capability and Capacity Standard : 6 Management and Staffing Judgment: Non-compliant moderate</p>
<p>The Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>All staff did not receive regular, good quality supervision.</p> <p>There was no overarching campus policy in place which applied to all restrictive procedures.</p> <p>Oversight and monitoring systems in place did not bring about the required improvement in quality of campus records.</p> <p>Information and recording systems were not operating efficiently.</p> <p>The system in place to record the use of handcuffs was not adequate.</p> <p>Action Required: Under Standard 6: You are required to ensure that: Staff in the school shall be organised and managed in a manner to deliver the best possible care and protection for young people in an efficient and effective manner.</p>

Please state the actions you have taken or are planning to take:

Proposed timescale:

Person responsible:

A review of the supervision policy will be completed to reflect the implementation of a coaching approach across the campus.

Managers will complete their training on coaching in 2019 and compliance with the new supervision policy will be achieved in Q2, 2020. The HR Manager holds responsibility for this and this will be completed in Q2, 2020.

Restrictive practice overarching statement is in place by the Board since October 2017. The Board are finalising a Children Rights Framework, which will further enhance the monitoring approach to restrictive practices. The Director holds responsibility for this action and this will be completed by Q1, 2020.

Oversight and monitoring of care records will be undertaken through monthly audits over a six-month period to ensure standards on record keeping are met. The Deputy Director for Residential Services holds responsibility for this action and this will be completed by Q2, 2020.

The implementation plan of the case management system will be reviewed to ensure the system is operating effectively. The Business and Compliance Manager holds responsibility for this action and this will be completed Q2, 2020.

Handcuffs maintenance is undertaken on a monthly basis and the records reflect this process. The Deputy Director for Risk and Support Services will review the process to ensure if any further improvements are evident. This will be completed Q4, 2019.

Quality and Safety

Standard : 2 Care of Young People

Judgment: Non-compliant moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

Further reductions in the use of restrictive practices were required.

Staff records about young people did not fully reflect the quality of care provided to them particularly when incidents occurred.

Not all restrictive practices used by staff were identified, recorded and reported as such to ensure good quality, safe care practices.

Action Required:

Under Standard 2: You are required to ensure that: Young people are cared for by staff to whom they can relate effectively. Day-to-day care is of good quality and provided in a way which takes account of their needs without discrimination. The

quality of care provided will be equivalent to that which would be expected of a good parent/guardian. Young people are rewarded for the achievement of acceptable behaviour and measures of control must be expressly designed to help and not punish the young people.

Please state the actions you have taken or are planning to take:

Proposed timescale:

Person responsible:

Review of restrictive practices will be undertaken to consider full compliance with campus policies. The Deputy Director for Operations is responsible for this action and this will be completed by Q1, 2020.

Review of the records will be undertaken to ensure the quality of care are recorded particularly during incidents. The Deputy Director for CEHOP will hold this responsibility for this action and this will be completed by Q2, 2020.

Review of the records to ensure all restrictive practices are recorded will be undertaken. The Deputy Director for Risk and Support Services holds the responsibility for this action and this will be completed by Q2, 2020.

Quality and Safety

Standard : 10 Dealing with Offending Behaviour

Judgment: Substantially Compliant

The Provider is failing to comply with a regulatory requirement in the following respect:

Young people's offences or tendencies towards a particular type of criminal offence, was not assessed and could not inform offending behaviour programmes being delivered.

Action Required:

Under Standard 10: You are required to ensure that: Individual offending behaviour programmes consistent with young person's assessed needs, are in place. There are mechanisms in place to develop, monitor and evaluate the effectiveness of offending behaviour programmes.

Please state the actions you have taken or are planning to take:

Proposed timescale:

Person responsible:

A review of the implementation of the Standard on Dealing with Offending Behaviour will be undertaken. The Director holds responsibility for this action and this will be completed by Q1, 2020.

